

## **CABINET – 16 NOVEMBER 2010**

### **DAY OPPORTUNITIES FOR OLDER PEOPLE IN OXFORDSHIRE**

**Report by, Director for Social & Community Services**

#### **Purpose of this Report**

1. This report sets out a proposed new strategic direction to move away from traditional day services for older people to a concept of offering a range of support and services on different days of the week in different venues that maximise independence and offer activities tailored to meet individuals' needs.
2. The report seeks Cabinet approval to proceed with the implementation and development of a move away from day services to day opportunities. The proposed changes are outlined in this report, with additional details available on request, and are supported by a detailed financial appraisal.
3. These proposals are designed to ensure that we continue to have high quality day opportunities available for older people across Oxfordshire. Most users attend day services provided by the voluntary and community sector. The proposals maintain the level of resources spent on those services but will ensure that they reflect local needs. Resource and Well Being Centres have been very successful at meeting the needs of those with higher care needs. The proposals are designed to ensure that the Centres have the best possible chance of attracting service users to use their personal budget to pay for services provided by those centres. The proposals also encourage the development of imaginative community based proposals within individual communities.

#### **Context and Background**

4. Social & Community Services currently funds a range of day services for older people that are building based. These services are either delivered by internal staff or through directly provided services, or commissioned from voluntary and community, or part funded through grants. A much wider range of occupational commissioned from the voluntary and community sector or part funded through grants.
5. The future of day services for older people is one of a number of key issues that has arisen from the roll out of self-directed support as part of the transformation of adult social care.
6. There is evidence both nationally and locally that new service users may decide to spend their budgets in other ways. The evaluation of the learning exercise in North Oxfordshire found that: "Previously people would have

visited a day centre but people are now using their budget to pay for a personal assistant to take them out or using their budget to pay for a taxi to take them to and from hair appointments rather than visiting traditional day centres.” More than half the older people who have a personal budget in Oxfordshire have opted to have it in the form of a direct payment.

7. The implementation of personal budgets creates a financial risk for all providers of day services because they may not generate sufficient income to meet their running costs. This is already causing concerns for providers in Oxfordshire. All of them (apart from the County Council run services) are run by voluntary sector organisations.

## **Strategic Overview**

8. The proposed changes are detailed in the *Strategic Commissioning Framework: Day Opportunities for Older People* document and summarised below. Developments should help older people to become better integrated within their communities. Reducing social isolation and the maintenance of independence is primary. Universal services should become predominant. Older people must have information about what is available locally to meet their particular needs. The model is based on three tiers reflecting the range of universal services, specific support, and specialist social and health care provided to individuals and their carers.
9. **Tier 1: Community Engagement:** The proposed approach enhances community based options. There are two elements: a fund which will support small one-off bids and the development and consolidation of good neighbourhood schemes. The fund would resource one-off bids for small amounts (no more than £750) to support older people in their communities. In addition, we will develop clear arrangements for neighbourhood schemes that deliver low level support to help people to carry on living in their own homes and access services.
10. **Tier 2: Community and low level support:** There are currently approximately 50 contracted services, all run by small and medium sized voluntary sector organisations that have the potential to move to a more preventative-based service which offers higher level support and/or acts as a bridge to Tier 1 support. Tier 2 services will be determined locally. People who use these services tend not be eligible for social care support. Tier 2 services are likely to be used by carers who are seeking respite from caring those people who are frail or vulnerable but do not have higher levels of need. The 14 locality ‘Closer to Communities’ boundary areas will be the focus for Tier 2 services (Please see Appendix 3). Decisions will be taken locally to decide how the resources available in an area should be used to meet local needs. Those decisions will need to take account of the availability of universal services and other community activities. The support should have the potential to be delivered in a range of venues (including support in an individual’s own home).

11. **Tier 3: Specialist Health & Wellbeing Resource Centres:** Tier 3 will have two key elements. The first is building based Health and Wellbeing Resource centres that will be available in Oxford and the major market towns of Banbury, Bicester, Witney, Abingdon, Didcot and Wantage. These will be complemented by mobile services that will deliver a very similar approach but will be there to specifically meet the needs of older people living in rural Oxfordshire. Users of the Health and Wellbeing Resource Centres are likely to be those who are assessed as having high levels of needs and are allocated a personal budget. There will be others who wish to purchase care and support. All Health and Wellbeing Resource Centres will provide universal services, including information and advice. They will also encourage and support people who would like to attend the Centre but do not have a very high level of need. A joint approach with health means there is the potential to provide specialist support short or long term to meet the assessed needs of those with the highest level of physical and mental frailty. This will include physiotherapy, occupational therapy, respite care, community nursing, speech therapy, chiropody, any step up/step down primary care provision and care coordinators to assess and review changing needs. In delivering this model service providers will be encouraged to work in partnership with other organisations and join-up services to provide innovative solutions to local issues. There will also be a need to harness support from volunteers;
12. Building based services have their limitations as they tend to be more costly because of the necessary overheads, such as rent, building maintenance, heating and lighting costs. There may also be accessibility issues for people with a physical disability when a service is provided in an older rented building. The cost of transport is also a major challenge to the sustainability of these services. It is proposed that there is investment in an adult mobile centre that would provide and deliver a range of universal services in the form of information advice provide targeted support. This would be a proactive service that is targeted at older people in their own communities. The purpose of the mobile service would be to provide a range of information, advice and access to services to vulnerable, isolated older people in both rural and urban areas.

## **Transport**

13. Access to transport is a key theme that emerges as a barrier to enable older people to participate in meaningful activities. There is separate project that is piloting transport needs of older people with high level support needs. To shape the options for this project a number of focus groups were conducted to gain a better insight into transport needs for older people.
14. Historically we have funded day services and transport options, as a package. However transport is not core social care business. One option for the way forward might be to support people to make their own transport arrangements rather than provide a service.
15. There are 87 known organisations that provide some form of volunteer driving service across the County. Of this estimated 35 are dedicated transport

services. A number of these are very small and are there to serve Parish Council areas and work well for the local communities. How some of these are funded is not clear. However Social & Community Services only support the West Oxfordshire scheme, based in Witney.

16. The existing transport arrangements have served us well and were the best 'fit' to achieve the most cost effective options. However, the down side of this model is the loss of flexibility. A number of initiatives and challenges that we face going forward mean that there is a need to re-examine these arrangements.
17. It is proposed that the investment in transport is considered within the framework of this strategy and wide ranging options are explored to provide choice for older people. Going forward older people who will meet the eligibility criteria will have a personal budget that they may chose to use on various transport options.

### **Governance and Evaluations**

18. The aims of this strategy are framed within the Ageing Successfully strategy, which highlights the need for service provision to be joined up, community led and locally determined. This approach is in line with localism aspirations outlined in the recently published NHS White Paper "Equity and Excellence: Liberating the NHS".
19. One of the central features of tiers 1 and 2 of the service model is to devolve commissioning responsibilities and budgets as far as possible to those best placed to understand local needs. It is proposed that the 5 recently appointed locality Managers within Adult Social Care will be the accountable officers and lead the process in their area of responsibility. It is recognise that this is an area of significant change and therefore these officers will be supported by others who specialise in commissioning and contracting.
20. It is proposed that there should be a local Board for each locality area. This will bring together, Local County and District elected members, relevant District Council Officers, LINKS/ Health Watch members, the Locality Manager or their representative, representatives of GPs, Public Health Leads and representatives of older people in the area.
21. The primary aim of the local Board will be to ensure that the needs of the local population are met in fair and transparent manner. We anticipate that the Board will have a lead role in determining the local strategy and allocation of the budgets outlined in this paper as well as any other funding streams that are identified. It is further proposed that as these arrangements are established they would be well placed to determine and influence the allocation of place based budgets.
22. Choice, control and better information will be at the heart of delivering tiers 1 and 2; however these plans will be backed by older people and local voice.

Existing LINKs networks will provide a collective voice and will act as powerful consumer champion on the Board.

### **Strategic Outcomes**

23. The aims of remodelled day opportunities are to ensure that the older people of Oxfordshire have::
- Access to local and personalised services that are efficient and cost effective;
  - Involve communities, individuals and partners in their development;
  - Access to support and services, which promote health and well being, allow real choices, based on wide availability of information;
  - Support focused on improving their independence, health and well-being; and enable engagement in civic life and feel a valued member of their communities;
  - Carers have access to short term breaks at times which suit them (including evenings and weekends).

### **Approach to Consultation**

24. In shaping these proposals, officers have been keen to ensure the involvement of various stakeholders at key points in the development of the framework. Outlined below is an overview of their involvement.
25. Officers have been involved in preparing ideas and proposals for modernisation of day services. Initial thoughts were shared with Adult Social Care Scrutiny, Providers of services, Health and Social Care Panel of Older People. A summary of the outcomes of those meetings is attached as Appendix 1.
26. A detailed proposal was presented to the providers of day services on 29<sup>th</sup> September 2010 and a six week period of consultation commenced on 1<sup>st</sup> October 2010. The six week period will end on 12<sup>th</sup> November 2010. The approach to involve stakeholders is outlined below and a summary of the results are presented as Appendix 2. Any further views will be made available at the Cabinet meeting.
27. The following approach was put in place:
- The draft proposals and a series of questions were made available on the County Council's website. Comments were invited from all 50 contracted providers, staff from internal day services, 600 participants listed on the LINKs data base, Older people listed on the Age UK data base, UNISON, Care Management staff, Environment and Economy Directorate Staff;

- Meetings with existing day centre users held in at the Day Services. People using other services and members of the public were also invited;
- Two meetings with the County Council staff delivering day services.

### Consequences If Proposed Action Not Approved

28. The strategic framework, to move our approach to day opportunities, recommends a balance of investment in services that will provide early support and intervention, and individualised support for those who have complex needs.
29. There is evidence to suggest that very few older people with personal budgets are choosing to attend traditional building based day services. Failure to modernise and implement the suggested strategic framework will result in an inefficient use of resources and the likely decline in use of those services.
30. Services that provide early support and targeted intervention for older people is a key priority by the County Council since this helps to limit the need for more high cost services.

### Financial and Staff Implications

31. There is currently **£4,810,000** invested in a range of day services for older people. The investment includes **£1,596,000** for transport to access day services.
32. The breakdown of the existing financial resources and the revised intentions for the delivery of the strategic intentions are outlined below:

<u>Service Type</u>	<u>Existing</u>	<u>Future</u>
<u>Community Engagement &amp; Innovative Bids</u>	£0	£200,000
<u>Good Neighbour Schemes &amp; Volunteers</u>	£80,000	£150,000
<u>Community &amp; Low level Support</u>	£1,320,000	£1,209,000
<u>Health &amp; Well-Being Centre</u>	£1,814,000	£350,000
<u>Mobile Adult Service Centre</u>	£0	£159,000
<u>Resource Allocation System</u>	£0	£964,000
<u>Future Developments</u>	£0	£182,000
<u>Day Opportunities (excluding Transport)</u>	£3,214,000	£3,214,000

33. The local Boards will manage the funding identified under the headings of Community Engagement & Innovative Bids, Good Neighbour Schemes & Volunteers and Community & Low level Support. Allocations will be based on

the 14 Closer to Communities' boundaries (Appendix 3). The sum available for voluntary and community sector schemes is slightly higher than the amount currently spent.

34. Although the figures may suggest a significant reduction in the funding available for resource and well being centres, this is not the case. Most of the individuals using these centres are likely to have a personal budget which they will use to pay for the costs of attending the Centre. This is reflected in the resources that have been included in the Resource Allocation System. The County Council wants to ensure that those running the Centres are in the best placed position to attract service users to the centres so that they can continue to provide high quality care which meets the needs of service users.
35. Each of the areas will have a budget apportioned on the basis of the population over the age of 75 in its area. This will then be adjusted by applying weightings to reflect the numbers of people on attendance allowance, deprivation in the area, the rural nature of an area and the presence of a Health & Wellbeing Centre.
36. These proposals do not include the potential impact on the transport budget. That matter is still subject to discussions within the County Council. Any proposals will be set out in the Directorate's service and resource proposals in December.
37. It should also be noted that the proposal going forward will result in each of the seven building based service managed as an individual business unit with a small element (£50,000 each) of coordination as the only guaranteed funding. The revised intentions recommend market testing of the seven building based Resource Centres that will continue in the major towns of Oxfordshire. The existing arrangements across the county are:
  - Seven centres are run by the County Council (Six of which will move to the revised Tier 3 model and one of the centres will move to a Tier 2 service);
  - One is contracted out to a not for profit organisation.
38. Market testing and revised services will impact on staff. Who ever ends up delivering future Health and Wellbeing services, will have to revise their service delivery structures and increase reliance on volunteers to ensure that they are able to deliver a cost effective and an affordable services.
39. Staff and UNISON have been consulted and informed of the revised proposals as part of the consultation of the detailed proposals.
40. Failure to restructure will have serious implications on the future sustainability of building based services. Further details will form part of the detailed implementation plant, but it is likely there will be some staff transfer, redundancy and redeployment of staff

## RECOMMENDATION

41. **The Cabinet is RECOMMENDED to approve the implementation of the strategic commissioning framework to move to day opportunities for older people carers within Oxfordshire, as detailed in this report.**

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Background Papers (Hard copies of the Intentions Document available)

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November 2010



## APPENDIX 1

Stakeholders	Date	Key messages	Actions
Members Briefing	4 <sup>th</sup> May 2010	<ul style="list-style-type: none"> <li>• Supportive of the overall direction</li> <li>• Good 'fit' supporting personalisation</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporated in the strategic commissioning paper</li> </ul>
Day Service Providers (Banbury)	24 <sup>th</sup> May 2010	<ul style="list-style-type: none"> <li>• Supportive of the overall direction</li> <li>• Require more detail</li> <li>• Anxieties about uncertainties this creates</li> <li>• Sustainability for some organisations if they were unable to secure funding</li> </ul>	<ul style="list-style-type: none"> <li>• to Scrutiny Committee 8<sup>th</sup> June 2010</li> <li>• Decisions taken for Officers to meet with Reported sample of providers</li> <li>• 'Preparing the provider' workshop arranged 20<sup>th</sup> September 2010</li> </ul>
Day Service Providers (Drayton)	27 <sup>th</sup> May 2010	Same as above	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
Adult Social Care Scrutiny Committee	8 <sup>th</sup> June 2010	<ul style="list-style-type: none"> <li>• Full sign up to the model</li> <li>• Please involve members in decision making for local determination (tier 2)</li> <li>• Concerns about sustainability of organisations if they were unable to attract sufficient business</li> <li>• A need for robust governance arrangements identified</li> </ul>	<p>All feeds back informed the development of Strategic Commissioning document</p> <ul style="list-style-type: none"> <li>• Officers requested to attend Adult Social Care Scrutiny meeting on 7<sup>th</sup> September.</li> </ul>
Internal Briefing Note To Staff	9 <sup>th</sup> June 2010	This is available on the County Council Intranet	<ul style="list-style-type: none"> <li>• Staff aware of the proposals</li> </ul>
Age Concern Health & Social Care Panel	17 <sup>th</sup> June 2010	<ul style="list-style-type: none"> <li>• Support for the strategic direction</li> <li>• Involvement in the development of model and future monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation was given and Officers invited to return in July for a further discussion</li> </ul>
Oxfordshire Health & Well-Being Panel	17 <sup>th</sup> June 2010	Report received by the panel	<ul style="list-style-type: none"> <li>• Very little feed back received</li> </ul>
Wychwoods Day Centre	24 <sup>th</sup> June 2010	Concerns that the needs of those people may not be met if funding was reduced	<ul style="list-style-type: none"> <li>• Officer and Member attendance at the day centre</li> </ul>
Annual Commissioning Conference	29 <sup>th</sup> June 2010	Same as provider days	

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Headway (Oxford)	5 <sup>th</sup> July 2010	<ul style="list-style-type: none"> <li>• Better understanding of the future of services for people with acquired brain injury</li> <li>• Concerns going forward if people choose not to use day services with their personal budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Officer discussion to explore benefits of offering further 'Preparing the provider' workshop</li> <li>• First workshop delivered 20<sup>th</sup> September 2010</li> </ul>
Age Concern Health & Social Care Panel	8 <sup>th</sup> July 2010	<ul style="list-style-type: none"> <li>• Concerns that services were available to all and not for eligible clients only</li> <li>• Access to transport</li> <li>• Encourage development of services</li> <li>• Encourage volunteering</li> <li>• Users to assess quality of services</li> </ul>	<ul style="list-style-type: none"> <li>• Feed back used to inform the strategic commissioning paper</li> </ul>
Chinese Community Centre	13 <sup>th</sup> July 2010	<ul style="list-style-type: none"> <li>• Concerns that needs of BME communities were not over looked</li> <li>• Wanted to be involved in local determinations and ongoing development of services for BME groups</li> </ul>	<ul style="list-style-type: none"> <li>• Officers took away comments on the impact of proposed changes and these were fed back into the strategic commissioning document</li> </ul>
Trustees of Daybreak Oxfordshire	29 <sup>th</sup> July 2010	<ul style="list-style-type: none"> <li>• Concerns that the needs of people with dementia were not part of the model</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
Cluster Day Centre	17 <sup>th</sup> August 2010	<ul style="list-style-type: none"> <li>• Concerns going forward if people choose not to use day services with their personal budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
Headway (Oxford)	24 <sup>th</sup> August 2010	<ul style="list-style-type: none"> <li>• Discussion regarding how Personal Budgets might impact on the financial operating structure of the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Same as above</li> </ul>
Individual user feed back and user petition		<ul style="list-style-type: none"> <li>• Users liked the internally provided services and did not want these to be market tested</li> <li>• Query about the external service provision</li> </ul>	<ul style="list-style-type: none"> <li>• Submitted the petition to the responsible County Council Officer</li> <li>• Informed the Cabinet member for Adult Social Care</li> <li>• Reported these actions to the Adult Social Care Scrutiny committee.</li> <li>• Individual responses sent to enquirers</li> </ul>

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Adult Scrutiny Committee	7 <sup>th</sup> September	<ul style="list-style-type: none"> <li>• Agreement to the proposals</li> <li>• Clarification requested:             <ul style="list-style-type: none"> <li>○ on Sustainability of services:</li> <li>○ support from S&amp;CS</li> <li>○ encouraging intergenerational work,</li> <li>○ insurance for volunteer drivers</li> <li>○ Access to transport</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Feed used to inform the development of strategic commissioning framework</li> <li>• Officers to attend future Adult Scrutiny Committee</li> </ul>
Day Service Providers	29 <sup>th</sup> September 2010	To feedback our proposals to Day services Providers.	

### Summary of the phase 2 consultation period 1<sup>st</sup> October to 12<sup>th</sup> November 2010

#### Approach for e consultation:

Document outlining the detailed proposal was made available.

- 77 people logged on to access and respond to the consultation.
- A total of 32 people responded to the questions see table 1 ( reasons why 45 chose not to respond are not known)
- A breakdown of the category that people chose to identify themselves as.
- Average results of the response to the questions outlined in table 2 that were asked and the results are outlined below and the following. People were asked to indicate if they strongly agreed, agreed, neutral, disagreed or strongly disagreed. Average results fall into agreed or neutral.

#### (Table 1) Who responded

<b>A member of the public over 65</b>	31% (10)
<b>A member of the public under 65</b>	25% (8)
<b>A Carer of someone over 65</b>	6% (2)
<b>Someone who uses existing day opportunities / centres</b>	0% (0)
<b>Someone who uses social care services</b>	0% (0)
<b>Service provider - management</b>	13% (4)
<b>Service provider - front line staff</b>	0% (0)
<b>County Council staff</b>	9% (3)
<b>Other (please specify)</b>	16% (5)

<b>(Table 2) Questions asked</b>	<b>S agree</b>	<b>agree</b>	<b>neutral</b>	<b>disagree</b>	<b>S disagree</b>
Provide local choice in day opportunities closer to home	28%	34%	22%	8%	5%
Able to better target scarce resources and gain increased value for money	8%	41%	29%	11%	8%
Older citizens more able to participate and be a valued member of their local community	23%	26%	38%	8%	2%
Increased opportunities for local volunteering	22%	48%	20%	5%	2%
Reduce social isolation for older people, particularly in rural communities	26%	29%	20%	8%	14%
Make access to services more equal across the County	20%	17%	34%	20%	8%
More older people and local communities involved in local decision making	23%	41%	29%	2%	2%
Reaching out to many more older people with better information and more opportunities	17%	37%	28%	17%	0%
Communities able to influence the development of services that best suit local needs	14%	37%	28%	17%	2%
Provide flexible opportunities including at evenings and at weekends	17%	42%	25%	8%	5%

People were also provided a space for free text.

#### **Examples of some responses:**

- **We have to save money and a radical change is the only way.**
- **We must treat all services as businesses that thrive or fail by their success rate.**
- **I welcome the 7 days & evenings opening> dementia care, respite care, rehabilitation/re-enablement, joint working with NHS.**
- **Positive Activities. SU's Networking outside of RC**
- **the age and frailty of the older adult that I deal with would not like the days activities changed and evenings would certainly be a no go area, for the most**
- **yes agree with what you say but it is a bit of a wish list and it is HOW it is done that matters**
- **Yes, I agree more flexible and creative opportunities are needed.**
- **Limited info, but I'm not convinced. People like a familiar place to go. These activities could be coordinated by a centre anyway. If it was to work well, more money rather than less would be needed.**
- **Day opportunities need to be targeted at what people want and also at what is practically achievable I think this proposal will take away some valuable services from very vulnerable people**
- **Waste of experience that could be applied to the community to the benefit of all is regrettable**
- **Agree with the proposed model. You appear to be pressing the right buttons**

- I like the tone of the proposal, but need to see the details as implementation will be key. I don't think you can dodge the transport problem in that way. ]
- I am yet to be convinced that those on low incomes and those without family living locally will be disadvantaged
- I think all of the community should be involved in how our services are provided
- The idea is good. To work it will have to be more complex than implied. Un-entitled individuals may lack cash to participate. Why are IT opportunities neglected?
- I think this model could prove to be very difficult and expensive to develop. I think it should start in a pilot area both rural and town. I would be most unhappy to lose our effective day centres
- I am worried for the carers that regular daycare will not enable the care to get as many regular breaks or enable them to take any regular employment as possible when day centre attendance is regular.
- This goes some way towards devolving services to more local levels, but these cannot be properly effective without the commensurate ability to influence how money is raised
- I agree with the proposed service model as it will make it possible for older people to access leisure activities of their choice any time of the day and thus giving them a better quality of life.
- Disagree. Vague outcomes, noble sentiments no substance. OCC has poor track record. People with dementia and their carers deserve extra resources, wellbeing centres too nondescript.
- Despite commitment to move away from day centres, there will inevitably be return to group activities because of cost. This will need to take account of individual differences.
- As long as the really elderly have support in choosing how to spend their budget it all sounds pretty good
- I agree with the proposals. I am concerned as to how the less assertive will be supported to meet their individual needs. I think as identified that transport is the key.
- Regarding the Health & Wellbeing Centre model, I do feel that transport issues to these centres of excellence could be a barrier to their future success.
- I do not think that gaining value for money has been explored properly, as there has been little dialogue with the "Private Sector". As a consequence I believe that there is a good chance that the proposals made will not deliver good value for money. In this I am referring particularly to the "Health and Well-being" centres.
- A phone line or web site that people could access if they want to volunteer could be very valuable.
- Parts of the proposed service model will streamline services and are forward thinking and parts need some realistic fine tuning.
- There is obviously a shortage of funding therefore the available funds should be used to provide care for those confined to their homes and carer respite.
- Too many funds are being squandered on surveys, websites and general admin jobs, instead of towards providing

real service to those that need it. Lets have more practical common sense and less of the flowery language such as 'pathways' and 'road maps'

- We think that the major risk of the proposals is for older people who have mobility problems, continence issues, dementia, and other limiting illnesses – and their carers – who fall just short of meeting the eligibility criteria for social care.
- If the emphasis in services moves too much to flexible, short term provision, in people's front rooms then the risk will be realised. If volunteer transport schemes falter, or do not have access to adapted vehicles then some older people with most to gain from the social contact afforded by day opportunities in their community will find themselves unable to access the one thing that was keeping them going.
- It is this scenario that must be avoided while still making space for development of more preventative and locally based services that will enable more people to be supported in lighter touch ways.

Date	Venue & Stakeholders for meeting	Key messages
29 <sup>th</sup> September 2010	Providers of day services	<ul style="list-style-type: none"> <li>• Overall agree with the strategy</li> <li>• Concerns about transport</li> <li>• Pleased and relieved that tier 2 allocation was proposed £1,209,000</li> <li>• Staff must be consulted and involved</li> </ul>
18 <sup>th</sup> October 2010	Bicester Day Centre users and User group representatives from all building based day centres, Didcot, Wantage, Wallingford, Bicester, Witney, Oxford Options, Banbury, and Abingdon	<ul style="list-style-type: none"> <li>• Social care is very complex and why?</li> <li>• People struggle to navigate their way through the system</li> <li>• Understand the need to save money</li> <li>• Anxious about losing services</li> <li>• Gained better understanding of Resource Allocation system</li> <li>• Agreed that current transport investment could be better used and also thought about creative options e.g. rental of mobility scooters to access services</li> <li>• Concerned about market testing</li> </ul>

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25 <sup>th</sup> October 2010	Oxford Options Health and Wellbeing Centre: Users and carers of day services	<ul style="list-style-type: none"> <li>• Worried about costs</li> <li>• ISIS Carers group find it a god send as they use the centre to meet up</li> <li>• Increased charges but they feel they do not receive services ( Head of service to visit)</li> <li>• Worried about increased costs</li> <li>• Existing transport not meeting the needs of people e.g. pick up route is not consistent, once people drop of due to hospitalisation etc, they have to go onto a waiting list</li> </ul>
26 <sup>th</sup> October 2010	Adult Social Care Scrutiny	<ul style="list-style-type: none"> <li>• Noted the proposal to increase investment in Community Transport</li> <li>• Noted that service user representatives would be on the Locality Boards</li> <li>• Noted the proposed future role for the Transport Advisor</li> <li>• Endorsed the final proposals</li> <li>• Asked that the provision of Podiatry Services be considered as part of the Mobile Service.</li> </ul>
28 <sup>th</sup> October 2010	Abingdon Health and Wellbeing Centre	<ul style="list-style-type: none"> <li>• Feel they are in receipt of all that is proposed by the day centre</li> <li>• Existing transport options are not flexible and are a barrier to their ability to access day services</li> <li>• Concerned about market testing</li> <li>• Would like to be involved in planning services</li> <li>• Concerned what would happen if enough people did not use the services</li> <li>• Saw the benefits of community integration but did not want too many people with dementia attending</li> <li>• Worried about costs</li> </ul>



## CA9

29 <sup>th</sup> October 2010	Bicester Health & Wellbeing Centre, members of the public and users from other day services	<ul style="list-style-type: none"> <li>• Access to service and transport is a major issue.</li> <li>• Concerns about changes to transport, the use of volunteers and safety.</li> <li>• Concerned about lack of assisted transport</li> <li>• Concerned about cost of taxis if OCC transport unavailable.</li> <li>• Doesn't feel like consultation. Wanted their comments fed into Cabinet meeting.</li> <li>• Wanted there to be a transitional period</li> <li>• Valued the service the centre provides, worried about staff changes and market testing.</li> <li>• Concerns about ability to pay increased charges</li> <li>• If can't pay then can't attend – will the service survive and what will be the resulting costs of support if it does not? Has this been considered?</li> </ul>
1 <sup>st</sup> November 2010	Elms Health & Wellbeing Centre (Witney)	<ul style="list-style-type: none"> <li>• Concerns about changes to transport, the use of volunteers and safety.</li> <li>• Concerned about lack of assisted transport</li> <li>• How will people with Dementia manage if no transport is available?</li> <li>• Concerned about cost of taxis if OCC transport unavailable.</li> <li>• Question about withdrawal of bus pass and ability to get to Centre.</li> <li>• CRB's put off people from volunteering. How will you get volunteers?</li> <li>• Wanted to know if we had considered the needs of visually impaired people</li> <li>• Want to know how we will communicate the decisions once it is made.</li> </ul>

## CA9

1 <sup>st</sup> November 2010	Chinese Community Group	<ul style="list-style-type: none"> <li>• Feel it would be difficult for their needs to be met at any of the Health and Wellbeing resource centres due to language barriers.</li> <li>• Happy to access their centres through volunteer drivers and public transport</li> <li>• Little awareness of what services are available for this community.</li> <li>• They liked the idea of health checks</li> <li>• Wanted to be more involved in the implementation of the strategy</li> </ul>
2 <sup>nd</sup> November 2010	Wallingford Health and Wellbeing Centre	<ul style="list-style-type: none"> <li>• Majority of attendees were carers</li> <li>• Really valued the respite care that the centre provided for them</li> <li>• Wanted an explanation why their centre was not on the Health and Well being service model</li> <li>• Loss of resource would lead to increased care needs</li> <li>• Wanted their centre and not precious about who delivered the services</li> <li>• Liked the idea of extended opening that would be really beneficial</li> <li>• What ever was provided needed to be of a similar standard</li> <li>• A number of people were in receipt of Direct Payments and understood the process well.</li> </ul>
3 <sup>rd</sup> November 2010	Staff consultation .. (1)	<ul style="list-style-type: none"> <li>• For Verbal Feedback at Cabinet meeting</li> </ul>
11 <sup>th</sup> November 2010	Staff consultation .. (2)	<ul style="list-style-type: none"> <li>• For Verbal Feedback at Cabinet meeting</li> </ul>

## Oxfordshire County Council Closer to communities' boundary areas

