



**Strategic Commissioning Framework:**

**Day Opportunities for Older  
People**

# 1. Introduction and Context

**1.1** This paper outlines the strategic direction that Oxfordshire County Council will take in developing day opportunities for older people and their carers. It provides a commissioning framework, indicating the principles and processes that will underpin commissioning activities in line with national guidance, best practice and local priorities.

**1.2** By 'day opportunities' we mean the things people want to do during the day. This covers all opportunities for older people whether it be the day, evening or at the weekend. This is different to 'day services', which refers to those services commissioned by Social & Community Services such as traditional, building based centres. The change in terminology reflects a shift from building based 9 to 5 'day care' which once entered became a lifelong service 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.

**1.3** Older people need activity and interaction to live meaningful lives. For many people, this means occupational activity, making social contact and developing interests in the community and at home. Those eligible for social care services want to participate in their local communities in similar vein; some people need more specialist facilities and support to enable them to do so.

**1.4** A Fundamental Service Review<sup>1</sup> was carried out in response to national policy direction which emphasises 'Independence, Choice and Well Being' and sets a new vision for the future of adult social care.<sup>2</sup> This approach was reinforced by the development of 'Ageing Successfully'<sup>3</sup> that sets out a strategic framework to support an ageing population in Oxfordshire and reflects these key policy drivers:

- Personalised services will promote independence, choice and control through the use of personal budgets to meet individual needs;
- A focus on health and well being, prevention, early intervention and community building to support people closer to home and avoid unnecessary admissions to hospital or residential care;
- More focused support for those with long term conditions such as stroke or dementia;
- Support will be relevant to marginalised and excluded groups, such as those from black and ethnic communities;
- Access to universal services information and advice is a priority.

**1.5** Currently the majority of day services are funded through block contracts provided by the County Council. We have established that approximately 70% of the people who attend day services do not meet our eligibility criteria.

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<sup>1</sup> Fundamental Service Review of Day Services Oxfordshire County Council 2007/08

<sup>2</sup> 'Our Health, Our Care, Our Say: a new direction for community services' White Paper 2006; 'Putting People First: a shared vision and commitment to the transformation of adult social care' Department of Health 2007.

<sup>3</sup> 'Ageing Successfully- Forward from 50' March 2010.

Older people who are eligible for our services will receive a Personal Budget.

In the future and as more people elect to purchase their service themselves using a direct payment the County Council's ability to offer direct contribution to these services will diminish as it redirects its funding towards personal budgets. This will shift the purchasing decisions and power from commissioners to individuals who make their individual choices.

This means that providers will need to market their services to, people who have a personal budget as well as those that will directly access the service.

We found from our evaluation of the pilot for personal budgets in North Oxfordshire 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." Of 461 older people who were assessed and provided a personal budget, only 26 chose to spend part of their budget in day centres. We believe there is scope to increase the proportion of service users who use their personal budgets for day opportunities providing that the services are good and well marketed.

## **2. Current Position in Oxfordshire**

**2.1** 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, commissioned from the independent sector (private, voluntary and community) or part funded through grants (Community Development). A much wider range of occupational or activity opportunities are provided by voluntary agencies, community groups and special interest groups.

**2.2** The Fundamental Services Review (FSR) of day services in 2007/08 identified three categories of service provision (Appendix 1):

- Directly provided 7 County Council services based on resource centre and day centre models where most activity takes place in the building;
- 52 externally contracted services delivered mostly by the voluntary sector organisations based on day centre and luncheon club models;
- A number of independent non-contracted services that exist throughout the county e.g. in 1998 OXCIS published a list of 3,000 community groups and organisations operating in Oxfordshire. The County Council at the time of the FSR listed 2,000 organisations on its website. These provide opportunities for social contact for older people and are self financed

**2.3** The FSR found that day services had developed incrementally resulting in geographical variability and inequity of provision across the County. Recent analysis suggests the service profile remains the same (Appendix 1). A few of the contracted services have stopped operating. There is evidence of internal services diversifying to provide outreach support and double shifts to meet additional demand within building based resources. However this is not

happening systematically across all centres. There is little evidence of improvement in extended or week end opening.

**2.4** Therefore, the FSR recommended a more equitable distribution of resources based on three elements: resource and well being centres in the larger towns; contracted services provided in other localities and the encouragement of community based activities often without any financial support from the County Council. This strategy was endorsed by the former Social & Community Services Scrutiny Committee.

**2.5** Oxfordshire County Council spends above the average of comparator authorities on day services- more than twice as high as the average. This reflects the fact that we support twice as many places as others. An analysis of current day services usage and referral routes for existing services suggests that approximately one-third of the attendees are FACS ( Fair Access to Care Service) eligible, and therefore in future will receive a personal budget to purchase their services. The Council spends the following amounts on supporting day services for older people:

<b>Current Oxfordshire County Council Day Services Spend</b>		
<b>Category</b>	<b>External £</b>	<b>Internal £</b>
<b>Resource centre model</b>	<b>305,137</b>	<b>1,508,522**</b>
<b>Luncheon clubs</b>	<b>54,134</b>	<b>-</b>
<b>Older people mental health</b>	<b>277,368</b>	<b>See note *</b>
<b>Rest of the provision</b>	<b>840,376</b>	<b>148,507</b>
<b>Volunteer link up + Good Neighbour Schemes</b>	<b>80,000</b>	
<b>Transport</b>	<b>1,596,479</b>	
<b>TOTAL £4,810,523</b>		

\* Expenditure for internal services delivering support for older people with mental health needs has not been split as most of the centres deliver care for a number of people in this category already.

\*\* This allocation includes 3 current services (Banbury, Wantage and Didcot) that are either in development or will be developed to a full Resource Centre Model.

4 internal day centres that are currently not delivering a full resource centre model due to building limitations.

### **3. Vision for Day Opportunities in Oxfordshire**

**3.1** Oxfordshire County Council promotes a vision that supports flexible, personalised support to older people that enables them to take advantage of opportunities to:

- Enjoy social and leisure activities of their choice;
- Have access to community and social networks that maintain their independence;
- Take part in meaningful community, occupational and leisure activities;
- Participate in mainstream activities to meet aspirations to live as normal a life as possible without stigma.

**3.2** 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 and 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
- Carers have access to short term breaks at times which suit them (including evenings and weekends)

### **4. Rationale and Key Issues for Future Day Opportunities**

**4.1** The medium-term future holds three key challenges:

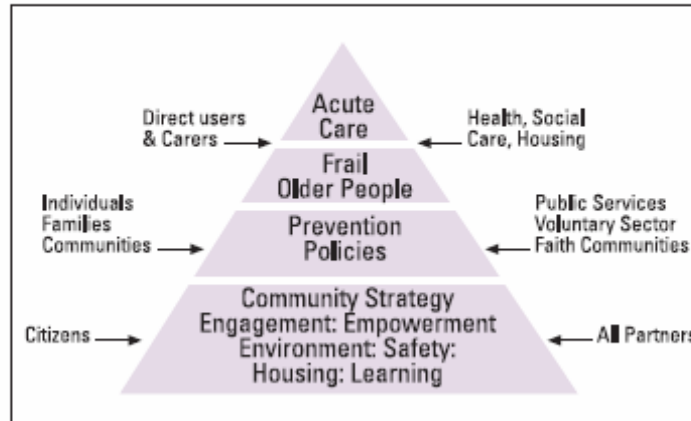
- A potential increase in demand for health and social care associated with an ageing population and changing expectations;
- A reduction in the growth of public funding for health and social care;
- The predominance of chronic health conditions, which means more people require long term, complex care and support, e.g. Dementia, Stroke.

**4.2** 'Ageing Successfully' and the development of day opportunities place much greater emphasis and investment on promoting and maintaining well being and consequently deferring and preventing the need for more expensive, acute and intensive interventions. 'All our Tomorrows: Inverting the Triangle of Care'<sup>4</sup> states most resources for older people are focused on those with the most severe needs. Central to the Ageing Successfully strategy is inverting the 'triangle of care'. In Figure 1 the statutory services are concentrated at the tip of the triangle.

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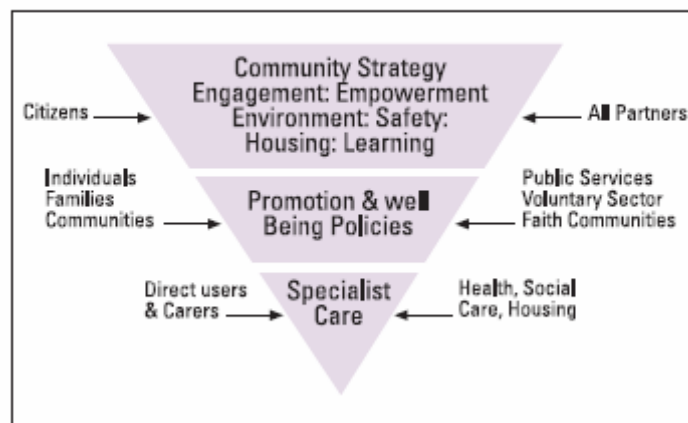
<sup>4</sup> 'All our Tomorrows: Inverting the Triangle of Care' LGA and ADASS 2004

**Support for Older People Today Figure 1**



The objective is to reverse the trend by inverting the triangle so that the community strategy and promotion of well being is at the top of the triangle and the extension of universal services for **all** older people is seen as crucial to **all** agencies, see Figure 2.

**Support for Older People Tomorrow Figure 2**



**4.3** The ageing population is expected to place increased demands upon the health and social care system. Although national projections provide an indication of the potential implications for public expenditure, there are a wide range of factors that will shape outcomes in the longer term. For example, promoting healthier lifestyles and technological change (Telecare) will affect outcomes in health and social care as individuals are able to live longer and more independently.

Nationally:

- There are currently around four people under the age of 65 to every one person above that age. By 2029, this ratio will fall to three to one, and by 2059 it will become two to one.
- Approximately 1.26 million adults receive local authority-funded social care now. Over 1.7 million more adults are expected to need care and support in 20 years' time.

- In the next 20 years, the number of people over 85 in England will double, and those over 100 will quadruple.
- A fifth of the population of England is over 60, and older people make up the largest single group of patients using the NHS.
- Older people currently account for nearly 60% of the £16.6 billion gross social care expenditure by local authorities (2008/9).

**4.4** For Oxfordshire, the Joint Strategic Needs Assessment predicts a large increase in the over 85s age group, especially in rural areas. This ageing population is healthier than the national average. Approximately 60% of general and acute hospital spend is for those over 65 years and a similar proportion of adult social care spend is on those over 65.

#### **Population projections**

<b>Aged</b>	<b>2001 census</b>	<b>2010*</b>	<b>2015*</b>	<b>2020*</b>	<b>2025*</b>	<b>2030*</b>	<b>Growth on 2010</b>
65-69		28,400	34,800	31,800	35,400	40,900	44.0%
70-74		23,600	26,400	32,600	30,000	33,400	41.0%
75-79		19,300	21,400	24,300	30,100	27,900	44.6%
80-84		14,800	16,200	18,500	21,300	26,600	79.7%
85 and over		15,100	17,700	21,100	26,000	32,000	111.9%
<b>Total</b>	<b>87,900</b>	<b>101,200</b>	<b>116,500</b>	<b>128,300</b>	<b>142,800</b>	<b>160,800</b>	<b>58%</b>
<b>Growth on 2010</b>			<b>15.1%</b>	<b>26.8%</b>	<b>41.1%</b>	<b>58.9%</b>	

\*Based on Office for National Statistics projections

#### **4.5** Future day opportunities need to ensure:

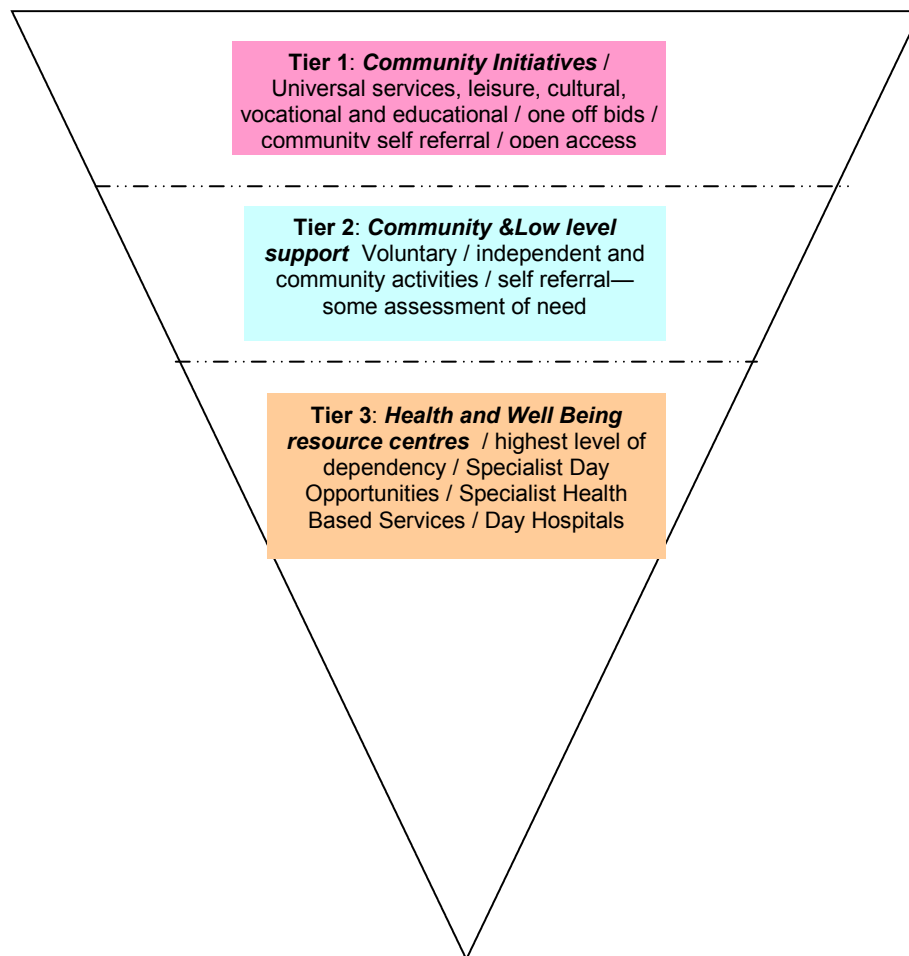
- Flexible support through extended week days and week end provision and services that are well connected with community based resources;
- Sufficient capacity to meet demand for specialist provision for those with long term, complex support needs
- Choice to meet the needs of black, ethnic minority and isolated rural communities
- Opportunities exist to develop further partnership working with health to maximise effective use of resources across the whole system of health and social care;
- Targeted towards the promotion health and well being, 'rehabilitation and enablement'
- To develop or maintain existing social networks, community links and activities;
- Carers receive respite in the evenings and at weekends.

## **5. Proposed Day Opportunities Model**

**5.1** The national and local developments outlined above should ensure older people to become better integrated within their communities. Reducing social isolation and the maintenance of independence is primary.

**5.2** To deliver these objectives a strategic framework is required to underpin effective development of a flexible range of options and choices that can meet individual needs, not only of current users but those likely to need services in the future. This framework inverts the Triangle of Care (see Figure 2 above). Universal services become predominant. The need for older people to have information about what is available locally to meet their particular needs becomes paramount. 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 (Figure 3).

**Figure 3: Triangle of Care Three Tier Model**



**5.3 Tier 3 Specialist Health and Well Being Resource Centres (Building based) plus Mobile Services**

This section of the paper describes the key aspects of tier 3 of the day opportunities model. It is proposed that tier 3 will have two key elements:

- Building based Health and Wellbeing Resource centres that will be available in major market towns
- And mobile services that will deliver very similar approach but will be there to specifically meet the needs of older people living in rural Oxfordshire.



It is proposed, that 7 existing building based services will be defined as Health and Wellbeing Resource Centres and ensure an equitable geographical distribution of resources across the County. They cover the major towns across Oxfordshire, (Banbury, Bicester, Witney, Oxford City, Abingdon, Didcot and Wantage).

Two of the above building based centres require updating and modernising (Wantage and Didcot). NHS Oxfordshire is also in process of modernising their day hospitals and it is therefore proposed that both organisations will explore possibilities to link the future development opportunities.

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.

**5.4** 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.

**5.5** It is proposed that all the future resource centres will be renamed and referred to as **Health and Well Being Resource Centres** (the practice already adopted for the Centres in Bicester, Witney, Oxford and Abingdon). The key features of the provision in these centres will be to:

- Promote the health and wellbeing of older people and support their emotional and psychological well being;
- Provide early short term rehabilitation where there is the potential to increase or regain independence;
- Improve or rebuild confidence following a bout of illness so that people can live independently at home;
- Provide information and advice to reduce risk of falling, improved health and respiratory care, diabetes care, etc;
- Provide access to a range of universal health support (dentistry, podiatry, eye check etc);
- Improve awareness of the importance of healthy eating and nutrition
- Use self-assessment tools for simple services, like smaller aids and equipment and appropriate occupational therapy support and provision of mobility and equipment for daily living;
- Provide respite opportunities to support break for carers (7 days per week basis)

- Access to Occupational Therapy assessments and Community Psychiatric Nurses support for people with dementia;
- Provide a range of social, leisure, learning and exercise (7 days per week basis including evening opportunities);
- Respond to the use of personal budgets and develop imaginative, individualised support package which use mainstream services to meet needs;
- Targeted support for small groups of people who have similar needs or interest

**Scenario:**

**1. Mrs J is 75year old and lives alone at home. She has had 2 falls where paramedics have attended. Mrs J was taken to hospital and was hospitalised on both occasions. After her last admission she was discharged after two weeks and referred to the specialist falls team for an assessment. The falls assessment nurse noticed that Mrs J had lost confidence, was not going out as much and she was showing signs of depression. Mrs J visited her GP who felt that she was depressed and made a referral to social care. Following an assessment Mrs J was offered a personal budget. Her Broker suggested attendance at her local Health and Wellbeing Resource Centre as she would be able to get access to lots of services. Mrs J decided to spend part of personal budget on transport and one day attendance at the centre. Staff at the centre felt that Mrs J would benefit from targeted therapy input and exercise classes to help her with her confidence and also suggested a range of social activities. In a few weeks Mrs J gained confidence and continues to attend the centre. Her centre also offers evening and week end activities. Mrs J has decided to attend evening line dancing and week end exercise classes. Mrs J also took up the offer of a free eye test available at the centre and was informed that she required new glasses. This was a possible factor in her previous fall. Mrs J's moods have improved (noticed by her GP) and she has not had any further falls.**

**2. Mr G. Mrs B and Mr Z have all had a stroke and have been allocated personal budgets. All of them have elected to attend their centre on a one day per week basis, to give their carers a break. Centre staff organised OT assessments and each one of them have equipment to help them with mobility. Staff have also organised a Speech Therapist to visit as all three have Aphasia (damage caused by stroke to one or more language areas of the brain). All three have continued to live in the community. Mrs B's daughter works full time. So Mrs B's attendance at the centre has increased. Mrs B comes 5 days a week from 8 am to 5.30pm so that her daughter can bring her to the centre and pick her up. This enables Mrs B's daughter to have peace of mind and continue in full time employment.**

## **5.6 Mobile Services**

Oxfordshire is the most rural County in the South East. Existing levels of financial resources and the changing financial landscape means that there is not the required levels of funding to replicate greater numbers of building based services across the County.

Therefore to meet these challenges, there is a need to ensure that building-based services are provided for those who need them most and who are unable to access services in other ways.

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 is 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 including:

- Health information, advice and services, including access to assessment and low level equipment
- Other information and/or advice
- Improved outcomes as people are better informed to make choices
- An opportunity for isolated older people to meet with others in their community

A detailed model is being developed and will form part of the transformation of day services in 2011/12.

## **5.7 Tier 2 Community and Low Level Support**

Currently, there is a wide range of day services beyond those provided in the resource and well being centres. Provision is a mixture of day centres and luncheon clubs. These are important for two reasons. Firstly, they exist in areas where access to a resource and well being centre is limited. This is applicable to both rural and urban areas which may be some distance away from resource and well being centres. This includes people for example living in Thame, Faringdon, Chipping Norton and Cutteslowe. 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 lower level support and/or acts as a bridge to Tier 1 support described below.

**5.8** It is envisaged that the type and range of support for Tier 2 will be locally determined and people who use these services will 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 high levels of need. It is suggested the 14 locality 'Closer to Communities' boundary areas are the focus for Tier 2 (**Appendix 3**). Local decision making will decide how the resources should be used in a locality taking account of local needs and the availability of universal services and community activities which do not require funding. The support therefore should have the potential to be delivered in a range of venues (including support in peoples own homes). It is envisaged that the needs will be locally identified. Communities will be instrumental in determining the best possible means of responding to meet these needs.

**5.9** Tier 2 funded services for older people will need to ensure that they:

- Focus on the outcomes for each individual;
- Wherever appropriate act as enablers for individuals to access Tier 1 services;
- Contribute to the broader prevention agenda through the provision of health promotion activities e.g. the provision of a nutritious meal; prevention of hypothermia;
- Facilitate access to relevant sources of financial, health, social care etc;
- Address the needs of socially excluded groups, such as those from black and ethnic minority communities.

A community mentor or coordinator will facilitate groups in the community, supporting like minded people to get involved in a range of activities. The aim is to work closely with people to rekindle their interest in life, by encouraging them to get involved with planning activities. The outcome for individuals will be improved confidence and well being. This approach has universal appeal as it can be easily replicated for groups that have specific cultural needs.

It is anticipated that like minded local older people are supported actively in the short term (e.g. up to 12 sessions) to engage in activities of choice. After this short term support the group could be independent and be facilitated by members themselves. It is vital to have small groups so that the sessions can be of a high quality. Whilst active mentoring support will cease, regular contact will continued to assess the progress of the group and follow up on new ideas.

**Scenario:**

**Mrs S was recently widowed. She had no children and lived in a small rural, isolated area. Mrs S never learned to drive and now finds herself totally isolated from the wider community. During a routine GP visit, Mrs S indicated that this level of loneliness and isolation was making her depressed and requested assistance with admission to a care home. Mrs S believed this to be her only option. Her GP was aware of the local community mentor scheme and offered to refer her to the scheme. Mrs S accepted this offer and was put in touch with people in similar situation. Within a few weeks and with the help of the mentor she joined a group of 12 people and was engaging in stimulating activities, exercise classes and other creative opportunities. Mrs S has now formed a network of friends and is able to engage in activities as well as socialise on a regular basis. She was supported to use public transport and use of alternatives as part of her community mentoring plan. Mrs S now uses taxis and public transport for shopping and socialising and has access to volunteer transport. Her depression has lifted and she has recently advised her GP that admission to a care home is no longer her priority.**

**5.10** A further variation of the above mentioned approach could be a localised service that is run by approved volunteers from their own homes for people in their immediate community. A few people (3 or 4) with similar needs can be encouraged to meet at individuals homes and engage in activities of similar interest. A key feature of this variant is ensuring compatibility of volunteer hosts and service users. Additionally, there will be a need to undertake CRB police checks and risk assess homes of potential volunteer hosts. This model is particularly useful to meet the needs of small groups of people.

**Scenario:**

**Mrs L moved to be close to her daughter and has no social networks of her own, and speaks very little English. Mrs L's daughter and her family manage a fish and chip shop in their village. Mrs L became very isolated and this was picked up by a local Community development worker. Mrs L was put in contact with local volunteer group. It became clear that to provide quality support, Mrs L needed to be with other members of the Chinese community. 4 Older Chinese people were introduced to each other and were provided a volunteer host. Mrs L was able to communicate in her own language and was introduced to English classes and was able to improve her communications skills. Mrs L enjoys her weekly meetings and continues to participate in these groups. She is also able to accompany her daughter to the fish and chip shop and is able to engage with customers. Mrs L now feels a valued member of the community and also supports other older Chinese people.**

## 5.11 Tier 1 Community Engagement

The sense of health and well being engendered by becoming or remaining a valued member of the community is well recognised by all those supporting older people. Individuals should be enabled to access and become active contributors to the range of universal social, leisure, clubs, voluntary and learning activities based in the community. Many older people may no longer need costly specialist provision if mainstream services were better prepared to accommodate their needs. 'Ageing Successfully' includes an initiative to ensure the 'Age Proofing' of services and professional practice meet this requirement. Making mainstream services more accessible will have high impact benefits for significant numbers of people.

To ensure older people enjoy a good quality of life a need has been identified to enhance community based options over and above the ones outlined above. Two options are proposed: the development of an adult mobile centre and one off bids for small amounts (no more than £750) of funding to support older people in their communities.

## 5.12 Creative and Innovative One off Bids

A small funding pot will be available to support local communities to support creative and innovative projects.

### **Scenario:**

**For example a parish council area identifies low take up flu vaccinations amongst its population aged over 75. The reasons are not well understood. A leaflet drop is planned at the cost of £450. The impact is measured and there is evidence of much greater take of flu vaccinations resulting in improved quality of life for older people.**

## 5.13 Good neighbour Schemes

There are two schemes, very similar to one another (Good Neighbour Scheme and Volunteer Link up), that draw on the skills and expertise of people across the county, specifically within their own communities.

Alongside the Volunteer link up service, Social and Community Services have recently piloted nine good neighbour schemes across the County.

Both the services (Volunteer link up and Good Neighbour Scheme) provide a range of support including

- Transport for appointments, hospital visits or to Day Centres
- Errands, shopping or collecting prescriptions
- Minor household tasks, repairs or gardening.
- Visiting or befriending.
- Letter writing or simple form-filling.
- Reading to blind or partially sighted people.
- Signposting to information, agencies and services.

There are rich examples of the benefits that a Good Neighbour Scheme and Volunteer Link up can bring to individuals and communities:

- Enabling older and vulnerable people to retain choice, control and dignity in their lives - improving active participation and quality of life.
- Promoting wellbeing and independence / preventing or delaying the need for more intensive interventions and support.
- Changing the way people feel about living independently in their homes.
- Increasing vulnerable people's sense of safety and security.
- 'Filling the gap' that statutory services cannot provide.
- Providing access to transport.
- Overcoming loneliness and isolation.
- Volunteers extending their social circle and feeling more connected to their community.

**5.14** It is therefore proposed that the current investments are brought together and consolidated. Further investment should be made to extend these schemes across the County. We will consider investing in a volunteer driver scheme and a volunteer scheme that will provide a range of practical support.

**5.15** To ensure that the service is delivered in a cost effective and consistent way, it is proposed that some aspects of the service be managed centrally. The central functions will include:

- overseeing of the developments to ensure that there is a consistent approach across the County
- administering CRB checks,
- developing policies and protocols.

## **6. Transport**

**6.1** A significant proportion of older people live in rural Oxfordshire and tend to have poorer access to facilities. Currently 78% of people living in Oxfordshire live within 30 minutes travel time (walking or by bus) of a major market town or Oxford. This means that 22% do not (**Appendix 4**). However, issues of mobility mean that many older people living in rural areas will be unable to or have difficulties in accessing local facilities by the means of some forms of transport.

**6.2** Access to transport is a key theme that emerges as a barrier to enable older people to participate in meaningful activities. There is a 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. The results of the focus groups indicate that older people prioritised their transport needs as follows:

- Hospital and GP appointments
- Shopping
- Socialising

The above mentioned project has invested in a Transport Advisor and is taking forward some of the approaches trialled in the Greater Manchester POPPS<sup>5</sup> scheme. Though the project is at early stages it is providing valuable insight that will support future development of options. Early findings are clearly suggesting that there is a significant need to support older people to access health and GP appointments.

Our initial analysis of this project is suggesting that 75% of journeys requested by Older people are for hospital or GP appointments. 14% of the requests are to support people with shopping and socialising. These results are confirming the findings of what older people stated as their transport needs

We have explored the reasons for this and have established that the existing Patient Transport Services Criteria (Health) have been reviewed and revised criteria introduced. The revision in criteria is meaning that a number of older and vulnerable people are unable to access the Patient Transport Scheme, with the result that they are making enquiries to identify alternative choices that may be available to them.

**6.3** Historically we have funded day services and transport options, as a package. However transport is not core social care business. We are proposing that in future we will encourage people to make their own arrangements and support them to make these arrangements, rather than provide a service.

**6.4** 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 S&CS only support the West Oxfordshire scheme, based in Witney.

**6.5** Existing funding for transport to support people accessing day services is in the region of £1.6 million. The investment is providing specialist buses that collect and bring people to the day centres. The Fundamental Service Review identified that for a number of older people who live in rural Oxfordshire, the journey to day centres proves to be long and demanding. By the time people arrive at the day centres some people could spend over one hour on the bus. However there is evidence to suggest that a number of people make their own arrangements and use other means of transport to access day services.

**6.6** 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.

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<sup>5</sup> Partnerships for Older People Projects (POPPs) was launched in 2005 to develop and evaluate services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care.



**6.7** 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.

## **7. Governance and evaluation arrangements**

**7.1** A number of consultation and involvement meetings with various stakeholders have taken place. (**Appendix 2**) Initial feed back from stakeholders is supportive of the proposed direction of travel. However those consulted were keen to see the detailed proposals. Understandably, in a period of uncertainty concerns are being expressed by providers. These relate to the lack of long term stability that local authority contracts provide and the unpredictability of the market when individuals will be using a personal budget to purchase care and support.

**7.2** 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 white paper Equity and Excellence: Liberating the NHS.

**7.3** This section of the paper outlines possible governance arrangements for the arrangements. We need to balance local decision making with central accountability. It must be stressed that these proposals will continue to be refined.

**7.4** One of the central features of tier one and two 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 officers who specialise in commissioning and contracting.

**7.5** As lead Officers, the Locality Managers will:

- Be accountable for budgets and local commissioning plans ensuring investment recommendations and decisions are made within a best value framework;
- Ensure that in formulating the above plans seek the support of Strategic commissioning to take account of JSNA ( Joint Strategic Needs Assessment);
- Work with commissioning officers and have a detailed overview of the local needs;
- Take into consideration specific needs of the local community e.g. ethnicity, deprivation, rural living;
- Ensure continuous involvement of local older people;

- Liaise with Commissioning and Contracts Teams who will be responsible for the development of the bid documentation;
- Establish local Boards;
- Work with Commissioning and Contracts teams who will take a lead role to identify and develop training opportunities for proactive engagement of older people.

**7.6** 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.

If agreed, the local Board 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.

**7.7** It is proposed that the Board will have the following main functions:

- Operate within clear terms of reference;
- Work within clear processes and protocols for decision making which will have been prescribed centrally. e.g. identify roles and responsibilities of voting members vs. non voting members;
- Oversee the development of the strategy for the area
- Ensure effective engagement of local communities and neighbourhoods;
- Involve service providers taking care to adhere to principles of fairness;
- Ensure that the process of bidding is equitable and transparent;
- Resolve issues and disputes as fairly as possible;
- Should the above not be possible, escalate these to the dispute resolution panel.

**7.8** In developing the governance structure there is recognition that to work effectively, the members of the Board, LINKS/ Health Watch and the Locality Managers will require support from a number of colleagues working centrally for the County Council

It is proposed that if the Board is unable to reach a resolution, the issues will be escalated to the Director for Social & Community Services. The Director will nominate someone to be responsible for resolving disputes. This process will be developed as part of the implementation of this strategy.

**7.9** 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.

**7.10** To ensure that older people are the centre of developments it is crucial that they are involved in discussions about priorities and opportunities for improving their health and well being. This paper proposes establishment of a group of older people who will be supported to review the revised arrangements.

## **8. Future funding**

**8.1** This paper sets out an ambitious agenda for future day opportunities for older people of Oxfordshire. A growing ageing population means that a strategic and bold approach is required, as small or incremental changes will not be sufficient to meet the scale of the challenge. Commitment and investment directed to keeping older people healthy and maintaining their independence at home will contribute to the savings Oxfordshire County Council (£200m by 2014/15) has to achieve.

**8.2** The personalisation agenda presents organisations that are running the Health and Well being Resource Centres with a challenge. Organisations will have to draw on innovative thinking and have very clear ideas on how they will promote and market the centres so that they are able to attract sufficient income to cover their costs. The organisations will have to be creative and seek other sources of funding or forge strategic partnerships to ensure future sustainability.

**8.3** Traditionally day service providers have relied on contracts with the County Council for the majority of their funding. Our proposed Commissioning Strategy means that in the future this will no longer be the case. Our expectations are that such services will generally be funded through three main income streams.

- An increasing number of service users will access day opportunities using their Personal Budget and will be charged for services based on a realistic unit cost by the provider.
- A fundamental part of the future sustainability for these organisations must be a shift towards income generation from those who are not FACS eligible for OCC support. Providers will need to be aware of the cost of their services and ensure that they charge a realistic unit cost to maximise this income potential.
- The third element will be funding within their locality from the funds made available by the County Council. The level of funding will depend on the local decision on whether the services offered by a particular activity meet the needs identified locally.
- Health and Well Being Resource Centres (Tier 3) will receive a contribution towards the cost of running the building based services to reflect the universal services they provide.

The above reflects a major change in the funding of these services and provider organisations will need to be clear about our expectations of them in this area.

**8.4** There is evidence to suggest that small and medium sized voluntary sector organisations depend on health, District Councils and County Councils for their funding. Further more, the funding from the County Council comes from various sources, Adult Social Care, Community Services and the County Council's Partnership team. There is the potential for all these streams of finances to come together and the same distribution criteria applied to all. The impact of this approach would ensure equity across the County. Initial discussions between Adult Social Care and the Partnership team have taken place and there is recognition of a need for an integrated approach. A phased approach to bring these processes and funding stream together is being investigated. However wider agreements with health and Districts are not in place and therefore the table below is considering Adult Social care funding elements only.

**8.5** Outlined below is proposed strategic resource shift to deliver day opportunities of the future. The table highlights a three year plan as there is recognition that the organisations supplying day services for older people will require support and time to achieve the desired change. The County Council wants to ensure that services are not disrupted leading to adverse impact on older people who rely on these services. The proposed financial resource model will be reviewed on an annual basis with a thorough review in year 3.

**8.6** Health and Well Being Resource Centres are well placed to market their services to people with personal budgets and older people who have the ability to pay for their own socialisation. Going forward it is proposed that the County Council fund a coordination function for each centre, at a cost of £50,000 per centre. The centres will need to rely on attracting service users who will pay using their personal budgets or their own resources for the services that they receive.

As stated in our initial intentions, we will be assessing bids on:

- Innovation to achieve stated outcomes for older people
- Demonstration of financial sustainability
- Best use of building based resources.
- Use of volunteers to deliver services.
- Empowerment of older people who attend the centres

The existing 4 Resource Centres cost an average of £325,000 per year. There is an average of £90,000 of expenditure for running of the buildings (including cleaning) and furniture replacement. The remaining balance is for service delivery. These figures are provided as an indication of existing costs.

The Mobile Adult Services Centre will require an immediate £80,000 investment for the vehicle plus a total of £79,000 running costs per year thereafter. This includes £15,000 for vehicle depreciation. These costs are allowed for in Table 1 below.

8.7 The formula for determining the allocation for each area for Tier 2 services has taken into account the following:

- Distribution on the basis of 14 Closer to the Communities boundary areas.
- The numbers of people aged 75 or older within each of the areas
- Numbers of people in receipt of attendance allowance
- Levels of deprivation in all areas
- Diversity needs for the City and Banbury
- the impact of living in rural Oxfordshire

In calculating the amounts weighting has been applied.

**Table 1**

<b>Area</b>	<b>Current allocation £</b>	<b>Proposed allocation £</b>
<b>Health &amp; Well Being Resource Centres</b> Including Older people Mental health  <b>(Tier 3)</b>	<b>1,813,729</b>	<b>350,000 (£50,000 per centre)</b>
<b>Mobile Adult Service Centre to compliment Tier 3</b>	<b>Nil</b>	<b>159,000 (Inc £80,000 capital)</b>
<b>Community &amp; Low level support</b>  <b>(Tier 2)</b>  Please see the table 2 for patch based allocation and 8.6 for formula applied	<b>1,320,305</b>	<b>1,209,005</b>
<b>Community Engagement</b>  <b>Innovative bids (Tier 1)</b>	<b>Nil</b>	<b>200,000</b>
<b>Extension and consolidation of Good neighbourhood service/ Volunteer Link up + central costs</b>	<b>80,000</b>	<b>150,000</b>

<b>RAS</b>	<b>Nil</b>	<b>964,213</b>
30% Of the service element		
<b>TRANSITION/ FUTURE DEVELOPMENTS</b>	<b>Nil</b>	<b>181,826</b>
<b>TOTAL without Transport</b>	<b>3,214,034</b>	<b>3,214,034</b>
<b>TRANSPORT</b>	<b>1,596,489,</b>	<b>250,000</b> (Investments in community transport )
<b>Efficiencies</b>	<b>Nil</b>	<b>1,346,479</b> ( from transport)
<b>TOTAL</b>	<b>4,810,523</b>	<b>4,810,523</b>

Table 2

<b>Oxfordshire County Council Closer to communities' boundary areas Appendix 3</b>			
<p><b>Notes:</b> the local allocation is based on the 14 Closer to the communities' boundaries. Each boundary population over the age of 75+ is outlined and identified. In calculating the allocation a weighting has been applied for numbers of people on attendance allowance, deprivation and rurality. A 30% reduction has been applied, for the seven patches where there will be centres of excellence.</p>			
<b>Patch</b>	<b>Total population of 75 +</b>	<b>Health &amp; Well being centre allocated?</b>	<b>Initial Funding allocation</b>
<b>Banbury</b>	<b>5095</b>	√	<b>124,300</b>
<b>Bicester</b>	<b>2270</b>	√	<b>53,800</b>
<b>Chipping Norton, Charlbury &amp; Wood stock</b>	<b>3220</b>	×	<b>99,000</b>
<b>Burford &amp; Carterton</b>	<b>1785</b>	×	<b>51,000</b>
<b>Witney &amp; Eynsham</b>	<b>3655</b>	√	<b>78,000</b>

<b>Abingdon</b>	<b>4985</b>	√	<b>110,800</b>
<b>Oxford City</b>	<b>8035</b>	√	<b>190,005</b>
<b>Wheatley, Thame &amp; Watlington</b>	<b>3285</b>	×	<b>99,800</b>
<b>Berinsfield, Benson &amp; Wallingford</b>	<b>2065</b>	×	<b>69,500</b>
<b>Henley on Thames &amp; Goring</b>	<b>3405</b>	×	<b>93,000</b>
<b>Didcot &amp; Wallingford</b>	<b>2915</b>	√	<b>64,400</b>
<b>Grove &amp; Wantage</b>	<b>2295</b>	√	<b>50,800</b>
<b>Faringdon</b>	<b>1860</b>	×	<b>60,700</b>
<b>Kidlington &amp; Yarnton</b>	<b>2185</b>	X	<b>63,900</b>
<b>TOTAL</b>	<b>47055</b>		<b>1,209,005</b>

## 10. High Level implementation plan

**10.1** It is not possible to provide a detailed implementation plan for this strategy as a number of interested stakeholders need to comment and agree the detail outlined in this paper. Therefore, outlined below is a high level milestones plan. This will provide a guide timescales.

**Table 3**

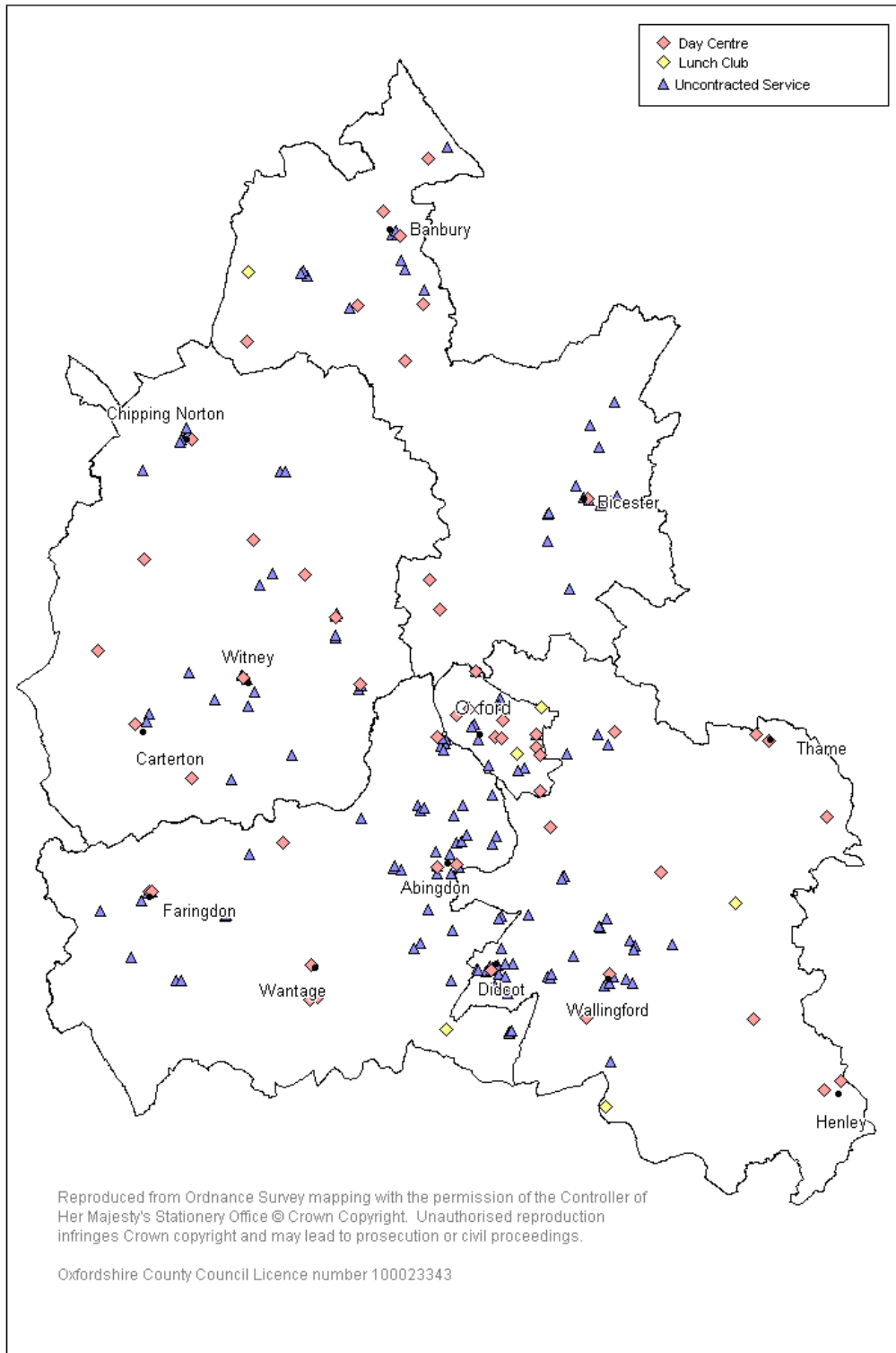
<b>Milestone</b>	<b>Timescales</b>	<b>Lead</b>
Adult Services Scrutiny Committee	7 September	JJ
Draft paper	Mid September	VR
Communication with existing users of services	Ongoing/ formal October	VR/ Lisa
Provider stage 2 meeting	29 <sup>th</sup> September	AC/JJ
Revised draft paper	Early October	MS/VR
Adult Services Scrutiny Committee	26 <sup>th</sup> October 2010	JJ/VR
Consultation complete	12th November 2010	LG
Cabinet	16 <sup>th</sup> November 2010	JJ
Develop a detailed implementation plan	End December 2010	VR/MS
implementation of revised arrangements in place	October 2011	VR/AC



## List of Appendices

<b>Appendix 1</b>	Map outlining spread of existing internal, external and non contacted services
<b>Appendix 2</b>	Highlights of consultations
<b>Appendix 3</b>	Oxfordshire County Council Closer to communities' boundary areas
<b>Appendix 4</b>	Access to local town centres by foot and by bus
<b>Appendix 5</b>	Visual representation of the operational model

## Appendix 1



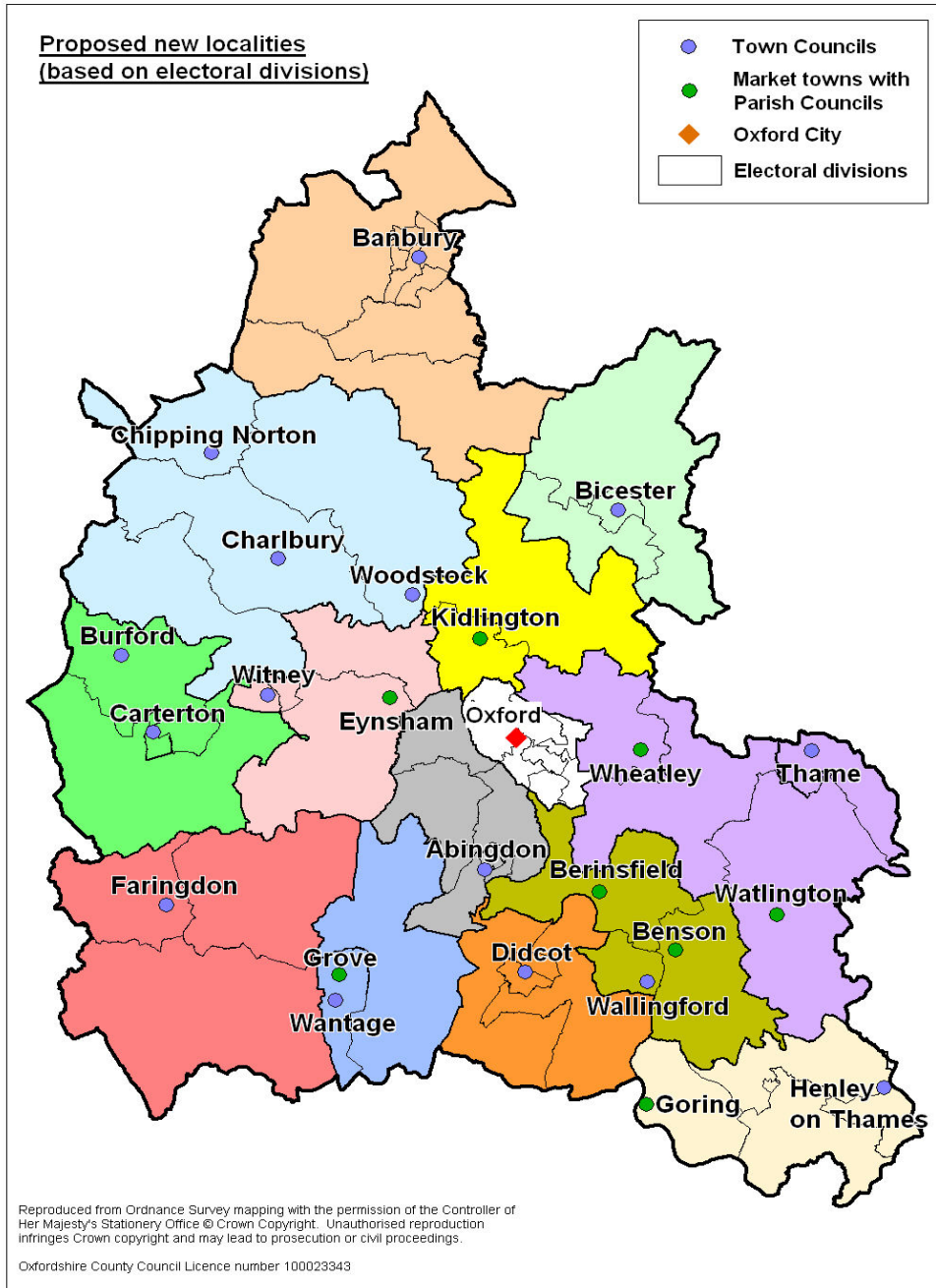
## Appendix 2

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	29 <sup>th</sup> June 2010	Same as provider days	

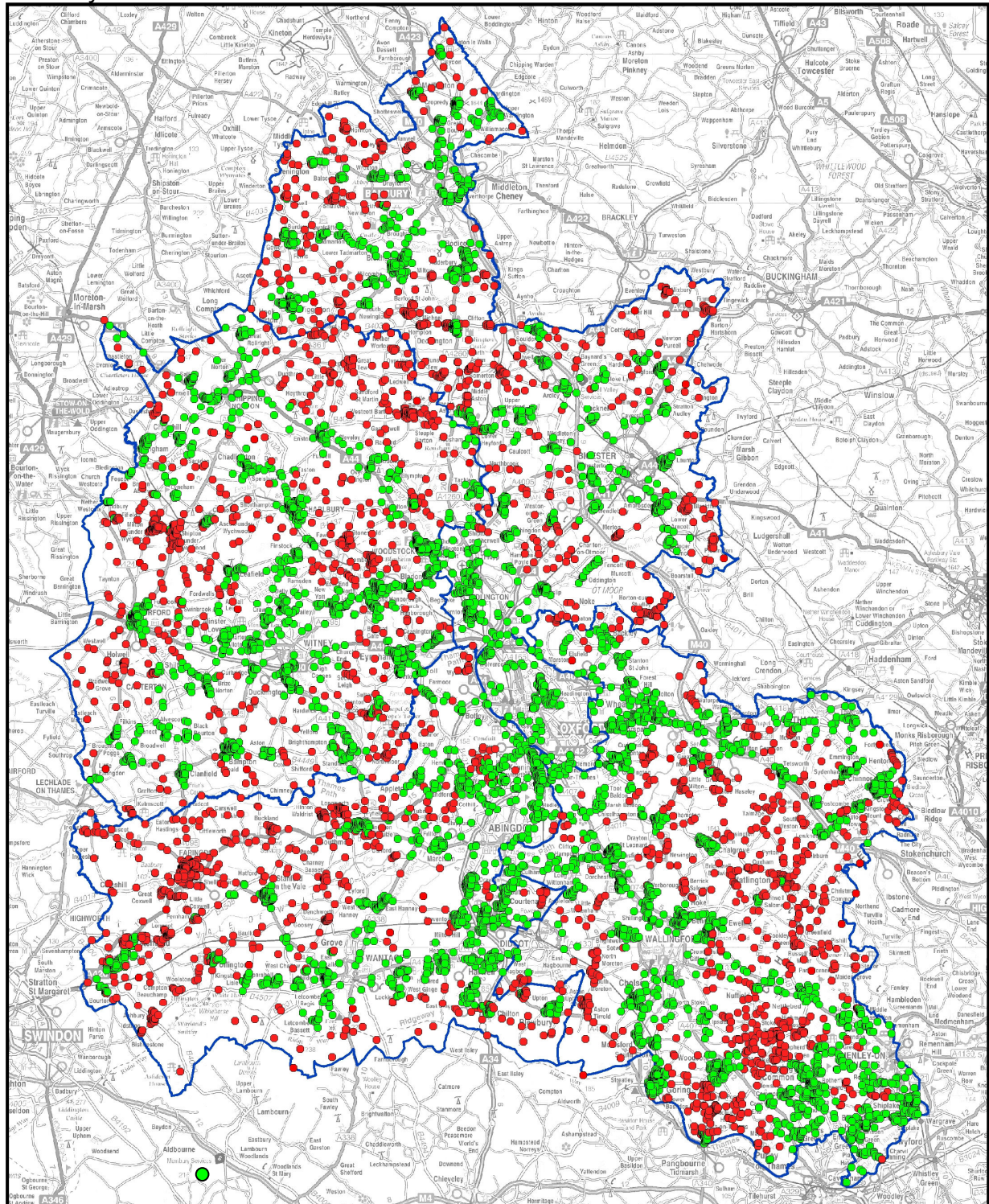
Conference			
Headway (Oxford)	5 <sup>th</sup> July 2010	<ul style="list-style-type: none"> <li>• Better understanding of the future of services for people with acquired brain injury</li> <li>• Concerns going forward if people choose not to use day services with their personal budgets</li> </ul>	<ul 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> </ul>

			<ul style="list-style-type: none"> <li>• Individual responses sent to enquirers</li> </ul>
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.	

## Oxfordshire County Council Closer to communities' boundary areas



**Appendix 4**  
Journey times less than 30 minutes – green dots  
Journey times more than 30 minutes – red dots



## Appendix 5 Visual Representation of the overall model

### Overview of future arrangements

values	<ul style="list-style-type: none"> <li>• access to a range of health and social care support under one roof</li> <li>• for individuals, regardless of funding status to be empowered to make informed choices</li> <li>• contribute to the reduction in dependency on long term intensive support</li> <li>• evidence of wide ranging partnerships that deliver care and support for the benefit of users attending</li> <li>• inclusive and geared up to meet the needs of people different social and cultural backgrounds</li> <li>• services are outcome focused and offer value for money</li> <li>• People are supported in managing risks and keeping safe</li> <li>• Services are flexible, responsive and accessible ( extended opening vital)</li> <li>• Services are innovative and makes the most of locally available opportunities</li> </ul>		
Model	<p><b>Tier 3 centres of Excellence</b></p> <ul style="list-style-type: none"> <li>• Access to a range of universal health services</li> <li>• Exercise classes</li> <li>• Targeted prevention and</li> <li>• Evidence of effective rehabilitation</li> <li>• Access to OT assessments and equipment</li> <li>• One stop shop for information</li> <li>• Respite care for people with complex needs</li> <li>• Support for working carers ( opening)</li> <li>• Extended hours socialising opportunities</li> </ul>	<p><b>Tier 2 Community &amp; low level support</b></p> <ul style="list-style-type: none"> <li>• flexible community led support</li> <li>• small groups facilitated by community mentors</li> <li>• short term (up to 12 weeks basis)</li> <li>• self facilitated and sustained on an ongoing basis</li> <li>• smaller groups to meet culture specific needs (in own homes if necessary)</li> <li>• up to 5 weeks transport options to encourage participation</li> </ul>	<p><b>Tier 3 Community engagement</b></p> <ul style="list-style-type: none"> <li>• 2 elements- mobile centre and one off small payments</li> <li>• Services that reaches out to people who are not able to get to services</li> <li>• Information advice</li> <li>• Access to targeted support</li> </ul>
Target Group	<p>Older people who:</p> <ul style="list-style-type: none"> <li>• are assessed as requiring rehabilitation support</li> <li>• with personal budgets who would like to attend for socialisation</li> <li>• wish to access range of universal</li> </ul>	<p>Older people who:</p> <ul style="list-style-type: none"> <li>• are not eligible for social care support</li> <li>• want support within their communities and not travel great distance</li> <li>• have culture specific need</li> <li>• are self funders</li> </ul>	<p>Older people :</p> <ul style="list-style-type: none"> <li>• In small rural communities where there are significant transport issues</li> <li>• In very small communities where there is a need to raise awareness of a range of issues</li> </ul>



	<ul style="list-style-type: none"> <li>health services at reasonable cost</li> <li>• have ability to fund their own care</li> <li>• wish to access information and advice</li> </ul>	<ul style="list-style-type: none"> <li>• live in rural communities</li> </ul>	
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<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• promote wellbeing in later life</li> <li>• ensure that older people can live independently for longer</li> <li>• engage older people in civic life</li> <li>• tackle social isolation by recognising older people's potential.</li> <li>• Relieve carer stress by providing breaks on an extended basis</li> <li>• People in a position to make informed choices</li> </ul>		
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<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• People enabled to continue living in their communities older people</li> <li>• Evidence of improved outcomes as a result of rehabilitation intervention</li> <li>• Organisations financial position demonstrating a healthy position for future sustainability socialising activities</li> <li>• Evidence of better utilisation of building based assets choices</li> <li>• Carers reporting reduced levels of stress</li> </ul>			<ul style="list-style-type: none"> <li>▪ Evidence of reduced levels of depression in</li> <li>• Evidence of self facilitated groups sustained</li> <li>• Increased numbers of older people accessing</li> <li>• Evidence of people enabled to make alternative</li> <li>▪ Range of partnerships to meet the needs of older people</li> </ul>
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