

**Older People Provider
Network Meeting
02/12/2021**

Day Opportunities & Service Stratification

There are a range of service options for older residents:

- ▶ Primary prevention services - generally designed for people with no/few care needs with the focus on maintaining independence good health and wellbeing for example the local gyms and library.
- ▶ Secondary prevention services - generally targeted at those at risk of specific events. For example depression due to social isolation, falls due to poor mobility examples of these services include befriending, physical exercise class and falls clinics.
- ▶ Tertiary prevention services - generally targeting relatively ill and frail older people to minimise disability or deterioration from established disease and enabling people to remain at home. For example day dementia centre services and dementia advisors.

Current provision - broadly in place until April 2023

▶ RBKC

Tertiary services

Pepper Pot - OP BAME Day Service & Community Drop In

Octavia - Reed OP Day Service & Community Drop In

Also in house dementia day centre provision not currently in scope

Secondary Services

Octavia - Befriending

Age UK K&C - Community Preventative Services

Open Age - Community Preventative Services

Transport Services

Westway CT - Older Peoples preventative transport services

▶ WCC

Tertiary services

Westbourne Dementia Day Centre

Pullen OP Day Centre

Secondary Services

Open Age - Community Preventative Services

Octavia - Outreach & Befriending

NHG - Penfold Hub

Transport Services

Westway CT - Older Peoples preventative transport services

Current Context:

Financial climate and need for efficiencies

- ▶ The forecasted budget gap in RBKC is set to reach £30.5m by 2022/23 due to forecasted reductions in Government funding and increased spending pressures.
- ▶ WCC has identified savings of £31.8m to date across the council.
- ▶ There continues to be increasing spending pressures in a number of key services such as Adult Social Care.
- ▶ Our challenge is to continue to provide good quality and affordable public services, while balancing our income and spending.

Current Context:

Personalised models of care

- ▶ Personalisation places people at the heart of the assessment and discussions about how they would like their services delivered, ensuring they have as much choice and control over the shape of their support as possible. It enables the provision of services tailored for each individual rather than providing a one-size-fits-all-package. The introduction of personal budgets; i.e. the amount of money deemed to meet an individual's assessed needs, is one element of a personalised approach to improving outcomes for eligible people with social care needs.
- ▶ There are **three key ways** in how personal budgets can be used :
 - **An Arranged Service** is when the council manages a Personal Budget on behalf of the individual and chooses care services for them. This may include purchasing services from a local care agency or day centre.
 - **A Direct Payment** is when the council gives individuals a Personal Budget and they arrange / purchase their own care and support needs. This may include hiring a Personal Assistant (PA).
 - **An Individual Service Fund (ISF)** is when the council gives individuals Personal Budget to an independent agency. The individuals choose who this agency is, but they must be registered with the Care Quality Commission (CQC).
- ▶ Personal budgets allows individuals to spend the money allocated for that support in a way that best suits them, and to help them stay as independent as possible.

Current Context: Resident Requirements & Feedback

- ▶ A joint consultation exercise with Adult Social Care & Public Health commissioners took place in 2019 when 191 surveys were completed by residents, 16 consultation sessions were held across both boroughs and officers met with providers from the sector.
- ▶ Some additional follow up consultation sessions with residents also took place in Jan/Feb 2020.
- ▶ The findings from this was intended to be used to inform a new service model to be in place by April 2021.
- ▶ These potential plans were paused due to the pandemic and a new survey was circulated in August/September 2021 to get more feedback from our residents taking into account the impact of the pandemic. 136 surveys were completed.

Feedback from Residents 1:

- ▶ Some key findings from the most recent survey (Aug-Sept 21) were:
- ▶ **Health and wellbeing**
- ▶ Almost half (45 per cent) of respondents felt either '*a little more lonely*' or '*much more lonely*' since the pandemic.
- ▶ Over half (56 per cent) felt their physical health and mobility had either '*worsened a little*' or '*worsened a lot*'.
- ▶ Over half (52 per cent) felt their wellbeing had either '*worsened a little*' or '*worsened a lot*' since the pandemic.

Feedback from Residents 2:

- ▶ **Some key findings were:**
- ▶ **Future day opportunities.** The most common activities that respondents would like to do *‘at least weekly’* were:
 - ▶ *A mix of some 1:1 activity in their own home or in the community and some group activities in a building (54 per cent).*
 - ▶ *Drop in for a cuppa and conversation with other people within a space and service designed for this (54 per cent).*
 - ▶ *Meet up with other people and undertake indoor based exercise (48 per cent).*

Feedback from Residents 3:

- ▶ **Some key findings were:**
- ▶ **Accessing services.** The most common issues that respondents felt had a '*big impact*' on preventing them accessing services were:
 - ▶ *Fear of catching COVID-19* (43 per cent).
 - ▶ *Mobility issues* (26 per cent).
 - ▶ *Safety concerns* (26 per cent).

Feedback from Residents 4:

- ▶ **Some key findings were:**
- ▶ **Information technology**
- ▶ A total of (43 per cent) '*never*' spend any time online at home. Whilst 41 per cent indicated that they go online '*daily*'.
- ▶ Almost a quarter (24 per cent) took part in online activities organised by the hubs/centres during the pandemic.
- ▶ Nearly a third (31 per cent) would like support to access online activities in the future.

Current Context: Technology & Digital Inclusion

- ▶ Digital tools have become an integral part of our lives; whether it is banking, shopping, keeping up with the news, or accessing your GP online account to book appointments and request repeat prescriptions.
- ▶ Services for older people have adapted quickly because of the pandemic and now offer a hybrid model of face to face and digital interventions.
- ▶ With an increased digital world, any day opportunities offer needs to utilise technology to improve service outcomes and supporting attendees to increase their skill base, in order residents are in the best position to benefit from technology, be it keeping in touch with friends and family or the ease of booking an on-line GP appointment.

Potential future service delivery models

- ▶ Entirely personalised market
- ▶ Borough wide hub, spoke and outreach model
- ▶ North and South borough hub, spoke and outreach model
- ▶ Other?

- Scenario 1- Entirely personalised market

- ▶ Entirely personalised market - no commissioned services
- ▶ Current contracts cease at the end of their agreed without renewal
- ▶ Providers able to work with Direct Payment's / DP brokerage services / Private funders
- ▶ No more block payment contracts

● Scenario 2 - Borough wide hub, spoke and outreach model

- ▶ Services that start as commissioned services evolving to personalised models over the course of a time limited contract. Any future Local Authority funding would be through personalisation.
- ▶ 1 X RBKC Hub, Spoke & Outreach
- ▶ 1 X WCC Hub, Spoke & Outreach
- ▶ 1 x Each Borough Specialist Dementia Service or 1 x Bi-Borough Specialist Dementia Service
 - Building base (s) for all OP needs group - can drop in for a cup of tea and chat / indoor physical activity & classes / ideally access to community facilities (e.g. hairdresser, shower) / Will have care and support workers to support those with dementia / toileting needs
 - Activities across the whole borough so activities on people's doorstep / activities aligned to different demographics
 - Assumptions around partnership models / lead provider models

● Scenario 3 - North & South borough hub, spoke and outreach model

- ▶ Services that start as commissioned services evolving to personalised models over the course of a time limited contract. Any future Local Authority funding would be through personalisation.
- ▶ 1 X RBKC North Hub, 1 X RBKC South Hub, Spoke & Outreach
- ▶ 1 X WCC North Hub, 1 X WCC South Hub, Spoke & Outreach
- ▶ 1 x Each Borough Specialist Dementia Service or 1 x Bi-Borough Specialist Dementia Service
 - Building base (s) for all OP needs group - can drop in for a cup of tea and chat / indoor physical activity & classes / ideally access to community facilities (e.g. hairdresser, shower) / Will have care and support workers to support those with dementia / toileting needs
 - Activities across the whole borough so activities on people's doorstep / activities aligned to different demographics
 - Assumptions around partnership models / lead provider models

- Scenario 4 - Other?
- ▶ We are keen to hear about any other potential options that we should consider

Pros & Cons of different models

- ▶ 1) Entirely personalised market
- ▶ 2) Borough wide hub, spoke and outreach model
- ▶ 3) North & South borough hub, spoke and outreach model
- ▶ 4) Other?

- ▶ What are the key benefits/challenges of the models presented for our residents?
- ▶ What are the key benefits/challenges of the models presented for the market/providers?
- ▶ What can we learn from what is happening in OP day opportunities elsewhere?
- ▶ What other options would you recommend?

Next Steps

Next 6 months:

- ▶ Resident & Provider feedback will inform commissioning
- ▶ Budget setting process to inform commissioning activity
- ▶ Ongoing conversations with incumbent contracted providers re contract end dates
- ▶ Any future procurement exercises will be advertised via Capital E Sourcing