

Health and Adult Social Care Scrutiny Sub-Committee

Wednesday 4 May 2011
7.00 pm
Town Hall, Peckham Road, London SE5 8UB

Supplemental Agenda

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Date: 26 April 2011

The Southwark vision for the future of adult social services: Open access services – supporting people to be active citizens

Consultation paper

Introduction – the vision and context

We want to support people to live independent and fulfilling lives, based on choices that are important to them. Services need to be personalised with a focus on individuals and not institutions, including the continued development of personal budgets as a means for people to exercise choice and control in the support services they decide to access.

To achieve this, we need a fundamental change in the offer to people in Southwark, minimising administrative costs whilst encouraging residents to do more for themselves, finding innovative ways of providing support and reducing reliance on formal council services. We need to shift the balance of care away from institutional settings such as residential homes or day centres and towards more personalised services in community settings.

The shift to community-based care is also critical in the context of continuing to deliver value for money. We are working in an environment where there are rising demands and expectations and a reduced public purse.

The 2010 Spending Review means funding from central government is cut by 29 percent over the next three years. The recent settlement for local government has also shown that the reduction in central government funding will be focused on the early part of the next few years. Southwark Council is facing a total reduction of 11.3 percent in its budget from government ('formula grant') in 2011/12 followed by a further 7.4 percent in 2012/13 – the highest cash reduction in London.

This scale of reduction in government grant means the council can no longer afford to fund open access services for people who are not eligible for social care support to the level that it has historically.

There will also need to be a change in the focus of resources within adult social care, with more short term, targeted interventions aimed to help people get back on their feet and maintain independence, through services such as re-ablement. Prevention services will need to be based on evidence and targeted, supporting people to do more for themselves and each other, making the most of social capital. Long term, ongoing support will be focused on the most vulnerable people whose needs cannot be met in other ways.

Those people eligible for long term support will be offered personal budgets.

The council as a whole will continue to work in partnership with the voluntary sector to support organisations to become more self-sustaining.

Proposed whole council approach to voluntary sector engagement

In partnership with Community Action Southwark (CAS), the council has been considering the future of community infrastructure. Proposals are currently being developed for the council to work through CAS to facilitate the development of a three-tier model for voluntary and community services (VCS) that creates a shared infrastructure.

An overview of the model is outlined below:

Tier 1 – Hub and spoke

Cambridge House acts as a hub for use by local VCS organisations with shared services. While there will be delivery space at the hub, neighbourhood delivery can take place in community venues by any organisation located within the hub.

Tier 2 – Coordinated hubs and spokes

There are a number of Southwark-based community premises owned by charities; the settlements are examples of this. Geographically well-spaced in Southwark, all have embarked on or have plans to redevelop their premises on a financially sustainable basis, similar to Cambridge House. A number of hubs could consequently be designated across the borough.

Tier 3 – Lattice Foundation

Lattice would be a new organisation that existing charities can choose to bolt on to, or in which new charities or social enterprises set themselves up as a Lattice project. Rather than every initiative setting up a new organisation, with the burden of bureaucracy this brings, Lattice would provide a high-quality back office function and act as the coordinating body for tier 2.

The proposed model therefore has a number of key benefits for the council as a whole, which include the opportunity to reduce the overall number of buildings required, incentives to social enterprise development, improved coordination of the local VCS and leverage of private sector capital.

The proposals to re-shape open access services are set in this context.

What does this mean for open access services?

Currently, adult social care spends around £2.3m each year on a set of open access services that broadly cover:

- Lunch clubs and/or day support
- Befriending
- Advice and information
- Advocacy support.

While we recognise that this does not encompass the full extent of the council's spend on adult social care services from the voluntary sector it is the focus for this particular engagement. In addition, we will continue to prioritise our work with carers, which is

being addressed through development of our carers' strategy and in line with our wider corporate approach for engagement with the voluntary sector outlined above.

We recognise that ensuring provision of independent Mental Capacity Act assessments will remain a core part of commissioning arrangements.

Consequently we are not specifically consulting on this area here.

Open access services need to offer innovative solutions for social and practical support that help to promote community cohesion and enable people to contribute time and skills rather than feeling like passive recipients of care.

This will be in the further context of a reduced level of subsidy available from the council, with services needing to be increasingly self-sustaining.

In addition, the current practice of substantial ongoing contractual funding for such services is likely to be much reduced. However, people will have the choice to purchase services from the open provider market through personal budgets (if eligible), or through their own resources.

Personalised services and community cohesion

We are keen to ensure that we promote community cohesion through the services we commission. As well as being personalised and effective, services should also be able to demonstrate how they can support development of community capacity and are seeking to provide universal benefit as far as possible, all of which are vital components of the new adult social care system that works in partnership with individuals, families, carers, the NHS, voluntary and private sectors and wider areas of the council.

Southwark Circle offers a personalised model where relevant open access type services could be offered in a way that is financially self-sustaining and which builds social capital so that people are able to actively participate and to contribute time and skills.

There is also the opportunity to re-shape the offer from the wider voluntary sector in line with the corporate approach outlined above of a hub and council provision of specialist hubs (including the Southwark Resource Centre) and a focus on supporting services operating as spokes, making use of community venues.

Open access services and prevention

Taking into account the above policy and wider financial context, it will be vital for services linked to prevention to be appropriately targeted. Preventative services will need to provide evidence of their effectiveness, demonstrating that they can improve or maintain the independence, health and wellbeing of Southwark residents and support them to have the confidence to find creative solutions to self manage their care and support needs and be less reliant on statutory adult social care support.

We have published this consultation document to outline our proposals for open access services in Southwark based on the above principles and the wider context. We are keen to hear from VCS organisations to support the shaping of proposals and to provide

an opportunity for them to understand the council's focus for the future and what this means for the types of services providers offer.

Our proposals

The focus for these proposals is how we can support a more self-sustaining set of open access services that deliver our vision for personalisation and promoting health and wellbeing for people at risk of needing adult social care support. It is also in the context of the financial challenges the whole council is facing. In order to take account of the timescales for making required savings we propose a phased approach to re-shape services, working with CAS to understand how the three-tier model could have an impact in this area.

The approach we are suggesting has two stages, which will need to be developed and implemented during 2011/12. A table outlining the key next steps relating to the proposed stages can be found in Annex A of this document.

Stage 1 – re-shaping the Southwark model of lunch club projects

The council currently provides around £1.3m of funding for 12 lunch club projects across the borough. We propose to reduce the council contribution towards this provision, moving down to three sites that offer a geographical spread from April 2011.

We then propose to establish an 'innovation fund', which will be open to all local organisations. This fund will be to a maximum of £200,000 and is currently for one year only (2011/12).

We are particularly keen for VCS organisations to discuss with the council innovative ways of supporting people through the transition as we move to this revised delivery model and/or delivering services in a new way. For example, this may include proposals to make use of one of the remaining sites for other purposes when the current lunch club project is not running.

The aim is to save £1m in 2011/12 through the re-shaping of these services.

To inform decisions on the existing organisations we would continue to fund, we have applied a set of principles, in line with the council's wider approach to budget strategy that seeks to create a fairer future for Southwark residents.

These are

- Geographical spread of provision
- Value for money
- Services operating as 'spokes' and utilising community venues
- Potential for community cohesion
- Possible access to alternative sources of funding.

Based on these principles, we propose that the following projects would continue to receive funding support from the council. It is important to point out that, even where funding is to be maintained, we would expect all organisations to be delivering better

value, e.g. providing their services to more people (by extending the number of available placements on days the projects are open and/or extending the number of hours the project opens and/or working in collaboration with organisations that will lose funding). Continued funding will depend on evidence of this.

The three proposed projects are

1. Yalding Age Concern Project, Bermondsey
2. Golden Oldies Project, Camberwell
3. Goose Green Project, East Dulwich.

The Yalding project currently receives funding from NHS Southwark but is delivered in a council-owned building. The other two make use of community premises but receive funding from adult social care. In line with our proposed hub and spoke model for voluntary sector engagement, there is the potential for the Yalding centre to operate as a council owned specialist hub for older people.

We recognise that there may be some people with eligible care needs, receiving council support, who are currently accessing these services. As we move forward with proposals, we are aware that we will need to work with them to review arrangements and enable them to make decisions about the care and support they want to access in the future.

Stage 2 – a new approach for community support services

The council also currently provides almost £1m of further funding for open access community support services including advice, information and befriending projects. Our proposal is to decommission all these projects (to take effect from April 2012) and invite local organisations to bid against a new specification for services that support delivery of personalisation and health and well being. This is likely to be to a value of £700,000.

The specification, to be developed during 2011/12, would be based on helping people to achieve their own outcomes and is likely to include advice, information and sign-posting

- Support planning and brokerage services for people who use adult
- Social care and people who fund their own care and support
- Support to develop the market for self-employed personal assistants
- Peer support

Looking across the whole budget period

Beyond the scope of this proposal the government's financial settlement means that we will need to make further savings in 2013/14. In the current draft budget report for the council we have indicated that a further £1.2m may need to be found from across discretionary, open access services, including services to support carers in 2013/14 if the demand for statutory provision cannot be reduced through the expansion of re-ablement services and developing more cost effective models of care (this is part of illustrating what a 25 percent reduction in adult social care funding over the three year budget period would need to look like). We have highlighted our ambition to achieve this shift within a vision for adult social care. Making this shift may be critical to the council being able to provide funding to discretionary and open access services in 2013/14 and

beyond. We would therefore welcome comments and proposals that will support achievement of this shift as well as options for delivering the further savings.

Process for providing feedback

As highlighted above, the future of open access services needs to be in line with the vision for adult social care generally. This means we need a more self-sustaining set of open access services that deliver our vision for personalisation and promoting health and wellbeing for people at risk of needing adult social care support.

We are keen to hear from those voluntary sector organisations on whom our proposals are likely to impact. In particular, we are keen for organisations to provide feedback that could shape our proposals for Phase 2 of the programme and ensure an effective specification is developed that promotes services that are innovative, effective and good value for money.

In particular we would welcome comments in response to the following key questions

1. Do you agree with these proposals? If not, what alternative proposals would you present to achieve the £1m savings required for 2011/12 that supports community cohesion and the vision for adult social care?
2. What wider issues need to be considered by council in relation to the development of more self sustaining, open access universal services?
3. What key considerations/outcomes should be taken into account as part of developing a specification for community support services?

The deadline for receiving feedback is 23 March 2011. Please send consultation feedback to

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Health and social care
Client group commissioning
1st Floor, Hub 1
PO BOX 64529
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Email: openaccess.consultation@southwark.gov.uk

Southwark Health & Social Care Equality Impact Assessment

Work Programme/Policy Being reviewed:

Vision for the future of Southwark adult social care services – 3 year budget strategy

Name of Responsible Manager:

Sarah McClinton

Name of Lead Director:

Susanna White

Directorate:

Service:	All
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Key aims of this work programme:

To design and implement adult social care services that deliver the Council's statutory duties within a reduced financial envelope, in a way that achieves better value for money and promotes independence.

Who is intended to benefit from this piece of work?

People who need adult social care support.

Which partners are involved in this work programme:

Early discussions have commenced with housing, children's services, Community Action Southwark, trade unions and PCT. Further engagement will be required as programme is shaped up, including with affected organisations, people who use services and carers.

Date EIA assessment completed:

28 January 2011

Section 1: Overview Equality Impact Assessment of Proposed Work Programme/Policy

1. Description of Policy/Service Redesign	
<p>Provide an outline of the proposed change, including key drivers; how the particular approach was determined; financial implications and links to key local and national policy and strategic drivers</p>	<p>The key drivers for this change are the government Spending Review¹ and Putting People First concordat.² It also takes into account the national vision for adult social care³. The approach has been developed by working with managers through facilitated events. We have taken a diagnostic approach to understanding the current provision and performance of adult social care services in Southwark and looked at potential savings realisation if we modernise our services, focus resources on the most vulnerable and shift the balance of care for Fair Access to Care Services (FACS) eligible people toward community-based support.</p> <p>The vision for Southwark is to support people to live independent and fulfilling lives, based on choices that are important to them. This requires services to be more effective and more personalised, focusing on individuals rather than institutions and shifting the balance of care away from residential homes and towards more personalised services in community settings. This also requires a different relationship between the council and the community, moving from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their own lives, improving their own health and wellbeing. Proposals for the redesign of services seek to contribute to this overall vision, in line with the financial context of a reduced public purse.</p> <p>The Council is required to meet its statutory duty to disabled people with FACS eligible needs and these services have been prioritised within this approach above discretionary services. The redesign of services aims to focus resources on helping people to help themselves so as to minimise the impact on disadvantaged groups.</p> <p>Frontline services have been prioritised above buildings-based provision. New technology and the personalisation</p>

¹ HM Treasury (2010), *Spending Review 2010*, London

² HM Government (2007), *Putting People First: a shared vision and commitment to the transformation of adult social care* – HM Government (December, 2007), London

³ Department of Health (2010), *A vision for adult social care: capable communities and active citizens* – Department of Health (November, 2010), London

	<p>approach to support people to live independently and well at home as far as possible means we can continue to provide more services if we reduce fixed costs associated with buildings and realise capital assets for investment.</p> <p>In addition, the offer of personal budgets to support flexibility and choice in accessing services, will continue to develop in light of the Coalition Government's commitment to offering everyone with an ongoing, eligible care need a personal budget, preferably in the form of a direct payment, by 2013.</p> <p>There is also an overall drive in commissioning services to work towards ensuring that best value is obtained from contracts and that resources are being targeted most effectively to achieve the best outcomes for people. Any work around this will need to be sensitive to the particular impact on individual equality strands and take this into account as we seek to develop a system that is focused on personalised services that people can access support from to help meet their own needs.</p> <p>Detailed proposals are being developed to sit within the framework set out in our vision will seek to achieve savings in a model that is 'front-loaded' so that the bulk of savings are delivered earlier in the budget period. Individual proposals that are agreed to be taken forward will need individual, detailed equality impact assessments, set within this overall framework.</p>
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<p>2. Purpose and Benefits</p>	
<p>Which groups are the intended to benefit from the implementation of this policy/service redesign?</p>	<p>People who are at risk of needing long term social care support and people who have been identified with eligible care and support needs, as outlined through FACS criteria.</p>

<p>3. Impact Assessment</p> <p>Outline the main issues for your policy or service change in relation to equality, diversity and social cohesion (e.g. access, cultural sensitivity, impact of service change/policy etc.)</p>	<p>This EIA is being carried out in accordance with Southwark Council's Equality and Human Rights Scheme, 2008–2011⁴. It seeks to consider how this programme of work around the budget strategy and vision for adult social care will impact on key equality strands highlighted in the Equality Act 2010, particularly considering the impact on proposals in terms of direct and indirect discrimination of individuals. Southwark is aware of the key issues around equalities across an array of groups and we will deliver this programme in a way that is sensitive to people's different backgrounds and needs.</p> <p>Specific issues are set out below.</p>
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<p>4. Monitoring and reviewing the policy/service change</p> <p>Describe arrangements for monitoring or carrying out regular checks on the impact of this policy post-implementation</p> <p>The overall vision for the future of adult social care in Southwark has been discussed with a range of stakeholder groups in draft form to help support its development and seek input on the overall approach and direction. Presentations have been given to the following groups and feedback sought.</p> <ul style="list-style-type: none"> • Adult social care service user and carer panel • Adult social care managers' forum • Health and Wellbeing Board • Adult social care provider market forum • Older People's Partnership Board <p>Further presentations are also planned with the Carer's Forum, Disability Partnership Board and we propose making a draft version of the vision available on the Southwark Council website to invite further comments.</p> <p>Feedback from these groups has been used to refine the vision but, in general, to date there has been an acceptance of the overall approach and direction for the future of adult social care.</p> <p>This strategy and equalities impact will be reviewed at least every 12 months. We will seek to develop a range of success measures to allow us to monitor</p>	
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⁴ http://www.southwark.gov.uk/downloads/download/281/equalities_and_human_rights_scheme_2008_to_2011

the impact of changes in terms of access to services, the extent to which individual outcomes are achieved and customer satisfaction levels. The profile of people using services will also be monitored and reviewed.

Individual projects that lead to staffing reorganisations will be reviewed in line with HR policy.

As highlighted previously, detailed Equality Impact Assessments for specific elements of service redesign proposals arising from the vision and proposals in the budget report will need to be completed and reviewed as proposals develop, in the context of the overall vision framework. This will include seeking the views of organisations, people using services and carers on whom the proposals may impact.

We recognise that we will need to work closely with partner across the council, particularly in areas like housing and employment, to understand the cross-cutting impacts of the need to reduce spend in these areas and our desired outcome of helping more people to live independently and well at home and in the community.

Section 2: Pre-Implementation Equality Impact Assessment

5.1 Disability (mental, physical, sensory, long term health, learning disabilities)

a. **Statutory Duties:** In respect of the proposed policy & service change, list key legislation in relation to this group

Disability Discrimination Act 2005
Human Rights Act 1998
Equality Act 2010
Community care legislation

The protected characteristic of disability applies to a person who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out day-to-day activities, which would include things like using a telephone, reading a book or using public transport. A person's disability (physical or mental impairment) itself can often create a barrier for them accessing services. For example if a person is housebound, blind or visually impaired.

b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions

The key impact is around services not continuing to exist or being offered in a different way. As part of our overall vision for adult social care, it is likely that, in future, there will be fewer people receiving ongoing, long-term social care support. In addition, those eligible people entitled to personal budgets may have a reduced offer. However, this in the context of a drive to support people to live independently and well for as long as possible, with choice and control over the support they access so they can effectively use the resources available to them and achieve the outcomes they want. It is also in the context of focusing resources on time-limited interventions, such as re-ablement services, to help people get back on their feet and support people to be able to actively engage in their local community.

We are specifically looking to review current day centre provision across the borough for older people, mental health and learning disability services. Again, this may include examining the effectiveness of current services in meeting our aims of supporting independence, choice and control as well as considering the number of buildings through which services are delivered. To mitigate this, the personalised approach for services by which people have choice and control in achieving the outcomes they want, and know how much is to be spent on their care and support in the form of a personal budget should help people make decisions on the types of services they want to access to lead the lives they wish.

There are also proposals to reshape the universal offer around discretionary services available to people who do not necessarily receive support from the Council. This is about moving away from building-based services to a model of hubs in communities that enable people to access a range of support in one place at a single visit. It is likely that a number of people who access these discretionary services are disabled although they are unlikely to be eligible for Council support in terms of FACS criteria. The impact of the proposals may result in the number of people receiving such discretionary services is reduced, which could include some people with disabilities.

To try and mitigate the impact on people who currently use discretionary services, the council will investigate pump priming and small injections of cash for projects that support independence and can become financially self sustaining where possible.

Budget proposals on reviewing charging policy will also necessarily impact on disabled people who are accessing adult social care services. Any changes will need to remain in line with government guidance on this issue, and that is the approach being proposed.

Proposals to move away from residential care provision to more personalised services through community support may also have a long-term positive impact in supporting increased independence and choice for people and providing them with opportunities for supported, independent living to achieve the outcomes they want. This includes further work for those people who use supporting people services. However, it will be necessary to consider the position of people who may have spent a considerable amount of time in residential care and may require additional support during any period of transition.

Another key driver of the proposals are about the importance of partnership involving individuals, communities, voluntary and private sectors, the NHS and the council's wider services, particularly employment and housing. This is designed to create a greater focus on supporting people to help themselves and each other as active citizens, and working with the wider community and voluntary groups to build social capital within communities. Signposting and effective time-limited interventions such as re-ablement will be further developed and regularly used to work towards supporting people to live independently and well without the need for long-term interventions. This has the potential to help more disabled people through provision of appropriate and accurate information at an earlier stage, as well as support to use resources within their own families and communities.

A key aspect of this is helping people understand how much is to be spent on their care and support – their personal budget – and supporting them to make their own decisions about how their money should be used in an effective. It will be important to recognise that people with mental health needs, autism and those with complex care packages may require additional support to access personal budgets (Department of Health, 2010).

5.2 Age

a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group

Equality Act 2010

b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions

Adult social care services are provided to people over the age of 18. The proposals for the Southwark vision for adult social care apply to all adults who may require care and support. Frailty and disability associated with old age means that it is likely the proposals will impact on older people and indeed the majority of users of social care in Southwark are over 65.

While the proposed changes mean that fewer people are likely to receive long term support and the personal budget offer may be reduced, we are seeking to mitigate the impact of this by focusing on providing timely and accurate information earlier in the process through a single point of informed contact, signposting people to a wide range of services that are available to them in the wider community. We recognise that it will be important to consider, as part of this, the formats in which information is available locally, to ensure that everyone can make use of the information and advice provided. In addition, there will be a focus on effective time-limited interventions, such as re-ablement, that seek to help people get back on their feet after a period of ill health or trip to hospital, often with reduced or even no need for ongoing care. There is some emerging evidence to suggest that the

use of re-ablement type services can result in improved health-related and social care-related quality of life, as well as being cost effective and being associated with a decrease in subsequent social care service use over time⁵. Early re-ablement work in Southwark has also suggested that a large proportion of people using the re-ablement service have not accessed an ongoing care package afterwards although further work will be required to understand the longer-term outcomes in this area.

Proposals around targeting prevention work to where there is demonstrable impact on how investment early on can ultimately reduce demand for longer-term social care support may also have a particular benefit to older people in terms of them achieving the outcomes they want. This is a group that often places particular importance in these 'low level' type interventions as a means of supporting them to stay independent and well.

We are specifically looking to review current day centre provision across the borough for older people, mental health and learning disability services. Again, this may include examining the effectiveness of current services in meeting our aims of supporting independence, choice and control as well as considering the number of buildings through which services are delivered. To mitigate this, the personalised approach for services by which people have choice and control in achieving the outcomes they want, and know how much is to be spent on their care and support in the form of a personal budget should help people make decisions on the types of services they want to access to lead the lives they wish.

There are also proposals to reshape the universal offer around discretionary services available to people who do not necessarily receive support from the Council. This is about moving away from building-based services to a model of hubs in communities that enable people to access a range of support in one place at a single visit. The vast majority of these services, which are often lunch clubs/day services are focused on providing a service to older people, although they may not be eligible for council support in terms of meeting relevant FACS criteria. The impact of proposals may result in fewer buildings based services currently accessed by older people.

To try and mitigate the impact on people who currently use discretionary services, the Council will investigate pump priming and small injections of cash for projects that support independence and can become financially self sustaining where possible. In addition, there will be an expectation on any services that continue to be commissioned that they are able to deliver even better value, perhaps through increasing the number of placements available, extending opening hours or collaborating with other organisations to meet wider needs.

There is the potential for a positive impact on all groups as the proposals seek to promote choice and control and support people to live independently and well, and to achieve the outcomes that they want. In terms of the specific personalisation offer of personal budgets, there is currently some national evidence to suggest that older people may need a greater degree of support to access the benefits of personal budgets⁶, which can be addressed by

⁵ Glendinning, C, Jones K, et al. (2010) *Homecare Re-ablement Services: Investigating the longer-term impacts (prospective longitudinal study)* –Personal Social Services Research Unit University of Kent & Social Policy Research Unit, University of York

⁶ Glendinning, C. et al, Individual Budgets Evaluation Network (IBSEN) (2008) *Evaluation of the Individual Budgets pilot programme: final report*, IBSEN, London

ensuring the availability of appropriate support, which can be effectively provided by the third sector. This will need to be considered as the offer of personal budgets is developed across Southwark, for example in commissioning arrangements for any information and advice projects or brokerage services to support people to make decisions about spending and managing their money.

In addition, proposals to move away from residential care provision to more personalised services through community support may also have a long-term positive impact in supporting increased independence and choice for people and providing them with opportunities for supported, independent living to achieve the outcomes they want. However, it will be necessary to consider the position of people who may have spent a considerable amount of time in residential care and may require additional support during any period of transition.

The former Commission for Social Care Inspection found some evidence to suggest that young people in transition between children's and adults' services (particularly 16–17 year olds) may not be getting the support they need from adult social care services⁷. Mitigating actions for this group include the proposals to introduce a new approach to transition, including whole life planning and seeking creative approaches to supporting independence while reducing duplication across services.

Budget proposals on reviewing charging policy will also necessarily impact on older people in terms of them being a key group to access adult social care services. Any changes will need to remain in line with government guidance on this issue, and that is the approach being proposed.

5.3 Race/Ethnicity

a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group

Race Relations Act 1976, 2000
Equality Act 2010

For the purposes of the Equality Act 'race' includes colour, nationality and ethnic or national origins. A racial group can be made up of two or more different racial groups (e.g. Black British or White Irish).

b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions

⁷ Commission for Social Care Inspection (CSCI) (2008) *State of Social Care in England 2007-08*

It is not anticipated that this strategy will have a significantly differential impact on race and ethnicity for people entitled to statutory services. The personalised approach to service delivery gives people who are entitled to long term care more choice and control over their support. This enables individual culturally sensitive responses to be agreed with individuals. There is also some evidence to suggest that personal budgets have the potential to offer greater independence and flexibility in support arrangements for black and minority ethnic (BME) groups in terms of improved access to culturally sensitive, tailored support. However, this needs to be seen in the context of the importance of there being sufficient options in the local market place to offer the type of support that people want. Southwark's role as market shaper and its approach to quality assurance in the future will need to take account of this need in ongoing work.

Furthermore, our work to shift the balance of care away from residential provision and towards more community-based support will need to take account of particular requirements for culturally-tailored provision, in terms of the role of the council in developing an effective and robust market place for services.

Proposals being considered to reshape resources available for discretionary services, for example lunch clubs, available to people who do not necessarily receive support from the Council, may have an impact on a number of ethnic groups as currently a number of projects commissioned are culturally specific.

To try and take account of this, we are proposing that continued funding for any projects will be dependent on them looking at how they can deliver better value, perhaps through extending the number of places available or opening hours, or working collaboratively with organisations who will not receive council funding in the future. We would expect this to take account of the wide range of different communities that we have in Southwark and seek to promote community cohesion, bringing people together. In addition, proposals are being considered for a small amount of resource to be available to offer pump priming or small injections of cash as part of a process to support financially self-sustaining models of care.

5.4 Gender/Gender Identity (inc. gender reassignment)

a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group

Equality Act 2010

b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions

As a result of longer life expectancy more women than men use adult social care services and this is also true for Southwark where a majority of adult social care service users are women. In addition, older women tend to be less well off than older men. There is some evidence to suggest that, from a national perspective, there are nearly five times as many women as men in institutional care but they are less able to afford it⁸ (Mayhew, 2009). This all suggests that there is potential for proposals to have a greater impact on women in terms of changes to the number and type of services that will be available in the future as a result of proposals.

Mitigating actions to support this include the specific proposal on re-ablement as a means of helping people get back on their feet and living independently and to attempt to prevent further deterioration and a requirement for ongoing intensive support. The single point of informed contact should also provide clarity about the system of adult social care, how people can engage and the range and types of support available.

Women are more likely to be carers than men (58 percent of carers were women according to the 2001 Census). There is a risk that, if proposals do lead to fewer people receiving long term support this may place a further burden on carers and impact particularly on women. However, the vision for Southwark recognises the key role that carers play, both in delivering care and in preventing people's care needs from increasing. We are seeking to investigate proposals for effective interventions that can provide help and support for carers. In addition, proposals will also need to be carefully considered in the context of the importance of care and support being about partnership between individuals, families, communities, the voluntary and private sector, the wider council and NHS. This means that we are particularly interested in developing social capital within communities and encouraging people to help themselves and each other as active citizens.

There is also some evidence to suggest that personal budgets have the potential to offer greater independence and flexibility in support arrangements for transgender people (for example even in just being able to select for themselves the gender of their carer). However, this needs to be seen in the context of the importance of there being sufficient options in the local market place to offer the type of support that people want. Southwark's role as market shaper and its approach to quality assurance in the future will need to take account of this need in ongoing work..

5.5 Religion/Belief

a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group

Equality Act 2010. The Equality Act protects people with or without religion or belief from unlawful discrimination. Belief means any philosophical belief or a lack of such belief. For example, Humanism is a protected philosophical belief but political beliefs would not be protected.

⁸ Mayhew L. (2009) *The Market Potential for Privately Financed Long Term Care Products in the UK* – Faculty of Actuarial Science and Insurance, CASS Business School

<p>b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions</p> <p>As with some other areas considered above, the drive towards personalised services and responses for people, combined with the personal budget offer, can provide opportunities for people to purchase services that are culturally sensitive for their needs. As in other areas, Southwark will need to take a lead role in shaping the market and quality assurance so that providers understand and are in a position to offer the types of services that support these choices for local people. It will also be important to ensure that people using services, carers and organisations affected have the opportunity to engage with and shape future proposals, which in turn should help support a drive towards personalised services for people.</p>
<p>5.6 Sexual Orientation</p>
<p>a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group</p> <p>Equality Act 2010</p> <p>We know that some people have issues with homosexuality because of misinformation, general prejudice or because of religion or belief. Basic human rights principles and case law makes it clear that no one can be unlawfully discriminated on the basis of their sexual orientation. The Equality Act protects bisexual, gay, heterosexual and lesbian people from unlawful discrimination.</p>
<p>b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions</p> <p>We are aware the former CSCI found that people from lesbian, gay and bisexual communities may find themselves in an assessment process that fails to correctly identify their needs, which is likely to result in the provision of services that inadequately meet the needs of individuals⁹. The personalised approach to service delivery gives people who are entitled to long term care more choice and control over their support. This should enable personalised responses to be agreed with individuals, and should take into account any needs arising specifically as a result of an individual's sexual orientation.</p>
<p>5.7 Carers</p>
<p>a. Statutory Duties: In respect of the proposed policy & service change, list key legislation in relation to this group</p>

⁹ CSCI (2008) *Putting People First: equality and diversity matters – providing appropriate services for lesbian, gay and bisexual and transgender people* CSCI, London

The Equality Act 2010 covers the issue of discrimination by association, which may have an impact on those caring for people with an adult social care need.

b. Likely impacts of proposed changes & mitigating actions: Describe the proposed changes that are likely to affect people in Southwark and set out mitigating actions

There is a risk that, if proposals do lead to fewer people receiving long term support this may place a further burden on carers. However, the vision for Southwark recognises the key role that carers play, both in delivering care and in preventing people's care needs from increasing. We are seeking to investigate proposals for effective interventions that can provide help and support for carers. In addition, proposals will also need to be carefully considered in the context of the importance of care and support being about partnership between individuals, families, communities, the voluntary and private sector, the wider council and NHS. This means that we are particularly interested in developing social capital within communities and encouraging people to help themselves and each other as active citizens.

All proposals will need to be considered in the light of how they impact on carers and seek to promote equality. Individual EIAs will need to undertake further detailed analysis on this as appropriate and seek to engage with carers about the impact of proposals on them.

Note: for adult social care it is not expected that proposals will have a differential impact on the equality strand of pregnancy and maternity (as outlined in the Equality Act 2010), consequently it has not been considered in detail here.

Section 3: Equality Impact Assessment, Conclusions & Further Actions

6. Resource Implications	
Will there be any financial or HR implications in ensuring policy/service redesign are non-discriminatory?	Individual projects to identify details and work within corporate HR policy. Proposals to workforce redesign will also need to take into account equality and diversity impacts on/for the adult social care workforce.
Provide specific detail where applicable	As any proposals are taken forward they will seek to include an assessment of how specific changes will impact on the workforce. This may include collecting anonymised profile data on staff subject to review and looking at whether changes (e.g. in working arrangements) or structural amendments may have an adverse impact on people from a particular group as appropriate. Data is shared with the Trade Unions as part of the formal consultation process, which will include possible measures to mitigate any adverse impact.

7. Further EIA Actions	
Based on the Initial Assessment above. Please detail key areas identified as requiring more detailed analysis or key mitigating actions. Please be explicit about actions and provide the name or supporting documents	
Number	Description of Issue
1	Continued engagement to ensure that a wide range of people are able to feed into the thinking around the vision for adult social care.
2	Individual projects to ensure that more detailed equality impact analysis is undertaken on proposals
Action & Output	
	Deputy Director to complete presentations for outstanding groups. Publication of adult social care vision on website to seek comments.
	Project leads to complete detailed EIAs on individual proposals

3	Organisations affected by proposals, service users and carers provided with opportunity to comment on proposals and participate in suggestions for future services	Project leads to develop process for engagement as part of EIA development
4	Baseline information on user profiles available to inform ongoing work and proposals	Performance team to collect and collate user profile baseline information
5	Understanding of impact of national policy changes on approach to adult social care	Senior management and project leads to review proposals in light of central government proposals on impact for democratic legitimacy and work of the Law Commission on the statutory underpinning of adult social care, as well as proposed social care White Paper, likely to be published following the report of the independent Commission on Funding for Care and Support.
6	Ongoing review of equality impact on policies	Following consultation and engagement, and otherwise at regular intervals, proposals to be reviewed by project leads to ensure that equality impact is well understood and up to date

8. Publication

All EIAs will be published on an annual basis. Please send a copy to: harjinder.bhara@southwarkpct.nhs.uk or tod.hayder@southwark.gov.uk and the Assistant Director or Director responsible for this programme.

9. Review & Sign Off

Detail governance process for this EIA, including any sign-off

Signed-Off by Director, Assistant Director or SRO

Name: Sarah McClinton

Date: 19.01.11



OP/ PD Commissioning
Southwark Health & Social
Care
PO Box 64529
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Date 8.2.2011

Dear Stakeholder

RE Stakeholder Consultation

Southwark Council Budget Proposals and the future of Holmhurst Day Centre SE24

I am writing to you as you have been identified as a stakeholder of the Holmhurst Day centre in Half Moon Lane, SE24.

The council has just published its proposals on how it intends to make the necessary savings to balance its budget, including information about which services may have to change. At this stage, they are just proposals and suggestions and no final decisions have been taken.

Contained within these proposals, are plans to cease operating a day service at Holmhurst, and transfer those people who use the service either to Fred Francis Day Centre, which is located nearby, or finding alternative ways of providing day care where appropriate.

It is important to note that no final decision has yet been made to close Holmhurst.

The budget for 2011-12, will be proposed to council assembly on 22 February. Any decisions reached by the council assembly on this date will be subject to the outcome of the consultation we are undertaking with the older people who use Holmhurst and their family members, stakeholders of the project and the equality impact assessment that is being carried out to inform any decision on the proposal. The final decision will then be made by the Cabinet Member for Health & Social Care.

Southwark Council location address: 160 Tooley Street London SE1 2TZ.

A consultation time line is outlined below

Activity	Timing
Initial letter to affected individuals and family informing of proposal	24.1.11
Letter to invite service users and family to initial consultation meetings	26.1.11
2 x consultation meetings with family	3.2.11
General stakeholder consultation is sent to identified statutory and community sector partners.	8.2.11
Older People's Partnership Board presentation on the proposals	14.2.11
Further consultation event with family if so required or requested, to reflect back on the assessments and further consultation representations.	Early March 2011
Consultation process closes	9.3.2011
Publish feed back on consultation exercise	22.3.2011
Final decision on proposals	April 2011.

Details of the proposal

The Council currently provides day services for older people with eligible care needs on sites as follows:

- Holmhurst Day Centre, on Half Moon Lane, Dulwich, which supports older people with dementia and mental health problems.
- Fred Francis Day Centre, on Lordship Lane East Dulwich, which supports older people with dementia, mental health problems and physical frailty.
- Southwark Park Road Day Centre, on Southwark Park Road, Bermondsey, which supports older people with dementia, mental health problems and physical frailty.

The Council can no longer afford to fund services across 3 sites and proposes to close the Holmhurst service. The centre operates six days a week from a converted domestic house. There are 32 people who are registered as users of the centre. On average around 14 people use the project per day, and attend on average 3.4 days per week. Holmhurst is the smallest service and utilisation at the scheme is less than other day centres, making it less cost effective.

The building at Holmhurst is not suitable for long term use as a day centre. Because of the size of the building there is no scope for the project to take other service users from other centres if required. The capital works to provide additional capacity would be prohibitive and given the residential nature of the area it means planning restrictions could also be an issue. It is also located on the edge of the borough, and therefore increasing the amount of time many older people may have to travel to attend the project from other parts of Southwark.

Southwark Council location address: 160 Tooley Street London SE1 2TZ.

It is proposed that those who wish to may transfer to Fred Francis Day centre. This project is run by the council and is located approximately 1 mile away from Holmhurst. Approximately 2/3rds of the people currently using Fred Francis have dementia or a mental health condition. There are already well established links with older adults community mental health teams and other relevant services. Fred Francis offers an extended range of activities and hosts in-reach from a range of community and statutory services some of whom also provide services at Holmhurst and are known to the people who attend Holmhurst. A number of current Holmhurst service users already use Fred Francis on other days.

Relatives of those who use Holmhurst are being consulted and have the opportunity to go and visit Fred Francis. If a decision is made to close Holmhurst then each user will be assessed in order to establish if their needs can be met at Fred Francis. This assessment will involve the older person and their family/ carer, who will be visited by a named social worker to discuss their individual circumstances and requirements, in order to offer as much choice as possible in terms of alternative provision and to ensure that any transition is made in a way that minimises disruption.

Why the proposal is being considered

The Council is having to do this as there is a massive reduction in the funding the Council receives from central government, with unprecedented savings of £33 million required next year and £18 million the year after that. This is the second worst settlement in real terms of any London Borough in 2011-12. These savings have not been easy to find, but have been informed by the Cabinet's seven agreed budget principles, core values and priorities.

Social Care accounts for approximately 33% of the council's budget, and the department is required to achieve over £ 8 m savings in the next financial year. We have sought to protect our most vulnerable residents; whilst at the same time have tried to do all that we can to preserve other front-line services for all of our residents. Inevitably some front-line services will be affected, but where these difficult choices have arisen we have sought to ensure that alternative service providers are available, or to investigate ways in which the voluntary sector or the community may help. The proposal to close Holmhurst is likely to save the council in the region of £400,000 per year, which will make a considerable contribution to the savings required in the coming year.

The consultation process

The Council's Cabinet would now like to hear from the community about what their response to the savings ideas are, before the budget is finally agreed in February. All the information is available via the home page of the website on www.southwark.gov.uk.

Given the severity of the financial situation facing the council, it is considered necessary to start a period of consultation on the specific proposal concerning Holmhurst prior to the Council Assembly on 22nd of February. This would allow a reasonable period of formal consultation to take place, for the reviews of the people who use the centre to have taken

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place to ascertain their individual circumstances and the impact of the proposals in relation to their individual circumstances, and an opportunity for these responses to be thoroughly considered, to inform the council making a final decision on the proposal in April 2011. Although the council would normally allow for a longer period of consultation on such a proposal, given the level of savings that it is required to deliver in the coming year, it is thought that the period set out in this letter is reasonable. Furthermore all the 32 current registered users of Holmhurst are already known to the council, and therefore we are able to assess the impact of the proposal and target relevant stakeholders within the time scales set out above.

We would particularly welcome your views on the following

1. What do you consider will be the impact of the closure of Holmhurst is likely to be on the current service users , and what implications is it likely to have for older people with dementia in Southwark
2. If a decision is made to cease operating at Holmhurst, do you consider that the proposed plans to assess the current service users and involve family and carers in this process to be reasonable. Is there anything else that you think that the council could do to help the service users?
3. Do you feel that the closure of an alternative day centre to be more suitable proposal for the council to consider? If so which one and please give reasons.
4. Any other views you would like to express on the proposal including any views on alternative ways that Adult Social Care can achieve the required savings?

I would like to take this opportunity to thank you in advance for any views you may express.

Yours sincerely,



Sarah McClinton
Deputy Director, Adult Social Care

Southwark Council location address: 160 Tooley Street London SE1 2TZ.

Item No.	Classification: Open	Date: 4 May 2011	Meeting Name: Scrutiny Committee
Report title:		Voluntary sector open access services – supporting people to be active citizens	

INTRODUCTION AND DISCUSSION FOR SCRUTINY COMMITTEE

1. Adult social care is beginning to implement its direction of travel for modernising and transforming day services for people in Southwark, focusing on more creative ways of supporting people with eligible care needs and making the most of opportunities to link people into their communities and stay independent and well for as long as possible. This applies to all client groups including older people. Voluntary sector services for older people without eligible care needs, including day services and lunch club projects also need to be part of this transformative approach.
2. At the same time as needing to transform services to improve outcomes for people the council is also faced with a significant reduction in funding from central government. The council wishes to continue to offer support to a similar proportion of people as currently. However, with limited resources, the council needs to ensure it is prioritising council funding for services that support people with eligible needs in order to meet its statutory duties.
3. Consequently, the council is looking to develop proposals for open access services, which can support a more self-sustaining set of services that also deliver the key objective of enabling people to live independently and well in their communities for as long as possible.
4. Discussions on how best to achieve this have already begun with providers, affected organisations and people using services. As part of this engagement and discussion process, the council is keen to understand from the scrutiny committee how it thinks the council can best support such services to become more self-sustaining and deliver our aims around personalisation. This can then be used to inform future recommendations to Cabinet.
5. This paper is designed to provide background information on the context in which service redesign is being considered, demonstrating how this is part of our approach day services across adult social care. It then highlights the process and work to date on developing proposals for the future of open access day services and lunch clubs in the borough.

BACKGROUND INFORMATION

The vision for adult social care in Southwark

6. The key objective for adult social care in Southwark is to support more people to live independently and well at home and in the community for as long as possible. We want people to live independent and fulfilling lives, based on choices that are important to them. We also want a system that is sustainable for the future and can continue to operate effectively in the context of a much reduced public purse.

7. This requires services to be more effective and more personalised, focusing on individuals rather than institutions and shifting the balance of care away from residential homes and towards more personalised services in community settings.
8. It also means developing a different relationship between the council and the community, moving from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their lives, improving their own health and wellbeing.
9. A vision for adult social care in Southwark has been developed that sets out the framework and context for the design and delivery of services over the next three years. This was discussed and agreed at Cabinet on 19 April 2011 (subject to call-in).
10. The council is required to meet its statutory duty to people who approach the council for support and are assessed as having eligible needs (criteria outlined through Department of Health guidance¹). The eligibility criteria in Southwark are currently set at substantial and critical needs.
11. We also recognise the ongoing need to work closely across a range of areas, particularly housing, leisure and employment, to understand the cross-cutting impacts of the need to reduce spend in these areas with our desired outcome of helping more people to live independently and well at home and in the community.

Financial context

12. Adult social care represents around one third of the council's total budget. The financial settlement for local government means there will be large cuts to Southwark Council's budget over the next three years. Almost £34 million is being removed in 2011/12. This could be followed by £17m in 2012/13 and further cuts, not yet quantified in 2013/14.
13. Savings are therefore being made across all areas of council spending. A high level summary of the savings needing to be made, including in adult social care, was included in the budget agreed by Council Assembly on 22 February 2011.
14. It is the aim of the council to continue to offer support to as many people as possible. However, given the level of reduction in funding available to the council, to do this requires us to radically re-think the model of services in adult social care. With limited resources, we also need to prioritise council funding for services that support people with eligible needs above discretionary services. In addition, reducing fixed costs associated with buildings and realising capital assets for investment can help us to support a similar proportion of people.
15. The vision for adult social care aims to focus resources on helping people to help themselves as a means of trying to minimise potential negative impacts.
16. It is in the context of this overall vision and current financial position that day services for older people in the borough are being considered.

¹ Department of Health (2010) *Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care – guidance on eligibility criteria for adult social care, England 2010*, London

DAY OPPORTUNITIES FOR OLDER PEOPLE – CONTEXT

Types of day services for older people in Southwark

17. Older people with eligible care needs can currently access day services provided by the council or through the voluntary sector. Council-run day services support people with physical frailty, dementia and mental health problems – all with substantial or critical needs.
18. Attendance at day services is determined by the level of assessed need in this area and forms part of a care/support plan.
19. In addition, the council also provides funding for 12 lunch club and day service projects across the borough which are organised and run by the voluntary sector. A number of these services are used by people with eligible care and support needs but the projects are also open to people who are not eligible for council support and whose needs are considered moderate or low. A number of the projects are also specifically tailored to different cultural communities in Southwark.
20. A list of the lunch club/day service projects can be found at Appendix A.
21. Although people with eligible care and support needs attend ‘in-house’ or voluntary sector services, there are some anomalies. For example, current funding patterns do not reflect levels of need and there are wide variations in unit costs. Similarly, people have historically been using more than one service across both in-house and the voluntary sector effectively using multiple services to address the same need.

Current use of services by older people with eligible care needs

22. Population projections for Southwark suggest there are 25,200 people living in the borough who are aged 65+².
23. Provisional data for 2010/11 suggests that 3,388 clients aged 65+ received adult social care services during the course of the year³. Of these, 2,656 clients received community based services⁴.
24. Of the total number of 65+ clients, only around 7% received some form of day care during the year⁵. This figure does not include people whose needs do not meet current eligibility criteria but who may make use of some of the open access services and lunch clubs for which council funding has been available.

Expenditure for services and savings programme

25. In 2010/11 around £1.8 million was spent on ‘in-house’ day care for older people and around £1.3m spent on external day services and lunch clubs.
26. In 2011/12 adult social care services need to achieve savings of almost £8m.

² ONS, 2008 Final Mid-Year Population Estimates (2001 Census Based)

³ DH Referral Assessment Package (RAP) of Care return 2011/11 (provisional)

⁴ To note that individuals could have received more than one type of service during the year, for example beginning with community-based services but later moving to residential services. Consequently, figures for individual types of service are not cumulative but may overlap.

⁵ DH RAP return 2010/11 (provisional) – to note that as provisional data is subject to change.

Further significant savings are required in 2012/13 and beyond.

27. To deliver these savings and continue to provide services to a similar proportion of people, as the council wishes to do, means the entire system needs to re-think its approach and the way in which services are delivered. Alongside this, to support continued improvement in outcomes for people we need to adapt our model so that it is more flexible and personalised and encourages people to help themselves, remain independent and link back into their local communities.
28. Further information on population and demography of older people in Southwark, including adult social care clients, as well as information on expenditure for older people's services can be found at Appendix B.

THE FUTURE – KEY CONSIDERATIONS

Understanding what people want from care and support services

29. To support the development of personalised services with a personal budget approach, the council commissioned the organisation DEMOS to survey a range of users about key areas in which they planned to use, and then actually used, the funding for their care and support.
30. This survey demonstrated that key activities for all client groups in adult social care were:
 - Socialising
 - Help going out
 - Meeting new people.
31. The DEMOS survey also asked people about the services that they would access with their personal budgets to undertake such activities. Using day care did feature on this list. However, the survey also found that, when people actually began using their personal budget, a smaller proportion used day care services than had previously said they would.
32. There is also much to be learned from work undertaken by other organisations that have looked to review day care provision. St Christopher's Hospice, which provides support for people approaching the end of life and their carers and families, made use of national and local research and focus group work to redefine their approach to day care provision and reshape services based on what worked best for individuals using the service.
33. Consequently, The Anniversary Centre was developed, which offers planned day care, drop-in facilities, group work, clinics and therapies enabling people to access a range of support in one visit. Family members and friends are also able to attend with members. It also moved to more flexible opening hours, operating seven days a week between 8am and 9pm.
34. Volunteers are a key aspect of the new centre being able to operate later into the evening and at the weekends. Training is provided to volunteers to provide them with appropriate support skills and any mandatory knowledge, eg moving, food handling, etc.
35. To support members to maintain their independence, people using the service are asked to make their own way in wherever possible. Currently 44% of people make their own way into planned day care, compared with just 9% before the

centre opened.

36. Further information on the new approach at the centre is summarised at Appendix C.
37. There has also been some limited national evaluation around the impact individual budgets and direct payments and how different groups are able to best access their benefits. This work highlighted that older people can require particular support in order to make the most of the opportunities, and improved social care outcomes, they present⁶. As outlined in the section on equality impacts, it is important that our approach to personal budgets in Southwark is one that works for older people as they are the largest group to access care and support services.

Focus for the future of day services

38. The key focus is on offering personalised support for people so that they can maintain or regain their independence. This needs to be linked to supporting people to achieve specific outcomes, particularly around independent living, employment opportunities and recovery. There is also a role for offering respite to carers and families where necessary.
39. This means the services available need to be more closely linked to supporting people to recover and move on, and in preventing crisis situations where possible. People should be able to access a range of opportunities that help them live independently and well, rather than being reliant on specific buildings or series of activities for very long periods of time. Also key is supporting people to connect with their local communities.
40. In addition, there will be continued development of supporting people to take control over their care and support through personal budgets. This means they will decide on the types of services that will best meet their assessed needs and identified outcomes. It can also offer greater scope for more creative solutions for individuals rather than simply accessing traditional services.
41. The vision for adult social care includes a case study of an individual who decided to use different ways of meeting his care and support needs and achieving his goals to avoid social isolation and engage with his local community that did not involve accessing traditional models of day care.
42. We know that there is increasing prevalence of long-term conditions such as dementia and information suggests this is likely to continue. Any day services will need to increasingly be able to provide appropriate tailored support to people with these sorts of needs as well as a key role in offering respite to carers and families.
43. This approach provides opportunities for a broader landscape of services with less focus on traditional models of in-house or externally commissioned day centre care. User-led organisations and the voluntary sector also have a key role to play in supporting an effective and varied model of provision for the borough, making more of the opportunities around outreach and community support. Accessing mainstream services that support people to connect with their local communities will also be an important element.

⁶ *Evaluation of the Individual Budget pilot programme: final report*, Glendinning et al., 2008

44. There remains a role in the delivery of care and support services for effective prevention, either stopping people's care and support needs from getting worse and of helping people minimise the risk of them entering the adult social care system as far as possible. However, this work needs to be targeted and based on available evidence, particularly around how investment early on can support a reduced demand for longer-term social care support. Services will need to be able to demonstrate how they can support this as well as improving outcomes for individuals.

RE-SHAPING OPEN ACCESS DAY SERVICES – PROPOSALS AND PROCESS FOR ENGAGEMENT

45. As outlined previously the council's approach to re-shaping open access day services is considered within the context of wider service transformation across adult social care and the financial position of the council over the next few years. It is also aligned with the suggested approach to other day services, considering fewer buildings-based services and a focus on people coming together to access support in one place, as well as outreach and people using creative ways of meeting their assessed needs within available resources. The focus is on supporting a more self-sustaining set of open access services that can deliver the council's vision for personalisation and promoting health, wellbeing and independence for people at risk of needing adult social care support.
46. Initial proposals were published for discussion in January 2011 and outlined a phased approach to re-shaping services. The consultation process was also designed to enable local organisations to present robust alternative proposals to deliver the necessary savings and support the principles outlined above.
47. Early feedback and engagement with the organisations affected suggested that, while many local organisations appreciated the challenges being faced in terms of significantly reduced resources available to the council, organisations were concerned at the speed at which changes were taking place and felt they needed some 'breathing space' to discuss further with their members and explore alternative options for the future.
48. Consequently, at the Council Assembly to discuss budget setting on 22 February, it was agreed that £0.5 million would be made available to organisations providing lunch clubs or day services where contracts involving funding from adult social care were due to end from 19 April. The funding would be on a pro-rata basis, designed to enable organisations to continue to operate services until the end of August 2011.
49. The expectation then was that groups would work with each other and the council to use this period of short-term funding to develop cost-effective, sustainable ways of operating within the council resources available, and to explore other avenues.
50. Engagement has been ongoing throughout the consultation period and affected organisations have had the opportunity to discuss any issues with senior council officers and Cabinet members. This is helping the council to refine proposals and recommendations to make the best use of available resources and support open access services to become more self-sustaining and deliver the key objectives of independent living and personalisation.
51. The consultation period closed on 19 April 2011. Responses from the

consultation will be used to refine proposals and recommendations so that they can be presented to Cabinet for a final decision during the summer.

COMMUNITY/EQUALITY IMPACTS

Summary of key affected groups

52. Overall, **older and disabled people** who are at risk of needing long term social care support or have been **identified with relevant eligible care and support needs** across Southwark are the key groups on whom the proposals to transform day services for older people will impact. It is also possible that there will be an impact on **carers** of those older people with eligible care and support needs.
53. In addition, **older and disabled adults without eligible needs** may also experience an impact from proposals to re-shape open access services in the borough.
54. As part of our overall vision for adult social care, it is likely that, in future, there will be fewer people receiving ongoing, long-term social care support. Instead, we are looking to focus resources on time-limited interventions that help people get back on their feet, such as re-ablement services, and supporting them to understand how they can best help themselves and make key contributions to the wider community. This means the key impact for people will relate to services not continuing to exist or being offered in a different way.
55. The majority of older people who received council funding for services in Southwark in 2010/11 were **women** (almost two thirds of service users⁷). In addition, census information suggests that a majority of people who defined themselves as carers are women, so there is the potential for a particularly significant impact on this group of people.
56. Provisional data for people who received services during 2010/11 also suggests that the ethnicity profile for service users is as below (where ethnicity information was given/known)⁸.

Ethnicity	Proportion of clients who received services
White (inc. White British, Irish, Traveller, Gypsy/Roma, other White background)	76%
Black or Black British	17%
Mixed	<1%
Asian or Asian British	2%
Chinese or other ethnic group	2%

57. This is broadly in keeping with the ethnicity profile for Southwark as a whole, although it would appear that a **slightly larger proportion** of people who consider themselves to be **Black or Black British use adult social care services** when compared with the overall population for people aged 65+⁹.

⁷ DH RAP return 2010/11 (provisional)

⁸ DH RAP return 2010/11 (provisional)

⁹ Compared with 2007 data on whole population ethnicity in Southwark from www.poppi.org.uk

58. The current lunch club/day services offered by the voluntary sector include provision for a number of specific communities. Of the 12 lunch clubs/day services currently receiving some form of council funding, one third (4) are open to all communities, one quarter (3) are specifically for Afro-Caribbean communities and the remaining five are for specific individual communities. This clearly represents a diverse range of provision in the borough.
59. It is recognised that any reduction in the council contribution to these groups could possibly have an impact on the discretionary services available to people in those communities.

Action taken to mitigate any possible negative impacts

60. To try and mitigate the potential impact on carers, the council is planning to develop proposals for effective, targeted interventions that can provide help and support for carers, recognising the key role that they play, both in delivering care and in preventing people's care needs from increasing. It is also working with carers' representatives to target commissioning activity through a carers' hub. This is anticipated to provide a more effective service and place greater emphasis upon locating and supporting carers who are in crisis and in greatest need.
61. A move to fewer discrete buildings, although potentially posing some challenges and areas for consideration in terms of supporting a wide range of community groups' and individuals' needs, does not have to mean that it is not possible for a range of different types of services, with particular focus, cannot be available through a smaller number of sites.
62. In addition, for those with eligible care needs, our wider proposal in Southwark is to give people choice and control over the care and support they access through a personal budget, which can include a direct payment in cash. As people increasingly manage their own care and support needs in this way, services will need to be able to respond to what people want. Services will need to look at how they can make best use of these individual purchasing arrangements to provide their services.
63. For open access services, we are also proposing to explore models where a small injection of cash to 'pump-prime' services could support organisations to become financially self-sustaining, and promote community cohesion, in line with the wider corporate approach to the voluntary sector.
64. Finally, the additional funding made available to voluntary sector lunch clubs/day services is designed to give them additional time and space to consider how they can look to manage effectively and sustainably in the future with reduced amounts of council funding being available to them.
65. Personal budgets offer an opportunity for people to access personalised support services that take account of cultural preferences, e.g. being able to choose a carer of your own gender – evidence suggests this is particularly relevant for black and minority ethnic (BME) communities, lesbian, gay & bisexual communities and for transgender people. It can also be relevant for women in terms of accessing personal care.
66. However, work to evaluate individual budgets and direct payments has outlined that some groups, such as older people or those with mental health needs, may

require particular support to access the benefits of personal budgets¹⁰. As older people represent around two thirds of all those who received council funding for adult social care services during 2010/11 it is vital that the right mechanisms are in place to make sure that they can make the most of the opportunities for personal budgets.

67. This includes:

- focus on how we can support the development of a diverse provider market in Southwark so there are appropriate services available on which people can spend their personal budgets
- access to good quality advice and information for people that recognises they may need to access information in different ways so that they can understand and make decisions around care and support and make best use of resources, regardless of whether they receive state support for care
- a focus on support planning so that people can identify how best to meet their needs and achieve the outcomes they want, with the development of an effective brokerage service that people can use to then access services
- availability of support and advice on the implications of managing their own money (through a range of providers and support organisations), including payroll and employment requirements, etc.

68. We recognise that we will need to work closely with partners across the council, particularly in areas like housing and employment, to understand the cross-cutting impacts of the need to reduce spend in these areas and our desired outcome of helping more people to live independently and well at home and in the community.

Workforce

69. As any proposals are taken forward they will seek to include an assessment of how specific changes will impact on the adult social care workforce. This may include collecting anonymised profile data on staff subject to review and looking at whether changes (e.g. in working arrangements) or structural amendments may have an adverse impact on people from a particular group as appropriate. Data is shared with the Trade Unions as part of the formal consultation process, which will include possible measures to mitigate any adverse impact.

¹⁰ *Evaluation of the Individual Budget pilot programme: final report*, Glendinning et al., 2008

APPENDICES

No.	Title
Appendix A	Summary of voluntary sector day service/lunch clubs
Appendix B	Additional information on population and demography of older people in Southwark and adult social care clients
Appendix C	'A new vision for day and outpatient end of life care services': The Anniversary Centre at St Christopher's Hospice (written by Nigel Hartley, Director of Supportive Care)



Appendix B

Southwark's vision for the future of social services

Why the future of services needs to be different from today

Southwark Council wants people to live independent and fulfilling lives, based on choices that are important to them. We want care and support services to be more effective and focused on individuals so that they can be independent and get involved in their local communities.

We need to consider this alongside the long-term impact for services. Demand for adult social care has been growing year on year and this is also the case in Southwark. People are living longer (we expect to see an increase of 17percent in the number of people over eighty five living in Southwark over the next 10 years) and we are finding that there is an increase in the number of people with long-term conditions, including dementia. People are also living longer with very disabling conditions. We have particular pressures here with a high level of mental health and substance misuse needs. As in other London boroughs, we also have pressures from younger disabled people coming through transition with very long term needs.

Adult social care represents around one third of the council's total budget. The Coalition Government's finance settlement for Southwark means there will be large cuts to the council's budget over the next 3 years. Almost £34m will be removed in 2011/12. This could be followed by £17m in 2012/13 and further cuts, not yet quantified, in 2013/14.

We need to balance all of these elements to make sure that we have a sustainable system that puts people in control of their own care and support, makes sure that the most vulnerable people are supported and also delivers value for money for local residents. To try and achieve this, we need to create a very different set of expectations and radically change the way we do things.

We need to minimise what we spend on administrative costs and find more innovative ways of helping our residents to support themselves with fewer formal council services. A key part of this is shifting the balance of care away from costly residential homes and towards more personalised services in community settings.

This vision sets out how we propose to work towards this model in the coming years. We recognise that this is a very challenging task and we want to work with all groups locally to harness good ideas and maintain good quality services for people who access care and support.

Several measures have been taken over recent years to manage rising demand, including raising the Fairer Access to Care Services (FACS) eligibility criteria to substantial and critical needs only. It is an option to raise eligibility further to critical need only. However, some evidence suggests that this may not deliver the required level of savings as people with substantial needs who do not get support may deteriorate, leading to a spiral of higher costs. However, this may need to be revisited if the level of savings required is not delivered.

A Fairer future for older and disabled people

To create the system described above we need to develop a different relationship between the council and the community. We need to move from a model of dependency to one where older and disabled people are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being. If we want to maintain the level of access that we currently have for adult social care we need to signal a different, and smaller, offer to everyone. This is within the boundaries that we do have to meet the needs of people who fulfill the eligibility criteria for access to care and support. What the council provides also needs to be of excellent quality.

We will offer people high quality, useful information that can help them to make informed choices about care and support, including what services are available locally and how to access them. This will be for everyone, including people who self-fund their care and support.

More people across the whole spectrum of support needs will be helped to live as independently as possible, through prevention, signposting and 're-ablement' – short term interventions to help people recover skills and confidence following a period of poor health or admission to hospital. Overall, fewer people will be dependent on long-term council support and more interventions will be time-limited. This support will be aimed at enabling people to access mainstream services rather than relying on specialist services.

We will continue to develop the offer of personal budgets for those people who do require ongoing care and support, including direct payments in cash. People will need information on the amount of money to be spent on their care and support needs so they can make choices on how it is spent. We recognise there is a role for the council in supporting the development of a care and support market that provides the sort of services that people want to access. This includes the availability of support for people in making those decisions and the implications of choosing to employ their own staff, for example.

We recognise the vital role that carers play both in delivering care and in helping prevent people from getting worse or needing more intensive packages of support over time. This means we must carefully consider interventions that can have a demonstrable impact in improving outcomes for people and supporting carers.

Care and support is about partnership – involving individuals, communities, voluntary and private sectors, the NHS and the council's wider services, particularly employment and housing. We will need to work closely with the NHS in addressing individuals' and carers' needs and supporting seamless pathways for care. We also need to take account of the proposals for reform of the NHS, particularly the enhanced role for GPs in terms of commissioning services, and for the council in terms of joining up commissioning across health, social care and health improvement.

Voluntary and community services have a key role to play in helping to build strong community engagement. The experience of the sector is also invaluable in thinking of new ways of doing things and helping people understand the need for change. We know that voluntary and community organisations will experience challenges in the future as the overall amount of funding available is reducing. It is important for us to work together with people using services and carers to make the best use of available resources.

Some key aspects of how the service will be different

The focus for the system is about enabling people to live independently and well for as long as possible, and not feeling restricted to traditional support options. Partnership is key here – self help, helping yourself and others as an active citizen, working with the wider community and voluntary sectors to develop social capital are all vital components of a system that provides effective care and support, and which goes beyond the traditional sense of statutory services. This means that the council also has to think differently about the wider services available to support people to make the most of these opportunities.

We recognise that many people need some intensive support at the end of their lives. What we want is to have a good balance of services in place to promote health and wellbeing and make that period as short as possible for everyone.

1. With this in mind, we are looking to re-shape our **universal offer** (open access discretionary services) that cover areas such as lunch clubs and day care services as well as befriending, information and advice. These are available to people who may not have eligible social care needs.

Services will need to think differently about how they may want to provide social and practical support to people but with a reduced level of council funding available. We are considering re-shaping the offer within the wider voluntary sector to provide a model with fewer buildings but from which services could reach out and deliver services in different ways. People could get together, have meals, access advice, signposting and support planning from buildings but there could also be more reaching out, with organisations potentially delivering services that people choose to purchase through their own resources or personal budgets, for example hot meals in the home or practical help. There will continue to be a role for the voluntary sector but different kinds of services will be needed in future, which will need to be financially self-sustaining.

Current examples of this self-sustaining approach in Southwark include the SE Village, HOurBank and Southwark Circle. Services are offered in a way that also enables people to contribute time and skills, rather than being seen as passive recipients of care.

2. We will create a **single point of informed contact** so that people can access high quality information and advice about social care services and be signposted to resources outside the council. This will be for everyone regardless of whether or not they receive support from the council for their care. There will be an expectation that practical help is funded by the individuals themselves (through benefits if eligible).

3. **Prevention** work needs to consider ways of stopping people's care and support needs from getting worse and of helping people minimise the risk of them entering the adult social care system as far as possible. It is important that we target this work based on available evidence, particularly around how investment early on can support a reduced demand for longer-term social care support. This may include help for carers and the development of telecare, enabling people to live independently at home with the use of technology and equipment, for example personal alarms, fall detectors or temperature extreme sensors. Health services also have a key role to play in helping us become more aware of the groups of people who are more likely to enter the social care system, particularly when they have long-term conditions so that we can target interventions effectively. The biggest impact of preventative action is often on health provision. We will look to engage with GP commissioners and work as part of the proposed new Health and Wellbeing Board to support this.
4. We want to focus on opportunities that support people to retain their independence for as long as possible. This may include short-term home care or **re-ablement** to help people get back on their feet, making use of technology and providing effective equipment for the home. Over time, our ambition is for this to be expanded to become the initial offer to everyone with eligible needs, either as new entrants to the system (obviously taking into account certain circumstances, for example people requiring end of life care) or, for existing clients, at the point of review where appropriate. This includes thinking about intermediate or step down care for people coming out of hospital.
5. Once a person has been through re-ablement and a longer term need is established, a **personal budget** will be the offer. People will plan ways in which their agreed goals can best be met in the most cost-effective way. They will be encouraged to plan and to manage their own budget through a direct payment and to creatively make use of existing resources within their family and community to support their plan.
6. There will be help with **support planning** only for those who need it – including local support planners, council-based social workers and, in the future web-based self service. We hope that creative support planning and smarter brokerage will lead to greater use of mainstream services and a significant shift in the balance of care so that people are better able to achieve the outcomes they want for themselves. This may include fewer people requiring high cost residential and nursing provision where this does not most effectively contribute to their identified goals.
7. We are looking to re-shape day services for people with eligible needs in support of the vision and for people who continue to choose this model. Services will be focused on offering respite and support for a smaller number of people with the most complex needs but also providing opportunities for people to gain the skills they need to live **independent lives**, including access to employment.

8. **Transitions** from children's to adults' services will be re-shaped to minimise duplication across services and further promote the concept of whole life planning. This aims to support people to maintain independence throughout their lives and seek creative ways of making best use of resources over the long term.
9. A set of triggers and alerts will be embedded in the system with the aim of ensuring that people who are at risk are **safeguarded**. The culture will support positive risk-taking and the whole community will be responsible for picking up warning signals and will need to be part of an effective response.
10. All people receiving support through the council will benefit from regular **review** of their needs and circumstances, proportionate to the level of risk. The review process needs to be supportive of the overall direction of services, particularly in terms of supporting people to live independently and well and make the most of their own capabilities, not just passively receiving services.
11. The system as a whole will be underpinned by the ethos of independence and re-ablement. Support will be progressive and proportionate to need, **minimising bureaucracy** and duplication, and ensuring all steps along the way are timely and focused on outcomes. The resources we have for helping people arrange care and support will be increasingly focused on those who are less able to help themselves, including people without family or networks, people with cognitive impairment or a lack of mental capacity.
12. The **workforce** has a key role to play in supporting and delivering this vision and transformational change. It will be important for us to review our structure and skill mix to make sure that they best support the vision and continue to provide timely, clear and high quality responses. Our focus will be on reducing back office costs as far as possible and supporting frontline workers to operate effectively and efficiently. This includes a range of supporting elements including performance management and IT systems, for example mobile technology.
13. In addition, **providers** of care and support will need to **think differently** about the services they offer as individuals take control of their own care and support needs. The council will have a role to play here to help providers understand the changes that are happening and we will also be focused on the need for all care and support offers to be about high quality support that helps people to achieve the outcomes they want. Quality assurance will therefore need to be focused on understanding whether services available to people are effective in helping them achieve their goals and provide the degree of choice and control people want for themselves.

This is a long-term vision for the future of adult social care and we recognise it is a challenging one that requires us to look at the whole system. At the heart of the vision is the intention to support people to live independently and well for as long as possible while making best use of the resources that are available. We want to work together to develop a sustainable system so people can live the lives they want while delivering value for money for the residents of Southwark.

Annex – what does the vision mean for individuals?

This case study shows how our vision for adult social care is already being put into practice and the impact that this can have on people's lives.

Case study – re-ablement and personalisation

Following a recent spell in hospital as a result of ongoing and long-term health problems, Mr T was referred to the re-ablement team in Southwark to look at what ongoing support in the community may be required.

Following a re-ablement review and assessment of his ongoing needs Mr T began the process of support planning to look at the money that was to be spent on his care and support and how he wished to use that money to achieve the outcomes he agreed in three key areas:

- personal care
- practical care
- social needs.

Although he had not had a care package before Mr T had a lot of ideas of how he wanted to organise and manage his support and was very keen to manage things himself, including his money. He had a network of friends and neighbours who he wanted to help him with personal care, doing laundry and cleaning his house, paying expenses as appropriate.

He also chose to arrange for one of his friends to come and make home cooked African food for him that he could store in the freezer, rather than using the meals on wheels service, which he did not want.

He felt that by having his friends support him more formally he would be able to organise his life in a much better way, with control over when people worked and the tasks they did for him, rather than waiting around for someone from a care organisation to arrive. Discussion also needed to include how and whether he would require support for any help around employment issues and with payroll for people he decided to employ, and how to use money from his personal budget for this.

For social engagement and activities Mr T was keen to get back to regularly going to church and meeting up with friends through that route rather than using traditional day care services, as he felt better off with people he previously knew rather than strangers. As part of this he organised for a friend to transport him there and back, covering petrol costs.

Mr T was also very keen to learn how to use the internet so that he could be in regular contact with his family who live abroad. He chose to put his money for day care towards purchasing a laptop computer and computer lessons. Having regular contact with his family was one of the most important things for him and he felt more useful to him than attending a day centre, for example.

Through the support planning process, he was also sign-posted to a variety of voluntary organisations that could provide support and input, both relating to his interest in art and films, and for advice and support relating to his particular health conditions.

APPENDIX A**LIST OF VOLUNTARY SECTOR DAY SERVICES/LUNCH CLUBS**

- Age Concern Southwark – Black Elders Mental Health Project day service
- Age Concern Southwark – day service for mentally frail elders
- Age Concern Southwark – Stonesend Day Centre
- Age Concern Southwark – Health Ageing Centre (Yalding)
- Black Elderly Group Southwark Day Centre
- Black Elderly Group Southwark Somali Day Centre project
- Golden Oldies Community Care Project
- Goose Green Centre Lunch Club
- South Asian Elderly Organisation
- Southwark Cypriot Elderly Day Centre
- Southwark Irish Pensioners Project
- Southwark Vietnamese Chinese Community Day Service

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 David 19/11/10

A new vision for day and outpatient end of life care services

The Anniversary Centre at St Christopher's Hospice
 by Nigel Hartley, Director of Supportive Care



The Anniversary Centre at St Christopher's Hospice, London opened at the end of July 2009. It was made possible both by a £2.5 million capital appeal, and some detailed development work around the challenges facing specialist palliative day care and outpatient services.

Many of the problems and challenges facing hospice day care were emphasised during research studies carried out between 2000 and 2005 (Higginson et al 2000, 2003, 2005). Important issues were highlighted around equity of access, patients' preferences, costs of running services, and whether attendance at day care affected the use of other specialist palliative care services. The results were significant. The findings concluded that there was no evidence to justify day care on grounds of health economics, quality of life or symptom control. Most groups of day care users did not represent the cultural mix of the wider

community, and attendance at day care did not guarantee a more effective use of other health and social care services. It is worth mentioning that our own research at St Christopher's highlighted some of the more positive themes which Higginson had identified as part of her work, namely that people benefitted from meeting other 'in the same boat', and that nurses were important in order to make their visit to the hospice 'feel safe'.

Focus groups

We held a number of focus planning groups held with users of our services to assist with project planning. The following core themes emerged:

More flexible timing:

- Many patients did not want to restrict attendance to between 10am and 3pm. For example they might prefer to arrive at 1pm and stay until 6pm

One-stop-shop:

- It was common that people wanted to sort out all their problems in one visit. For example, to have a series of

co-ordinated appointments to see the nurse, physiotherapist and social worker:

It's very helpful to come in and get everything sorted in one go. See the nurse, physio etc. also to meet other people and have a lovely lunch!...

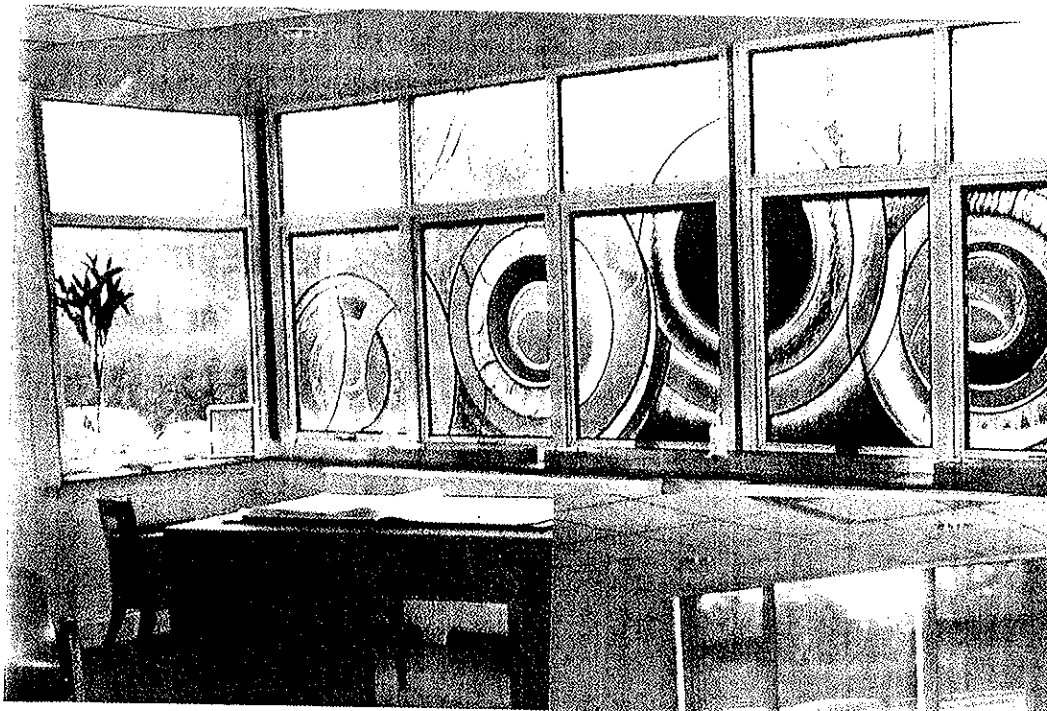
Not always coming alone:

- Some felt it was important for them to bring family members and friends

Bathing service:

- Many patients wanted to be able to book a bath, in order to bathe themselves with help at hand if needed as they were too anxious to bathe at home in case something went wrong

Our vision was and is to address the common themes raised in the focus groups, whilst also



*The Pilgrim Room and
rehabilitation gym*



concentrating on the challenges highlighted as part of the research studies. We were also clear that the new centre should only require minimal additional resource in terms of staffing, hence the development of the new volunteer training programme highlighted below.

The Anniversary Centre

The Anniversary Centre offers planned day care, drop-in, group work, clinics and therapies

The centre is open seven days a week between 8am and 9pm and provides:

- A large social space for all St Christopher's users (including those attending for planned day care)
- An information area with internet access
- A café with a 'healthy food' menu
- A bathing suite
- A rehabilitation gym

- Areas for relaxation and spiritual contemplation
- Access to a range of group work possibilities
- Access to a range of clinic and therapy appointments

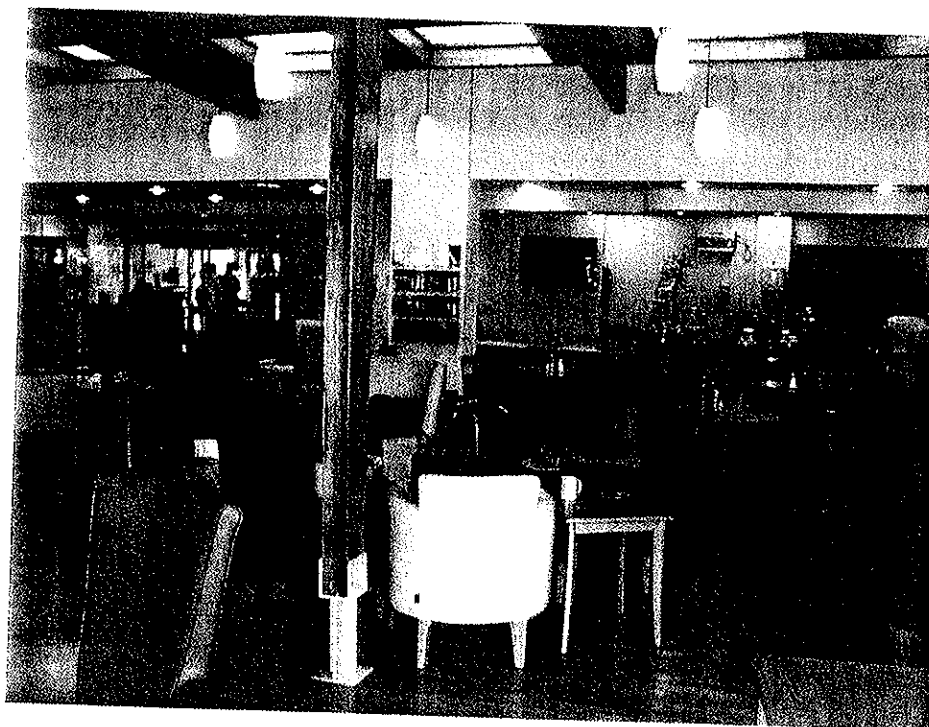
Planned day care, which is run by a small nursing team, takes place between 9am and 5.30pm, currently Monday to Friday, with plans to offer new possibilities at the weekend in the near future. People can come and go as they please, as long as they catch up with their key nurse.

The social space also offers the option for users to 'drop-in' at any time in order to search for information or enjoy some refreshments in the café.

Patients attending a planned group activity, such as circuit training, pilates and fatigue and breathlessness management in the rehabilitation gym, or creative arts programmes and finance management groups, together with those waiting for a range of clinic appointments, for example with the doctor, community nurse specialist or complementary therapist, also use the space. It is also available for families and inpatients, bereaved people, or those coming to view a body in our viewing rooms. It has been surprising how this eclectic mix of people collectively affected by a range of end of life issues instinctively come together to offer each other mutual, healthy support.

• *'You come to us when you are able, and we'll come to you when you're not'*

The above strap line is a drive to encourage those patients and families who are able, to come and see their community nurse specialist in a clinic setting. We all know, that for some, attending the hospice day centre is the last thing they can imagine. We believe that for some of these people, following an initial CNS assessment in the home, this opportunity will enable them to see what else is available in the centre as listed above. Following their clinic appointment, they may decide to attend a group, use the gym or information facilities, or just stay for lunch.



The new social space

Volunteers

Volunteers are key to the success of the new Anniversary Centre. A new twelve week training programme furnishes them with the skills needed

“ *This place is a haven for the family. Dad is dying upstairs, and to have somewhere to escape to and be treated so well helps.* ”

to provide hospitality and a 'listening ear' as well as to signpost users to the most appropriate information they need. They are also given a working knowledge of the multi-disciplinary team as well as mandatory training such as moving and handling and food handling. Their commitment enables us to keep the centre open later into the evening and over the weekend.

The Pilgrim Room:

The 'Pilgrim Room' offers a place for quiet contemplation for users from all faith backgrounds and none. During the focus groups, patients and families told us about two things that were important for them with regard to spiritual care:

- To have a place to light candles
- To be able to record messages and memories in a permanent place

Users are able to use the room at any time to light candles, and to write in a large book which is kept permanently in the Pilgrim Room

Transport

We believe it is important to keep our users motivated and independent as long as possible. Therefore, all patients and carers attending the centre are asked to make their own way in. As a back up to this, we employ a full-time minibuss driver, who will pick people up when they are not able to get themselves

in. At present, 44% of people make their own way into planned day care, as opposed to 9% before the centre opened.

Conclusion:

During the last six months, the number of people attending for planned day care has risen by 30%. In addition to this, the number of users coming through the centre on a daily basis has averaged between 100 and 150. Although there is still a lot more work to be done with regard to achieving our vision and aims, we believe that the Anniversary Centre at St Christopher's begins to offer a more useful and cost-effective range of services to our users in a more appropriate and flexible way.

Further information

For more information contact Nigel Hartley on 020 8768 4500 or email n.hartley@stchristophers.org.uk

APPENDIX B

ADDITIONAL INFORMATION ON POPULATION AND DEMOGRAPHY OF OLDER PEOPLE IN SOUTHWARK AND ADULT SOCIAL CARE CLIENTS

1. London borough of Southwark – population and demographic information

1.1. Population by age

Population projections for Southwark suggest there are 25,200 people living in the borough who are aged 65+¹.

This represents around 9% of the total population of Southwark. This is a lower proportion than the overall proportion for London (around 11%) but similar to some other inner London boroughs.

The following tables break the 65+ population down further by gender and ethnicity.

1.2. 65+ population by ethnicity

Table 1 – people aged 65+ by ethnic group, year 2007²

	Number of people 65+	Percentage of 65+ population
White (this includes British, Irish and Other White)	20,510	81%
Black or Black British (this includes Black Caribbean; Black African; and Other Black or Black British)	3,328	13%
Mixed ethnicity (this includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed)	257	1%
Asian or Asian British (this includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British)	679	3%
Chinese or other ethnic Group	466	2%
All people	25,240	100%

¹ ONS, 2008 Final Mid-Year Population Estimates (2001 Census Based)

² www.poppi.org.uk Figures may not sum due to rounding. Figures are taken from Office for National Statistics (ONS) Table PEEGC163, Ethnic group of adults by custom age bandings, mid-2007. This table is a commissioned table from the Population Estimates by Ethnic Group. The Estimates, released in April 2009, are experimental statistics. This means that they have not yet been shown to meet the quality criteria for National Statistics, but are being published to involve users in the development of the methodology and to help build quality at an early stage. The wording used for ethnic groupings are as used by ONS.

1.3. 65+ population by gender

Table 2 – people aged 65+ by gender, year 2010³

	Number of people 65+	Percentage of 65+ population
Men	10,700	43.15%
Women	14,000	56.45%

2. Adult social care users – population and demographic information

2.1. Adult social care clients by age

Provisional data for 2010/11 suggests that 3,388 clients aged 65+ received adult social care services during the course of the year⁴. This represents around 67% of all adult clients who received services during the period. Of the 65+ clients, 2,656 received community based services during the period. This can be broken down further, with 2028 clients receiving home care services (60% of all 65+ clients), 236 clients receiving day care services (7% of all 65+ clients) and 576 clients receiving meals (17% of all 65+ clients) during the period⁵.

The following tables break the information on service users down further by gender and ethnicity.

2.2. Adult social care clients by ethnicity

Table 3 – clients 65+ who received services during the period by ethnic group, 2010/11⁶

Ethnicity	Proportion of clients who received services
White (inc. White British, Irish, Traveller, Gypsy/Roma, other White background)	76%
Black or Black British	17%
Mixed ethnicity	<1%
Asian or Asian British	2%
Chinese or other ethnic group	2%

³ www.poppi.org.uk Figures may not sum due to rounding. Figures are taken from Office for National Statistics (ONS) subnational population projections by sex and quinary age. The latest subnational population projections available for England, published 27 May 2010, are based on the 2008 mid year population estimates.

⁴ DH Referral Assessment Package (RAP) of Care return 2011/11 (provisional)

⁵ To note that individuals could have received more than one type of service during the year, for example beginning with community-based services but later moving to residential services.

Consequently, figures for individual types of service are not cumulative but may overlap.

⁶ DH RAP return 2010/11 (provisional) – ethnicity information included where given/known.

2.3. Adult social care clients by gender

Table 4 –clients 65+ who received services during the period by gender, 2010/11⁷

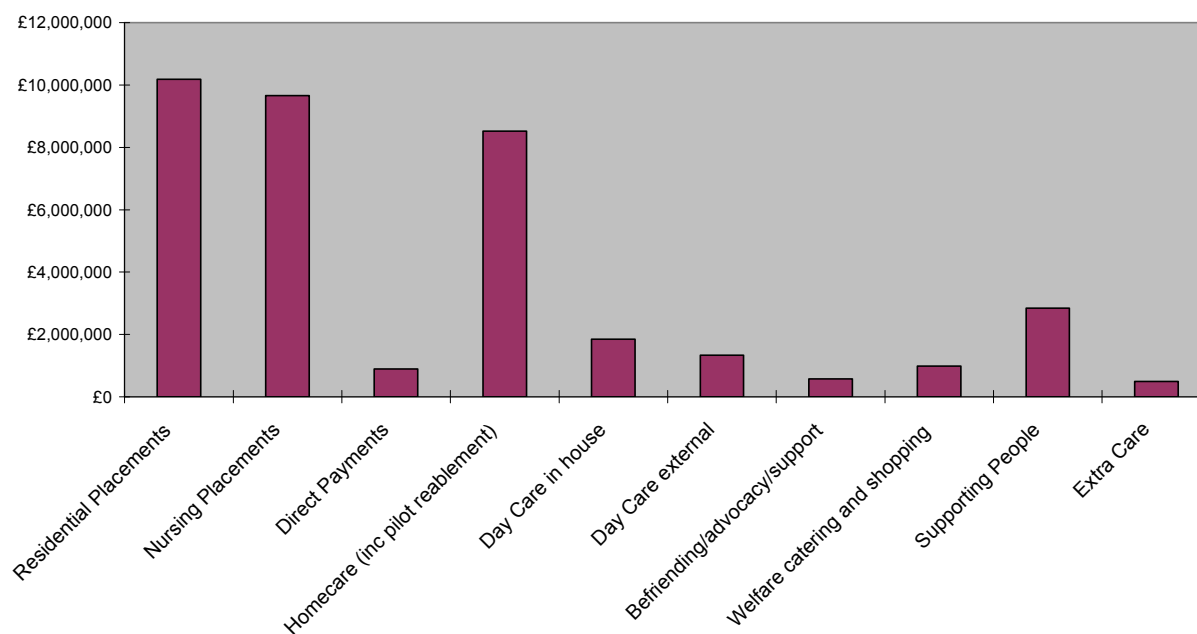
	Number of clients 65+	Percentage of 65+ clients
Men	1,159	34%
Women	2,156	64%

3. Expenditure on older people's services 2010/11

Figure 1. Budget for older people's services, Southwark Health & Social Care, 2010/11⁸

Residential placements	£10,177,861
Nursing placements	£9,656,928
Direct payments	£897,583
Home care (incl. pilot re-ablement)	£8,520,597
Day care (in-house)	£1,845,547
Day care and lunch clubs (external)	£1,331,985
Befriending/advocacy/support	£579,595
Welfare catering and shopping	£987,764
Supporting People	£2,849,247
Extra care	£486,297
Total	£37,333,404

Older People Budget 2010-11



⁷ DH RAP return 2010/11 (provisional) – gender information included where given therefore figures may not sum.

⁸ *Older People's Health and Social Care Commissioning Strategy 2010-13*, Southwark Health and Social Care, July 2010

The above figures relate to expenditure spent on older people's social care services. They do not include ICCES and universal advocacy and handy person budgets, nor the expenditure pressures against these budgets. Southwark Health & Social Care charges for a number of these service areas and in 2010-11 we project receipts to a maximum of £6,222,227 as a result of the charges being contributed by older people.

It is, however, important to note that, In 2011/12 adult social care services need to achieve savings of almost £8m. Further significant savings are required in 2012/13 and beyond.

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