



Commissioning Gateway Review Report Stage 4

Draft v2.1

Day Services for Older People

Contains:-

Review Overview and Details
Stages review summary
Gateway Approval

Gateway Review Approval

Budget and Performance Review Group 12th July 2016

1. PURPOSE OF REPORT

This report has been produced following the approval by BPRG at Gateway 2 to proceed onto stages 3 & 4 of the commissioning review process. Its purpose is to inform the Budget and Performance Review Group with proposals, and to seek support on the approach taken for the most viable service option, to ensure the continuous delivery of a sustainable provision for our customers and the residents of Swansea.

This report is to request approval to go out to public consultation on the preferred options prior to a final decision by Cabinet and proceeding to Stage 5 within the Commissioning Process by providing evidence the Service Review has completed all relevant tasks.

This Gateway Report will provide an overall status of the Review at Gateway 4. A RAG system will be used to highlight the overall recommendations made by the Gateway Review. Definitions below:

Red	Stop	The Gateway identified significant issues that require immediate action before the Review can proceed onto the next stage.
Amber	Conditional Approval	The Gateway identified issues that must be actioned before next Gateway Review.
Green	Approved	Review to proceed onto the next Stage of the process, but to address any recommendations from the Gateway Review.
Recommendations <i>(if applicable)</i>		Overall RAG
		Red <input type="checkbox"/> Amber <input type="checkbox"/> Green <input type="checkbox"/>
Sign off		
Chief Executive :		
Lead Director/Sponsor:		
Review Cabinet Member:		
Date:		

REVIEW OVERVIEW

Commissioning Strand Lead:	Alex Williams
Service Review Lead:	Alex Williams
Service Review Title:	Day Services for Older People

2. BACKGROUND

2.1 Corporate Policy Context

The One Swansea Plan, People, Places, Challenges and Change¹, defines the following high level population outcomes:

- Children have a good start in life
- People learn successfully
- Young people and adults have good jobs
- People have a decent standard of living
- People are healthy, safe and independent
- People have good places to live and work.

Within the high level outcome “People are healthy, safe and independent”, there is a primary driver:

“Older people age well and are supported to remain independent”.

Secondary Drivers for this are:

- Support Age Friendly Communities
- Develop Dementia Supportive Communities
- Prevent falls by older people
- Maximise older people’s opportunities for learning and employment
- Reduce loneliness and isolation among older people

The City and County of Swansea’s Corporate Plan; “Delivering for Swansea 2016-17”² identifies the following priorities:

- Safeguarding vulnerable people
- Improving pupil attainment
- Creating a vibrant and viable city and economy
- Tackling poverty
- Building sustainable communities

This Commissioning Review is also being undertaken in the context of the Council’s commitment to support *“individuals, families and communities to make use of their own collective resources and reduce the need for higher level support and intervention”*³. This commitment is detailed in what is currently a Draft Prevention Strategy which identified the following five key strategic aims:

- *“To make prevention everyone’s business*
- *To prevent or delay the need for costly or intensive services*
- *To enable people to remain independent for as long as possible and to reduce dependency*
- *To promote voice, choice and control for individuals and families*
- *To increase resilience and build capacity within communities for self help”.*

¹ file:///C:/Users/User/Downloads/The_One_Swansea_Plan_2015_final_version_august.pdf

² <http://www.swansea.gov.uk/corporateimprovementplan>

³ Swansea’s Prevention Strategy – Draft V 14; June 2016

2.2 National Policy Context

National policy over the last 5 years has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, notably the Third Sector. There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

The Social Services and Wellbeing (Wales) Act (2014) is due for implementation from 6 April 2016. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces common assessment and eligibility arrangements, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early help. The Act signals a fundamental change in the way services are commissioned and provided, with the emphasis on supporting individuals, families and communities to promote their health and wellbeing.

Local authorities and their partners need to make sure that people can easily get good quality advice and information which can help them make best use of resources that exist in their communities. They need to work with people to develop solutions to immediate problems and reduce the need for complex assessment and formal provision of care. Where people have complex needs which require specialist and/or longer term support, they will work with them and their families to ensure that high quality and cost effective services are available at the right time and in the right place.

At the same time, across Wales, public sector funding is under increasing pressure and as a consequence in Swansea our target for reducing expenditure on adult social care services is 20% during the period 2015/16 – 2017/18. So, at the same time, we need to save money and improve the effectiveness of our work – both at a time when the proportion of older people is projected to continue increasing, potentially placing additional demands on our services.

2.3 A New Vision for Adult Social Care

In the context of these challenges, a new model for Adult Social Care has been developed. This model is based on 5 key principles:

- **Better prevention** – by supporting care and wellbeing locally and offering good quality information and advice, we can help build more supportive local communities within which people are safer, less isolated and more resilient to problems when they arise.
- **Better early help** – by helping people quickly and effectively to maintain or regain their independence when they do have problems through services such as re-ablement, intermediate care and respite support, we can help keep vulnerable people safe, reduce the number of people who are dependent on care services and manage the demand for longer term care.
- **Improved cost effectiveness** – by commissioning and procuring services more effectively, and finding more cost-effective ways of delivering care we can ensure that every penny spent by the Council and its partners is used to maximise the health and wellbeing of our population.
- **Working together better** – by better integrating our services, our assessments and our resources with our partner agencies we can ensure that they are efficient, avoid waste and are more effective in meeting all of a person's needs.

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- **Keeping people safe** – by undertaking a positive risk taking approach, responding proportionally to their needs and ensuring people are treated with respect, dignity and fairness.

All adult social care services and especially those that are the subject of a Commissioning Review will need to be guided by, and make a positive contribution to these principles.

Delivering on the 5 key elements above will require major changes in the way we work in Swansea. Our vision for health, care and wellbeing in the future is that:

“People in Swansea will have access to modern health and social care services which allow them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce”.

2.4 The Service Model for Adult Social Care

We have developed a service model which summarises the approach which will enable us, working with our partner agencies, to deliver our vision and the 4 key elements described above. The service model is designed to ensure we deliver improving outcomes for adults in Swansea as laid out in the Department of Health Adult Social Care Outcomes Framework 2015/16⁴:

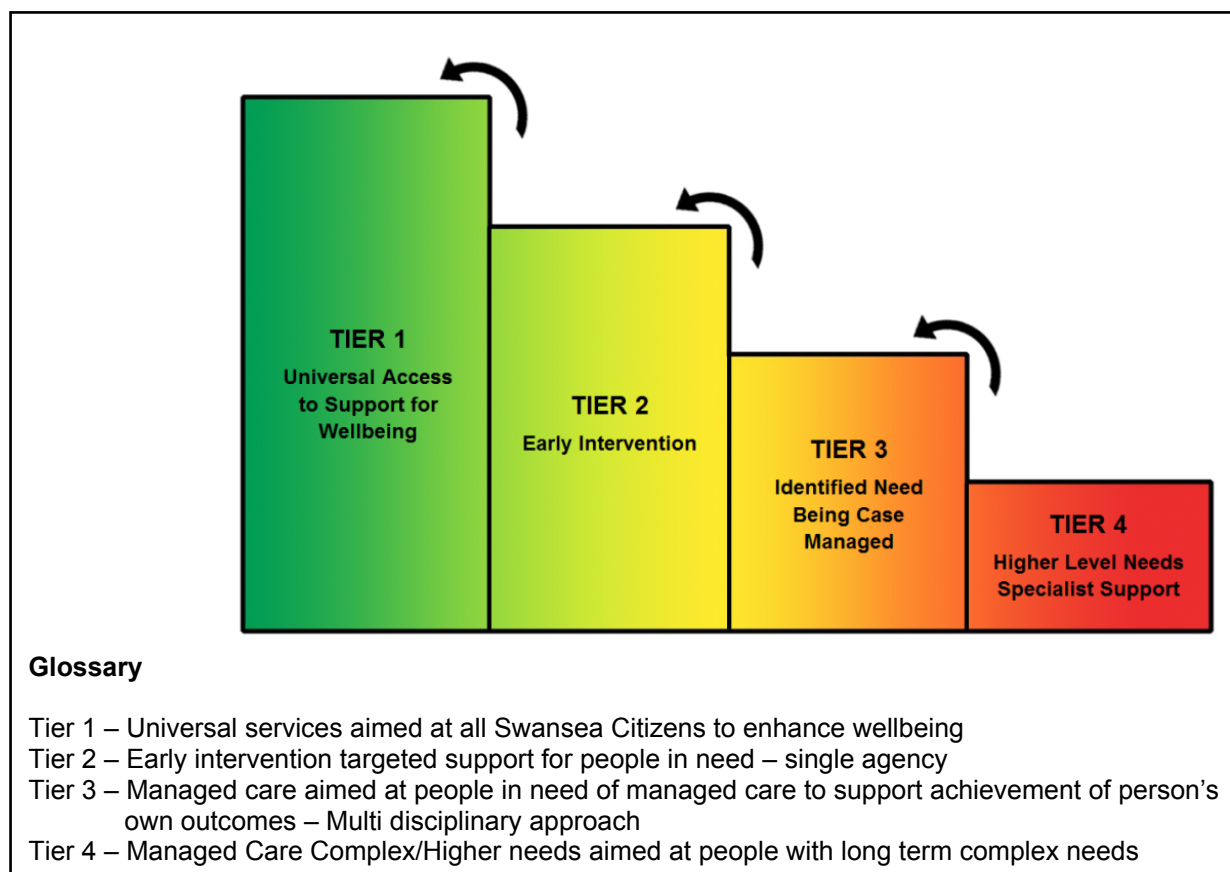
- Ensuring quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

The service model comprises 4 levels of health, wellbeing and social care support for our population. We think it will help us to deliver “better support at lower cost”.

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf

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The service model can be illustrated diagrammatically below:



In this model a person's needs should always be met at the lowest appropriate level, and it is recognised that it should be the job of services at each level to work effectively with people to address their holistic needs and reduce their future problems and need for support.

We also believe that by ensuring that services at Tier 2 are more effective in the way that they work with people we can reduce dependency and demand for statutory/complex care over time, and thus shift our joint resources from complex and statutory services to universal and early intervention.

2.5 Key Priorities for Swansea Adult Social Care Services

This service model places a challenge before Swansea's Adult Social Care Services to embrace a culture which places individuals, families and communities at the centre of the services that are commissioned and provided. Consequently, it is necessary to undertake a fundamental transformation in our approach to service provision. In particular, we plan to focus on three key areas immediately:

- Targeted Early Help
- A different Approach to Assessment
- Developing Strong Practice

We will deliver the following changes in each of these areas through a concerted focus on strategic planning with our partners, commissioning and procurement of services, workforce development and

training, and intensive and supportive performance management of internal and external services. This transformational approach will provide the strategic context in which the commissioning review for day services will be placed.

2.5.1 Targeted Early Help

We need to build on the success of many recent initiatives in Swansea to reshape our social care system to focus on those approaches, interventions and services which have been shown to make the greatest difference in promoting independence and reducing demand. Evidence from the Local Government Association Adult Social Care Efficiency Programme⁵ shows that targeted interventions that pre-empt or respond rapidly to episodes of acute need are most effective and can make a real impact in reducing demand for longer term services. In particular:

- **Targeted Preventative Interventions** – A number of individuals make first contact with formal services in response to a single episode in their life. The provision of the right short-term help at the right time can reduce or eliminate the need for longer term care. This can include the provision of information, practical support, referral to community organisations and bereavement counselling. These interventions can also be pre-emptive, and focus on avoidable risks to independence. For example, falls prevention, vaccination, “stay warm” programmes.
- **Integrated Care Pathways** – A number of the approaches described above depend upon structured and effective joint working especially between health and social care professionals. The design and development of integrated care pathways support early identification of risk, targeted interventions, rehabilitation and re-ablement.
- **Stronger Rapid Response** – A swift and well-co-ordinated response to an individual’s needs at the time of crisis has been shown to be effective at significantly reducing their need for longer term more complex services. These services can include the availability of a responsive out-of-hours community nursing service, rapid allocation of community equipment and “crisis intervention” domiciliary care service together with practical problem solving and rapid access carers’ respite services.
- **Improved Intermediate Care** – To support effective planning and discharge from hospital, a variety of services “between hospital and home” will support an individual to return to as much independence as possible. These services include good nursing; therapy (from a range of different therapists); re-ablement-based domiciliary or residential intermediate care; continence services; and dementia care support services.
- **Better Hospital Transfer Co-Ordination** - A proactive and multi-disciplinary approach to hospital discharge arrangements and out-of-hospital care can make a significant difference to the ongoing need for formal care and support services that an individual requires.

⁵ Local Government Association’s Adult Social Care Efficiency Programme Reports 2014

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2.5.2 A Different Approach to Assessment

Current systems tend to intervene when individuals are at a point of crisis. Consequently, assessments tend to be undertaken when people's needs are at their greatest. Levels of longer term service are established without recognition of an individual's capacity to recover. The longer term provision of higher-than-necessary levels of care and support has been shown to "disable" individuals and promote reliance on those levels of care. We plan to use the opportunities afforded by the implementation of a new approach to assessment, required by the Social Services and Wellbeing (Wales) Act 2014, to instil a "strengths and assets-based" approach to assessment focussed on individuals' capacity to achieve greater independence and also emphasise the potential contribution from informal assets such as family, friends and others in the community. This will be developed with a clear eye on the importance of taking a measured approach to risk, the management of risk, and the importance of safeguarding vulnerable adults.

A number of Councils have also made savings and reduced demand on longer term services by undertaking careful reviews of the care and support received by individuals (possibly targeted) to identify where their needs and/or circumstances have changed in such a way as to reduce their needs. Managing demand away from higher cost, long term Tier 4 services will be an important component of our approach to finding required budget savings over the next three years.

2.5.3 Developing Strong Practice

As already described, the Social Services and Wellbeing (Wales) Act places a challenge on local authorities to embrace a culture which places individuals, families and communities at the very centre of the services we support, commission and provide. The City and County of Swansea has translated this fundamental shift in culture into a detailed service model. However, neither "embracing a model" nor "agreeing a service model" will transform the experience of our citizens. Absolutely fundamental to the real delivery of our vision and our model of service, will be the practice and behaviour of our staff. Moreover, it will depend on a clear understanding and commitment to our approach from other professionals and community stakeholders so that we are working together to a common approach.

In particular, we plan to:

- Develop a clear practice framework which will guide and inform the day to day work of our staff and their key partner professionals.
- Enable our managers to support and challenge their teams to embrace the required culture shift and embed new ways of working.
- Make every contact count; ensuring that staff and colleagues from other bodies work well together and ensure that individuals and families are supported seamlessly to build on their strengths and assets in developing innovative responses to their individual needs.

By focussing our attention on these three areas for change, we believe we can make the biggest difference. But we recognise that the scale of transformation is ambitious and our task in achieving it is complex. We recognise that we won't be able to put this model in place immediately, but rather build towards it carefully and with the full involvement of our partners, stakeholders and of course, communities and individuals.

3. THE DAY CARE SERVICE

3.1 Scope of the Commissioning Review

The scope of this Commissioning Review is defined in the Stage 2 Gateway Review Report⁶ as follows:

- All Older People Day Service Provision, including:
 - 5 in-house day centres
 - 3 day centres commissioned externally from the independent sector
- Only older people client groups
- Develop a clear vision for a modern Older People Day Service
- To cover the reshaping & remodelling of all aspects of day services including:-
 - Needs led
 - Outcome focused
 - Social Inclusion
 - Transportation
- Services procured via:
 - Direct Payments
 - Local Authority

3.2 Definition of Day Care Services

The Stage 2 Gateway Review Report for Day Services⁷ notes that within Swansea Council, there is no agreed definition of Day Care Services. It refers to the definition provided by Age UK in their paper, "Effectiveness of Day Services Summary of Research Evidence"⁸:

"The term 'Day Services' covers a diverse range of services and activities, which cater for a variety of people and needs, and serve a number of different purposes, most of which are broadly preventive including:

- *providing social contact and stimulation; reducing isolation and loneliness*
- *maintaining and/or restoring independence*
- *providing a break for carers*
- *offering activities which provide mental and physical stimulation*
- *enabling care and monitoring of very frail and vulnerable older people*
- *offering low-level support for older people at risk*
- *assisting recovery and rehabilitation after an illness or accident*
- *providing care services such as bathing and nail-cutting*
- *promoting health and nutrition*

⁶ Day Care Commissioning Review Gateway 2 Report

⁷ Commissioning Gateway Review Report – Stage 2: Older Peoples Day Services Review

⁸ http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20_%20of_effectiveness_October_2011.pdf?dtrk=true

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- *providing opportunities for older people to contribute as well as receive.” (2011)*

In the City & County of Swansea Older People Service, the term ‘day care’ is a service provided in day centres to older people who continue to live in their own homes but who are assessed as needing some support. These centres allow carers to have a break from looking after their loved ones and give the older person the opportunity to socialise with other people and join in with group activities. Each centre is run by a manager and appropriately trained staff. The exact services that are provided vary from centre to centre.

3.3 Strategic Role

Day Services can be seen to play an important role in the Swansea Service Model for Adult Social Care. In particular:

- Attending a day centre is an important means by which older people can avoid loneliness and social isolation.
- Whilst attending, there is an opportunity for care staff and other professionals to provide information, practical support and perhaps signposting and referral to other community organisations. Day centres are an ideal venue for providing pre-emptive preventative programmes such as falls prevention, vaccination, “stay warm” programmes etc.
- Day centres provide a means by which care staff can monitor people’s health and wellbeing and detect the early signs of problems and issues that may go on to become more significant and threaten independence. Having done this, day centres provide a good environment in which to address these issues.
- Day centres can potentially provide a good venue for local community groups and activities, strengthening their role as a community resource.
- There is an opportunity to enhance the functionality of day centres as a venue for a variety of in-reaching health and social care services, such as district nursing, chiropody etc.
- There is also the opportunity to develop day centres as a focus for local community support, possibly in collaboration with community facilitators such as Local Area Co-Ordinators.

Section 5.2, and of this report consider and compare models of best practice in the commissioning and provision of day care services. These inform the Options that are considered for the future strategic development of services in the context of the Swansea Model for Adult Social Care.

3.4 Outcomes

At the stakeholder workshop on the 10th September 2015 attendees proposed the following broad outcomes for the service:

- A range of service that are more joined up to ensure everyone has information and access to a relevant service whether this is provided by community groups, day care, respite at home or direct payments – this fits well with the 4 tier approach
- More about what the person wants to see as an outcome and what they want. Menu of options to support them to achieve their outcomes and support people to maintain independence
- A flexible 7 days a week service that improves quality of life, reduce social isolation that is person centred with carers involved. This is provided that within the contracts

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that any future service, options need to be affordable; it may not be affordable to provide services 7 days a week.

- Clear eligibility criteria, signposting and referral pathway. Having the right assessment at the right time. Smaller numbers of higher need people with staffing levels to meet their needs
- Formal Day Care to provide a tailored service for 3 key areas
 - Re-ablement
 - Physical and cognitive impairment – people living with dementia
 - Complex needs
- A sustainable service that is fully compliant with the new Social Services and Wellbeing (Wales) Act 2014 and Well-being of Future Generations Act 2015.

The Stage 2 Gateway Review Report for Day Services identifies the following high-level outcomes for the overall model of care for adult social care:

Overall we expect a Swansea Future Model to help support the following:

- Radically changing the way we provide support, by remodelling traditional services and focusing on wellbeing and strengths, and through effective re-ablement approaches, working to achieve independence as soon as possible and then to maintain independence.
- Integrating and aligning our services with Health and other key partners.
- Consistency between children’s services and adult services – to ensure a “whole life” approach and a more seamless transition from one service to the next.
- Working more closely with local communities and carers, by recognising the role that we all play in supporting our neighbours, friends and relatives.

In relation to day services in particular, it is proposed that the overall outcome is a sustainable model of day care services that:

- Delivers positive outcomes for citizens (including carers)
- Ensures high quality services
- Promotes a sustainable workforce
- Responds to demographic change
- Is compliant with legislation
- Promotes equality of opportunity
- Maximises independence and averts the need for longer term services
- Makes best use of public funds

3.5 Vision

Building on the above, the proposed broad vision for day services is:

- A tailored service for 3 key areas
 - Re-ablement
 - Physical and cognitive impairment – people living with dementia
 - Complex needs
- In doing the above a service which:
 - Encourages social contact and stimulation; reducing isolation and loneliness maintains and/or restores independence

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- provides a break for carers
- offers activities which provide mental and physical stimulation
- enables care and monitoring of very frail and vulnerable older people
- assists recovery and rehabilitation after an illness or accident
- provides personal care services such as bathing and nail-cutting
- promotes health and nutrition
- provides opportunities for older people to contribute as well as receive.

4. SERVICE PERFORMANCE

4.1 Analysis

The stage 2 review report states there are 3 External Day Care providers and 5 local authority providers. The external providers are:

- Ty Conway, Penlan – Swansea Carers Centre
- Llys y Werin, Gorseinon - Gwalia
- Norton Lodge – joint Red Café & Social Services at Norton Lodge

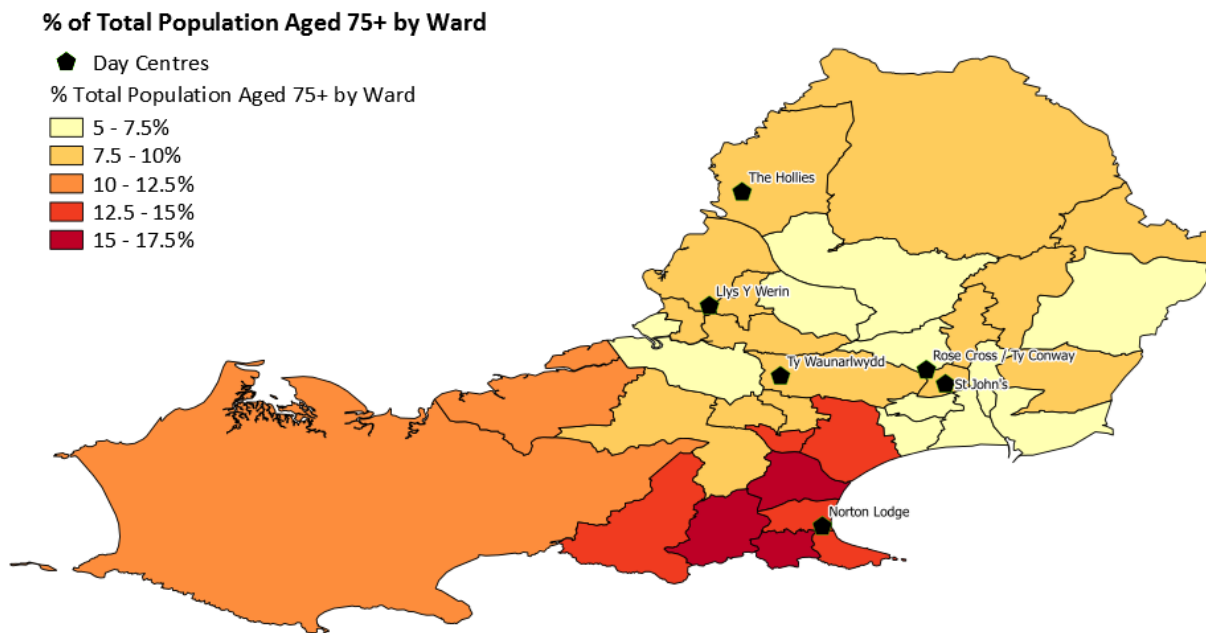
There are 5 Day Centre services to support older people:

- Norton Lodge, Norton – stand-alone provision
- Rose Cross, Penlan – within Rose Cross Residential Care HomeTy Waunarwydd, Waunarwydd - within Ty Waunarwydd Residential Care Home
- St Johns, Manselton – within the grounds of St Johns Resident Care Home
- Hollies, Pontardulais – within the grounds of Hollies Residential Care Home

The stage 2 review states that current service provision is not evenly positioned across the county geographically; there are no facilities in the north east or south east. There are 3 facilities within a mile of each other and 3 in the north west of the county but only 1 covering the whole of the west (Bay). However, whilst there is not an even geographical spread of services across Swansea, it should be noted that transport is currently provided to all service users who want it so nobody is prevent from accessing a service on the basis of where they live. The only specialism that exists is the Red Café – a 4 hour session which is for people living with dementia and 1 day at the Hollies also for people living with dementia with complex needs. Ty Conway offers day care only to those people who have a carer – providing carers' respite.

The map below shows the population aged 75 years and over in relation to the day centre locations illustrating where there is a lack of provision within Swansea (figure 1).

Figure 1 – Percentage of Total Population Aged 75 + by Ward with CC Swansea Day Centres



The access, availability and services provided varies at each establishment, the table below from the stage 2 review report illustrates the availability (table 1):

Table 1 – Day Centres: Capacity and Access

Establishment	No. of Places per day	No of Places per week	Days	Transport	Specialism
Norton Lodge Norton	25	100	Mon-Frid Not Thurs	Social Services	
Norton Lodge Norton	20	20	Thurs	Social Services	
Red Café Norton	10	10	Thurs 1-4	Self-funded DANSA	People living with dementia
Red Cross Penlan	20	100	Mon-Frid	Social Services	
Hollies Pontardulais	20	100	Mon, Tues & Frid	Social Services	
Hollies Pontardulais	8	8	Wed	Social Services	People living with dementia only
St Johns Cwmbwrla	30	100	Mon-Frid	Social Services	
Ty Waunarlwydd Waunarlwydd	23	115	Mon-Frid	Social Services	
Llys y Werin Gorseinon	25	125	Mon-Frid	Social Services	
Llys y Werin Gorseinon	6	30	Mon-Frid	na	15 Extra Care Service Users are offered up to 2 days a week Day Care
Ty Conway Penlan	9	54	Mon-Sat	Subsidised - taxis	

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Total	186	762			
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Data provided by Swansea states that in May 2016 there were 300 Day service users with an overall waiting list of 22 people. St Johns Day service has the largest waiting list of 14 people (table 2).

Table 2

Day Services clients & waiting lists - May 2016

	Day Service Support	Waiting list
Rose Cross	40	0
Hollies	31	1
Norton Lodge	83	5
St Johns	96	14
Ty Waunarlyydd	50	2
Total	300	22

However the stage 2 review report details a service user profile of internal provision undertaken in 2015 which found that since 2009 (when the previous profile had been undertaken), the total number of people using the service has dropped considerably from 471 to 268. This was explained by the fact that very few people had been able to access Day Care services for some time, although there was a waiting list of 112 people, despite most of the Day Centres reporting they were working at approximately 50% capacity. This was due to a historical management decision to not allow any new entry into services. This management decision has now been overturned, waiting lists have all been reviewed and the number of people now waiting is relatively low. The capacity and vacancies are detailed below (tables 3&4)

Table 3: Internal Provision Capacity and Current Vacancies

Centre	Mon	Tues	Weds	Thurs	Fri	Total	Vacancy %
Hollies Capacity	20	0	8	20	20	68	
Hollies Vacancies	8	0	6	10	14	38	55.88%
Norton Lodge Capacity	25	25	25	20 + 10	25	130	
Norton Lodge Vacancies	7	7	6	6 + 1 (D)	4	31	23.84%
Rose Cross Capacity	20	20	20	20	20	100	
Rose Cross Vacancies	8	10	10	11	6	45	45%
St John's Capacity	30	30	30	30	30	150	
St John's Vacancies	12	6	15	9	10	52	34.66%
Ty Waunarlyydd Capacity	23	23	23	23	23	115	
Ty Waunarlyydd Vacancies	4	8	13	9	7	41	35.65%
Total Capacity						563	
Total Vacancies						207	
Overall Vacancy							

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Percentage								36.76%
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Table 4: External Provision Capacity and Current Vacancies

Centre	Mon	Tues	Wed	Thurs	Fri	Sat	Total	Overall Vacancy %
Ty Conway Capacity	9	9	9	9	9	9	54	
Ty Conway Vacancies	2	3	2	1	2	2	12	22.22%
Llys y Werin Capacity	25	25	25	25	25	25	150	
Llys y Werin Vacancies	13	6	15	6	14		54	36%

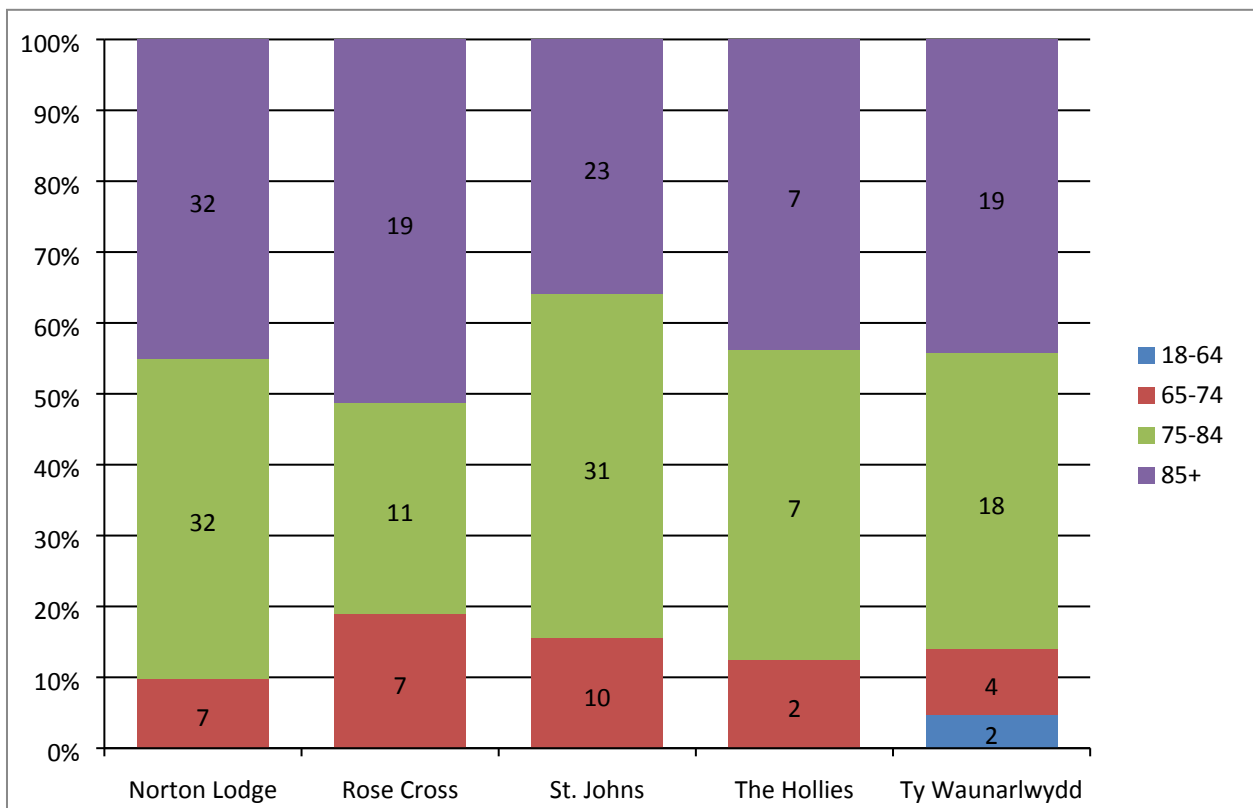
The stage 2 review report also indicates that there has been a considerable increase in the number of people accessing the service for a second day (table 5).

Table 5

Site	Number of SU's that are Single Service 2009	Number of SU's that are Single Service 2015	Number of SU's which attend a 2nd Day 2009	Number of SU's which attend a 2nd Day 2015	Number of SU's which attend on 3 days 2009	Number of SU's which attend on 3 days 2015
Norton Lodge	59	59	7	14	0	0
Rose Cross	18	17	0	18	0	1
St Johns	38	72	2	11	0	1
Hollies	29	15	12	10	0	0
Ty Waunarlyydd	41	27	0	21	0	1
Total	185	190	21	74	0	3

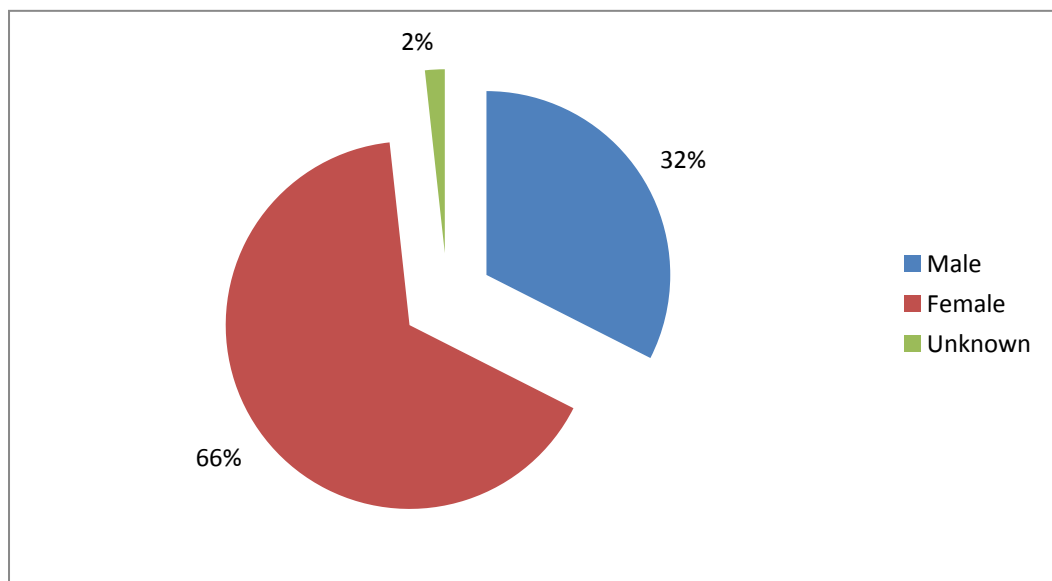
The profile of people using these centres is similar, though Rose Cross has a higher proportion of people aged 65-74 years and people over 85 years, and St Johns has a higher proportion of people aged 75-84 years. Also Ty Waunarlyydd is the only centre that currently has clients aged between 18-64 years (figure 2).

Figure 2 - Day Services Client Age Groups May 2016



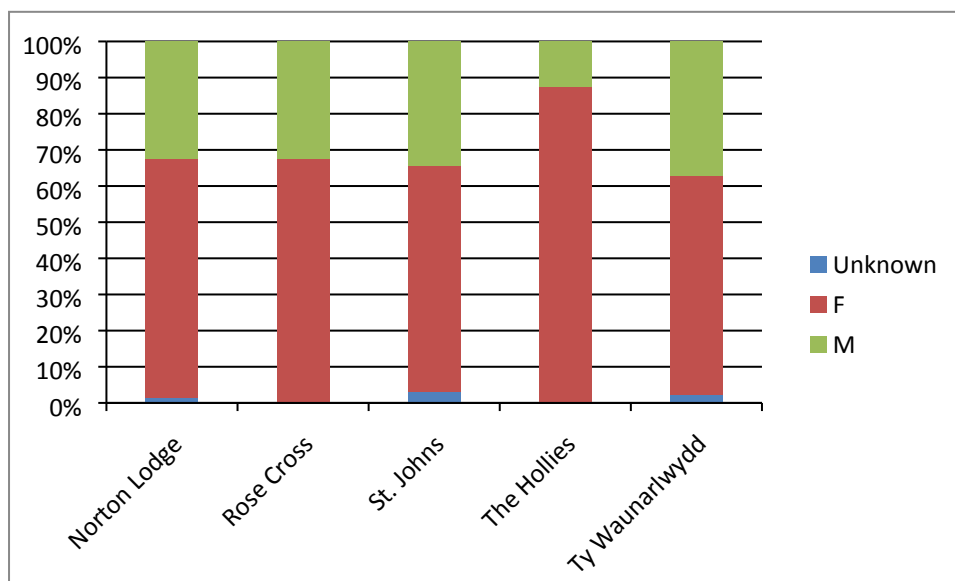
Overall, around two-thirds of clients were female (figure 3).

Figure 3 - Day Services Client Gender - May 2016



Breakdown by day centre shows that The Hollies support a higher proportion of female, and Ty Waunarwydd supports slightly more male clients (figure 4).

Figure 4 - Day Services client gender - May 2016

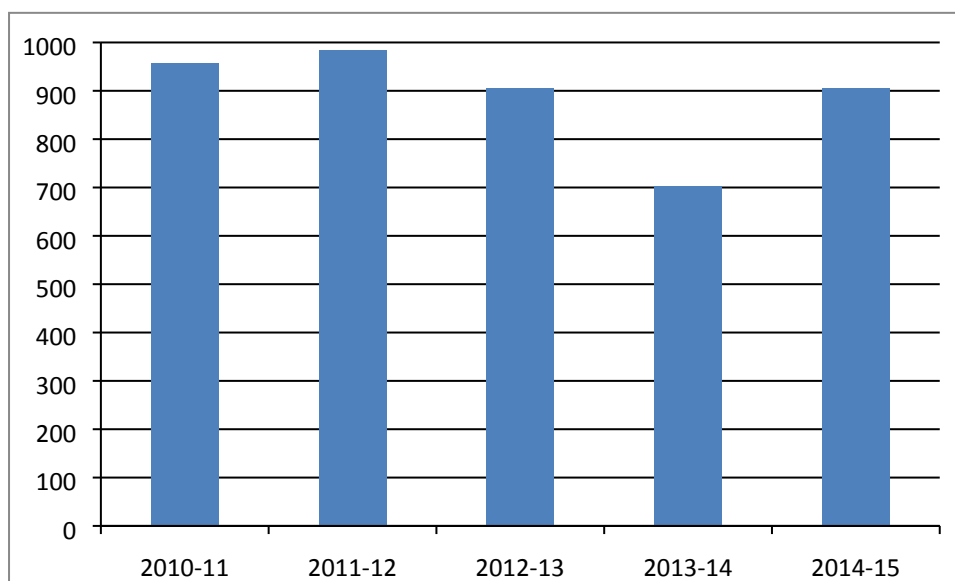


The service user profiling detailed in the stage 2 report indicates that the needs of people using Day Services in 2015 compared to 2009 have increased, the largest percentage increase are in the following areas:

- risk to safety from 38% to 78% - an increase of 40%
- people living with dementia from 19% to 47% an increase of 28%
- confused or disorientated from 29% to 51% an increase of 22%
- history of falls from 43% to 62% and increase of 19%
- assistance with personal care from 22% to 41% and increase of 19%

The total number of people aged 65 years and over receiving day care over the whole year (2014-15) is 904 (figure 5). This is a significant increase from the previous year. It should be noted that this is the total number in a year rather than the number accessing day services at any given time.

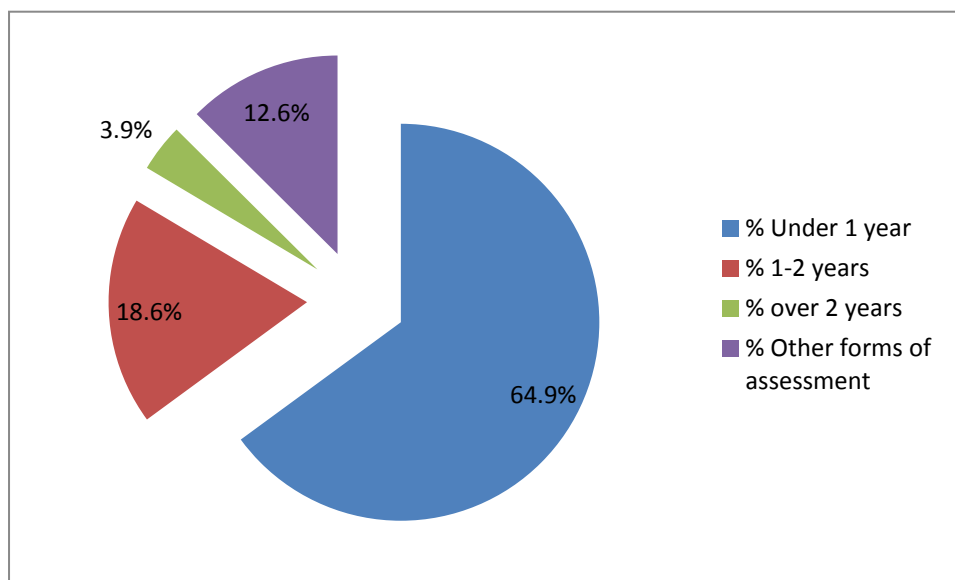
Figure 5 - Total number of people aged 65+ years receiving day care (whole year)



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In order to ensure that people are receiving the right services and support it is important that they are reviewed regularly. Figure 6 shows that 65% of people have had a review in the last year with just under an additional 20% reviewed in the last 1-2 years. However, 4% of people had a review over 2 years ago and nearly 13% were classified by Swansea as never having had a social care assessment (other forms of assessment).

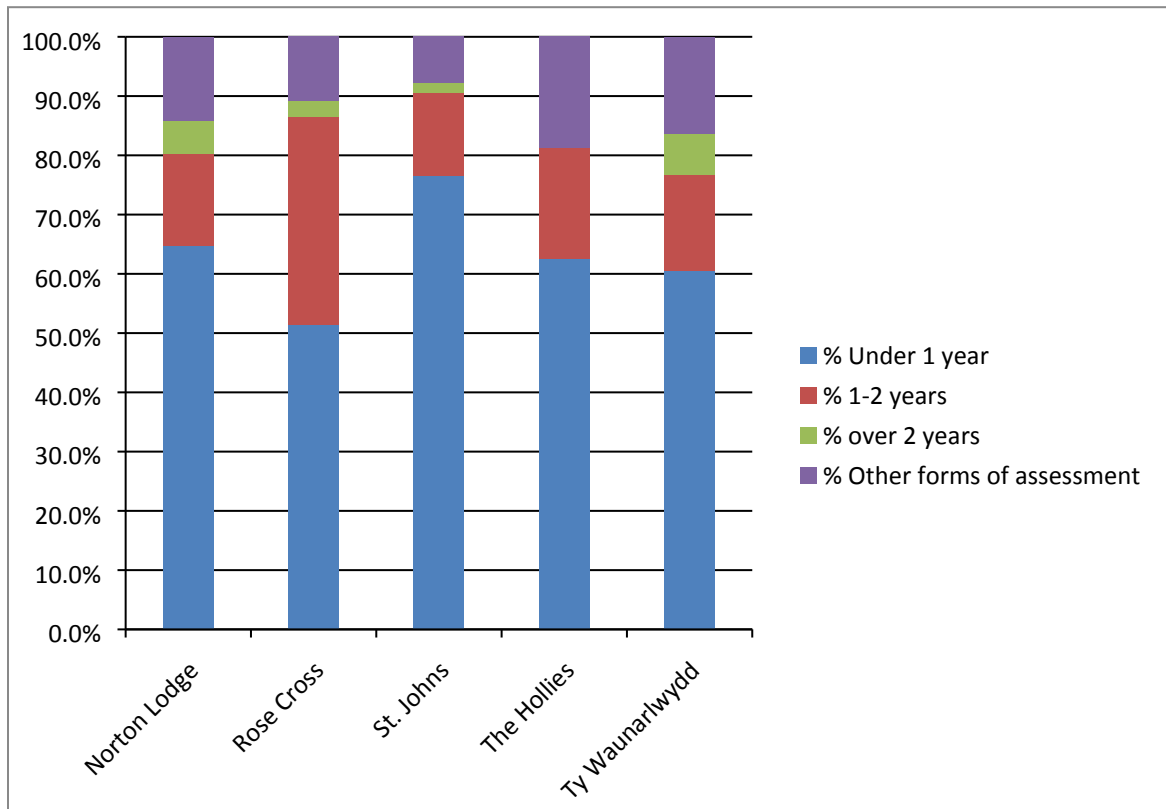
Figure 6 - Day Care - Time since last review (as at May 2016)



Breakdown by Day Centre shows that Rose Cross has the lowest number of people who have been reviewed in the last year (51.4%, though does have a larger number of people reviewed in the last 1-2 years) and the Hollies and Ty Waunarlwydd have the highest proportion of people who have never been assessed (18.8% and 16.3%) (figure 7).

Figure 7 - Day Care - Time since last review (as at May 2016)

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21% of day centre clients are registered disabled (figure 8).

Figure 8 - Day Services Client Disability Registration May 2016

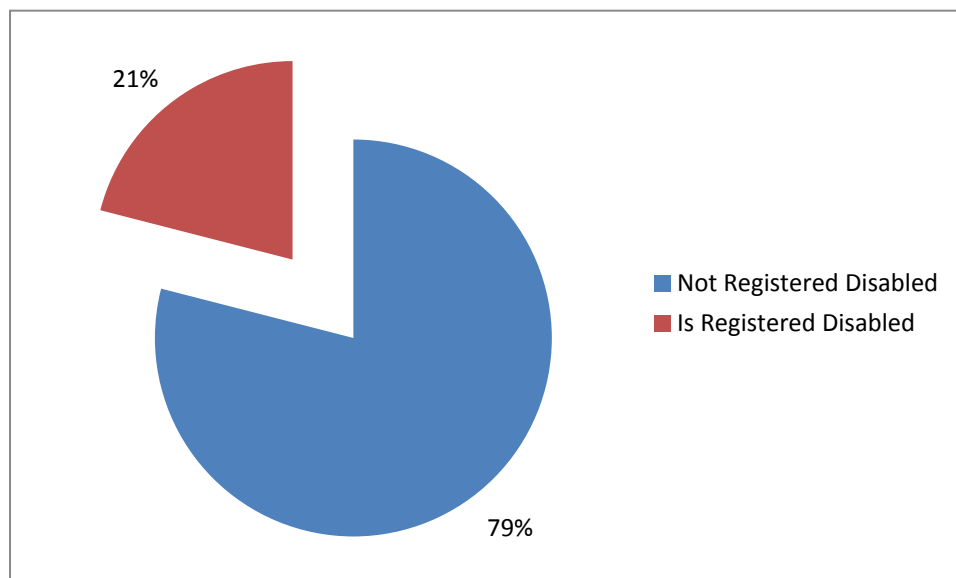


Table 6 below from the stage 2 review report demonstrates the actual cost per unit per day per person if all sites were at full capacity 52 weeks a year and taking into account 10 non-working days which includes 8 Bank Holidays.

Table 6 – Day Centres: Cost per Person per Day

	Norton Lodge	Rose Cross	St Johns	Hollies	Ty Waunarlwydd
Days Available		5,020	5,020	3,348	5,773
Annual Cost	178,073	144,465	184,769	38,724	166,192
Unit Cost (Cost per person per day)	29.56	28.78	36.81	11.57	28.79

St Johns and Hollies benefitted from upward asset valuations during the year which has the subsequently effect of reducing their expenditure for the year in question. Should these be ignored, the effect is as follows (table 7):

Table 7 – Day Centres: Cost per Person per Day (disregarding asset valuation)

	Norton Lodge	Rose Cross	St Johns	Hollies	Ty Waunarlwydd
Day Available	6,025	5,020	7,530	3,348	5,773
Annual Cost (Ignoring Asset Valuation)	178,073	144,465	195,881	72,741	166,192
Unit Cost (Cost per person per day)	29.56	28.78	26.01	21.73	28.79

The **total** number of days available across in-house provision is **27,696**, the **total** annual costs ignoring asset valuation is **£757,351** which equates to an average cost of **£27.35** per unit (stage 2 review report).

4.2 Summary

In summary, and based on available data, the following observations can be made about day services provided or commissioned by the City and County of Swansea:

- There are 5 local authority and 3 independent sector day centres in the City and County of Swansea area
- Current service provision is not evenly positioned across the county geographically
 - There are no facilities in the north east or south east.
 - There are 3 facilities within a mile of each other and 3 in the north west of the county but only 1 covering the whole of the west (Bay).
 - However, transport is currently provided to all service users who want it so nobody is prevent from accessing a service on the basis of where they live.
- There is a limited (although highly valued) service for people with dementia and for carers.
- There are currently around 300 day service users with an overall waiting list of 22 people.

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- Since an earlier study in 2009, the number of people accessing the day service has dropped considerably. This is thought to result from an earlier management decision not to take new referrals. This has now been reviewed.
- There has been a considerable increase in the number of people accessing the service for a second day.
- The age profile of attendees to day centres is similar with the majority being over the age of 75 years
- Since an earlier survey in 2009, the needs of people using day services have increased. For example:
 - risk to safety from 38% to 78% - an increase of 40%
 - people living with dementia from 19% to 47% an increase of 28%
 - confused or disorientated from 29% to 51% an increase of 22%
 - history of falls from 43% to 62% and increase of 19%
 - assistance with personal care from 22% to 41% and increase of 19%
- 65% of people have had a review in the last year with just under an additional 20% reviewed in the last 1-2 years.
- 21% of day centre clients are registered disabled.
- The total number of days available across in-house provision is 27,696, the total annual costs ignoring asset valuation is £757,351 which equates to an average cost of £27.35 per unit.

4.3 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Equity of Access** – Day centres are not evenly positioned across the county. In spite of the fact that transport is available to all users, the potential for day centres to be a local resource is not currently realised.
- **Targeting Day Services** – Whilst the levels of need and complexity of needs seem to be increasing, there are other indications that day centre services are not targeted. There is no consistent availability of specialist services especially for people with dementia.
- **Making best use of the resource** – Day centre buildings may not currently be being used to their maximum potential.
- **Promoting a stable, experienced and well trained workforce.** – Whilst recruitment and retention has been shown to be perhaps less of an issue than may be expected, there is still some concern about the availability of a static, trained and experienced workforce suitable for offering high quality care and support.

5. SERVICE COMPARISON

As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

5.1 Benchmarking Analysis

The following local authorities were agreed as being suitable for benchmarking with the City and Council of Swansea. These represent areas which are predominantly urban in nature with an adjoining more rural hinterland with more dispersed populations:

- Cardiff
- Newport
- Neath Port Talbot
- Wrexham

As part of the review process a service comparison has been completed to compare the current service model, cost, outputs and performance with others.

The current population in Swansea is 241, 297 of which 19.2% are 65 years and over. This is similar to the Welsh average though higher than Cardiff, Newport and Wrexham.

Table 8 - Population in 2014 and breakdown by age

	Number of people	% 0-15 years	% 16-64 years	% 65 + years
WALES	3,092,036	17.9	62.2	19.9
Swansea	241,297	17.2	63.6	19.2
Cardiff	354,294	18.4	67.8	13.8
Newport	146,841	20.0	62.7	17.3
Neath Port Talbot	140,490	17.4	62.9	20.0
Wrexham	136,714	19.2	62.2	18.6

The number of older people in Swansea is expected to rise significantly over the next 20 years: most significantly those aged 85 and over.

Table 9 - Projected percentage change by 2035 in the older population

	65-69	70-74	75-79	80-84	85+
WALES	5	30	36	48	119
Swansea	1	26	30	35	104
Cardiff	24	62	57	51	88
Newport	16	36	30	31	100
Neath Port T	0	29	39	51	94

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Wrexham	12	31	45	64	141
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* source – Daffodil: Projecting the need for care services in Wales

The number of people with dementia in Swansea is expected to increase by 61% over the next 20 years (table 10).

Table 10 - Projected numbers of people with dementia

	2020	2025	2030	2035
People aged 65-69 with dementia	158	166	182	179
People aged 70-74 with dementia	358	324	344	376
People aged 75-79 with dementia	565	686	624	670
People aged 80-84 with dementia	843	945	1,162	1,069
People aged 85 and over with dementia	1,696	1,977	2,357	2,955
Total population aged 65 and over with dementia	3,620	4,097	4,668	5,248

* source – Swansea

The number of people projected to need support to manage on their own is expected to increase over the next 20 years (tables 11, 12 and 13).

Table 11 - Projected number of people aged 65 and over unable to manage at least one domestic task on their own

	2020	2025	2030	2035
WALES	278,422	311,163	347,518	381,580
Swansea	20,851	22,954	25,240	27,388
Cardiff	22,551	25,365	28,933	32,677
Newport	11,187	12,316	13,672	15,154
Neath Port Talbot	12,321	13,658	15,182	16,532
Wrexham	11,734	13,351	15,124	16,862

* source – Daffodil: Projecting the need for care services in Wales

Table 12 - Projected number of people aged 65 and over unable to manage at least one self-care activity on their own

	2020	2025	2030	2035
WALES	227,850	254,261	284,615	312,907
Swansea	17,049	18,747	20,676	22,486
Cardiff	18,529	20,813	23,720	26,770
Newport	9,149	10,079	11,220	12,435
Neath Port Talbot	10,082	11,155	12,411	13,530
Wrexham	9,596	10,892	12,377	13,830

* source – Daffodil: Projecting the need for care services in Wales

Table 13 - Projected number of people aged 65 and over unable to manage at least one mobility activity on their own

	2020	2025	2030	2035
WALES	125,645	140,963	159,599	178,134
Swansea	9,445	10,427	11,617	12,821
Cardiff	10,283	11,533	13,188	15,076
Newport	5,058	5,588	6,271	7,021
Neath Port Talbot	5,531	6,143	6,905	7,647
Wrexham	5,272	6,024	6,942	7,871

* source – Daffodil: Projecting the need for care services in Wales

Swansea has the highest number of adults receiving day care of the 4 comparator authorities (table 11 and figure 9). The biggest proportion of these are for clients age 85+ years.

Table 11: Adults receiving day care by LA and age group

	Total	65-74 years	75-84 years	85+ years
WALES	9103	965	1627	1858
Swansea	1257	103	188	203
Cardiff	281	33	81	106
Newport	293	29	42	32
Neath Port Talbot	1021	127	166	141
Wrexham	243	37	50	78

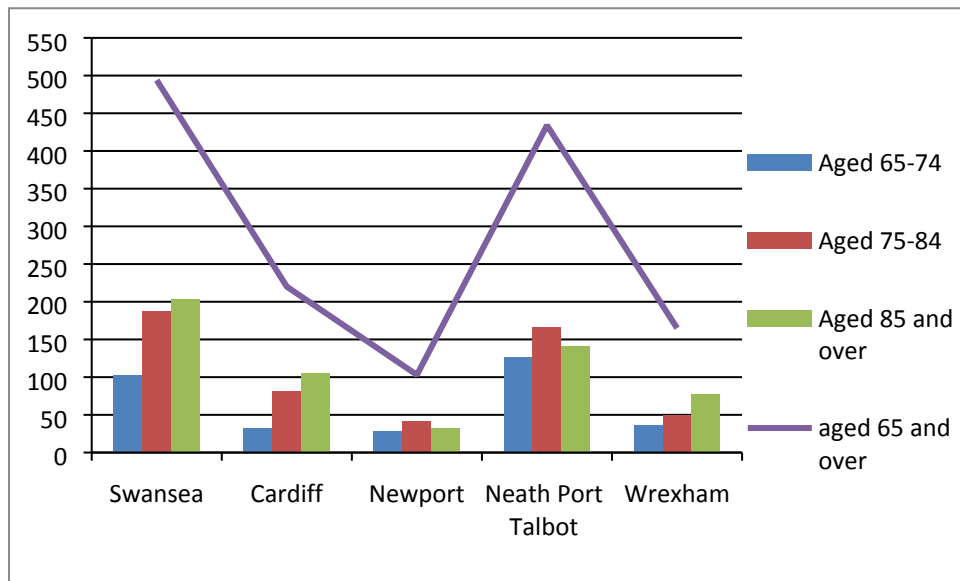
* Data from Stats Wales

NB this includes substance misuse and other vulnerable adults

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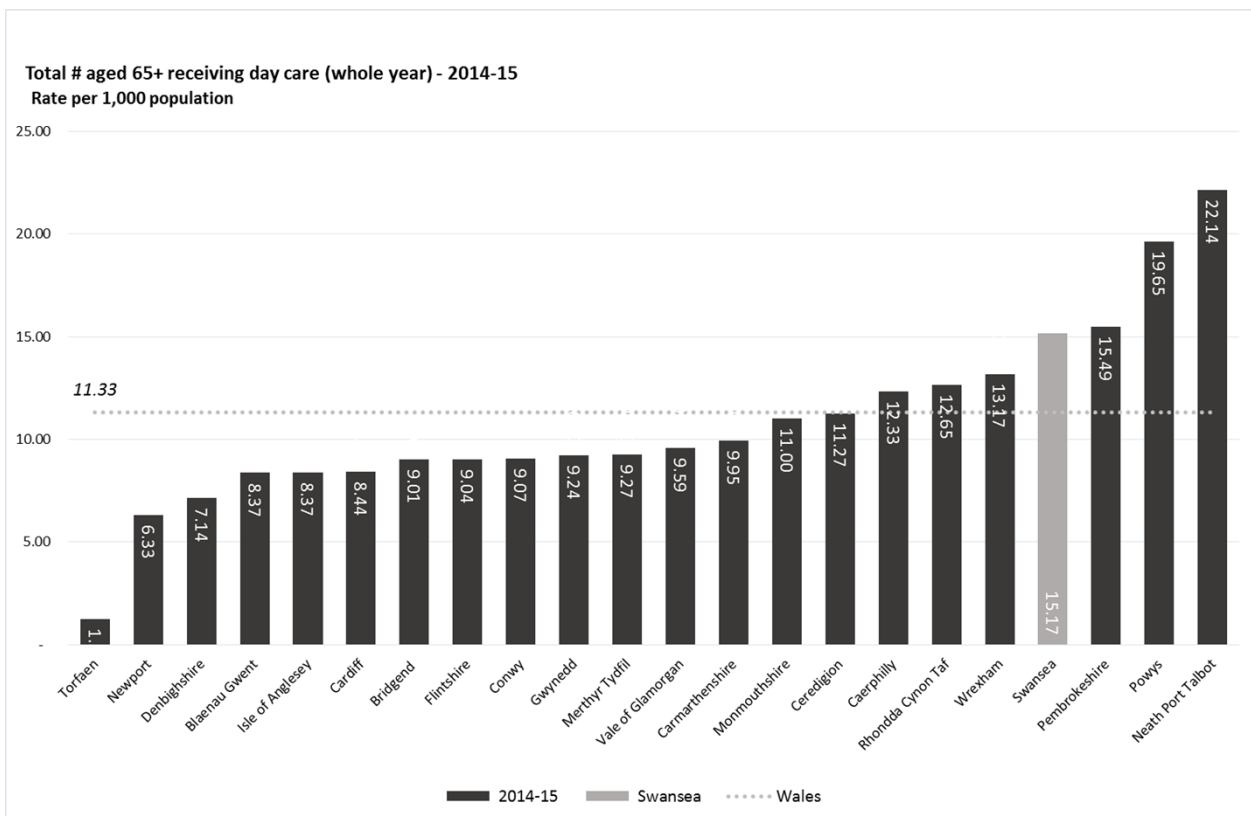
Figure 9 below shows breakdown of those aged 65 years and over: the highest proportion in Swansea being those aged 85 years and over.

Figure 9 – Older People Receiving Day Care



The rate of people in day services per 1,000 population in Swansea is higher than the Welsh average and 4th highest of all the Welsh local authorities (figure 11).

**Figure 10 – Total number aged 65+ receiving day care (whole year) 2014-5
Rate per 1000 population**



5.2 Summary

In summary, and based on available data, the following observations can be made about day services commissioned or provided by the City and County of Swansea:

- The proportion of the population over the age of 65 is similar in Swansea to the Welsh average but slightly higher than similar urban authorities of Cardiff and Newport.
- The population of older people is set to grow at a similar rate across Wales and comparator authorities.
- Over the next 20 years, it is expected that the number of people in Swansea over the age of 85 will increase by 104%
- The number of people with dementia in Swansea is expected to increase by 61% over the next 15 years
- The number of people projected to need support to manage on their own is expected to increase over the next 20 years.
- Swansea has the highest number of adults receiving day care of the 4 comparator authorities.
- The biggest proportion of these are for clients age 85+ years.
- The rate of people in day services per 1,000 population in Swansea is higher than the Welsh average and 4th highest of all the Welsh local authorities

5.3 Key Themes for Options Appraisal

Generally, and from the above analysis, the preferred options must address the following key themes:

- **Ensuring adequate capacity for meeting growing demand** – Even in the context of a new model of adult social care which emphasises prevention, promotes independence and averts the need for long term care, demographic analysis indicated that the demand for day services in Swansea will increase significantly. There are already known to be pressures in meeting the needs of those with dementia and this population is set to grow significantly in Swansea.
- **Supporting an approach to manage down demand** – The new model for adult social care will manage down the demand for long term residential care, based on developed practices and an enhanced range of services elsewhere in the overall “whole system”. There is an opportunity to review the role day centres play in this whole system approach.

6. Best Practice and Innovation

The Institute of Public Care has undertaken research to identify innovation and best practice in other areas/countries. In particular, research has been focussed on the following issues.

- Outcome measurement in day services
- Alternative models of day service
- The role of Local Area Co-Ordination (and similar models) to provide day opportunities and address social isolation
- Day centres as community hubs
- Social enterprise and Local Authority Trading Company (LATC) management models
- Income generation through charging for day services
- Workforce approaches

6.1 Outcome measurement in day services - Using an outcome-based model to commission services should help public sector organisations to achieve greater strategic coherence between service level outcomes and wider social, economic and environmental sustainability. Specifically it should:

- Support better understanding of the longer term impact of their spend and identify ways in which more sustainable, joined-up procurement can help their objectives (positive social, economic and environmental outcomes).
- Stimulate innovation among providers of services (whether third sector, independent or in-house) related to the delivery of the organisations' social, economic and environmental goals.
- Increase the opportunity for third sector organisations, service users and communities to be involved in design and delivery of services – 'co-production' by recognising the importance of wider community and social outcomes.

Good Practice Example - Camden Mental health day care services⁹

The development of a new model to commission outcomes has enabled a major shift in commissioning and procurement practice in Camden. The Invest to Save Budget ISB project joined Camden's mental health commissioners on a journey from a traditional mental health day centre model to an innovative 'co-production' approach, which aims to enable recovery and involvement in mainstream life for all residents. Two of the key elements of the new approach were:

- Explicitly specified social, economic and environmental outcomes to be accounted for in procurement and delivery.
- Establishing effective ways to measure and report on outcomes.

The Outcomes Framework describes:

- How activities and outputs delivered as part of the service contribute to the desired service-level outcomes established by end-users of the service, and commissioners.
- How the service level outcomes relate to the Council's broader priorities (called 'Community Outcomes') established by the Council in their policy and strategy documents.
- How the Council will monitor the value and benefits created through delivery of this service.

⁹ Commissioning outcomes and recovery London Borough of Camden October 2008

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- Value can be measured in qualitative, quantitative and financial terms. Value accrues to the service, but also across the Council, its partners in the community and to the wider public sector.

Key messages

- The model has stimulated innovation amongst all providers (in-house, private and third sector) to achieve key local priorities of a public agency.
- The model places the wider social, economic and environmental impacts that some providers may bring to a service at the core of the commissioning process.

However:

- Outcomes are often harder to measure and can be time consuming for the provider
- The more aggregated the personal outcome measures, the less meaningful they become
- There can be a dichotomy between importance to individual and meeting national standards and other drivers

6.2 Alternative models of day service

Community Asset Based Approach

The term an “asset-based approach” has become popular in health and social care in the UK in recent years. The reasons for this are:

- The former social contract of exclusively state provided services is no longer viable in the current economic climate;
- People are living longer and the proportion of older people will increase significantly in the next decade and beyond;
- People want to make decisions about what is important to them, their family and their community – rather than the state making decisions for them;
- The health and wellbeing risks of loneliness and isolation are being recognised and there is a need to address this; and
- There is an increasing recognition that place-based responses are critical to ensuring people can age well close to home.

An asset based approach is about citizens identifying, connecting and using the assets of a community. It starts with the aspirations people have for themselves and their community, then at a more personal level people identify the skills they have as local residents to achieve these. Community asset mapping looks at what the neighbourhood has to offer, where are the clubs, associations, churches, schools and other meeting places? Once a group know what they already have, they can start making connections between people and places to achieve the things that they want for their neighbourhood.

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Good Practice Example - 'I love Thornton'¹⁰

Commissioned by NHS Croydon, Croydon Voluntary Action (CVA) delivered this asset based approach pilot project in Thornton Heath, one of Croydon's most deprived wards. Working with three other voluntary sector partners, CVA was given the unique opportunity of being mentored in asset based methodology by Nurture Development –with a two-day practical training course held at the start of the project. The project brief was to “promote participation in social networks and strengthen social connectedness among people aged 50-70 to improve their health and wellbeing”.

Becoming part of a network of local people working to improve their area has translated into a mobilisation of assets under the four chosen themes, resulting in the emergence of new activities including:

- Parents support project – older people developing activities and support networks for parents with young children in the area.
- School magazine – article on intergenerational lunch bringing pupils and older members of the community together.
- Employment and Education for young people – Thornton Heath Business Partnership members offering conflict resolution, mentoring, work experience and training advice in local schools.
- Thornton Heath Rec Cricket Coaching Initiative - coaching, umpiring and friendly matches for elders.
- Thornton Heath Rec Active Walking Group – group of elders from bowling club conducting walking site tours.
- E.T.H.O.S Exercise Group – ten-week programme for older people run by Active Lifestyles.
- Making Tesco elder-friendly – volunteers assisting older people to do their shopping; seated rest areas available; use of the store training room for healthy living classes.
- Thornton Heath Festival – a history tour and big clean project.

Key messages

- In contrast to this fear of an increased demand on services there is evidence that people aged 65 and over are making a significant contribution to the economy and are a valuable asset.
- Some older people, particularly those over the age of 85 years will need help and support to remain independent. The “Little bit of help”, described by the Joseph Rowntree Foundation that can enable a person to remain living independently at home is rarely provided by social services as spending on adult social care has steadily decreased since 2005.¹¹
- Older people offer a wealth of experience, talent and knowledge that is a tremendous asset to their communities. Those older people that do need “A little bit of help”, are much more comfortable with an arrangement where there is a mutual sharing and exchange.¹²
- A reduction in social isolation and loneliness experienced by many older people. A survey by Age UK found that 10 percent of adults over the age of 65 years feel lonely often or all of the time^{13, 14} and a reduction in the health risks associated with loneliness. Research has shown

¹⁰ Asset based community development – enriching the lives of older citizens. Deborah Klee, Marc Mordey, Steve Phuare and Cormac Russell. Working with older people vol 18 no.3. 2014

¹¹ Age UK (2012), Care in Crisis 2012, Age UK, London

¹² Bowers, H., Lockwood, S., Eley, A., Catley, A., Runnicles, D., Mordey, M., Barker, S., Thomas, N., Jones, C. and Dalziel, S. (2013), Widening Choices for Older People with High Support Needs, Joseph Rowntree Foundation, York.

¹³ www.ageuk.org.uk/latestpress/over-1-million-older-people-in-uk-feel-lonely/ (Age UK, May 2013).

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that participation in a group cuts an older person's chance of dying in the next year by a half and joining two groups cuts the risk by 75 per cent.

- Although the idea is simple, getting to a point where the assets in a neighbourhood are understood takes time and patience. A group of citizens need to be found who know the neighbourhood and are good at relationship building. It may take some time to get together willing connectors that represent the diversity of the community.

Developing a reablement approach within day services for older people

There are examples of where local authorities have tried to change the culture of day care services to a more reablement style approach.

Good Practice Example: Joint Improvement Team, Edinburgh.¹⁵

Occupational therapists have trained day centre staff on 14 week Cognitive Stimulation Therapy (CST) programmes working with service users with mild to moderate levels of dementia in small groups. They are rolling this out across the city. It is working closely with the voluntary sector where OTs are rolling out their work further. This service is also linking in with Health services, Home Care Reablement, Intermediate Care and the Dementia Strategy.

The evaluation of this approach has demonstrated the following outcomes:

- The Reablement approach within day services can have a positive impact on both service users and carers by helping older people to regain life skills and maintain as independent a life as possible.
- The approach has shown immediate, positive effects. There has been instant improvement in service user's abilities and staff skills, for example the mobilising of seven people who were in wheelchairs.
- The OTs have been working closely with staff which has greatly helped to change the culture within day centres. These results will continue to produce short, medium and long term results for the service and the outcomes of the service users. A longer term objective is the anticipated increase in throughput to preventative services due to the Reablement approach and plans are underway to facilitate this.
- CST has been shown to stimulate and improve memory and cognition therefore strengthening people's resources and allowing them to function at the maximum capacity. This fits with the ethos of Reablement. CST is being offered to older people through the day services as part of a structured programme.
- The service is looking into training relatives/carers in the future so they can undertake CST at home which has had a very positive response from the programme group members.

Key messages

- There is an opportunity to develop a culture of reablement and, more generally, the promotion of independence in day centre settings.

¹⁴Putnam, R.D. (2000), *Bowling Alone: The Collapse and Revival of American Community*, Simon and Schuster, New York, NY.

¹⁵ <http://www.jitscotland.org.uk/example-of-practice/developing-reablement-approach-within-day-services-older-people/>

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- Day centres offer a good environment for joint working with health and social care professionals to regain life skills and independence
- Cognitive Stimulation Therapy (CST) programmes working with service users with mild to moderate levels of dementia in day centres settings have been shown to produce positive outcomes.

Integrated day services for people with dementia

Tailored around the needs of the people, these services support and focus on improving the physical and mental health, and overall wellbeing of those with dementia. Care is delivered by staff who have received specialist training in dementia care and will often include the use of assistive technologies and specialist facilities, to offer independence, safety and security to those they support.

Good Practice Example 1: East Renfrewshire integrated day care services for people with dementia¹⁶

The service provides person-centred day services to adults with a diagnosis of dementia. The integrated approach model focuses on high quality personal planning together with care and support arrangements tailored to the person's ability and resources. Specifically, the service offers a person-centred planning service for individuals and carers to help them plan a life with dementia. This includes:

- Advance directive planning; anticipatory care planning and advice and information on accessing help with personal finances and self-directed support arrangements.
- Post diagnostic support to carers and individuals diagnosed with dementia, including accessing mental health services to cope with the diagnosis.
- A flexible day opportunities service, focused on mainstream services and activities that build upon people's hobbies, interests and preferences.
- Carer support, to help people plan for the future, access carer's support through East Renfrewshire carer's service.
- A high quality day care service with clearly programmed activities that focus on the person's strengths and abilities.

Key Messages

This approach has been shown to:

- Focuses on the person's strengths and abilities through activities tailored specifically to them.
- Promotes the idea of anticipatory care planning, reducing crisis management of people with dementia when their illness progresses.

The organisation of health and social care services does not always support the delivery of care addressing the physical and mental health needs of patients, therefore integrated working needs to be promoted as far as possible. Joint assessment is needed to address mental and physical health to provide holistic care, consulting GPs and other staff with specialist knowledge of physical or mental health when needed.

¹⁶ www.trfs.org.uk/what_we_do/older_people_including_dementia

6.3 The role of Local Area Co-Ordination (and similar models) to provide day opportunities and address social isolation

Men's Sheds Association

The Sheds movement originated in Australia, where there are currently 690 sheds and over 90,000 shed members – frequently referred to as 'Shedders' (AMSA, 2015). According to the Australian Men's Sheds Association (2015) a shed can be defined as:

“a community-based, non-profit, non-commercial organisation that is accessible to all men and whose primary activity is the provision of a safe and friendly environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men. A major objective is to advance the wellbeing and health of their male members.”¹⁷

The movement has recently spread to other parts of the world, however, with over 80 Sheds now up and running in the UK, and many others in planning (UK Men's Sheds Association, 2015). The rationale behind the Sheds movement is that men – especially those who are middle-aged (40-60 years) may be less likely to benefit from conventional approaches to improving mental wellbeing via formal learning environments and counselling approaches such as talking therapy. Instead, they are more likely to thrive in informal spaces, in the company of their peers, and through engaging in practical activities.

A review of the literature – mostly in the Australian context – reveals that men's sheds generally aim to target a range of marginalised male subpopulations that are at particular risk of social isolation¹⁸. Surveys have shown that the majority of men who attend the sheds are retired, unemployed or isolated older men who were considered 'economically inactive' having fallen out of the labour market. 50% of the men who attended were over the age of 65, and 1 in 5 was ex-service personnel.

Good Practice Example: Kent sheds association

In Kent, the focus of the project includes ex-service personnel, of whom there are significant numbers in the county, and who are arguably more likely both to have mental health difficulties, and also to benefit from a shed community and the company of other men.¹⁹ The intended outcomes identified by the programme closely resemble those that have been documented in previous studies of men's sheds, namely a sense of purpose and reduced social isolation, giving to the community and feeling part of the community, an increase in employability and skills, and improved physical health.

Key messages

- A wealth of research supports the thesis that the sheds model leads to improved mental health and wellbeing outcomes for men ²⁰

¹⁷ Australian Men's Shed Association (2015) What is a Men's Shed? <http://www.mensshed.org/what-is-a-men's-shed/.aspx>.

¹⁸ Cordier, R., & Wilson, N.J. (2013). Community-based Men's Sheds: Promoting Male Health, Wellbeing and Social Inclusion in an International Context. *Health Promotion International*, 1-11.

Crawley

¹⁹ Brown, M., Golding, B., & Foley, A. (2008). Out the Back: Men's Sheds and Informal Learning. *Fine Print*, 31(2), 12-15.

²⁰ Ballinger, M. (2007). More than a Place to do Woodwork: A Case Study of a Community-based Men's Shed. Unpublished Master's thesis. Melbourne: La Trobe University, Victoria, Australia.

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- The key outcomes include feeling a sense of purpose, being part of something and having a sense of belonging, learning new skills in a supportive environment and feeling like they can give back to the community²¹
- Some commentators have critiqued the concept of a ‘men’s shed’ as being highly gendered, relying on, and perhaps leading to, the stereotyping of men, only able to engage in ‘manly’ activities.
- It has also been suggested that sheds have the potential to be exploited by those who wish to impose certain political agendas on others.²²

Multigenerational houses

This model originates in Germany where centres have been created where older people and children mix, to the advantage of both. These multigenerational houses are, as the UK’s Institute for Public Policy (IPPR) says, “recreating some of the extended family ties that people just don’t have as much anymore”.

Good Practice Example: The mothers’ centre in Salzgitter, Germany.

The mothers centre provided the first German role model in 2006. The idea, pioneered by the then family minister was to bring together under one roof, groups that had previously operated in isolation from each other – childcare groups, youth centres, mothers’ clubs, advice centres and communities for older people. These multi-tasking houses were designed to offer an alternative for older people, who often feel lonely, and for young families who need support but have no grandparents living nearby.

In Germany, the 2006 Salzgitter model was followed, in 2012, by second stage multi-generation houses, with funding for 450 centres. The financial support was part of the German government’s demography strategy, under which nearly all administrative districts have their own such houses.

Key messages

- This approach has been shown to be relatively inexpensive and can be achieved by bringing existing services together in Sure Start centres or community halls and other facilities (such as day centres).²³
- Generations mix; the elderly provide a helping hand with childcare services even as the children themselves enhance older people’s lives.
- However, the approach requires a shift in thinking with more open mindedness and a less risk averse approach to putting different generations together.

6.4 Day centres as community wellbeing hubs

It has been found that many older people withdraw completely from attempting new activities. By providing a broad range of activities within a safe, comfortable environment, it is hoped that Community Hubs will give rise to an ethos of active ageing and positive outcomes in wellbeing will

²¹ Ballinger, M.L., Talbot, L.A., & Verrinder, G.K. (2009). More Than a Place to do Woodwork: A Case Study of a Community-based Men’s Shed. *Journal of Men’s Health*, 6(1), 20-27.

²² Hayes, R. & Williamson, M. (2007). *Men’s Sheds: Exploring the Evidence Base for Best Practice*. La Trobe University: Melbourne, FL.

²³ <http://www.theguardian.com/society/2014/oct/23/german-centres-bring-older-people-children-together>

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follow. With the growth of social prescribing on the horizon, the concept of Community Hubs represent a very viable option for health professionals to refer/recommend into.

Community Wellbeing hubs are new initiatives that are set up to demonstrate how preventative services, such as those which stop residents visiting accident and emergency or a GP with illnesses that could have been avoided through earlier intervention, can be provided in a different way, through existing local organisations that are already used and trusted by their communities. The location of these hubs varies depending on how the county has configured them, but some are within existing housing units, others are in existing day centres.

Good Practice Example: Gloucestershire.²⁴

There are 19 Community Hubs for Older People operating countywide in Gloucestershire, some of which are purpose built within Extra Care Housing Schemes or are situated within traditional Sheltered Housing Schemes, Village Halls and Day Centres. The most established hub is seven years old and the newest hub was launched in October 2014. They offer drop-in daytime opportunities and offer whole day opportunities for people over 55 upwards or lower if the health and care need is applicable.

A range of activities are on offer in the hubs; depending on local supply of instructors, programmes will vary from one hub to another.

When the Gloucestershire model was evaluated, it demonstrated the following outcomes for its service users:

- Improvements to physical health.
- Increased confidence through attending exercise classes that enabled clients to participate and be active in other areas of life.
- In addition to the physical outcomes of exercise classes, ranging from increased range of movement, better flexibility and greater endurance, the social benefits were mentioned on many responses.
- Although some hub attendees commented that they had large families and maintained interests outside the hub, many were very appreciative of the opportunity for social interaction, thus alleviating loneliness and isolation.
- Social contact is also proving invaluable as part of the grieving process for some attendees.
- There was a large percentage increase in how stimulated the attendees felt, comparing before and after joining a Community Hub.

Key messages

- Social Prescribing can connect people to activities in community hubs that will benefit them by offering non-medical sources of support.
- An opportunity to make day care services part of existing residential schemes/housing, reducing the need for multiple sites and duplication.
- By working in partnership with the business sector, public sector and the voluntary sector the hubs are introducing activities to groups and individuals that focus simultaneously on

²⁴ Community Hubs: A partnership approach to creating community based services for older people in Gloucestershire. Found at www.housinglin.org.uk

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prevention and rehabilitation thus helping people to live longer, healthier and more fulfilling lives.

- There is increasing evidence that show the benefits of social interventions for people experiencing a range of common mental health problems.
- The countywide network of Community Hubs is an infrastructure ready for social prescribing in the future.
- If the Community Hubs can introduce a broad range of stimulating new activities it follows that the social interaction will be the initial outcome measure and the physical, cognitive & sensory results will follow. When these outcomes are achieved we should start to see higher reported improvements in Activities of Daily Living (ADLs), Independence & Health
- In many cases it is not only the Hub attendee who stands to benefit but also their unpaid carers, who learn how to manage dementia and also have some respite while their loved ones are looked after.

However:

- The hubs need to be easily accessible to those who need them. If the Hub is not part of an existing housing scheme, transport options need to be considered which may have financial implications.
- The resources available to Hub Leaders will have an effect on the type of work they can engage in, and what activities they can provide. In an Independent Evaluation of the National Community Hubs Programme in Australia²⁵, it was found that in some hubs there were capacity issues, with limited access to dedicated spaces and infrastructure.

6.5 Social enterprise and Local Authority Trading Company (LATC) management models

Increasingly, councils are considering setting up arms-length local authority trading companies (LATCs). These operate as separate entities to the council but are wholly owned by them. LATCs do not include companies where councils only own a stake and the rest is owned by a private company. It is estimated that about 20 social care LATCs are now trading in the UK, with many more in the pipeline. Most are 100% owned by the local authority and have freedom to make up to 20% of its income from non-council contracts.²⁶ The main reason for this growth is local government's desire to generate income to protect other services. Secondary drivers include:

- the need for certain services to be separate from councils to allow them to compete in a wider geographical area
- a view that greater commercialisation will drive efficiency
- a view that certain services are non-essential to the council and would be better managed separately.
- to 'stimulate' the market by reorganising a package of services on a more commercial footing in the hope of encouraging companies to move into these areas when the work is put out to tender at a later date

Good practice examples

- ECL (formerly Essex Cares), set up by Essex County Council in 2009 to provide services such as equipment and reablement.

²⁵ Independent Evaluation of the National Community Hubs Program. Wagga Wagga, NSW: Research Institute for Professional Practice, Learning and Education.

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- Norse Care, a care home provider and part of Norse Group, a large trading company owned by Norfolk County Council, employing more than 10,000 staff across the country and offering a wide range of services.
- Tricuro, (Dorset) launched in July 2013, is the first cross-boundary social care LATC. Its services include residential care, day services and catering and it is also the largest social care LATC, with a budget of more than £38m and 1,200 staff. A Dorset county councillor commented that her council chose the LATC option because of the huge financial pressures it was under – and the unpalatability of the alternatives.

Key messages

- As smaller, less bureaucratic organisations LATCs are able to react more quickly and sensitively to shifts in the social care market.
- Staff can also become energised to do things differently and there is potentially room for new ideas to be put in place: LATCs have been seen to be less risk averse than similar Council-run bodies.
- Several adult social care LATCs have slipped into deficit, or had to be brought back in-house. Essex Cares which previously had shown significant surpluses, went into deficit in 2014-15 and required significant restructuring.
- Another social care LATC, Your Choice Barnet, set up in 2012 and projected to make a surplus of £500,000 by 2015-16, has also had some financial problems and received a poor inspection report from the Care Quality Commission.

6.6 Income generation through charging for day services

Some Councils have been able to support some services to become more financially sustainable by finding imaginative ways to increase charging income. For example, some social care packages may be means tested against income, including benefits.

It is important to monitor and review the impact of charging decisions, to check whether policy and service aims have been achieved and whether there have been any unintended consequences, such as a decline in take up of services. In addition to this, Councils are statutorily required under the Social Services and Wellbeing Act to periodically review their overall approach to charging and concessions to assess the impact of charging arrangements and ensure that service charges comply with corporate guidelines.

There is limited research into the longer term impact of income generation for day care, but a study by Mencap²⁷ has demonstrated the negative impact of day service cuts on people with a learning disability:

- Over half (57%) of people with a learning disability who are known to social services no longer receive any day service provision whatsoever (compared to 48% in 2009/10).
- 1 in 4 people with a learning disability who responded to Mencap's online survey now spend less than one hour outside of their home every day.
- Over 1 in 3 admits to feeling 'scared about the future' (37%), 'isolated' (27%) or 'lonely' (28%).
- Almost one in four (23%) family carers state that their family is financially worse off due to the changes to day service provision.

²⁷ Stuck at home: the impact of day service cuts on people with a learning disability. Mencap 2013

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- Almost three-quarters of carers (72%) fear that their child will not receive the support they need to live a full and independent life.

Key messages

- If money is ring fenced through income generation, Day Centres have the potential to offer more services to the community.
- Careful consideration would need to be made of the impact on service uptake if charging were to be introduced
- The potential to recoup income also needs to be balanced against the resource needed to recover it ie the resource required to assist with the completion of individual service user financial assessments.

6.7 Workforce approaches - Retaining good care workers is a great challenge. The demanding nature of the work and diminishing resources to support and appropriately remunerate care workers has led to retention of care workers becoming a substantial issue within the sector.

Some research has been undertaken to identify good practice examples to support recruitment and retention in domiciliary care services. The key messages from this apply equally to the maintenance of a motivated and sustainable workforce in day care services:

Key messages

- The following approaches have been shown to support good recruitment and retention
 - Ensuring that providers can pay at or above the statutory hourly minimum rate.
 - Investing in training to professionalise the service
 - Ensure manageable workloads
 - Increased job satisfaction and commitment levels through service design and the implementation of specialist roles with associated training and professional recognition.
 - Guaranteed hours
 - Payment for travel time
 - Staffing arrangements that allow staff to build good relationships with service users (locality patch base)
 - Close management support
 - Targeting older workers
 - Exploring opportunities for recruitment from overseas.

6.8 Key Good Practice Messages

An analysis of examples of good practice described above gives the following key points which may be considered in the development and appraisal of options:

- An outcome based approach to care planning and, where appropriate, contracting can stimulate an innovative approach among service providers.
- This approach may form the basis for a more flexible approach to day service provision.
- The principles of a Community Asset Based approach may guide the development of a wider community role for day centres.
- Adopting a “reablement approach” in day centres can support people, such as those with dementia, to achieve improved independence

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- Community based activities such as “sheds associations” and “multi-generational houses” have been shown to support improved wellbeing for older people.
- There is potential for day centres to develop as community hubs offering a range of activities and supporting access to wider range of preventative health and wellbeing services
- Some councils are establishing Local Authority Trading Companies (LATCs)
- LATCs may yield benefits such as:
 - More responsive to shifts in the social care market
 - Improved staff motivation and job satisfaction
- However some established LATCs have experienced financial difficulties.
- Charging for day services may provide opportunities to develop more sustainable funding models of day services.
- Careful consideration would need to be made of the impact on service uptake if charging were to be introduced.
- The potential to recoup income also needs to be balanced against the resource needed to recover it ie the resource required to assist with the completion of individual service user financial assessments.
- In terms of workforce, the following approaches have been shown to support good recruitment and retention
 - Ensuring that providers can pay at or above the statutory hourly minimum rate.
 - Investing in training to professionalise the service
 - Ensure manageable workloads
 - Increased job satisfaction and commitment levels through service design and the implementation of specialist roles with associated training and professional recognition.
 - Guaranteed hours
 - Payment for travel time
 - Staffing arrangements that allow staff to build good relationships with service users (locality patch base)
 - Close management support
 - Targeting older workers
 - Exploring opportunities for recruitment from overseas.

6.9 Key Themes for Options Appraisal

The above research provides rich material to help shape future thinking on the provision of care home services. In particular it identifies the following key themes which should be addressed through the options appraisal.

- **Reviewing the Service Model for Day Services** – Research has identified a number of examples where new service models are producing positive outcomes for services users. These focus around adopting outcome based approaches to care planning and promoting a culture of reablement and independence.
- **A Wider Future Role for Day Centres** - The principles of a Community Asset Based approach may guide the development of a wider community role for day centres. There is potential for day centres to develop as community hubs offering a range of activities and supporting access to wider range of preventative health and wellbeing services
- **Opportunity for strategic partnerships** – Research shows that innovation can on occasion be led by, and frequently delivered through strong partnerships between commissioners and providers.

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- **Shown to work elsewhere** – Simply speaking, if an approach has been shown to yield improved outcomes, this may indicate that a similar approach could be developed and taken forward in Swansea

7. STAGE 4 – OPTIONS APPRAISAL

A set of options have been developed which seek to capture accurately the strategic commissioning themes that need to be considered as an output from Stage 4 of this Commissioning Review. The options are presented in a series of inter-related categories which need to be appraised separately and in sequence. The preferred approach from each appraisal will inform the options and approach taken within the subsequent category.

The options appraisal will produce a recommended strategic commissioning approach for day care services which responds to the key operational and strategic issues identified. Whilst it is expected that this process will give clear direction to the commissioning approach, it is noted that subsequent implementation will need to be informed and guided by the development of detailed Business Case and Project Plan processes which will inform subsequent and more detailed decision making.

7.1 Assumptions

The following assumptions underpin the options and their appraisal:

- All commissioning activity takes place within a given budget.
- For the purposes of this options appraisal, it is assumed that investment levels for CC Swansea will not change
- Whilst the overall necessity for CC Swansea to find 20% efficiencies over the next three years remains. The approach taken here is based on the potential to reduce investment levels, but it is understood that the options alone cannot make the savings required. Significant attention will need to be paid to demand management across the system to realise real impact on the budgetary situation.
- Investment and disinvestment priorities will need to be taken in a “whole system” context.
- The proposed options relate to identifying the commissioning arrangements which make best use of resources to ensure improving outcomes for service users and sustainable service arrangements
- There is no significant change in emphasis towards the provision of Direct Payments for day care services

7.2 Stakeholder Engagement

A initial scoping workshop was held on 10th September 2015 at Stage 1 of this Commissioning Review to share information about the review process and to ask participants to share their views about how services to citizens, and commissioning arrangements, could be improved. Participants identified the outcomes and vision for the service as described in Section 3.4 of this report.

A co-production workshop was held on 17th May 2016. This event was used to consolidate and develop an understanding of the key issues facing the domiciliary care service and to engage stakeholders in early discussions on options and evaluation criteria (answering the question “what does “good” look like?”).

A stakeholder engagement event was held on 7th June 2016. This was attended by over approximately 20 individuals representing a diverse range of stakes from across the domiciliary care sector. At this event, attendees were consulted on:

- The strengths and weaknesses of an initial draft range of options. The collated feedback from this exercise is shown in Appendix 1. This contributed to the development of a more focussed range of options that went forward for evaluation as shown below in Section 7.3

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- Evaluation criteria. A draft set of evaluation criteria were considered, developed and extended by participants. The final set of evaluation criteria is shown below in Section 7.4

7.3 Options

Following detailed consultation, the following options were considered:

Overall Day Service Model

- Continue as is
- Develop service refocussing day centres on higher dependency complex/dementia care and providing respite using current capacity.
- Develop service refocussing day centres on higher dependency complex/dementia care and providing respite at reduced capacity.
- Develop service using current capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination
- Develop service at reduced capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination
- Stop providing centre based day services, but transform all existing day centres to act as community hubs supporting flexible service provision.
- Stop providing centre based day services, but transform a reduced number of existing day centres to act as community hubs supporting flexible service provision.

Delivery Model

- Internal Delivery
- External Delivery
- Mixed delivery with clearly defined internal and external services

Income Generation

- Continue not to charge for day services
- Means tested charging for “assessed for” services that meet eligible need
- Flat rate charge for access to services under community hub provision which do not meet an “assessed for” eligible need.

Overall Management Model

- Deliver transformed in-house service
- Social Enterprise/Local Authority Trading Company

A detailed description of each option, together with an evaluation of its relative strengths and weaknesses is provided in Appendix 2

7.3 Evaluation Criteria

Sections 4, 5 and 6 of this report consider current service performance, benchmarking against other comparator local authorities and evidence of good practice models across the UK and beyond. An analysis under each of these sections has identified the following key issues which need to be addressed through the options appraisal process:

Service performance - Section 4.3

- Equity of Access.
- Targeting Day Services.
- Promoting a stable, experienced and well trained workforce.

Service Comparison (Benchmarking) – Section 5.3

- Ensuring adequate capacity for meeting growing demand.
- Supporting an approach to manage down demand.

Best practice – Section 6.9

- Reviewing the Service Model for Day Services.
- A Wider Future Role for Day Centres.
- Opportunity for strategic.
- Shown to work elsewhere.

The CC Swansea corporate template for options appraisal provides 5 key headings for evaluation criteria:

- Outcomes
- Fit with Priorities
- Financial Impact
- Sustainability and Viability
- Deliverability

Under each of these headings, the following evaluation criteria were developed by the Review Team. These were informed by the key themes from the analyses above and then further refined at the Stakeholder Co-Production workshop held on 9th June, 2016.

Category	Criteria Questions	Weighting
1. Outcomes		
1.1	Promotes health and wellbeing	M
1.2	Maximise opportunities for greater independence	M
1.3	Promotes choice and control	L
1.4	Reduces demand for services	H
1.5	Improves performance	H

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1.6	Improves user experience	M
2. Fit with Priorities		
2.1	Fit with SSWB Wales Act and Guidance	H
2.2	Fit with CCS Adult Services Model	H
2.3	Fit with corporate priorities	M
2.4	Fit with Western Bay priorities	L
2.5	Promotes partnership	L
3. Financial Impact		
3.1	Supports cost reductions (20% over 3 years)	H
3.2	Requires investment but supports savings elsewhere in the system	L
3.3	Makes better use of staff resources	M
3.4	Limited/no set-up costs	L
3.5	Achieves capital receipt	L
3.6	Reduce premises cost/maintenance backlog	M
4. Sustainability/Viability		
4.1	Promotes positive workforce	H
4.2	Shown to work elsewhere	L
4.3	Supports positive market development	M
5. Deliverability		
5.1	Legally compliant	H
5.2	Safe	H
5.3	Acceptable to stakeholders/public	H
5.4	Manageable project	H

The detailed options appraisal is shown as Appendix 1

8. SUMMARY & CONCLUSIONS OF REVIEW TEAM

Following detailed analysis and options appraisal, the following strategic approach to day care services is recommended:

Overall Day Service Model

- Develop service at reduced capacity, refocussing day centres on higher dependency complex/dementia care and offering activities and community contribution through an expanded range of tier 2 services and local area co-ordination

Delivery Model

- Mixed delivery with clearly defined internal and external services

Income Generation

- Consult on introducing a flat rate charge for access to services under community hub provision which do not meet an “assessed for” eligible need.

Overall Management Model

- The Options Appraisal Panel concluded that these options should not be scored as not enough information is known about the potential benefits or otherwise of transferring the transformed in-house service. It was concluded that transformation should take place first before these options are evaluated.

Appendices

1. Stakeholder Feedback on Options from Stakeholder Workshop: 09.06.16
2. Options Appraisal

Background papers (available on request)

1. Service Model
2. Commissioning Gateway Review Report Stage 2
3. Key themes from the Commissioning Review Workshop; 11.08.15
4. Key Themes from the Co-Production Workshop; 28.04.16