
Meeting	Cabinet
Date	17 July 2012
Subject	Re-shaping Day opportunities for Older People in Barnet: Results on Consultation and Recommendations for a future service.
Report of Summary	Cabinet Member for Adults Cabinet is asked to note the outcomes of the public consultation on day opportunities for older people; agree the Older Adults Day Opportunities Model set out in Appendix 2; agree to add £150,000 to the older adults prevention funding and note that the implementation programme will be set out in a report to Cabinet Resources Committee no later than 30 September 2012.

Officer Contributors	Kate Kennally, Director of Adult Social Care and Health
Status (public or exempt)	Public
Wards Affected	All
Key Decision	Yes
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Appendix 1 Summary of Equality Assessment Appendix 2 Older Adults Day Opportunities Model Appendix 3 Results of consultation
Contact for Further Information:	Caroline Chant, Joint Commissioner Older People and Physical Sensory Impairment Adult Social Care and Health/North Central London NHS tel 07931 777298
Background papers	Consultation documents Full Equality Impact Assessment

1. RECOMMENDATIONS

- 1.1 Consider the outcomes of the public consultation on day services for older people including the consultation carried out by Age UK.**
- 1.2 Agree the Older Adults Day Opportunities Model for Older Adults Day Services set out in Appendix 2.**
- 1.3 Instruct the Cabinet Member for Adult Social Services to develop in partnership with local providers of Older Adults services an implementation plan for the Older Adults Day Opportunities Strategy for consideration by Cabinet Resources Committee.**
- 1.4 Agree to add £150,000 to the older adults' prevention funding to support the neighbourhood model.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet Resources Committee, 22 July 2008 (decision item 11) approved changes to voluntary sector commissioning arrangements.
- 2.2 Cabinet Resources Committee, 8 December 2009 (decision item 7) approved the strategic document 'Looking after Yourself – a prevention framework for Barnet' as the basis for the commissioning of preventative services by Adult Social Care and Health.
- 2.3 Council, 6 March 2011 agreed the Medium Term Financial Strategy 2012/13 to 2014/15 which included Third Sector Delivering efficiencies and reducing costs through the voluntary sector working together of £550,000.
- 2.4 Cabinet Resources Committee, 13 January 2011 (decision item 11) – approved a waiver of paragraph 5.6.2 of the Contract Procedure Rules to allow entry into interim funding arrangements for prevention services commissioned by the Council's Adult Social Care and Health subject to a maximum duration of two years.
- 2.5 Cabinet Resources Committee, 28 July 2011 (decision item 10) approved the council entering into a two-year Section 75 National Health Service Act 2006 pooled funding agreement with NHS Barnet with the council acting as lead commissioner.
- 2.6 Cabinet Resources Committee, 24 May 2011 (decision item 6) - approved the Estates Strategy 2011-2015 and corresponding action plan. This includes, among other targets, to complete a public sector /community assets plan in the Borough and develop the longer term

strategy with action plan to co-locate and manage community assets more effectively with our partners.

- 2.7 Health and Well-Being Board, 20 July 2011 (decision item 6(1)) agreed to engage with the 'Ageing Well' Place based programme and in September 2011 agreed to ensure the best fit between resources and health and care needs and approve a fresh commissioning offer for voluntary sector services for older people.
- 2.8 Health and Well-Being Board, 22 September 2011 (decision item 12) Noted progress on Ageing Well Programme

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Joint Strategic Needs Assessment for Barnet has identified that the population of people aged 65 and over is set to increase by 21% over the next 10 years, and for the 90 plus age group to increase by 55%. At the same time resources to the Council to meet the needs of Barnet's residents are set to decrease in line with the Government's Comprehensive Spending Review.
- 3.2 Barnet's draft Health and Well Being Strategy (HWBS) has two overarching aims: 'Keeping Well' a strong belief in 'prevention is better than cure' and 'Keeping Independent'. Barnet's voluntary sector has a key role to play, building resilience in families, the community and neighbourhoods. Together with the Ageing Well programme, the proposed new model for older adults' day services will improve access to information and advice on a range of health and well being services, assist development of mutual support between citizens, increase inclusion, and develop neighbourhood and community based support networks for older people.
- 3.3 The Council has identified the need to shift the balance of resources towards early intervention and prevention services and in respect of considering how best to meet the needs of Older People, the Council has established an Ageing Well Programme to look at how we can support older people in Barnet to lead full, active and independent lives as they age. The Ageing Well programme is being led by the Director for Public Health and is in line with the forthcoming Public Health responsibilities of the Council. From the 1st April 2013 the Council will be responsible for Public Health and therefore health checks. There will be an opportunity to provide an element of the proposed model, Later Life Planners, and health checks as a single service. We will work with Public Health to increase the number of health checks carried out in Barnet¹.

¹ Health checks include measurement of blood pressure, Body Mass Index, cholesterol and urinalysis.

- 3.4 The Older Adults Day Opportunities model recognises that the more traditional buildings based day services do have an important role in meeting the needs of older people who require the support from adult social services. However, the new model proposes that this is refocused to enable greater integration with the NHS to support delivery of services that meet both health and social care needs whilst supporting service users and their families to have greater choice and control through self-directed support.
- 3.5 Under the council's Emerging Core Strategy policy CS 10, the Council will work with our partners to ensure that community facilities including schools, libraries, leisure centres and pools, places of worship, community meeting places and facilities for younger and older people, are provided for Barnet's communities and in particular support the enhancement and inclusive design of community facilities ensuring their efficient use, and the provision of multi-purpose community hubs that can provide a range of services to the community at a single accessible location

4. RISK MANAGEMENT ISSUES

- 4.1 The current provision of voluntary sector support for Older People and the range of Older Adults day care providers in the Borough is well established. Redesigned services will require new contracts to be let which risks the loss or disruption to these established services.
- 4.2 However, failing to re-shape services poses risks to the Council in respect of not developing new services to support increasing numbers of older people and reduce their need for long term care. The new model will focus on reaching greater numbers of older people through enhanced cultural and geographical awareness expressed through the concept of neighbourhoods as an alternative to large building based services, ensuring a more effective outreach to older people.
- 4.3 The new day services model is intended to manage risks resulting from a required reduction in the budget for voluntary sector services to deliver medium term financial savings. This must be achieved alongside an increasing prevalence of long term conditions and disability, and particularly in dementia, created by the demographic change within the borough.
- 4.4 There is a risk of cost escalation or loss of capacity in day services if the predominantly volunteer workforce cannot be sustained through any change. Extensive engagement with the providers directly and facilitated by CommUNITY Barnet has been undertaken to help mitigate these risks. Through new contracts, funding will shift to investment in outcomes for older people creating sustainable local services and attraction of self funders and new volunteers.

- 4.5 During the period July to September 2012, a market testing exercise of the new specification for older adults' day services model will be conducted prior to commencement of procurement. A full range of organisations from within the borough and nationally will be engaged with to inform options and a robust case for procurement which, will be presented to Cabinet Resources Committee for decision.
- 4.6 Engagement and consultation with providers and users will continue through the transition period. , Adult Social Care will develop a sustainable implementation plan by working closely with providers. This will also ensure that the most complex needs are met sensitively and people are safeguarded through change. In response to the consultation, older adults providers asked the Council to develop it's implementation plan through the Older Adults network hosted by CommUNITY Barnet. This will be taken forward as part of the implementation of this older adults day opportunities strategy.
- 4.7 In line with the Council's community care responsibilities, any changes to how individual eligible care needs are to be met will be determined as a result of an individual assessment of need and care planning. Any changes to how day services are provided for people with eligible community care needs will need to be undertaken within this context.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The public sector equality duty in the Equality Act came into force on 5 April 2011. Pursuant to section 149 of the Act, the Council has a public sector obligation to have due regard to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy and maternity, religion or belief and sexual orientation.
- 5.2 The proposals are intended to redress the inequality of current distribution whereby the current day centres benefit only small numbers of older people. It is anticipated that the new service model will reach greater numbers of older people. The consultation document maps existing day services against service users and the ward 65+ population. The map demonstrates that the location of day services cannot hope to cover all neighbourhoods in the borough and concludes that many older people are not able to access day support. With a larger older population, the proposal for neighbourhood services means that there will be places in every neighbourhood where services will be run and no-one will be excluded because they do not live near a day centre.
- 5.3 During March through to June 2012, the Council has undertaken an extensive consultation on its proposals to reshape Older Adults Day Opportunities with the Public, existing providers, service users and carers. The outcomes from this together with data collected on older

people living in Barnet compared to overall London statistics, have been used to develop an Equality Assessment (EQA) from which to assess the impact of implementing the new Older Adults Day Services model.

- 5.4 The Equality Assessment shows the overall impact of the Council's proposals on the different equality strands; identifies potentially negative impacts and identifies ways to promote equality of opportunity and ensure greater access to services. The proposed service model will necessitate the withdrawal of funding from existing voluntary sector day provisions, which has been assessed as having a negative impact on the current long-term users of services. However this would be mitigated by the specific models proposed as an alternative method of providing day services. A summary of the EQA is set out in Appendix 1.
- 5.5 The EQA has been undertaken with the primary consideration of the council's duty to have 'due regard' to the equalities duties including the need to promote equality. The decision has balanced the potential negative impact on current service users of day centres through the withdrawal of funding for these services with the proposed positive impact on all older people in introducing the Later Life Planners; Neighbourhood Services; Practical Support and Care & Activity models. A re-distribution of resources across older people in Barnet could improve care and support provisions across all equality strands set out in Appendix 1.
- 5.6 Analysis of the consultation results shows an overwhelming agreement for the council's proposals as regards the future of day opportunities for older people. From the comments received as well as the meetings attended, respondents have in general stated that the services to be offered will be good for older people. The details of these are set out in Appendix 3. However, many of the users, volunteers, staff and management of existing organisations made it clear that they would also like the funding for their current organisation to continue.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance and Value for Money, Staffing, IT, Property, Sustainability)

Finance

- 6.1 Adult Social Care and Health currently fund day opportunities for Older Adults from a range of budgets, based on historical funding streams and levels of user need. The total spend on day care in 2011/12 for Older Adults was £2,284,631 with 65% funded from Older Adults Purchasing Budgets and 35% funded from separate voluntary sector funding budget.

- 6.2 The Medium Term Financial Strategy for 2011/12 and 2012/13 set out a reduction in funding in voluntary sector funding budgets of 33%. Voluntary sector funding for Older Adults preventative services constitutes approximately 35% of the overall prevention budget and the full year effect of the 2012/13 budget reduction for older adults voluntary sector funding is £142,739, which represents a 23% reduction. The table below shows the services provided for Older Adults from this budget and the historical resource allocation for 2010/11.

Organisation	Service	Approx no of service users	LBB Baseline funding 2010/11 £
Age UK	2 day centres and various other activities - handyperson, etc	650	376,849 (included some non-recurrent funding)
Alzheimers Society	Day centre plus related for people with dementia	65	69,522
Asra	Day centre for Asian Elders	98	48,969
BACA	Day centre for African-Caribbean	Not known	61,568
BAOPA	Asian Elders	150	37,027
Friend in Need	Day care, gardening etc	91	188,222
British Red Cross	Home from hospital	700	43,650
11 other voluntary organisations see below	Various lunch clubs, good neighbourhood schemes etc	Difficult to enumerate – see note below	88,674
Total			914,481

11 other voluntary organisations include; Jewish Care, Barnet Asian Older Women's association, Barnet Elderly Asian's group, Barnet RSVP, Chipping Barnet Day Centre, Colindale community club, Cultural and Recreational organisation for Tamil Elders, Good Neighbour scheme for Mill Hill and Burnt Oak, High Barnet Good Neighbour scheme, New Barnet Community Association, The Monday Club

- 6.3 A review of voluntary sector provision was conducted during 2010/11. This review found that services were not sufficiently aligned with commissioning priorities such as increased personalisation and greater outreach. For older adults these findings informed the development of the models that have formed the basis of this consultation.
- 6.4 The review also proposed consolidation of voluntary sector spend to increase value for money (taking account of quality, outcomes and cost) and deliver savings within the Medium Term Financial Strategy. The proposed reductions to voluntary sector funding were the subject

of specific consultation with organisations during December 2010 - January 2011, with the outcomes considered by Cabinet on 14 February 2011.

- 6.5 Although the majority of consultees disagreed with proposals to reduce the budget, the council concluded that the reduction was reasonable. Adult Social Services' reviews of the prevention strategy and current service provision offered clear evidence that better value could be realised from the council's expenditure. Details of the programme of re-commissioning that the Council intended to undertake were being developed in collaboration with the voluntary sector and the principles, objectives and methods were sufficiently clear for the council to be confident that the existing voluntary sector offer could be satisfactorily restructured within the reduced level of resources.
- 6.6 In addition, to the Council's budget for preventative services provided by the Voluntary sector, the resources available to support the new day opportunities model include £45,283 from NHS Barnet which has been transferred to the London Borough of Barnet by way of a section 75 agreement to support integrated commissioning of prevention services. This results in an available total voluntary sector Older Adults Day opportunities budget of £700,034.
- 6.7 The public consultation on day opportunities proposed that this budget of £700,000 should be allocated to the new model in the following ways:
- £150,000 Model 1 – Later Life Planners
 - £400,000 Model 2 – Neighbourhood Services
 - £150,000 Model 3 – Practical Support such as Home from Hospital, Care and Repair, and Handyperson
- 6.8 However taking account of the consultation findings, and the opportunity to align the provision of the 'later life planners' with the provision of health checks, this report recommends that the this part of the new service model is funded from the NHS monies transferred to the Council for Social Care and the ring-fenced Public Health monies that the Council will receive from 1 April 2013. This will allow the resource envelope for neighbourhood services to be increased to £550,000 providing a more sustainable financial envelope from which to develop a comprehensive range of neighbourhood based services to meet the needs of Barnet's diverse older adults' communities. We recognise that there will be some changes to service users during the period of change, and to mitigate this, we will ensure existing services are maintained whilst alternative provision is identified and the new model is implemented.
- 6.9 The proposed total resource envelope for implementing the new model is shown in the table below:

Service	Prevention funding £	Section 256 £	Base budget £	Total funding £
Later Life Planners	150,000			150,000
Neighbourhood services	400,000	150,000		550,000
Practical support	150,000			150,000
Care and activity			1,400,000	1,400,000
Extension of existing funding to allow phased implementation		Up to 140,000		140,000
Total resource				2,390,000

Procurement

- 6.10 A limited engagement of the market has taken place so far and the proposed service models will be based on a fuller market test outcome as well as working closely with existing providers through the Older Adults Network. A phased implementation plan bringing together the outcomes of dialogue with local providers and the wider market will be presented to Cabinet Resources Committee in September 2012. This approach has been developed based on looking at evidence from other local authorities who have sought to change their older adults day care.
- 6.11 Evidence obtained from 9 London Boroughs, 2 rural authorities and 2 other urban authorities shows:
- All appear to have reduced their levels of funding (Southwark has moved all day opportunities funding to personal budgets covering critical, substantial and moderate needs).
 - Most have continued to rely on either pre-existing in-house or local voluntary organisations to provide more limited services.
 - Where authorities have put day opportunities out to tender, they have given the contracts to voluntary organisations already established in their areas – e.g. Age UK, British Red Cross.
 - The use of traditional day centres has been reduced in favour of befriending and neighbourhood schemes – with heavy use of volunteers.
- 6.12 As part of a market testing exercise to determine whether local and other organisations would be interested in tendering for the services, around 100 organisations were contacted and invited to attend a market event. 22 responded that they were interested in principle; these included 6 of our existing providers, 8 Registered Social Landlords (RSLs), the remainder were various other types of service providers.

- 6.13 The Council's contract for the provision of older adults day services provided by the Fremantle Trust is due to run until the 31st of March 2016, although negotiations are currently underway to look at how these services should be provided in line with this new Older Adults Day Service model. Current discussions with The Fremantle Trust will be shaped by the outcome of this consultation. Few of The Fremantle Trust day centres in Barnet are operating to capacity, although demand for the places for people with cognitive impairment or dementia is more constant. This means that the unit cost is relatively high because of reduced attendance. It is anticipated that through negotiation the Council will agree a new day services specification with The Fremantle Trust to respond to the feedback from existing service users and carers arising from the consultation and to reshape these services to be better able to meet the needs of Barnet's residents. The outcome of these negotiations will be included in the future report to Cabinet Resources Committee on the implementation and procurement approach for the Older Adults Day Opportunities Model.

Property

- 6.14 The implementation of the Day Opportunities Model needs to take account of the Council's Estates strategy, which was agreed by Cabinet Resources Committee 24 May 2011. The development of a community property strategy will include the potential to consider a return on social value through the judicious use of assets to offset rising care costs. The Council has also carried out analysis of current day care usage and mapped other services and stand alone day centres, some of which have evolved to meet local need including some which have been historically grant funded by the council and a smaller number which are funded by the NHS.
- 6.15 The reliance on Council funding and on large buildings places a risk on long-term sustainability. The implementation of this new model for day opportunities for older people needs to maximise the utilisation of Council assets for community based activities in order to help mitigate this risk and to support voluntary sector and community organisations who will deliver support and services as a part of the neighbourhood model to be sustainable for the longer term. Work is being undertaken across Adult Social Care and Health with property services to map out the implications of this new Older Adults Day Opportunities Model for inclusion in the subsequent report to Cabinet Resources Committee on the implementation of this new model.

7. LEGAL ISSUES

- 7.1 The services to be commissioned fall under Annex B of Schedule 3 to The Public Contracts Regulations 2006 (as amended). This means that the procurement will not be subject to the full EU tendering rules.

- 7.2 The Council has carried out Equality Impact Assessments on the proposals and in doing so has had due regard to the goals set out in the equalities/ discrimination legislation as set out above.
- 7.3 Equality Impact Assessments have been completed for each of the proposals and developed in the light of responses from the public, voluntary sector and service users of day centres and this demonstrates a commitment to ensure that due regard is given to effect of proposals on all groups with protected characteristics as set out in the EIA. The feedback from any consultation will inform the areas of focus of future discussion with service providers and users.
- 7.4 The council is required to have due regard to goals set out in the Equality Act 2010, particularly s149 which sets out the public sector equality duty which came into force on 5 April 2011.

The general duty on public bodies states:-

A public authority must, in the exercise of its functions, have due regard to the need to:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (1) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- a. remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - b. take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - c. encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:-

- a. tackle prejudice, and
- b. promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(6) The relevant protected characteristics are—

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

- 7.7 It also covers marriage and civil partnership with regard to eliminating discrimination.
- 7.8 'Due regard' as required by legislation is more than 'regard'; it requires more than simply giving consideration to the issue of disability, race or gender, the law requires a rigorous and open minded approach.
- 7.9 There are also statutory Codes of Practice issued by the Equalities and Human Rights Commission
- 7.10 The Equality and Human Rights Commission guidance has stated that the essence of the new duty remains the same, to have due regard to achieve the three general duty aims. It also states, amongst other matters that public authorities should:
 - have an adequate evidence base for decision making and to consider what engagement needs to be undertaken with people who have an interest in tackling discrimination, advancing equality and fostering good relations
 - analyse the effect of a policy or practice on equality
- 7.11 The Council is following the Codes and taking the guidance into consideration in formulating its proposals for consideration by Cabinet.
- 7.12 The Council will keep under review whether in developing the new services these statutory duties are relevant.
- 7.13 As a matter of public law the Council is required to put out to consultation, the proposals for changes to the groups affected by those changes. The consultation must be undertaken at a time whilst the proposals are in a formative stage and give sufficient reasons for the

proposals and sufficient time for consultation to allow those consulted to be able to give a considered response. The results of that consultation must be taken into account when the final decision is made. The council has been in compliance with this requirement and has worked through the proposals with a group of providers and users.

8. CONSTITUTIONAL POWERS

8.1 Part 3 of The Council's Constitution, sets out the executive function.

9. BACKGROUND INFORMATION

Context for Change

9.1 This consultation has been about how day opportunities for older people should be provided in the future. The term day opportunities includes the range of activities and support commissioned for older people by the council through day centres and associated services such as lunch clubs, provided by voluntary organisations in Barnet.

9.2 There are a number of compelling reasons to change the models we have:

- Numbers of older people are set to increase significantly; the population of people aged 65 and over is projected to increase by 21% over the next 10 years, and for the 90 plus age group to increase by 55%.
- At the same time, there is severe pressure on public sector funding; the Medium Term Financial Strategy for 2011/12 and 2012/13 set out a reduction in funding for voluntary sector funding budgets of 33%.
- Expectations of older people are changing; previous consultations on day opportunities have indicated that whilst day care is of significant value to carers and elders from minority groups, other older people have reservations about the usefulness of current models of day care. For example, over a number of years few of the Fremantle day care places have been operating to capacity, although demand for the dementia service is more consistent.
- Current services are only available for a small minority of older people in Barnet, constrained to geographical areas.
- Other issues that impact on the provision of day opportunities include: personalisation and the growth of personal budgets; the proven value and effectiveness of the enablement approach; the need to work in a far more integrated way with health services; the councils commitment to the Ageing Well agenda which is initially focused on fostering 'neighbourhood spirit' and the concept of social capital (fostering self help and volunteering).

9.3 In July 2011, the Barnet Health and Well-Being Board agreed to the establishment of Barnet Ageing Well Programme supported by the Local Government Association and undertaken in conjunction with the Barnet Older People's Assembly (BOPA). Ageing Well embodies the following aims, which have been used to inform the development of the Older Adults Day Opportunities Model:

- It will focus on helping the community to set up self-sustaining initiatives that will reduce individual isolation, increase connectivity and open up opportunities for participation in healthy pastimes such as exercise initiatives
- Improve the communication of information about services available including opportunities for leisure, learning and cultural activity.
- Building peer support.
- Reach isolated older people who may not have internet access.
- Extend volunteering and intergenerational activities.
- Optimise the shared use of venues and other facilities.
- Identify how the council and other public services, and the private sector can respond better to the needs of older people.

9.4 As more complex needs are managed in the community it is acknowledged that hospital, residential and nursing care will continue to be an important component of the spectrum of care for elderly people who are very ill, frail and disabled. However, these interventions should be reserved only for those with complex needs or be time limited to minimise the risk of dependency and institutionalisation. It is vital both for managing future expectations of new generations of older people and for containing medium and long term demand pressures arising from demographic change, that admissions to long term care are deferred for as long as possible.

9.5 In 2006, the Wanless Report (and echoed in the Audit Commission report 'Under Pressure: Tackling the financial Challenge for Councils of an Ageing Population' February 2010) listed the main reasons that older people need social care services; poor inappropriate housing and environment; health, mobility and rehabilitation problems; lack or breakdown of informal care/stress on carers; social reasons such as isolation, fear of crime, abuse. The new model is designed to put in place a range of responses to help defer the need for care through developing information, advice and support to enable older people and their carers to stay as independent and as well as possible. We recognise that many of the services that are provided help address these issues, but we think from listening to older people through a range of fora including the Ageing Well Programme, Older Adult Partnership Board, Barnet Older Peoples Assembly and other meetings, that there are more effective ways that we can address social isolation. For example supporting intergenerational work linked to our children's centres. The Ageing Well programme will assist local communities to set up self sustaining initiatives using local volunteers,

to reinforce links with family, friends, groups and neighbours and create opportunities for older people to get together.

- 9.6 Older people in response to surveys and consultations consistently maintain an overwhelming interest in staying well, active and healthy for as long as possible with access to the right practical support at the right time being a specific concern as well a sense of belonging to a family or social grouping.
- 9.7 As a part of the ongoing transformation of health and social care in the borough the council therefore wishes to commission a sustainable day care model. The model should include better advice and information for older people and their carers, more effective targeting of prevention services including health checks and lifestyle planning, as well as flexible and responsive day care services to more effectively meet the health and well being needs of older people with complex needs. In addition, the new day care model must address the growing diversity within the population of Barnet and support all Older Adults to Age Well.

Development of proposed models

- 9.8 There has been ongoing engagement with providers at various fora, to review the operation and purpose of day services and to consider different models of day care. In March 2011 the Older Adults Partnership Board had a workshop to discuss the future of day opportunities and proposals for an initial model. A further workshop with voluntary sector providers, plus discussions at other fora and review of practice elsewhere helped to define the models proposed.
- 9.9 In developing the models, we also looked at good practice elsewhere and have included a summary of 2 schemes which we found inspiring. Many of our existing providers have innovative (non building based) services and we have also included a short description of RSVP.
- 9.10 In Brighton, voluntary organisations got together, backed by Council/NHS funding. They have saved money by sharing accommodation, staff and back office functions; they provide preventative services using a neighbourhood scheme in 9 city localities. Using 250 volunteers they currently offer befriending (plus signposting to other services) to older people to combat isolation and help users feel more connected to their local communities.
- 9.11 Southwark Circle is a membership organisation that provides help with practical tasks through local neighbourhood helpers, plus a social network of teaching, learning and sharing. Members buy tokens to 'buy' the practical help, which can include gardening to learning how to send a text message. There is a 'Member Calendar' that members can use to invite people to do things like go for a meal or visit a museum together. Members choose which events they would like to go to and

are sent all the information including cost and what the transport options might be.

- 9.12 RSVP is an organisation which enables people over the age of 55 to volunteer to help others and thereby feel valued and remain active in the local community; projects include telephone befriending, active volunteering for disabled people, befriending patients at Finchley Memorial Hospital, knitting for international donations. Up to 600 volunteers support about 1000 recipients.
- 9.13 The consultation document proposed 4 models:
- **Model 1 - Later Life Planners** to ensure improved availability of information and advice,
 - **Model 2 – Neighbourhood model** to shift the balance of day opportunities provided by the voluntary sector from ongoing centre based services to neighbourhood services, aimed at promoting independence and self help across the whole of Barnet,
 - **Model 3 - practical support** such as home from hospital support and handyperson services
 - **Model 4 – Care and activity** to provide buildings based day care to the most vulnerable people, including those with dementia. However, the services will be re-modelled to offer service users more flexibility and choice.
- 9.14 The key principles which will underpin the new model for all older people day opportunities in Barnet are:
- Buildings based day opportunities will be targeted to support those with greatest need with information, advice and support maximising independence all.
 - Public funding is used to facilitate and enable volunteer contributions and other community resources to meet the needs of Barnet's diverse residents and communities. This means that we will work in partnership with local providers, community groups and older people to implement this new model of service. Maximise resources to meet needs through reducing back office costs and duplication of service functions

10. CONSULTATION

- 10.1 The consultation document, together with a longer document giving background information on the proposals and a questionnaire were published on the council's website in February 2012. The initial closing date was 25 May 2012 but later extended to 15 June 2012 following a request by the Older Adults Partnership Board.

10.2 The Consultation Plan, as agreed by the Developing a Consumer Led Market Board (DaCLM), included the following process:

- Initial dispatch of around 1500 copies of the consultation document and questionnaire to contracted voluntary sector service providers; libraries; Greenwich Leisure and individuals as requested. A further 700 copies were printed and distributed to 90 Faith organisations in the borough as well as to those people requesting further copies;
- Email link to the council's consultation portal to the contracted voluntary sector providers; sheltered housing providers; North Central London NHS communications team and GPs as well as the Locality Groups. All were asked to distribute the consultation document and questionnaire (printed if required) to their users and make comments as organisations themselves;
- Emailed copies of the consultation document and later the easy read version sent to the council's Home & Community Support and Enablement providers and Public Health team, asking them to distribute consultation to clients and give assistance in completing these.
- Emailed copies to all Partnership Boards with an offer to present and discuss the proposals. There was also a presentation to Older Adults Partnership Board
- An easy-read version of the consultation document distributed to around 100 attendees of the Barnet Older People's Assembly meeting
- Printed copies of the easy-read version and questionnaires collected by the Care Services Delivery review teams to distribute and assist clients to complete the questionnaires, especially those not using any day services at the moment;
- Advocacy in Barnet were commissioned to assist people to complete questionnaires, utilising language skills as necessary.

10.3 A press release was issued at the beginning of the consultation and again later, advising people that the consultation had been extended.

10.4 In addition, around 24 meetings were organised or attended by officers with groups representing older people in the borough or those providing services and their users. A summary of this can be found below and in Appendix 3.

10.5 A general comment on the questionnaire was that it was too long and somewhat complicated. Providers and Advocacy in Barnet reported that it took a long time to complete. In order to alleviate concerns about this, the consultation period was extended by a further 3 weeks and

increased efforts made by officers to carry out face to face meetings and by Advocacy in Barnet to assist people to complete the questionnaire. The issue of questionnaires being easy to understand whilst adequately delivering the council's message is being addressed for future consultations.

- 10.6 A further 191 questionnaires were received from Age UK service users; but could not be included in the above numbers as they amended the prescribed format.

Postal Consultation Response Rates

- 10.7 The overall response rate of the postal questionnaire was 271 representing 12% of the numbers dispatched. This is lower than the expected rate of return of between 20 – 30% for a postal survey. A general comment was that people found the questionnaire too long and complicated and Providers and Advocacy in Barnet reported that it took a long time to complete. This issue is being addressed for future consultations. A further 191 questionnaires were received from Age UK service users; but could not be included in the above numbers as they amended the prescribed format. However, the results have been summarised at Appendix 3 and need to be considered as part of the consultation process.
- 10.8 Face to face discussions either at a meeting or with individuals yielded a better response, given the topic being discussed and the age group of the people being consulted.

Postal Consultation Results

- 10.9 An independent company SMSR was commissioned to analyse the data and report on the findings. Their report can be found in Appendix 3 and is summarised below:

Summary of Consultation findings		
Proposal	Comments on the proposal	Negative Impact on an equalities group
Later Life Planners	<ul style="list-style-type: none"> 84% in agreement 	<ul style="list-style-type: none"> Majority felt no negative impact Concern for those with a low income (24%); a disability (16%)
Neighbourhood Services	<ul style="list-style-type: none"> 77% in agreement 51% gave postcode area as a definition. 	<ul style="list-style-type: none"> Majority felt no negative impact Concern for people with disabilities (24%) and those with particular beliefs (22%). 53% of respondents said there is a need for separate provision for cultural needs,

Practical Support - Care & Repair and Handyperson Home from Hospital	<ul style="list-style-type: none"> • 97% in agreement with CRH • 96% in agreement with Home from Hospital 	<ul style="list-style-type: none"> • 73% - no negative impact • 36% said costs must be affordable; • 22% stressed services must be appropriate to cultural backgrounds and beliefs.
Care & Activity	<ul style="list-style-type: none"> • 73% in agreement 	<ul style="list-style-type: none"> • Majority felt no negative impact • Concerns over people with particular beliefs (23%), people with a low income (23%) and people from ethnic minority backgrounds (24%). • 82% said that there is a need to educate people as to what services are available
Service prioritisation:	1 st : Practical support (36%) 2 nd : Neighbourhood Services (30%) 3 rd : Care & Activity (26%) 4 th : Later Life Planners (8%)	
General questions		
Separate services important for each of the groups listed?	Older people <ul style="list-style-type: none"> • With dementia (81%) • With chronic illness / disabilities (71%) • From BME groups (60%) 	
Ways that the council and service providers could improve day services for older people	<ul style="list-style-type: none"> • Fund existing voluntary services /charities (16%) • Provide and maintain funds (14%) • Maintain/increase amount of day care centres (14%) • Improve transport facilities for old people(13%) 	

Feedback from Consultation Meetings.

10.10 A summary of the notes from the meetings held are contained in Appendix 3 and full notes can be found in the Background papers. The main issues are highlighted below:

10.10.1 A total of 17 meetings were attended, commencing in March 2011.with organisations and Boards representing older people and Providers' and Users' Groups, The majority of earlier meetings were presentation of the council's proposals.

10.10.2 Meetings with individual organisations, their users and carers, totalling some 380 participants, were also held during this period. The

proposals were talked through and people urged to complete the questionnaire. Individual organisations included Barnet Alzheimers Society, Barnet Afro-Caribbean society, Fremantle Trust, Barnet Asian Older People's Association, sheltered housing scheme. Plus there was a meeting with volunteers who worked with older people, and a short presentation at the Barnet Older People's Assembly In summary:

- 10.10.3 There was strong support for specialist services for BME communities due to cultural, religious and language needs.
- 10.10.4 Meetings with Fremantle Day Centre users gave the clear message that participants wished to continue with the traditional day centre service that they currently enjoy. There was also great concern about the use of personal budgets to fund day support as this would not be enough to fund transport and personal care costs
- 10.10.5 Meeting with volunteers stated that the retention of staff and volunteers was vital as the proposals relied heavily on the use of volunteers and the value of local knowledge.
- 10.10.6 Meeting with users and carers of people with dementia / Alzheimers stated there was a firm belief that there was a need for a specialist service for people with dementia.
- 10.10.7 A meeting at a sheltered scheme showed that the majority did not use current day services but there was very little interest in the proposals as tenants see these being provided within their scheme already.
- 10.10.8 Some smaller organisations where funding from council was a minor element of the total, stated that they will continue with current services with alternative funding.

Proposed Revisions to the Models – following consultation

- 10.11 Given the feedback that the funding for neighbourhood services was not sufficient to support implementation this report recommends that this part of the new service model is funded from the NHS monies transferred to the Council for Social Care and the ring-fenced Public Health monies that the Council will receive from the 1st of April 2013. This will allow for the resource envelope for neighbourhood services to be increased to £550,000 providing a more sustainable financial envelope from which to develop a comprehensive range of neighbourhood based services to meet the needs of Barnet's diverse older adults communities.
- 10.12 It is proposed that a neighbourhood is based on postcode areas, with no more than 2 postcodes forming a neighbourhood. Barnet has 15

postcode areas, which would equate to 7/8 neighbourhood areas, hence an increase in resources described above to sustain this. Fully affordable and accessible premises to facilitate activities represent a challenge; the council is undertaking work with the council's Property Services to address this, together with a planned Ageing Well Project to ensure there are meeting places for groups in all parts of the borough.

- 10.13 Later Life Planners: help, advice, information and advocacy for people approaching retirement years offering a 'triage' system to other relevant services throughout the remainder of their life. This service is intended to interface and align with health checks for older people adding value to health checks and ensuring referrals to preventative services, minimising or delaying the need for them to access the more intensive or residential services.
- 10.14 A full review of the community dementia pathway is in progress with all stakeholders, which will be completed by autumn. Interim findings indicate a requirement for improved (more specialist) day services for people with dementia. A sustainable model is likely to be recommended which establishes a dementia 'hub' or centre of excellence; combining the memory assessment service with a prevention and early intervention service. It is recommended that funding for the Barnet Alzheimer's Society day service at Stepping Stones is 'ring fenced' and a decision on the future of the Alzheimer's contract is deferred until the Pathway Review had been concluded.
- 10.15 Any future provider will need to ensure that they have volunteers available with language skills and cultural knowledge for all the main minority groups in Barnet. The provider will be expected to work with existing black and minority ethnic providers and volunteers to facilitate this. There will be an emphasis on outreach work. It is acknowledged that there will need to be some ongoing group activities to meet cultural, language and religious needs. In addition, the future provider will need to make proposals regarding affordable transport options; sharing of resources, taxi sharing, use of volunteer drivers etc.
- 10.16 The feedback from the consultation received from existing service users and carers on the care and activity model will feed into the discussions with the Fremantle Trust and a new day services specification will be agreed to reshape these services.

Next steps

- 10.17 The results of the public consultation are based on 271 survey responses, plus a further 191 from Age UK Barnet, following their own questionnaire format. The results include responses from 19 of the organisations to which the consultation document was sent. It is important to emphasise that the Council has placed great importance

on the extensive engagement and consultation meetings with service users, older people and voluntary organisations.

- 10.18 The Council needs to balance the concerns of current day service users with the strategic, demographic and budgetary principles as set out in this report. The new model will focus on reaching greater numbers of older people through the neighbourhood model.
- 10.19 Implementation of the proposed service models will be based on a fuller market test outcome and a phased implementation, which will be presented to Cabinet Resources Committee in September 2012.
- 10.20 A specification will be prepared for the market testing exercise, which will inform a robust case for procurement. This will be presented to Cabinet Resources Committee for decision. The specification will be based on the following models which include revisions arising from the consultation process:
- The neighbourhood model, with revisions and with an increased resource envelope as described above.
 - Later life planners - offering a 'triage' system. This service will be aligned to health checks for older people and referrals to preventative services thereby minimising or delaying the need for people to access more intensive or residential services.
 - Practical support to include home from hospital and handyperson services.
- 10.21 The revised model is set out in Appendix 2
- 10.22 A new day services specification for the Fremantle Trust will be agreed to reshape Model 4 (care and activity) services.

11. List of background papers

- 11.1 Full Equality Assessment together with the Consultation Documents and notes of consultation meetings are available from Caroline Chant, Joint Commissioner, Older Adults and Physical and Sensory Impairment. Tel: 07931 777298

Cleared by Finance (Officer's initials)	JH /MC
Cleared by Legal (Officer's initials)	HP

APPENDIX 1 – SUMMARY OF THE EQUALITY ASSESSMENT

1. Equalities Assessment

- 1.1 A full version of the Equalities Assessment can be found within the Background papers. This includes the dataset the assessments have been based on. The tables below set out a summary of the EQA.

Later Life Planners - Overall positive impact	
Ethnicity	Specification for the proposed new services would stipulate culturally specific services delivered in a variety of languages from the outset.
Gender	More women are affected by health issues, they are more likely to query or seek out services that may assist them.
Age	Access to the service would be made simple and clear in order for older people that currently are not able or willing to look for this information, be able to do this in the future.
Disability	Older people with disabilities are more likely to be in need of information and advice on what is available for them and this service aims to particularly target those with disabilities.
Religion / belief	This service could be a platform for people to find out about hire of premises or equipment for religious gatherings and for these to be advertised to reach a wider community of people.
Sexual orientation	Information can be given individually and in confidence for any issue worrying an older person, particularly if this is in relation to their sexual orientation.
Low income	The service would be free at the point of contact although services people are referred to may be charged.
Consultation feedback to the question: 'Do you think that the proposal would have a negative impact on any of the following equality groups?'	A majority (ranging from 66% - 82% of respondents) thought that the Later Life Planners would not have a negative impact on any of the equality groups.

Neighbourhood Services – Overall positive impact	
Ethnicity	Localised volunteer teams would source clients from BME groups or those with particular language or cultural needs.
Gender	More women are affected by health issues and therefore, more likely recipients of services at a neighbourhood level.
Age	This model aims to target those older people feeling isolated and vulnerable, especially those not in receipt of services currently.
Disability	Apart from ensuring access to premises and services within the specification, there is a more positive obligation to consider whether disabled people should be treated more favourably under section 149 of the Equalities Act 2010. As the neighbourhood services will not only be geographically based but also organised according to interest, potential users with disabilities could be specifically targeted

	and services geared toward their needs.
Religion / belief	The organisation of religious or cultural gatherings, particularly if this is required to alleviate isolation and promote social networks would be easier at a local level but also co-ordinated with other neighbourhoods for larger activities.
Sexual orientation	Any individual that feels isolated or vulnerable, this service can either put them in touch with existing groups or activities or set these up as required.
Low income	More locally based services would reduce travel costs. Also people could pay for services that interest them individually rather than a service a ready-made one on offer.
Consultation feedback to the question: 'Do you think that the proposal would have a negative impact on any of the following equality groups?'	A majority (ranging from 69% - 80%) thought that the Neighbourhood model would not have a negative impact on any of the equality groups.

Care & Repair & Handyperson – Overall positive impact	
Ethnicity	Any new service will need to take into account language barriers as well as cultural requirements when entering someone's home. This will be strictly specified within the contract.
Gender	Any new service will be encouraged to employ female operatives, not only for equality in employment but also to cater for those older women who are nervous about allowing men into their homes.
Age	As older people in particular are targeted by unscrupulous builders or workmen and this service would allow a safe and quality service to be provided to them.
Disability	This service is to give help to get adaptations such as rails or stairlifts in the home; help to apply for grants if the older person cannot afford adaptations and referrals to other agencies / services for people needing specialist assistance.
Religion / belief	As with ethnicity, the new contractors will have to take into account cultural requirements when entering someone's home and this will be stated within the contract and monitored.
Sexual orientation	Strict equalities conditions within the contract would monitor and deal with any issues reported by a user.
Low income	As is the case now, the contractor will be likely to make a small charge, for example, materials
Consultation feedback to the question: 'Do you think that the proposal would have a negative impact on any of the following equality groups?'	A majority (ranging from 68% - 85%) thought that the practical support services (Care and Repair and Handyperson; Home from hospital) models would not have a negative impact on any of the equality groups

Home from Hospital – Overall positive impact	
Ethnicity	Emotional and practical support, offered with any language or

	cultural needs would make the user feel comfortable and safe to return home from hospital.
Gender	Any new service should be encouraged to employ female staff and volunteers to cater for those older women who are nervous about allowing men into their homes. However, as it is very likely that most care staff are women, it will also be important to ensure male staff are available for those clients that wish this.
Age	Older people may be afraid that they cannot cope on their own once discharged and be reluctant to ask for help. This service will therefore be beneficial for older people to regain their confidence to continue to live at home with the necessary support
Disability	Although this is a short-term service to allow the recipient to feel confident, volunteers would take into account particular disabilities and where appropriate, put the older person in touch with befriending and any other specialist services for continuing needs
Religion / belief	As with ethnicity, the new contractors will have to take into account cultural requirements when entering someone's home and this will be stated within the contract and monitored
Sexual orientation	Strict equalities conditions within the contract would monitor and deal with any issues reported by a user
Low income	This service would assist those on low income to get back to work quicker due to the hands-on support on return from hospital.
Consultation feedback to the question: 'Do you think that the proposal would have a negative impact on any of the following equality groups?'	A majority (ranging from 68% - 85%) thought that the practical support services (Care and Repair and Handyperson; Home from hospital) models would not have a negative impact on any of the equality groups

Care and Activity Model_– Overall positive impact	
Ethnicity	Specialist support to BME users including use of staff and volunteers with relevant languages; more flexible catering provision; cafeteria or restaurant style meals should encourage more FACS eligible clients from BME communities to use these services.
Gender	Small group activities are proposed for those who show a particular interest, including greater emphasis on activities of particular interest to men. Health Surgeries would be beneficial to women as they have higher degrees of health related issues.
Age	The departure from the traditional day care service, through the use of an enablement approach to support older people to do things for themselves instead of doing it for them and is aimed at encouraging participation even at this high need level, The council has is able to draw on the significant experience of the Enablement Service which has been successful for many older people, in reducing dependency on services, including for those who are very frail.
Disability	This service will provide on-going support for as long as it is needed; there will be specialist support to users with Dementia and outreach visits to users (whose ill-health sometimes prevents their

	attendance).
Religion / belief	Religion or belief - would be taken into account in the provision of new services. As there will be involvement of users to contribute to future policy, these should be catered for.
Sexual orientation	Any negative impact is unlikely under strict equalities conditions within the contract.
Low income	Older people on low income could if eligible under FACS and Fairer Charging criteria be provided with services free of charge.
Potential inequality	There may be inequality within this model between those assessed with FACS critical / substantial as eligible needs and those with lesser needs. However, if the eligibility criteria were to be lessened, this would place a greater demand on services and thus people in the greatest need not being served. For older people, particularly with disabilities who have low or moderate needs, a range of current and proposed services would offer appropriate support.
Consultation feedback to the question: 'Do you think that the proposal would have a negative impact on any of the following equality groups?'	A majority (ranging from 76% - 86%) thought that the Care and Activity model would not have a negative impact on any of the equality groups

2. Equalities Action Plan

2.1 The majority of the issues raised in Equality Assessment will be dealt with when the specifications for the new services are drawn up. Additionally, comments made within the consultation document will ensure:

- Specification for the proposed new services would stipulate culturally specific services must be delivered in a variety of languages
- Access to any information services should be made simple and clear to cater for older people
- Localised volunteer teams should source clients from BME groups or those with particular language or cultural needs
- Apart from ensuring access to premises and services within the specification, services should be not only be geographically based but also organised according to interest, potential users with disabilities could be specifically targeted and services geared toward their needs.
- Services should be affordable and as more locally based services would reduce travel costs, people could pay for services that interest them individually rather than a service a ready-made one on offer.
- Any new service will need to take into account language barriers as well as cultural requirements when entering someone's home
- Any new service will be encouraged to employ female operatives, not only for equality in employment but also to cater for those older women who are nervous about allowing men into their homes.
- There may be inequality within the Care and Activity model between those assessed with FACS critical / substantial and those with lesser

needs. For older people, particularly with disabilities who have low or moderate needs, a range of alternative services should be on offer.

APPENDIX 2 - OLDER ADULTS DAY OPPORTUNITIES MODEL

1. Model 1: Later Life Planners

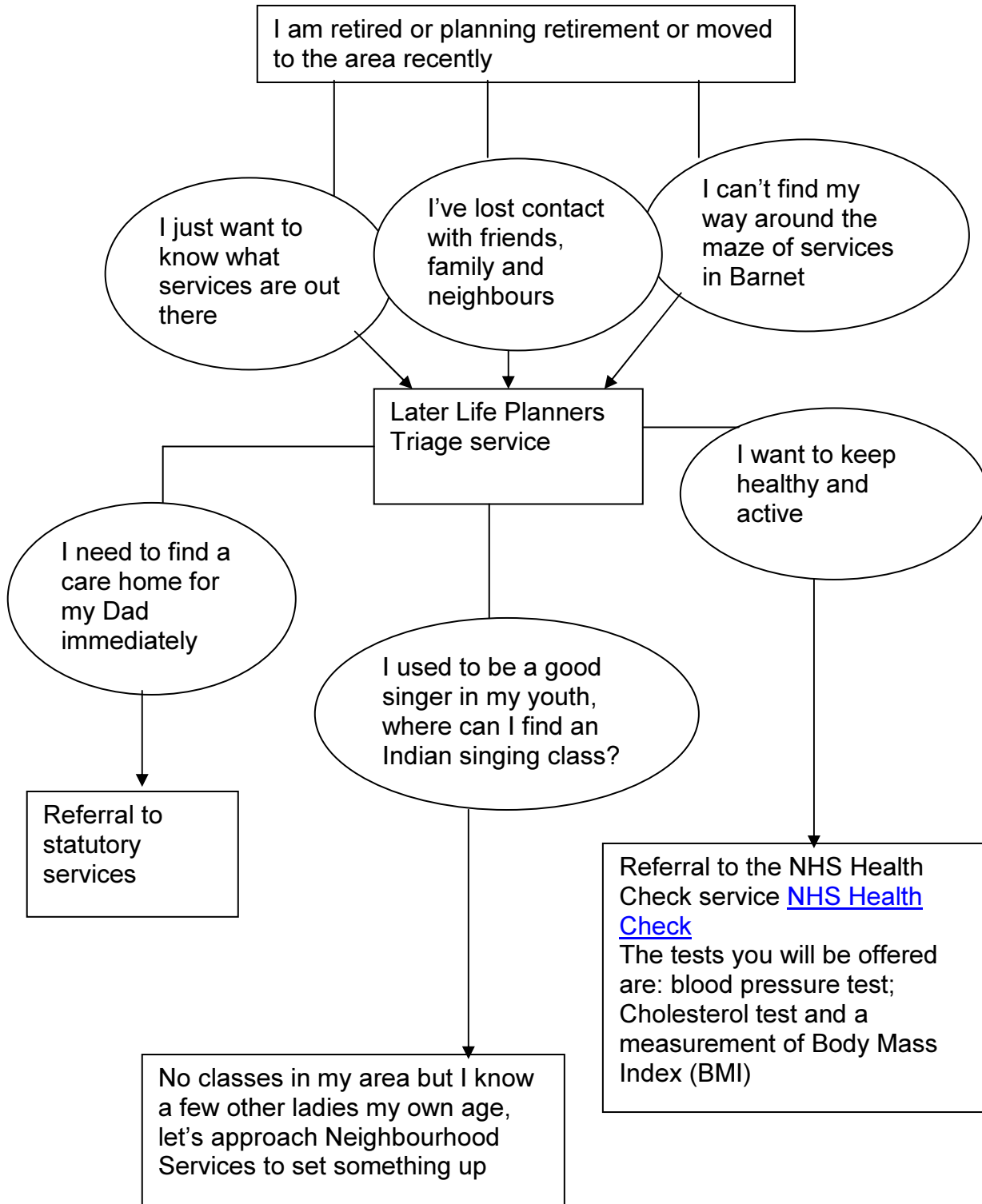
As proposed in the consultation document:

- 1.1 This model aims to provide a flexible 'one stop shop' for older people to help them to plan for their future and think about their next steps after retirement, to help keep them well and active. The Council understand the importance of having a health check once in a while and this model of support aims to extend this to looking at one's life as a whole and plan ways to sustain or improve wellbeing into old age.
- 1.2 This service would also aim to support people who need help to solve practical problems, or who may already have a need to access some of the services available for Barnet's elderly and disabled residents.
- 1.3 Its key features are as follows:
 - Universal – open to all older people in the borough, but individual support aimed at those most in need
 - Specific support to enable individuals to plan for the future, find the right services, and exercise choice and control
 - Provision of advice, information and advocacy, building an individual's ability to help themselves
 - Provision of local expert advice - where to find a lunch club, where to join an exercise class
 - Help to find one's way around Barnet's health, social care and housing services
 - Help to get specialist advice, for example about moving into residential care including financial implications, and finding a local care home
 - Help when it is needed before a situation reaches a crisis point
 - Support to get welfare and pension benefits and other financial help
 - Accompanying people to mainstream activities for a short while, such as lunch clubs, cultural events
 - The provider will ensure that there are volunteers available with language skills and cultural knowledge for all the main minority ethnic groups in Barnet

Proposed Later Life Planners Model

- 1.4 This has been described as the Triage for the Continuum of Care Services for Older Adults. In other words, this model will identify a route from planning for older age to keeping well and healthy; using the practical support services as required; getting back on their feet after a hospital stay to using facilities if the person's needs become greater than they can manage themselves
- 1.5 The Later Life Planners model will be contributing to the NHS Health Checks initiative to ensure that an environment exists that includes

health checks as a matter of priority to enable older people plan for their later life. However, it should be stated that the Later Life Planner model will exist as an integral part but not exclusively linked to health checks. This is demonstrated in the diagram below.



2. Model 2: Neighbourhood Services

As proposed in the consultation document:

- 2.1 This aims to provide a range of social events and activities in a local area to promote well-being; and reduce isolation, which can lead to loneliness and depression.
- 2.2 The proposal for neighbourhood services means that there would be places in every neighbourhood where activities will be run. Activities will be located in ordinary community resources such as community centres, libraries; in fact any place where people can gather. This means that no-one will be left out just because they do not live near a day centre.
- 2.3 Key features of the Neighbourhood Model are as follows:
 - Universal – which means they will be open to all older people in the borough but will particularly aim to support people who are living alone and/or those facing hardship to help them get extra support
 - Neighbourhood based - every area of the borough would be covered
 - Services will be operated by local volunteer teams working from neighbourhood centres across the borough
 - The provider will ensure that there are volunteers available with language skills and cultural knowledge for all the main minority ethnic groups within Barnet
 - Activities could be located in community centres, libraries; in fact any place where people can gather
 - A range of activities could be arranged such as exercise classes, religious and cultural events, walking groups, interest based clubs etc, which would help to enhance friendships and social networks
 - Activities could also include befriending services to people in their own homes by trained volunteers

Proposed Neighbourhood Services Model

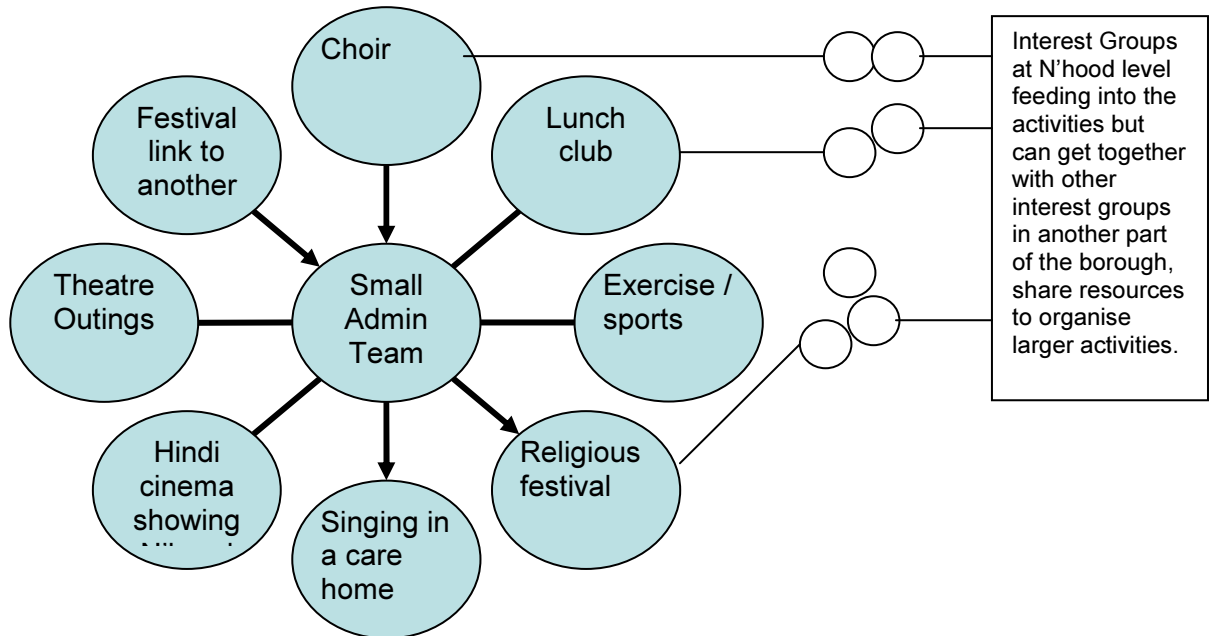
- 2.4 It is proposed to increase the resource envelope for this model to £550,000 in order to achieve the aspirations of the council, providers and users alike to create a flexible but useable model.
- 2.5 Initial discussions on the Neighbourhood model has estimated the creation of 7 – 8 neighbourhoods based on postcode areas. This will be mapped out with the Provider and User groups, taking into account transport facilities and amenities nearby.
- 2.6 The use of buildings on an ad hoc or more permanent basis will be discussed with Property Services, incorporating the strategic plan to co-locate and manage community assets more effectively with our partners. In addition there is a planned Ageing Well Project to ensure there are meeting places for groups in all parts of the borough. Use of

local facilities; existing community facilities, church halls, schools, care homes, libraries plus private space such as function rooms in clubs will be explored and the council is supporting a separate stream of work on access to community facilities.

- 2.7 The need for adequate and affordable transport has been raised frequently in all consultation meetings as well as the postal survey. On this basis it is expected that the contracted provider will need to make proposals regarding affordable transport options; sharing of resources, taxi sharing, use of volunteer drivers etc. However, the very local nature of the neighbourhood model may reduce transport requirements to a certain extent.
- 2.8 The preferred model as discussed by Providers proposes a small central team which will administer the council funding and send back performance / monitoring information. The majority of the funding will be targeted at neighbourhood level for 'grassroots' growth of interest-based activities. These will evolve and if there is enough interest, continue with participants organising future activities with the help of volunteers or if interest fades, the group will cease or evolve into something else.
- 2.9 The vision for neighbourhood hubs is that they will offer a mix of individual support, small group activity and larger events, in response to the needs and preferences of local communities. Services will be operated by local volunteer teams, supervised by paid staff. How this is organised would depend on the eventual provider but paid staff could include for example part time service co-ordinator plus a volunteer co-ordinator. The staff would work closely with existing groups and volunteers - any future provider would need to be able to describe how they would do that.
- 2.10 A mixture of social events and interest based activities are suggested, as well as befriending to people in their own homes. These will evolve, and if there is sufficient interest, groups will continue but organised and run by participants (exercise, sport, day trips, socials were most mentioned in the consultation). Activities will also help to foster social networks and friendships.
- 2.11 There could also be outreach to isolated older people in the community. We are aiming to start work on this soon for example, by identifying friendship groups within existing day centres and working with the groups and the existing provider to see what sort of activities they might wish to continue as a group, where they could meet and how this could be facilitated. This would also aid a smooth transition.
- 2.12 Services will be open to all, but will particularly aim to support those living alone. Timings could be weekdays and weekends or a portion of the day. Working closely with Later Life Planners there would be cross-

fertilisation of ideas for new services based on interest or demand as well as direction to the services to maintain and grow them.

- 2.13 There would be opportunities for interest groups at neighbourhood level to get together with other interest groups in other parts of the borough to share resources/organise larger activities. An example is shown in the diagram below.



3. Model 3: Practical Support

As proposed in the consultation document:

- 3.1 Handyperson services: Help with large or small jobs around the home to make sure it's safe, warm and in good repair. Key features are as follows:

- Available across Barnet
- Help with a range of small jobs around the home and garden (plumbing, decorating, removal of furniture, smoke alarms, gardening)
- Help to choose an approved contractor if a home needs bigger repairs and maintenance - and a checking service on the contractor's bill and standard of work
- Advice and help to make a home secure to reduce the risk of burglary
- Help to get adaptations such as rails or stair lifts so residents can get about safely in their home
- Help to apply for grants if one can't afford the adaptations needed
- Referrals to other agencies/services for people needing specialist assistance

- 3.2 As is the case now, the contractor will be likely to make a small charge for example, for materials etc.
- 3.3 Home from Hospital: Help with moving back home from hospital once your medical needs have been met. The key features are as follows:
- Available across Barnet
 - Emotional and practical support
 - Assistance with shopping/collecting prescriptions etc.
 - Food parcel on the day of discharge
 - Assistance with bills/paperwork that may have accumulated during a stay in hospital
 - Liaison with other services
 - Escort to hospital visits, GP, etc

Existing Services

- 3.4 Barnet Care and Repair Agency is run by the council's Environment and Neighbourhood Services and works with older people and disabled people of all ages in the Barnet area helping them to live independently and safely in their own homes.
- 3.5 Age UK Barnet's Handyperson Service provides practical help to older people in their homes; maintain their independence at home. Adjustments can be made to homes to prevent falls and assistance given to keep homes safe. The service also aids hospital discharge.
- 3.6 Hospital social work teams will assist people if they are going into hospital, and if they need help when they leave to continue to live safely and independently at home.
- 3.7 The British Red Cross helps people following a short stay in hospital and prevents unnecessary hospital admissions by providing extra support and care at home.
- 3.8 Both the Handyperson Service currently run by Age UK and Home from Hospital services run by British Red Cross are contracted providers and subject to this report are potentially affected as part of these proposals in terms of their organisation.

Proposed Practical Support Services

- 3.9 The practical support model contained within these proposals are intended to complement the existing Care and Repair Agency run by the council's Environment and Neighbourhood Service and as can be seen by the consultation results, is a welcome service.

- 3.10 Whether or not the Practical Support model would be centralised services located in one part of the borough or whether they can be delivered as part of the Neighbourhood service will be discussed and form part of the service specification..

4. Model 4: Care and Activity Model, Day Opportunities for Older People with Extra Need for Support

As proposed in the consultation document:

- 4.1 This covers day centre services catering for the most frail, those with significant personal care needs, with complex needs, and for those with dementia. Whilst there is an expectation that all services welcome people with dementia and people from ethnic minority groups; in the past there has been a case for separate provision for those with high levels of dementia (including those under 65 years old) and specialist provision for some individuals from the Asian community.
- 4.2 The Council already commissions these kinds of services (they include the day centres run by Fremantle Trust and the Marillac Centre run by the Barnet Alzheimer's Society) but they propose to provide fewer but better quality places in future. At present, the services are not geared to the needs of individual people as well as they should be. The council want to make sure that they are attractive to the people who most need them – and make a real difference in preventing residential care admissions where this is not the right solution for a person.
- 4.3 Currently the Council funds these services directly but in the future the majority of this funding will be from individuals using their Personal Budgets.
- 4.4 The key features are as follows:
- Targeted at those with high needs in line with London Borough of Barnet Fair Access to Care (FACS) eligibility criteria for social care
 - Aimed at supporting people who are at high risk of admission to residential or nursing care homes, or at risk of frequent hospital episodes
 - Provision of respite for carers, and carers support circle
 - Flexible sessional attendance – i.e. full day, AM or PM, plus week-end cover
 - Providing on-going support for as long as it is needed
 - An 'enabling' approach from a core team of carers and volunteers, to support people to do things themselves, instead of doing it for them.

Proposed Care and Activity Model

- 4.5 Who is the service for?

- 4.5.1 The service will be available to older people who meet LBB's FACS eligibility criteria (Substantial/Critical).
- 4.5.2 The provider(s) of these centres will be expected to offer a service to people who are particularly frail/vulnerable with high personal care needs, with complex needs and will include those with high levels of dementia.
- 4.5.3 Currently there is some separate provision for dementia care and for older Asian people. These separate services have been endorsed via the public consultation and it is expected that providers will continue to offer this service.
- 4.5.4 Many of those who attend the care and activity centres will be seriously at risk of admission to long term care/hospital. The provider(s) will be expected to offer an enabling approach to their care with the aim of maintaining/improving their independence in order to minimise this risk.
- 4.5.5 The Provider(s) will be required to run centres in such a way as to make them attractive to older people with personal budgets – involving greater flexibility and reflecting the fact that service users and their carers will expect to have greater choice and control over their services.
- 4.5.6 The Provider(s) must reflect the need for carer respite in the delivery of this service – offering weekday and week-end cover. They must also make links to residential care to allow for the continued attendance of users receiving residential respite care in the absence of their carers.
- 4.6 Location
- 4.6.1 Barnet is geographically a very large borough with congested traffic conditions and poor cross-borough transport links.
- 4.6.2 The client group for care and activity centres is likely to continue to require door-to-door transport which is an expensive resource – currently provided by the Council.
- 4.6.3 Fremantle Centres are located in Brunswick Park (Apthorp - Mainstream), Woodside Park (Meadowside - for dementia only) and Cricklewood (Rosa Freedman - Mainstream/Asian) (A fourth centre, Merrivale in Burnt Oak, is just closing with users being transferred to Rosa Freedman).
- 4.6.4 The Marillac Centre (run by Alzheimer's Society) which also supports many FACS eligible older people is located at Edgware Community Hospital.

- 4.6.5 The Sam Beckman Centre (run by Jewish Care) for users with dementia is located in Hendon.
- 4.6.6 Current Voluntary Sector providers whose day centres are subject to the proposals for day opportunities contained in this report also support a number of FACS eligible users. These are located as follows:
- Ann Owens Centre -Age UK -East Finchley
 - Meritage Centre- Age UK - Hendon
 - East Barnet Baptist Church - FIN - East Barnet
 - Anand - ASRA- Whetstone
 - Multicultural Centre - BACA/BAOPA - West Hendon
- 4.6.7 In the event that these voluntary organisations have to reorganise their services under the current proposals which may mean closure of accommodation based services, the borough will be left with the Fremantle centres (and Rosa Freedman is threatened by the Cricklewood Regeneration) and the remaining care and activity centres located away from the areas where demand for support is highest (see attached map). The consequent journey times for some frail users may not be viable.

5. Capacity

- 5.1 It should be noted that Barnet's older population (65+) is predicted to increase by 21% by 2020 with an increase of 55% for the 90+ age group – who are likely to be the most frail and in need of support, which could increase the demand for day care.
- 5.2 With the exception of provision for those with dementia there has to date been an oversupply of places for FACS eligible older people, including Fremantle and the voluntary sector centres. (Although there are already issues over journey times for residents from Edgware, Hale, Mill Hill and Burnt Oak in particular).
- 5.3 The current contracted providers of day centres have been asked to rank their current users as to the probability of immediate requirements for new or additional statutory social care or health interventions. Once assessed, some of these may require care and activity type placements. These may not be available either due to capacity issues at Fremantle centres or because of the long journey times involved in reaching the centres.

6. Use of Alternative Centres

- 6.1 A possible solution to capacity and location issues could be for the main care provider to consider renting space to run day care in some of the better located centres currently offering day care in the voluntary sector – for example: the Ann Owens Centre (previously used by Fremantle during the temporary closure of Meadowside) or the Multicultural Centre – suitable perhaps for Asian users.

- 6.2 Space could be rented for 1 or 2 days per week in addition to the current centres or current centres could be closed on these days depending on demand and costs.
- 6.3 This change would result in shorter journey times for users and would fit in with the requirement for a more flexible approach to day care sessions – envisaged with the introduction of personal budgets (as some voluntary sector centres might become neighbourhood hubs where day centre users could also access other preventative services).

7. Sessions

- 7.1 For some users/prospective users the current 11am – 4 pm five hour daily session at most care and activity centres including the Fremantle centres is seen as being too long – particularly with journey times to be added on.
- 7.2 For Fremantle users who are not eligible for LBB funding the cost of attendance is approximately £37 per session plus lunch money – considerably more than voluntary sector providers and too costly for many people.
- 7.3 The cost of transport in the future is uncertain for those who may not meet the new eligibility criteria for door-to-door transport which is currently being consulted on.
- 7.4 It has to be assumed that Fremantle would need to charge approximately £37 per session to those with personal budgets and it seems unlikely that LBB would be in a position to offer a sufficient level of finance for personal budget holders to make frequent attendance a viable proposition.
- 7.5 The possibility of providing shorter sessions AM and PM would therefore seem to be a sensible alternative for many prospective users as these would be less tiring and less costly.
- 7.6 Some longer sessions will continue to be necessary to meet the needs of users who require constant supervision and to meet the need for carer respite.

8. Meals

- 8.1 This approach could also be applied to meals with a wider selection of food, café style service and the possibility of breakfasts and suppers in addition/as alternatives to lunches for those attending shorter sessions.

9. Activities

- 9.1 Most centres already provide a pre-planned weekly menu of activities – which of necessity are designed to appeal to the large majority of users on any one day. This means that there is less opportunity to run many

'special interest' activities which could be attractive to people who currently do not attend day centres. (The 'Bingo' factor).

- 9.2 In addition to certain core activities the Provider(s) could be required to offer the opportunity to users to attend any centre (easier with shorter sessions) and this would allow for a greater range of activities – for example: a series of classes on particular topics, activities for men (whose special interests have not been well represented to date), which should make them more attractive to personal budget holders and self-funders.
- 9.3 The Provider(s) could be required to organise occasional special events for which users would be asked to pool their finances, including evening events e.g. theatre/film/concerts, day-time outings to places outside Barnet (supported by many current users during consultation events) and markets at centres to give users shopping opportunities.

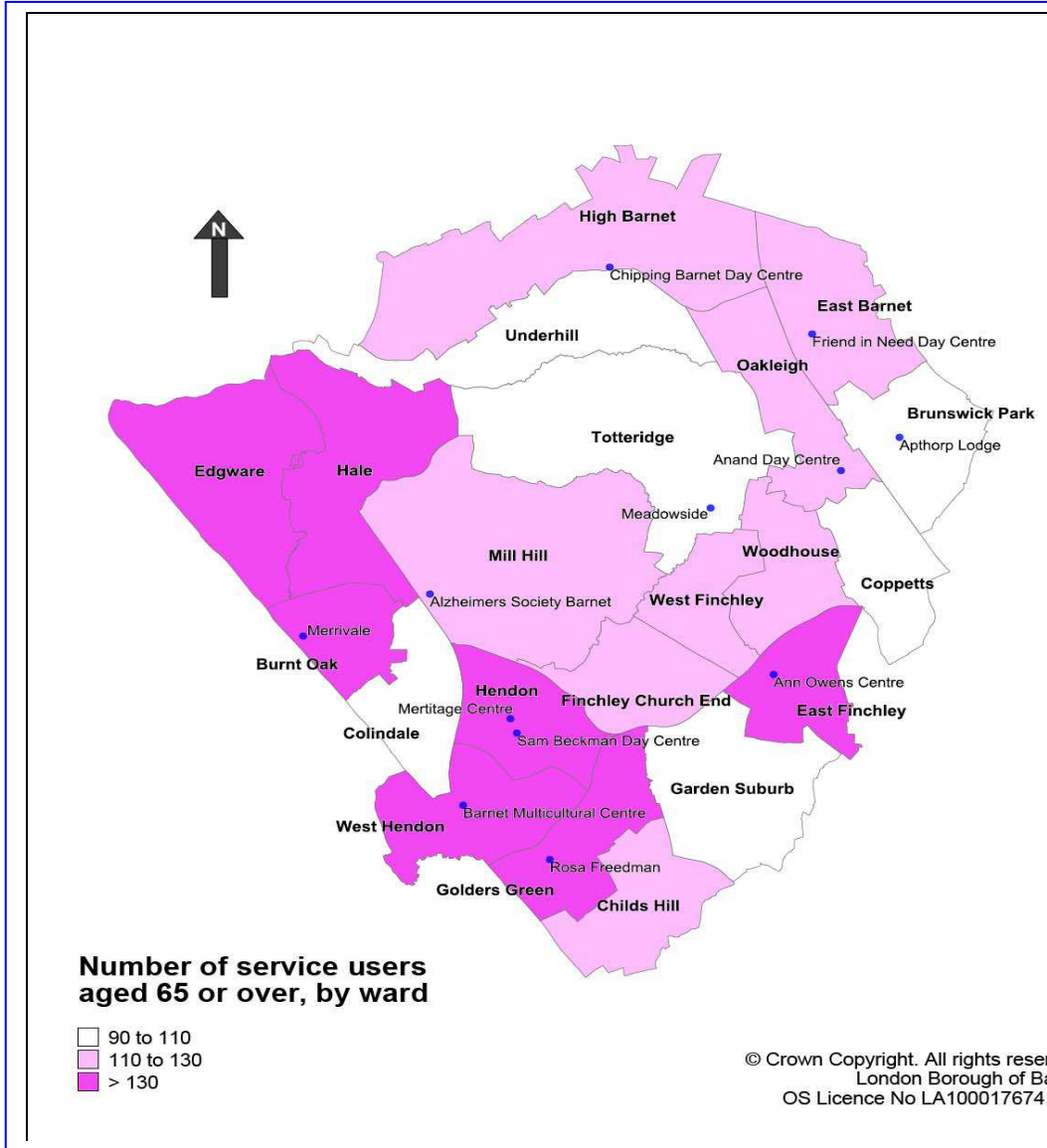
10. Outreach

- 10.1 Associate membership - With more flexible attendance and programming, the Provider(s) could offer prospective users – a link to their organisation via a regular newsletter outlining upcoming events, monthly social gatherings at centres and an element of regular outreach.
- 10.2 Supportive visits by staff (or possibly volunteers) to regular users during periods when they are unable to attend through ill health
- 10.3 Supportive visits (following discussion with Social Work assessors/brokers) to vulnerable individuals who would benefit from centre attendance but appear reluctant to attend (at all or regularly).
- 10.4 Links to neighbourhood hubs/organisations to publicise the value of care and activity centres.
- 10.5 Offering centres as neighbourhood hubs/places for meetings - e.g. friendship groups – out of normal day care hours

11. User/Carer/Peer Group Involvement

- 11.1 Users/carers could be offered training by the Adult Social Care and Health Service to facilitate their more active involvement in this area. The Provider(s) should be required to involve and provide evidence of the involvement of users in decisions on:
- Content of menus
 - Activity programmes
 - Appropriate celebratory events – including religious/cultural festivals
 - Colour schemes, furnishing of centres, garden schemes

- 11.2 Advocacy and/or access to relevant interpreting or translation services should be made available by the provider(s) as required.
- 11.3 The Provider(s) should ensure that regular minuted meetings of users are held at each centre to allow for discussion on the running of each centre and matters of policy/decisions of statutory services which would affect the users. The minutes to be distributed to all centre users.
- 11.4 The Provider(s) would be required to undertake regular (annual) satisfaction surveys with users/carers. The surveys to be devised with input from independent older people representing Barnet's older population.
- 11.5 The Provider(s) should also establish an overall users group via nominations from users to be involved in decision making on operational issues with the provider(s) including:
- Involvement in staff and volunteer recruitment, induction and appraisal
 - Involvement in monitoring of the service – to include some external scrutiny from 'independent' older people representing Barnet's older population.
- 11.6 Evidence from the consultation process showed that users enjoyed being made to feel useful. This could be fulfilled by:
- The Provider(s) facilitating intergenerational activity with users encouraged to assist children from local schools in project work or other activities as appropriate.
 - Users involved in meaningful tasks around their centre, helping to organise activities, running their own magazine
- 11.7 The Provider(s) should facilitate carer circles at each centre.



Ward population	Service users aged 65+	% of population
Brunswick Park (2,564)	93	3.6
Burnt Oak (1,460)	135	9.2
Childs Hill (2,511)	113	4.5
Colindale (1,479)	90	6.0
Coppetts (1,610)	103	6.4
East Barnet (2,030)	122	6.0
East Finchley (1,973)	131	6.6
Edgware (2,070)	130	6.2
Finchley Church End (2,423)	116	4.8
Garden Suburb (2,271)	103	4.5
Golders Green (1,987)	158	7.9
Hale (2,193)	133	6.0
Hendon (2,214)	159	7.2
High Barnet (2,158)	118	5.5
Mill Hill (2,223)	120	5.4
Oakleigh (2,560)	115	4.5
Totteridge (2,150)	108	5.0
Underhill (2,282)	105	4.6
West Finchley (1,900)	112	5.9
West Hendon (1,925)	131	6.8
Woodhouse (2,026)	127	6.3
Total 44,009	2,522	5.7

APPENDIX 3 – CONSULTATION RESULTS

Appendix 3A – RESULTS OF THE CONSULTATION – POSTAL AND WEB

‘Modernising Day Opportunities for Older People’ Consultation

On behalf of Barnet Borough Council

SMSR
social and market strategic research

SMSR House 51-52 Market Place Hull HU1 1RQ Tel: 01482 211 200
Fax: 01482 211 201 info@smsr.co.uk www.smsr.co.uk



Final Report
June 2012



1.0 INTRODUCTION

Background

The council and its partners with citizens have been actively listening to the views of older people and their carers about Barnet's current day services for older people funded by the council. The Council are aware that they are largely very traditional and may not offer sufficient choice for many people, nor provide the most appropriate support to help people live as independently as possible. Although valued by some, they are only available for a small minority of older people in Barnet.

The Council believe that these services need to be re-designed to meet a growing variety of independent living choices and to meet the diverse of needs and aspirations of Barnet residents later in life. More people are living longer and this is good news however it brings challenges to many local services, not just the NHS and social services. In addition older people have rising expectations of a good quality of life during retirement. As there is severe pressure on the council's resources and on the whole public sector they wish to ensure they act now to invest for the future so they positively prepare for these challenges.

Following discussion with the Older Adults Partnership Board and representatives from the current day service providers, this consultation sets out 4 models for organising day opportunities and support for older people. The four models are as follows:

Model one, late life planners: A flexible 'one stop shop' for older people to help them to plan for their future and think about their next steps after retirement, to help keep them well and active.

Model two, a neighbourhood model: This aims to provide a range of social events and activities in a local area to promote well-being; and reduce isolation, which can lead to loneliness and depression.

Model 3, Practical support (including Care and Repair & Handyperson; home from the hospital): Help with large or small jobs around the home to make sure it's safe, warm and in good repair.

Model 4: Care and Activity model – day opportunities for older people with extra need for support: Day centre services catering for the most frail, those with significant personal care needs, with complex needs, and for those with dementia.

Consultation Aims

The Council wants to consult with people who have used the services or who might want to use day services in the future. They also would like to hear from carers and families as well as the many organisations that work with older people or that represents the views of older people.

2.0 METHODOLOGY/SAMPLE

A survey was designed by officers at London Borough of Barnet which was used to ask residents of Barnet their opinions on the four models.

The survey was carried out using a postal methodology and residents have been given until 25 May and then extended to 15th June 2012 to complete the survey. In addition residents were given the opportunity to complete the survey online. In total 271 surveys were completed of which 26 were completed online.

The breakdown of the sample is as follows:

Gender	Number	%
Male	77	28.4
Female	185	68.3
No response	9	3.3

Age	Number	%
Under 60	32	11.8
60-64	28	10.3
65-69	33	12.2
70-74	49	18.1
75-79	41	15.1
80+	81	29.9
No response	7	2.6

Disability	Number	%
Yes	125	46.1
No	118	43.5
No response	28	10.3

Ethnicity	Number	%
White or White British	119	43.9
No response	10	3.7
Asian or Asian British	125	46.1
Black or Black British	10	3.7
Mixed	3	1.1
Other ethnic group	12	1.5

Religion	Number	%
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Christian	86	31.7
No response	16	5.9
Jewish	23	8.5
No religion	11	4.1
Muslim	7	2.6
Hindu	107	39.5
Buddhist	1	0.4
Jain	3	1.1
Other	0	0.0
Agnostic	1	0.4
Baha'i	0	0.0
Sikh	5	1.8
Atheist	3	1.1
Humanist	3	1.1
Prefer not to say	5	1.8

Sexuality	Number	%
No response	77	28.4
Heterosexual	102	37.6
Bisexual	5	1.8
Gay	7	2.6
Lesbian	24	8.9
Other	7	2.6
Prefer not to say	49	18.1

The breakdown of individual response in terms of their background was as follows:

Can you tell us in what capacity you are completing this questionnaire? (Base: 231)		
Capacity	Number	%
I use day services for older adults	137	59.3
I am a relative , carer or friend of someone who uses day services for adults	31	13.4
My job involves work with older people in Barnet	16	6.9
I do voluntary work with older people in Barnet	27	11.7
I am interested in older adults day opportunities for other reasons	20	8.7

19 respondents completed a questionnaire on behalf of an organisation; these organisations were:

- Age UK Barnet
- Jewish Care
- Willow Housing and Care
- Friend in Need Community Centre
- BEHMHT
- Candle Court Care Home
- The Freemantle Trust
- Barnet African Caribbean Association
- Colindale Community Club
- Chipping Barnet Day Centre for the Elderly
- Barnet Older People's Assembly
- Memory Lane Singing Club
- The good neighbour scheme for Mill Hill and Burnt Oak
- RSVP
- Advocacy in Barnet
- Barnet Asian Old People's Association
- ROSA Freeman Centre
- Burnt Oak and District Pensioners Group
- Green Man Community Centre

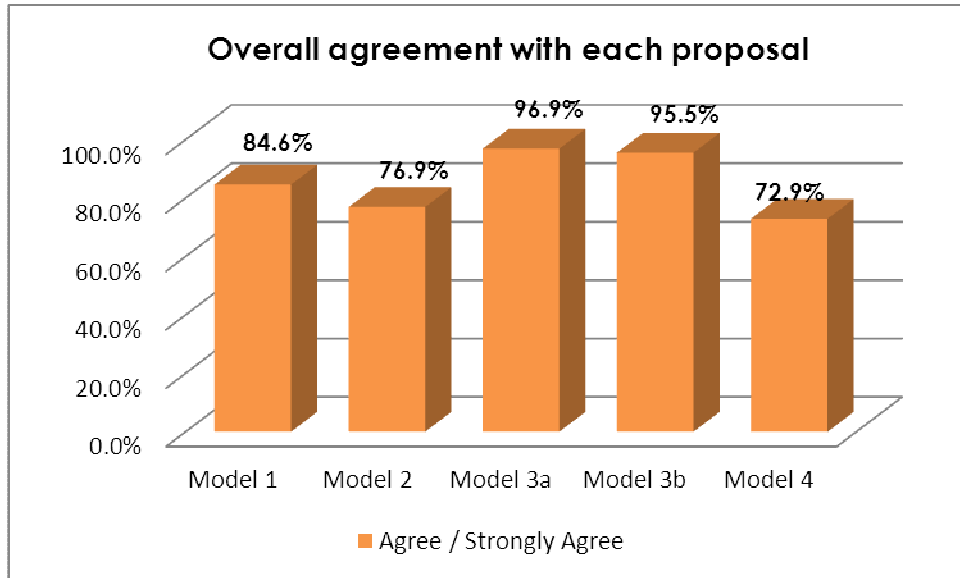
Due to rounding and multiple responses to some questions, figures may not always add up to 100%. In addition to this tables in the report display the responses given most frequently. A complete list of all percentages and responses can be found in the appendices.

The data in this report has not been weighted.

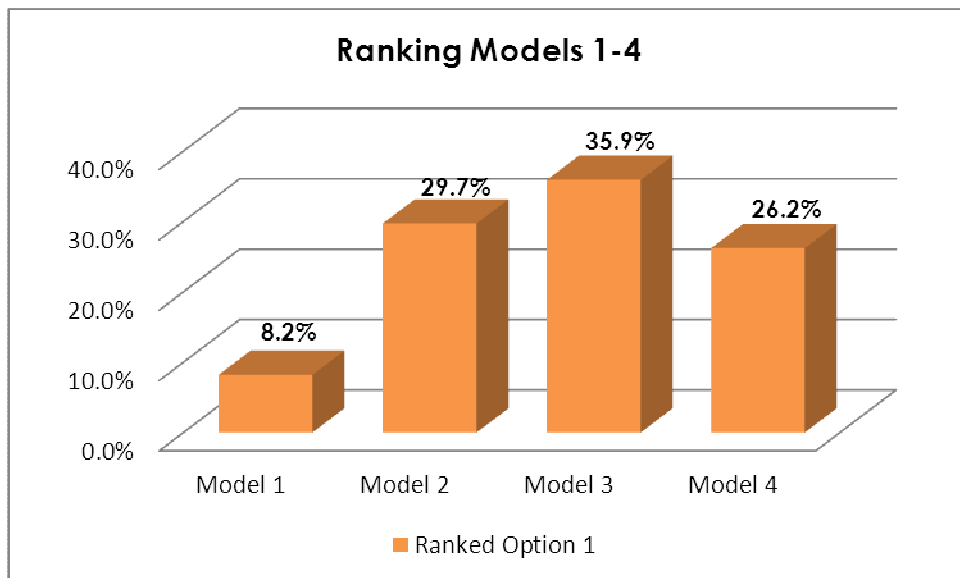
For reporting purposes and to be consistent with the disagreement option, responses of 'strongly agree' and 'tend to agree' have been combined as 'tend to agree'.

3.0 SUMMARY

Agreement for all four proposed models was high; however it is the two parts of model 3 that achieved the highest level of overall agreement (97% and 96% respectively). The lowest levels of agreement are around model 4 (73%).



When asked to prioritise the 4 models again, it is clear that model 3 would be more respondents top priority, yet model 1, although achieving high levels of agreement in terms of its usefulness, would only be the top priority for 8% of respondents.



Model 1: Late Life Planners

Overall, 46% strongly agreed that the model would be useful and 39% agreed giving a combined level of agreement of 85%.

The majority did not think or were unsure whether this would have a negative impact on the various community groups they were questioned about; the highest level of concern was for people with a disability (16%) and for those with an ethnic minority background (15%).

Eight respondents (24%) of those who were concerned about a negative impact had concerns over costs and stressed that cost must be affordable for these community groups.

Model 2: Neighbourhood Model

Over three-quarters (77%) of respondents agreed that this model was useful, with 42% in strong agreement and 35% in agreement.

More than half said it was the postcode area that defined a neighbourhood in Barnet, with 22% suggesting it was the town centre and 16% based it on ward level.

Practical assistance was considered the top activity to help older people maintain their health and well-being, however all prompted activities were rated positively (80% +).

More than a fifth said that this model would have a negative impact on people with a low income (20%), people with particular beliefs (22%), people from ethnic minority backgrounds (22%) and people with disabilities (25%). That said at least 62% said it would not have a negative impact and this rose to as high as 76% and 75% for women and men.

More than half of these respondents said that there needs to be a separate provision for cultural needs if it is to avoid a negative impact.

Model 3: Practical Support (Including Care and Repair & Handyperson; Home form Hospital)

The vast majority were in agreement of both aspects of this model, with 97% considering the Care and Repair and Handyperson element useful and 96% considering the Home form Hospital aspect useful.

The vast majority felt these would not have a negative impact on the various community groups.

Model 4: Care and Activity Model

Agreement on this model's usefulness was also high as 44% strongly agreed and 29% agreed, meaning a total of 73% indicated a level of agreement.

Exercise and sports classes (30%) along with day trips (26%), nail care (23%) and hair dressing (23%) were the most frequently mentioned activities that could be provided at the day care centres for people with high needs.

The majority felt this model would not have a negative impact on the different community groups, however more than a fifth said that this model would have a negative impact on people from ethnic minority backgrounds (24%) people with a low income (23%), people with particular beliefs (23%), and people with disabilities (20%).

General Questions

The majority said that separate services are important to older people with dementia (82%), older people with chronic illness / disabilities (71%) and older people from black and ethnic minorities (60%).

In terms of model prioritisation, model 3 was ranked number 1 by the most number of respondents (36%), closely followed by model 2 which was ranked number 1 by 31% of respondents. Model 4 was ranked as a top priority by 27% and just 9% ranked model 1 as their first choice.

4.0 RESULTS

4.1 Model 1: Later Life Planners

This model aims to provide a flexible 'one stop shop' for older people to help them to plan for their future and think about their next steps after retirement, to help keep them well and active. The Council understand the importance of having a health check once in a while and this model of support aims to extend this to looking at one's life as a whole and plan ways to sustain or improve wellbeing into old age.

This service would also aim to support people who need help to solve practical problems, or who may already have a need to access some of the services available for Barnet's elderly and disabled residents.

Its Key features are as follows:

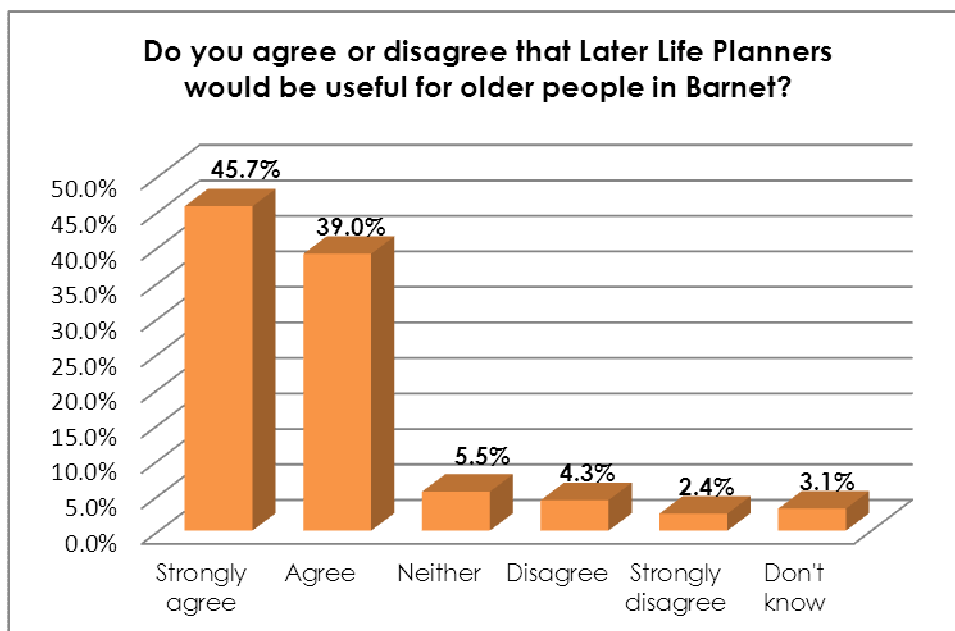
- Universal – open to all older people in the borough, but individual support aimed at those most in need
- Specific support to enable individuals to plan for the future, find the right services, and exercise choice and control
- Provision of advice, information and advocacy, building an individual's ability to help themselves
- Provision of local expert advice - where to find a lunch club, where to join an exercise class

- Help to find one's way around Barnet's health, social care and housing services
- Help to get specialist advice, for example about moving into residential care including financial implications, and finding a local care home
- Help when it is needed before a situation reaches a crisis point
- Support to get welfare and pension benefits and other financial help
- Accompanying people to mainstream activities for a short while, such as lunch clubs, cultural events
- The provider will ensure that there are volunteers available with language skills and cultural knowledge for all the main minority ethnic groups in Barnet

4.1.1 Agreement of the Model

When asked to what extent they agreed or disagreed that Later Life Planners would be useful for older people in Barnet, the majority (85%) indicated a level of agreement with 46% in strong agreement. Just 7% disagreed that this proposed model would be useful.

From the 271 respondents to the questionnaire, 254 gave an answer to this question.



4.1.2 Impact of the Proposed Model

Respondents were asked if they felt the proposed Late Life Planners Model would have a negative impact on various groups within the community. People with disabilities were mentioned the most frequently (16%) in terms of the models perceived negative impact. More than four-fifths (81%) said that the model would not have a negative impact on women.

**Do you think that Late Life Planners would have a negative impact on any of the groups below?
(Base no in brackets)**

Response	Yes	No	Don't Know / Unsure
People from ethnic minority backgrounds	14.7% (36)	65.3% (160)	20.0% (49)
People with disabilities	15.8% (39)	72.5% (179)	11.7% (29)
People who are bisexual, homosexual or transsexual	4.5% (11)	59.7% (145)	35.8% (87)
Men	6.2% (15)	78.6% (191)	15.2% (37)
Women	8.2% (20)	81.1% (197)	10.7% (26)
People with particular beliefs	12.3% (30)	70.4% (171)	17.3% (42)
People with a low income	12.4% (30)	70.7% (171)	16.9% (41)

4.1.3 Improving Negative Impacts

Respondents who had identified potential negative impacts for specific user groups were asked for ideas on how this issue could be improved. In total, 33 respondents provided an answer, 238 did not.

Of the 33 respondents who suggested an idea, 24% said that any costs involved need to be affordable and 18% suggested life planners must have knowledge of specific services. The most frequent comments are shown in the table below.

If you think there will be a negative impact on any of the groups above, do you have any ideas about what could be done to improve this? (Base: 33)		
Response	Number	Percentage (%)
Any costs involved must be affordable	8	24.2
Life planners require knowledge of specific services for groups	6	18.2
Help minorities to integrate	5	15.2
More personal approach required	5	15.2
Specific services for ethnic minorities	4	12.1
Provide transport	3	9.1

4.1.4 Any other comments

Finally on the questions about model 1, respondents were asked if they had any other comments about this proposed model and in total 68 respondents gave a comment. The main comments focussed on publicity and transport.

Do you have any other comments about this proposed model? (Base: 68)		
Response	Number	Percentage (%)
Lots of publicity required for this model	11	16.2
Transport should be provided to access this model	9	13.2
Information should be provided in a variety of languages	8	11.8
This service is already provided (GP's/social workers etc)	6	8.8

People may not embrace/feel they need this service	6	8.8
Would be difficult to administer this model	6	8.8
Long-term support is required to run this model	4	5.9
This is not a useful model for ethnic groups	3	4.4
The model is unnecessary in light of funding cuts	3	4.4

4.2 Model 2: Neighbourhood Model

This aims to provide a range of social events and activities in a local area to promote well-being; and reduce isolation, which can lead to loneliness and depression.

The proposal for neighbourhood services means that there would be places in every neighbourhood where activities will be run. Activities will be located in ordinary community resources such as community centres, libraries; in fact any place where people can gather. This means that no-one will be left out just because they do not live near a day centre.

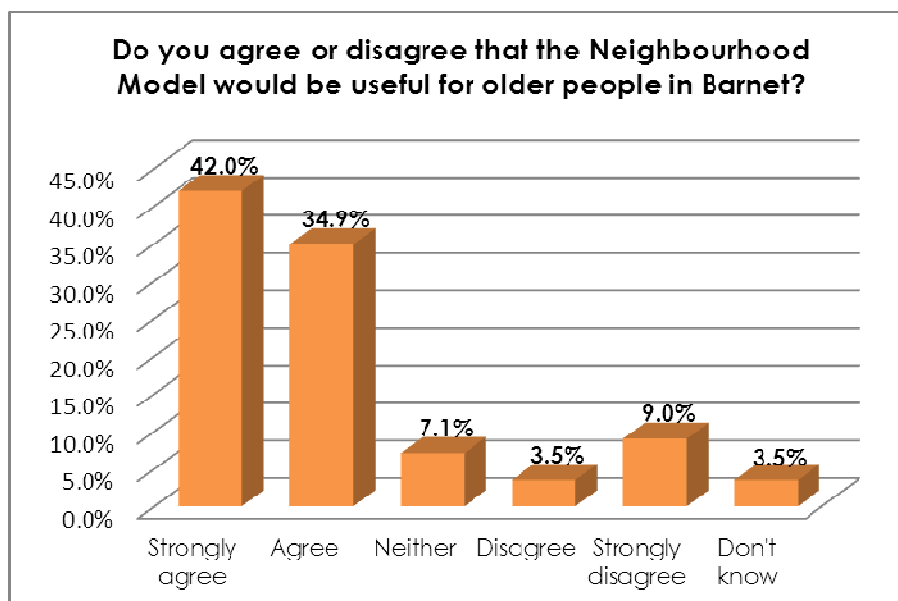
Key features of the Neighbourhood Model are as follows:

- Universal – which means they will be open to all older people in the borough but will particularly aim to support people who are living alone and/or those facing hardship to help them get extra support
- Neighbourhood based - every area of the borough would be covered
- Services will be operated by local volunteer teams working from neighbourhood centres across the borough
- The provider will ensure that there are volunteers available with language skills and cultural knowledge for all the main minority ethnic groups within Barnet
- Activities could be located in community centres, libraries; in fact any place where people can gather
- A range of activities could be arranged such as exercise classes, religious and cultural events, walking groups, interest based clubs etc, which would help to enhance friendships and social networks
- Activities could also include befriending services to people in their own homes by trained volunteers

4.2.1 Agreement of the Model

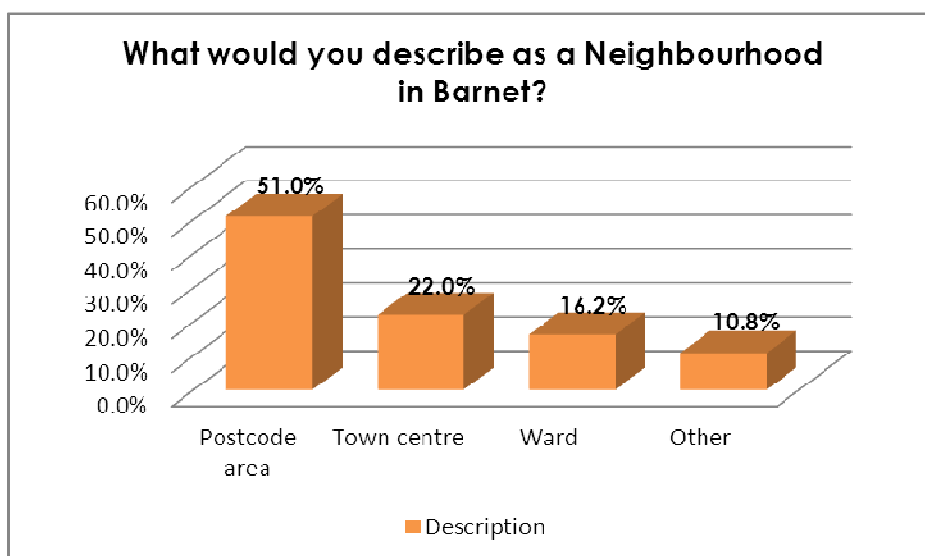
When asked to what extent they agreed or disagreed that the Neighbourhood Model would be useful for older people in Barnet, over three-quarters (77%) said they were in agreement. 4% did not know or had no opinion and 13% disagreed that the Neighbourhood Model would be useful.

From the 271 respondents to the questionnaire, 255 gave an answer to this question.



4.2.2 Description of a 'Neighbourhood'

More than half of all respondents said that a postcode area was the better description for a neighbourhood in Barnet. Just less than a quarter (22%) said it was a town centre and 16% opted for ward. Respondents were asked to pick one of these three from a predetermined list. They also had the option to say other (11%).



Of the 26 respondents that said other, 22 respondents gave responses which are shown in the table below.

Please describe other? (Base: 22)		
Response	Number	Percentage (%)
Range of a few streets either side of address	8	36.4

A community with similar interests and characteristics	7	31.8
Small local groups	5	22.7
Division of Borough	1	4.5
Are surrounding a community centre	1	4.5

4.2.3 Activities Best Suited To Health and Well-being Maintenance

When asked about activities which are best suited to help older people maintain their health and well-being, the vast majority (94%) said that practical assistance would be the best suited. Information on cultural and religious activities was mentioned the least frequently (81%).

Which of the following activities do you feel are best suited to help older people maintain their health and well-being? (Base: 264)		
Response	Number	Percentage (%)
Practical assistance	249	94.3
Befriending	231	87.5
Health promotion	223	84.5
Learning opportunities	215	81.4
Information on cultural / religious activities	213	80.7

4.2.4 Local Activities and Events

Respondents were asked what type of other local activities and events they believe would make a difference to older people's health and well-being in Barnet and the main suggestions are shown in the table below. Exercise and sport (25%) and day trips (22%) were mentioned the most frequently.

What kinds of other local activities and events do you think would make a difference to the health and well-being of older people in Barnet? (Base: 116)		
Response	Number	Percentage (%)
Exercise/sport	29	25.0
Day trips	26	22.4
Lunch club/coffee mornings/socials	23	19.8
Arts	19	16.4
Shopping trips/bus	10	8.6
Health check up	9	7.8
Socialising	8	6.9
Cultural festivities	7	6.0

4.2.5 Impact of the Proposed Model

Respondents were asked if they felt the proposed Neighbourhood Model would have a negative impact on various groups within the community and the majority felt it would not have a negative impact on the various community groups. However, at least a fifth of respondents said it would have a negative impact on: people with disabilities (25%); people with particular beliefs (22%); people from ethnic minority backgrounds (22%) and people with a low income (20%).

Do you think that Late the neighbourhood Model would have a <u>negative</u> impact on any of the groups below? (Base no in brackets)			
Response	Yes	No	Don't Know / Unsure
People from ethnic minority backgrounds	21.7% (55)	64.2% (163)	14.2% (36)
People with disabilities	24.9% (63)	64.0% (162)	11.1% (28)
People who are bisexual, homosexual or transsexual	7.3% (18)	60.7% (150)	32.0% (79)
Men	10.2% (25)	75.1% (184)	14.7% (36)
Women	13.1% (32)	76.2% (186)	10.7% (26)
People with particular beliefs	21.7% (55)	62.1% (157)	16.2% (41)
People with a low income	20.0% (50)	66.0% (165)	14.0% (35)

4.2.6 Improving Negative Impacts

Respondents who had identified potential negative impacts for specific user groups were then asked to give suggestions on how this issue could be improved. 61 respondents provided an answer to this field, 210 did not.

Of those who gave a response, more than half (53%) said there is a need for separate provision for cultural needs, whilst 28% suggested that any costs should be affordable.

If you think there will be a negative impact on any of the groups above, do you have any ideas about what could be done to improve this? (Base: 61)		
Response	Number	Percentage (%)
Separate provision for cultural needs	32	52.5
Any costs should be affordable	17	27.9
Provide access for all	10	16.4
Provide transport	10	16.4
Improve disabled access to centres	9	14.8
Provision for dietary needs	7	11.5

4.2.7 Any other comments

Respondents were asked if they had any other comments about the proposed Neighbourhood Model and 53 gave a response with the requirement for transport mentioned the most frequently.

Do you have any other comments about this proposed model? (Base: 53)		
Response	Number	Percentage (%)
Transport required for people who need it	9	17.0
Quality volunteers must be funded and supported	7	13.2
The model will be effective in reducing isolation	7	13.2
This model maintains old people's independence	5	9.4
Important to provide activities in people's own area	4	7.5
Trained, professional staff needed for this model	4	7.5

4.3 Model 3: Practical Support (including Care and Repair & Handyperson; Home from Hospital)

Care and Repair, and Handyperson services

Help with large or small jobs around the home to make sure it's safe, warm and in good repair.

Key features are as follows:

- Available across Barnet
- Help with a range of small jobs around the home and garden (plumbing, decorating, removal of furniture, smoke alarms, gardening)
- Help to choose an approved contractor if a home needs bigger repairs and maintenance - and a checking service on the contractor's bill and standard of work
- Advice and help to make a home secure to reduce the risk of burglary
- Help to get adaptations such as rails or stair lifts so residents can get about safely in their home
- Help to apply for grants if one can't afford the adaptations needed
- Referrals to other agencies/services for people needing specialist assistance

As is the case now, the contractor will be likely to make a small charge, for example, for materials etc.

Home from Hospital

Help with moving back home from hospital once your medical needs have been met

The key features are as follows:

- Available across Barnet
- Emotional and practical support

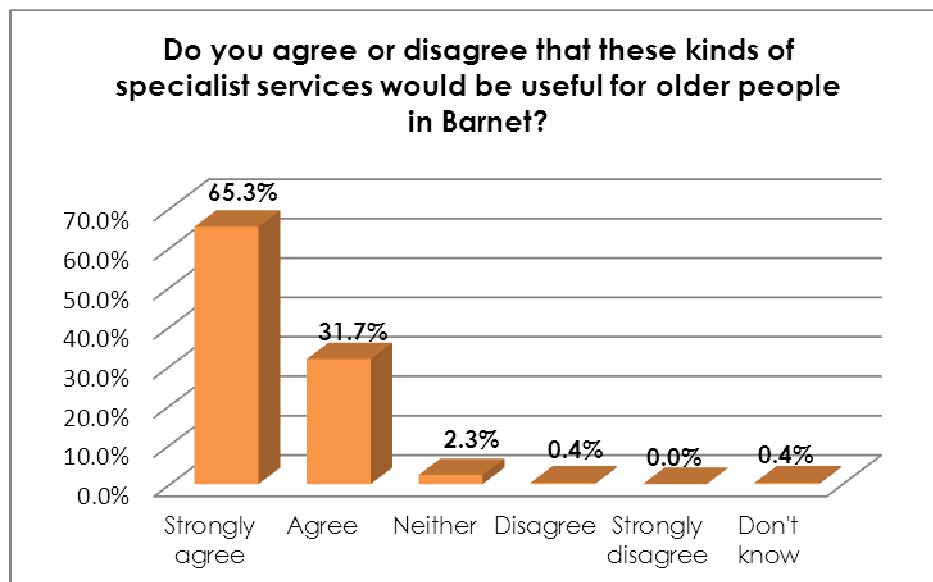
- Assistance with shopping/collecting prescriptions etc.
- Food parcel on the day of discharge
- Assistance with bills/paperwork that may have accumulated during a stay in hospital
- Liaison with other services
- Escort to hospital visits, GP, etc

4.3.1 Agreement of the Model

Care and Repair and Handyperson

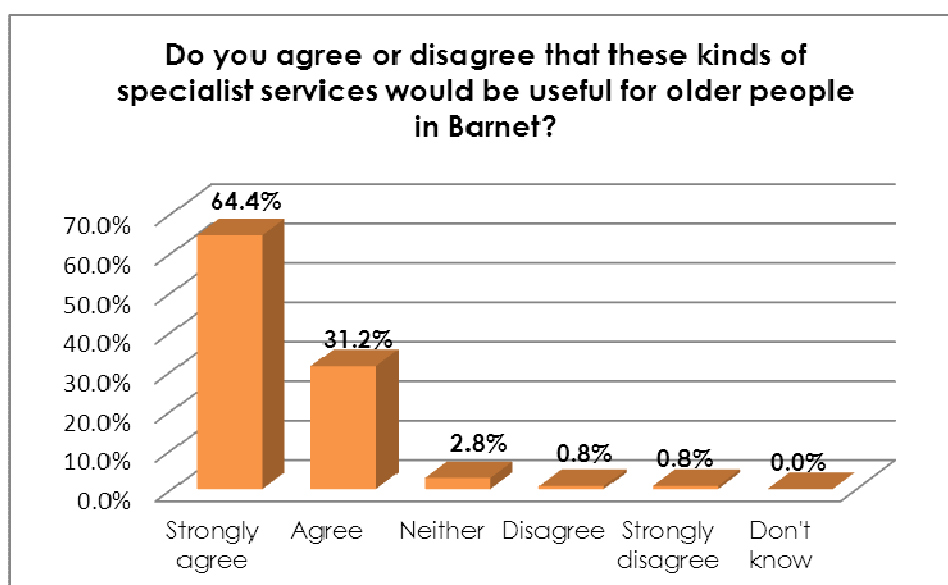
There was almost universal agreement (97%) that the Care and Repair and Handyperson specialist service would be useful for older people in Barnet, with 65% in strong agreement.

From the 271 respondents to the questionnaire, 259 gave an answer to this question.



Home from Hospital

Again there were very high levels of agreement (96%) in terms of the usefulness of the Home from Hospital service, with less than 2% suggesting this was not a useful proposal.



4.3.2 Other Specialist Services

Respondents were asked whether they could think of any other specialist services that would make a difference to the health and well-being of older people in Barnet with the most frequent comments shown in the table below.

Can you think of any other kinds of specialist service that you believe would make a difference to the health and well-being of older people in Barnet? (Base: 80)		
Response	Number	Percentage (%)
Escorts to medical appointments	9	11.3
Home care help	9	11.3
Befriending service	9	11.3
Help with shopping	7	8.8
Health visits	7	8.8
Home adaptations	6	7.5
Financial advice	5	6.3
Physio service	5	6.3
Nail cutting	5	6.3
Cleaning service/housework	4	5.0

4.3.3 Impact of the Proposed Model

Respondents were asked if they felt the proposed model would have a negative impact on various groups within the community. At least 73% felt this model would not have a negative impact any of the community groups mentioned in this question.

Do you think that these practical support services would have a negative impact on any of the groups below? (Base no in brackets)			
Response	Yes	No	Don't Know / Unsure
People from ethnic minority backgrounds	8.1 (21)	79.5 (205)	12.4 (32)
People with disabilities	11.0 (28)	80.4 (205)	8.6 (22)
People who are bisexual, homosexual or transsexual	4.0 (10)	73.3 (184)	22.7 (57)
Men	5.6 (14)	83.5 (207)	10.9 (27)
Women	7.6 (19)	84.9 (213)	7.6 (19)
People with particular beliefs	7.8 (20)	78.1 (200)	14.1 (36)
People with a low income	10.7 (27)	80.2 (203)	9.1 (23)

4.3.4 Improving Negative Impacts

The 22 respondents who had identified potential negative impacts for specific user groups were asked for ideas on how this issue could be improved, of which 36% said that any costs must be affordable and 22% stressed that services must be appropriate to cultural backgrounds and beliefs. Any comment mentioned by more than 1 respondent is shown in the table below.

If you think there will be a negative impact on any of the groups above, do you have any ideas about what could be done to improve this? (Base: 22)		
Response	Number	Percentage (%)
Any costs involved must be affordable	8	36.4
Services must be appropriate to cultural backgrounds/beliefs	5	22.7
Ensure people feel safe when receiving in-home services	4	18.2

4.3.5 Any other comments

Finally on the questions about model 3, respondents were asked if they had any other comments about this proposed model. In total 38 out of the 271 respondents made a comment on this question. Any comment mentioned by more than 1 respondent is shown in the table below.

Do you have any other comments about this proposed model? (Base: 38)		
Response	Number	Percentage (%)
There will be a cost to pay	8	21.1
People would remain independent with this model	5	13.2
Support should be sustainable	4	10.5
Vetting/CRB checks are required for service staff	3	7.9

This model could be integrated with Neighbourhood Model	2	5.3
The model is already provided	2	5.3
Care & Repair service would be a financial drain on the model	2	5.3
Trained, professional staff should provide this service	2	5.3
Inspection to be carried out after repairs	2	5.3
Provide information of practical support in range of languages	2	5.3

4.4 Model 4: Care and Activity Model, Day Opportunities for Older People with Extra Need for Support

This covers day centre services catering for the most frail, those with significant personal care needs, with complex needs, and for those with dementia. Whilst there is an expectation that all services welcome people with dementia, and people from ethnic minority groups; in the past there has been a case for separate provision for those with high levels of dementia (including those under 65 years old) and specialist provision for some individuals from the Asian community.

The Council already commissions these kinds of services (they include the day centres run by Fremantle Trust and the Marillac Centre run by the Barnet Alzheimer's Society) but they propose to provide fewer but better quality places in future. At present, the services are not geared to the needs of individual people as well as they should be. The council want to make sure that they are attractive to the people who most need them – and make a real difference in preventing residential care admissions where this is not the right solution for people.

Currently the Council funds these services directly but in the future the majority of this funding will be from individuals using their Personal Budgets.

The key features are as follows:

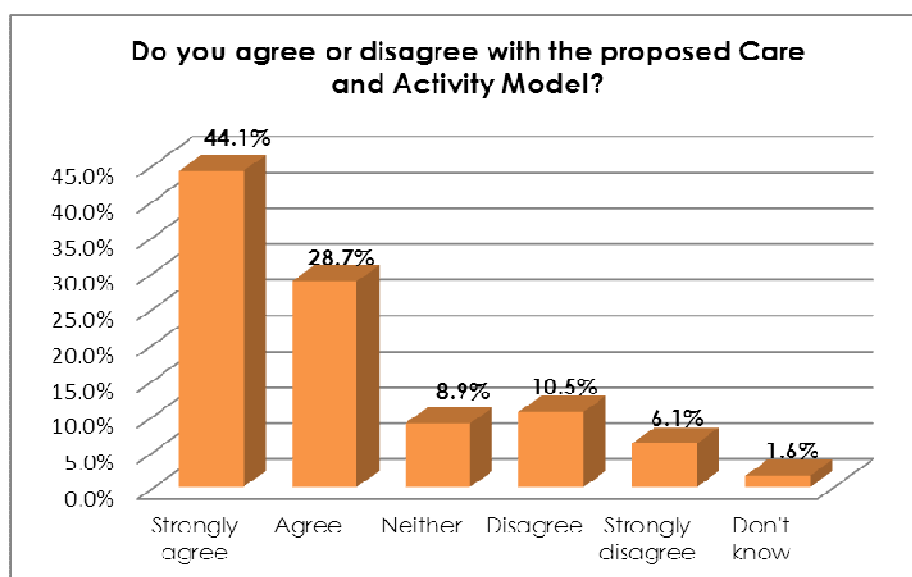
- Targeted at those with high needs in line with London Borough of Barnet Fair Access to Care (FACS²) eligibility criteria for social care
- Aimed at supporting people who are at high risk of admission to residential or nursing care homes, or at risk of frequent hospital episodes
- Provision of respite for carers, and carers support circle
- Flexible sessional attendance – i.e. full day, AM or PM, plus week-end cover
- Providing on-going support for as long as it is needed
- An 'enabling' approach from a core team of carers and volunteers, to support people to do things themselves, instead of doing it for them

4.4.1 Agreement of the Model

Respondents were asked to state to what extent they agreed or disagreed with the proposed model 4's usefulness and 73% agreed to some extent, with 17% in disagreement.

² Fair Access to Care Services (FACS) is the system used by all social services departments to work out whether someone qualifies for social care support. In Barnet, if someone's needs are shown to be 'critical' or 'substantial' under FACS criteria, they will qualify for support from the Council.

From the 271 respondents to the questionnaire, 247 gave an answer to this question.



4.4.2 Day Centre Activities for those with High Needs

Respondents were asked if they felt there were any types of day centre activities that are important for people with high needs and more than a fifth mentioned the following activities: exercise/sports classes (30%), day trips (26%), nail care (23%), hairdressing (23%), and cultural/religious activities (21%).

What type of day centre activities (such as individual or small group activities, interest groups, outings, hairdressing, nail care etc) do you think are important for people with high needs? (Base: 129)

Response	Number	Percentage (%)
Exercise / sports classes	39	30.2
Day trips	34	26.4
Nail care	30	23.3
Hairdressing	29	22.5
Cultural / religious activities	27	20.9
Art based activities	17	13.2
Socialising	15	11.6
Chiropody	12	9.3
Help with core needs	11	8.5
Lunch clubs	11	8.5
Befriending	10	7.8

4.4.3 Impact of the Proposed Model

Being consistent with the previous three proposed models, respondents were asked if this proposed model would have a negative impact on any of the various community groups and although the majority said no, more than a fifth suggested that it could have a negative impact on the following groups: people with disabilities (20%), People with particular beliefs (23%), people with a low income (23%) and people from ethnic minority backgrounds (24%).

Do you think that the proposed Care and Activity Model would have a <u>negative</u> impact on any of the groups below? (Base no in brackets)			
Response	Yes	No	Don't Know / Unsure
People from ethnic minority backgrounds	24.3% (61)	66.1% (166)	9.6% (24)
People with disabilities	20.0% (50)	70.8% (177)	9.2% (23)
People who are bisexual, homosexual or transsexual	5.7% (14)	66.1% (162)	28.2% (69)
Men	9.7% (24)	76.1% (188)	14.2% (35)
Women	14.7% (36)	75.9% (186)	9.4% (23)
People with particular beliefs	22.8% (56)	66.3% (163)	11.0% (27)
People with a low income	22.9% (56)	69.0% (169)	8.2% (20)

4.4.4 Improving Negative Impacts

Respondents who had identified potential negative impacts for specific user groups were asked for ideas on how this issue could be improved. 17 respondents provided an answer to this field, 254 did not.

Of the 17 respondents who suggested an idea, 82% said that there is a need to educate people as to what services are available and 18% said there is a need to work more closely with the voluntary sector.

If you think there will be a negative impact on any of the groups above, do you have any ideas about what could be done to improve this? (Base: 17)		
Response	Number	Percentage (%)
Educate people as to what services are available	14	82.4
Work more closely with the voluntary sector	3	17.6

4.4.5 Any other comments

Respondents were asked if they had any other comments on the fourth model and 42 out of 271 respondents made a comment. The following table shows the most frequently mentioned comments.

Do you have any other comments about this proposed model? (Base: 42)		
Response	Number	Percentage (%)
The model targets only a small group of people	7	16.7
Non-provision of cultural/religious services may lead to isolation	4	9.5
Maintain provision of day care centre	4	9.5
Day centres reduce isolation and depression	3	7.1
Care workers must be highly trained	3	7.1
Reliable assessment of level of needs is required	3	7.1

4.5 General Questions

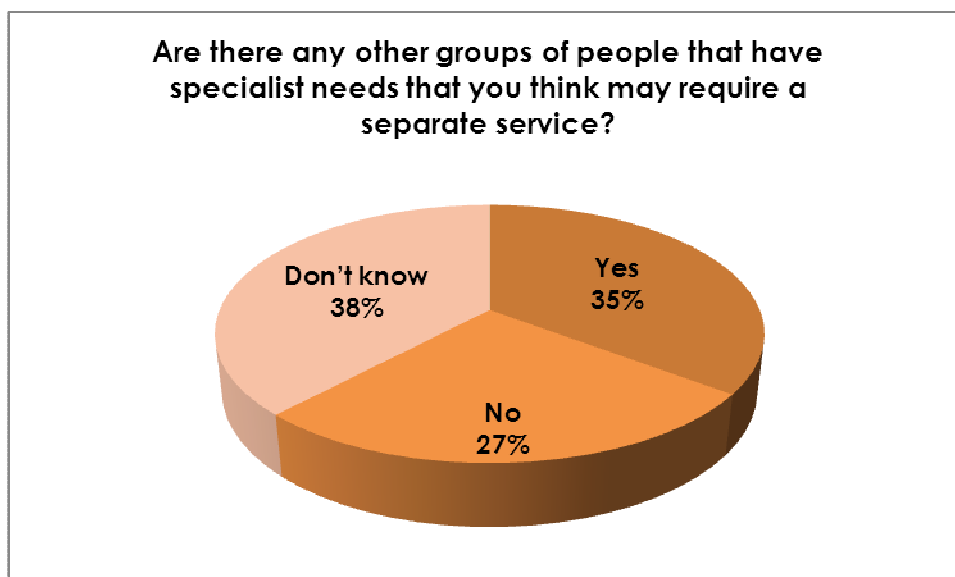
In the last section of the questionnaire respondents were asked four general questions around older people's needs and services and to prioritise the models.

4.5.1 Separate Services

Three groups of people with specialist needs were identified and respondents were asked if they believe if it is important to provide separate services to these specific groups and 60% or more said that the separate services are important in regards all three community groups. Older people from black and ethnic minorities were considered the least important group (29%).

Please give your opinion about whether separate services are important for each of the groups listed below. (Base no in brackets)			
Response	Yes	No	Don't Know / Unsure
Older people with dementia	81.5 (211)	12.0 (31)	6.6 (17)
Older people from black and ethnic minorities	60.1 (152)	29.2 (74)	10.7 (27)
Older people with chronic illness / disabilities	71.1 (182)	21.1 (54)	7.8 (20)

Respondents were then asked to think about any other groups that they felt may require a separate service and 35% said there were other groups that may require a specialist service. More than a quarter (27%) said no and 38% did not know.



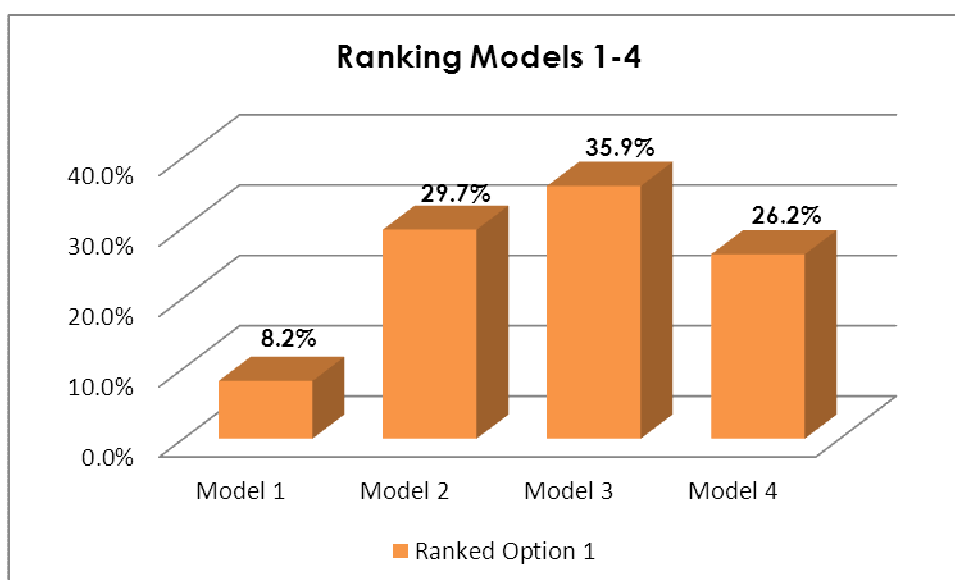
Those that said yes gave the following suggestions, with mental health featuring in 44% of responses.

Are there any other groups of people that have specialist needs that you think may require a separate service? (Base:)		
Response	Number	Percentage (%)
People with mental health issues	20	43.5
Women	13	28.3
People with mobility problems	5	10.9
People with learning difficulties	4	8.7
Older people who are lonely	3	6.5
People with hearing difficulties	3	6.5
People with eyesight problems	2	4.3
Epileptic people	1	2.2
People with a history of violence	1	2.2
Bereaved people	1	2.2
People in debt	1	2.2

4.5.2 Service Prioritisation

Respondents were asked to rank the four proposed models in terms of perceived suitability and the following graph shows that model 3 was ranked number 1 by the most number of respondents (36%), closely followed by model 2 which was ranked number 1 by 31% of respondents. Model 4 was ranked as a top priority by 27% and just 9% ranked model 1 as their first choice.

In total 195 out of 271 answered this question.



103 respondents gave a justification for how they had prioritised the four proposed models and the most frequent answers are shown in the table below.

Please give a short statement outlining the reasons for your choices. (Base: 103)		
Response	Number	Percentage (%)
Would be most beneficial to my current situation	27	26.2
Practical support is a necessity to provide independence	21	20.4
Important to reduce isolation	15	14.6
The most support is required for the most vulnerable person	15	14.6
Services should help older people stay independent/self-sufficient	14	13.6
Important to provide respite for people/families providing care	9	8.7
This would provide most help to the greater number of people	6	5.7
Everyone should try and plan for later	5	4.9

4.5.3 Final Suggested Improvements

Finally, respondents were asked if they could think of any other ways that the council and service providers could improve days services for older people and comments were spread across a whole range of issues; the most frequent of which can be seen in the table below.

Are there any other ways that you think the council and service providers could improve day services for older people? (Base: 106)		
Response	Number	Percentage (%)
Fund existing voluntary services/charities	17	16.0
Provide and maintain funds	15	14.2
Maintain/increase amount of day care centres	15	14.2

Improve transport facilities for old people	14	13.2
Simply forms/questionnaires	10	9.4
More advertising/provide information of services available	9	8.5
Information should be provided in a variety of languages/formats	9	8.5
Make regular contact with older people	8	7.5
Recognise individual needs	7	6.6
Wider range of day centre activities	6	5.7

Appendix 3 B - Results of Age UK Barnet's internal consultation

Age UK Barnet has carried out its own consultation in relation to the Council's proposals. As the questions were changed from that of the council's these could not be analysed in the same way as the others and are shown separately below. It should be noted that the questions and responses received are very specific to services being provided by Age UK Barnet. 191 questionnaires were completed by Age UK service users.

Age UK Barnet - Internal consultation

Many clients found the Barnet consultation document difficult to complete. We therefore asked them to complete a briefer and simpler questionnaire designed by us.

Methodology

Presentations on the consultation document were made each day at both day centres for a period of one week, together with a question and answer session. Clients were invited to complete either the Barnet Council questionnaire or our questionnaire. Staff were available to scribe for clients who needed support. Drop in clients were also invited to complete questionnaires.

191 questionnaires were completed. In addition, oral feedback was collated by staff from a number of clients and their carers. The oral feedback from clients followed largely the written responses in these questionnaires. The oral feedback from carers was largely negative. Carers expressed concern about 1) being forced to give up work in order to care for older people; 2) being unable to afford levels of care required if day centres are withdrawn; and 3) concerns about physical and mental health of older people.

Services used

Day Centre	139
Exercise classes	66
Transport	43
Classes (art/computer/bridge etc)	21
Handyperson	9
Information & advice	4
Volunteering opportunities	4
Outings	3
Hearing aid clinic	2
Hairdresser	2

Nail cutting	2
Chiropody	1
Carer support	1

It should be noted that it is likely that the cross-use of services is under-represented by these figures. For example, we know that 80% of our clients rely on transport for access to the day centres. In addition, comments refer to nail cutting/ computers etc in larger numbers than shown.

Barnet Council wants to stop funding organisations like Ann Owens Centre/ Meritage Centre, which means that day centres will not receive funding and may close. What will this mean to you?

A number of words or phrases recurred, as did various concerns. These are summarised below

Loss of contact with friends, loss of companionship or company	61
Loneliness/isolation/ live alone	52
Loss of exercise opportunity	52
I will have to stay at home/ housebound	44
Concerns re self-care/ independent living/ health	29
Depression/ unhappiness/ upset	23
Loss of hot meal/ nutritional support	21
Chatting/ socialising	20
Loss of activities/ stimulation/ recreation	16
Day centre is a "lifeline"	13
Loss of practical support (I&A, hairdressing, nail-cutting, hearing aid clinic, chiropody)	8
"Nowhere to go"	7
Concerns re costs and charges	6
Concern about lack of availability of local facilities/ premises	5
Concern about carer's ability to cope	5
Boredom	1

Most striking in these figures are the high numbers of older people who explicitly used the words loneliness and isolation. Earlier research by Age UK Barnet and Middlesex University showed that these words are strongly taboo in this age group; acknowledging this openly in writing is therefore extremely significant. Secondly, the proportion of people who stated that they will be housebound if day centres, which provide all day care and transport, are closed (23%) is notable. Illustrative comments are reproduced below:

- "I will have to stay at home. No friends, no communication."
- "If I didn't attend the day centre I would be at home on my own. I am wheelchair bound and cannot walk on my own. At least at the day centre there are people to talk to and I can participate in exercise etc and there are staff available all day to help me."
- "No company. No food, who would provide this? It would be very difficult to look after ourselves."
- "This will mean that I will be completely isolated. My quality of life will be non-existent which will lead me to be completely unhappy. I am unable to get around by myself so I would be housebound. I probably wouldn't get out of bed."

- “Being confined to home 7 days a week with no respite.”
- “The day centres are a lifeline for us elderly people. We meet our friends, talk, discuss various things, laugh, we give birthday Christmas cards, buy cakes for our day, we keep active, we have talks, visiting choirs, tea dances, on Thursday we have Tai Chi, some raffles. We have transport to and from the centres. It’s something to look forward to. If I don’t have Thursday out it means there is nothing, everyday the same.”
- “Not being able to see old friends.”
- “I will have nowhere to go on Thursdays which may cause disruption at home with my landlady who looks forward to a few free days.”
- “The loss of a valuable exercise class and also meeting and making friends. I have arthritis and Tai Chi helps keep me mobile and also I look forward to seeing friends. It is the highspot of my week. There are no suitable church halls to provide all the activities provided by the Meritage Centre.”
- “Closure of these services will be a great blow to my motivation in living healthy, useful and as normal a life as possible.”
- “I will be very upset and lonely without the centre. We all meet every week and we’ve become like a family”.
- “Isolation to the elderly. Loneliness, all friends would disappear. No hot food, my only meal of the day.”
- “My health would regress eg balance, memory loss. In the long term it would be more costly if my health deteriorates.”
- “Meeting people. Otherwise indoors all day as I am blind.”
- “Personally, this a lifeline to keep me mobile after a broken hip.”
- “I would be very upset to lose contact with new friends of my age and also lose practical help from staff at the centre. It is really good to have space with proper toilet facilities and a kitchen.”
- “Isolation, as I suffer from depression. This will get worse. I do not make myself meals, so I will either eat rubbish or go hungry. I have had a small stroke and rely on the people at the centre, both staff and clients, for support.”
- “I will be isolated in my home as I love alone and can only walk a short distance. I will miss my friends and contact with the outside world. It is hard to even think about.”

Comments from volunteers

- “Much more isolated at home. Coming and doing volunteering at the Meritage Centre keeps me fit and energetic.”
- “Firstly, if the centres close I will lose my job which will mean I will be stuck in my house, climbing the walls or watching rubbish TV. Not a good thing.”

Comments from carers

- “The carer person will lose the only free time she has when U is at the Owens Centre. This gives her time to breathe and do something for herself before U comes back from the Centre.

Do you think this should happen?

No	183
Blank	6
Yes	0
No, unless there is another solution that can be met	1
I don’t think they should stop the transport	1

They want to replace all the current organisations supplying services with one organisation. Do you think this is a good idea?

No	138
Yes	25
Maybe	12
Blank	16

Some people added comments to their answer. Inclusion was important to those supportive of the idea:

- “A good idea if everyone benefits” “Yes, everyone work jointly under one scheme”
- “One organisation is a good idea as long as everyone is allowed to participate in it”.

Some caveated this:

- “This would be fine it includes everyone and also transport was provided” was a sentiment expressed by 5 people, some of whom also added lunch, Tai Chi, or continuation of day centres, to the essential list.

One respondent saw this as a way of cutting costs:

- “If that would save money by eliminating overlapping services then, yes, it is a good idea.”

The “maybes” were concerned about outcomes

- “It all depends on the services they offer”.
- “It depends on how the organisation is run.”
- “I think Age UK [Barnet] should continue to be responsible for supplying services.”
- “Only if it is the same principle as it is now and the older people are thought of”

Of those opposed to the idea, objections fell into a number of areas.

1. Loss of local or other expertise (eg dementia care, BME issues), flexibility and diversity

- “No, I believe it would be a loss of specialty in any which field. You can’t expect form one organisation to be an expert in every field.”
- “No, loss of flexibility and variety in provision.”
- “This is bound to mean a loss of diversity and less convenient locations which for older people will mean complete loss of this provision for them.”
- “No, variety of choice is essential.”
- “No. Smaller organisations specialise in their area, they know the needs of the groups and provide it. If one big organisation takes over, all that personal attention to detail will be lost.”
- “No, this will result in insufficient facilities and incompetency.” “No. There might be less choice.”

2. Concern about a single organisation being too impersonal and lack of signposting

- “The current situation works well and gives a good community effect. One large organisation becomes too impersonal and people might not attend.”
- “It will be complete chaos, as no-one will be sure which service they require and how will they get there without transport.”
- “Large organisations often become bureaucratic. Smaller ones are intimate.”
- “No, should not happen as the people are all known that run the centre and are trusted by me.”

3. Concerns that this will increase costs

- “No. It works really well as it is. Changing it will cost a lot of money.”

4. Concerns about current voluntary sector groups ability to work together

- “No, too much opposition to each other ie who does certain runs. The shorter one? Too many chiefs (not enough Indians).

They want to put money into services like:

- Providing more accessible Advice and Information relevant to the older population**
- Activities held in local community venues like church halls and libraries. There is currently no transport provision included in the proposals.**
- Home from Hospital Service**
- Handyperson Scheme**

Do you think this is sensible?

a. Information and Advice	
Yes	34
No	85
Blank	67
Maybe	5
b. Neighbourhood activities	
Yes	22
No	102
Blank	62
Maybe	5
c. Home from Hospital Service	
Yes	35
No	82
Blank	66
Maybe	8
d. Handyperson Scheme	
Yes	44
No	75
Blank	66
Maybe	8

The comments made on this section throw some light on these figures. The impression is given that a number of people are not willing to support alternative services, some of which are already in place and very popular, because they see it as a choice between these services and supporting day centres, which are their first priority, as the most important source of practical support they receive.

For example:

- “No, because you are expanding by contracting major services. Not sensible at all.”
- “All these proposals are already catered for at this centre.”
- “No, it will in no way compensate for what is lost. It may save money in the short term but long term it will cost more for old people deprived of companionship, will lapse into depression, possible senility and hospitalisation.”
- “The above now operate at the Ann Owen including transport for disabled elderly, plus lunch club. Why waste money?”
- “I certainly do not agree with the above proposals. The people at the Day Centre are qualified and my doctor recommended Barnet Age Concern was the best place.”

- “No, it is destroying one of the joys of current provisions for the elderly.”

This was also true of people who supported the plans:

- “As long as other people don’t suffer at being housebound without daycentre.”
- “All well in theory but what about the people who already use day services. You are taking from us to add to the above.”
- “It is sensible provided that those services are properly financed and adequately staffed.”
- “Yes, providing transport can be provided” “They are wonderful services, but I like coming to the same place where I know people.”

Crucial to rejection of the neighbourhood model is concern about transport/access and to a lesser extent about availability of hot food.

- “No, because people like me wouldn’t be able to afford transport, and if a packed lunch was suggested I couldn’t shop or make one up for myself.”
- “No, how would we get there without transport?”
- “If no transport is provided that would be very difficult to get there as taxis are expensive.”

For some, separation from old friends through diversion to new services was a key concern:

- “No. How would we be able to get to these different venues. We would lose all our friends. Would lunch be provided? If not how would we be able to do this ourselves?”
- “No, because it would be the same problem no transport, no friends that you have met at the day centre. Plus it would mean no food and paying for own transport.”

Others expressed concern about the availability, and cost, of suitable community premises:

- “You are closing libraries anyway.”
- “No. How can I access public transport to these venues? I am in a wheelchair. What good is providing more information and advice if there is no place to go?”
- “Unless transport is provided people cannot get to places, especially partially disabled. Some religious people may object to entering a different religion’s building.”
- “There is no space in the library or church hall (Hendon). Space is important for Tai Chi, dancing, eating and for other activities. Why not provide transport for those whom cannot use their travel passes...Of course it is sensible but those services already exist in the Meritage Centre with a very good standard. Why spend more money on modernisation and renting new premises when really we do not want you to spend more of our tax money unnecessarily.”
- “No, you don’t need to use church halls and libraries when you have a dedicated centre.”
- “No, they are already closing libraries and church halls are not purpose built for this community. Advice and information can be available at current centres. Home from Hospital is a separate issue. Handyperson scheme can be implemented without wasting money closing a purpose built building.”
- “Transport is key to many people. Church halls and libraries don’t have the intimacy of atmosphere found in the day centre.”

For a few their comments were directed towards political priorities within the Council

and issues of trust:

- “Disabled people should get what they deserve – so should older people. If the Council wants it can support all the needy groups. This is their responsibility.”
- “I & A – we already have that. Church halls and libraries – where are they? No transport provision – which means the elderly will once again be isolated in their own homes. Home from Hospital – this should be provided by the NHS. Handyperson - this is already provided very well by Age UK Barnet. If the system ain't broke, don't interfere! We want friendly local folk – not faceless beurocratic [sic] councillors who are hellbent on selling off the boroughs assets and services to the detriment of residents.”
- “These are all proposals. How are these ideas going to be implemented, who will be overseeing the running of these services. If it is going to be a company whose main aim is to be profitable, I can see this being a disaster.”
- “No because nothing of the above ever happens and the places still close.”

They argue that more of the population would benefit from this than the current emphasis on day centres. Would you be likely to take advantage of any of the services mentioned above? If your answer is yes, which ones would you use?

a. I & A	
Yes	15
No	95
Blank	96
Maybe	7
b. Neighbourhood activities	
Yes	18
No	72
Blank	96
Maybe	6
c. Home from Hospital	
Yes	17
No	73
Blank	96
No	7
d. Handyperson Scheme	
Yes	32
No	57
Blank	96
Maybe	6

The comments fell broadly into the same areas as the previous question, with respondents prioritising day services, or seeing these services as a useful adjunct to day centres rather than as a replacement. Examples of comments from people who would use the proposed service models:

- “I would be interested in all, especially a and d, but would love to have it added to the current service.”
- “Benefits advice and handyperson.”
- “All of them but our leisure services are just as important. Maybe we would not need so much of a-b-c-d.”
- “Prefer day centres – nothing like them.”

From those who were against the proposed models of service, again transport and a preference for the day centre model were the most frequent reasons given:

- “None – Ann Owen within walking distance and if no transport provided I could not attend.”
- “I am happy with day centres. I cannot see how the ideas being put forward are going to help me or others like me. I believe there should be more centres like Ann Owens Centre rather than closing them down.”
- “Day centres are too important to lose. Often it is the only outing of the week for the elderly. It will mean isolation for many.”
- “I need the day centre not the other activities without transport. I need transport to get from A-Z”
- “The services above are already available. Day centres for the most vulnerable in society are a necessity. They should be increased, not cut and more funding should be available for the less fortunate.”
- “I think less people would benefit purely on the fact that transport will be taken away. How many elderly people run their own cars, or can afford the upkeep/ privilege of a car. The list of proposed services appears so meagre & detrimental, so poorly thought out, putting people’s needs and their dignity below the requirement to save such a small amount of the council tax that may be saved.”

Some were clear about identifying the attributes of day centre care which they felt were particularly helpful, other than transport:

- “Day centres are essential – they give a club-like feel, provide mental and physical stimulation of different kinds as well as advice. There is a variety of staff that they can interact with and spot any difficulties they may have.”
- “Only Keep Fit. Please, Age Concern [Age UK Barnet] is perfect. Please do not change it.”

One last comment voices some of the anger and despondency which we have had expressed to us orally by clients anxious about the future:

- “What point is there in living longer, if there is no social life, or friends to meet? How about a toxic pill for us all at a certain age – would that solve the problem?”

Appendix 3C - ENGAGEMENT MEETINGS ON THE OLDER ADULTS DAY SERVICES MODEL

1. Meetings with Representative Organisations / Boards

March 2011- Older Adults Partnership Board (OAPB) - draft proposals introduced to OAPB.

20 July 2011 – Barnet Older Adults Assembly (BOPA) Committee meeting – Sub group set up to proceed with the preparation of the proposals for Day Opportunities for Older people (DOFOP)

19th October 2011 - DOFOP Providers’ meeting – Re-drafted consultation report discussed with a group of contracted providers

10 November 2011- DOFOP Advisory Group meeting - initial meeting with users (and some providers). A separate group to Providers is being set up as Service Users would be asked to sit on the interview panel for new providers and monitor the new contract.

31 January 2012 – OAPB meeting - Draft consultation document and planned consultation activities discussed.

21 February 2012 - Older Adults Network and BME Network meetings – Initial discussions about transition planning and also Q&As published

February 2012- All contracted providers are notified that 23% cut will apply from 1 October 2012

11 April 2012 - DOFOP Providers' Meeting –

- Providers asked to nominate more users to the Advisory Group;
- 23% cut will be made to all contractors' funding from 1st October 2012 and all the contracts will be terminated by 31 March 2012.
- Providers warn that services may need to start winding down from October.
- All Providers present agreed that the need to work together to put forward a viable 'offer' to the council in response to its proposals which could be put to Cabinet.

17 April 2012 – Attendance at a BOPA conference – a simplified copy of the consultation document was circulated and explained. Copies of the questionnaires were distributed to the 100+ attendees.

18 April 2012 – Locality meeting - presentation of easy-read version of the consultation document. This was distributed to all localities.

25 April 2012 – Meeting with BOPA representatives – Discussions on joint meetings between Providers and representative groups as well as integration of DOFOP consultation with other services.

1st May 2012 - Older Adults Network meeting – Discussion about low response to consultation to date and asking Network members to encourage their clients to complete questionnaires led to complaints about process: Questionnaire very difficult to fill in / too long; website crash during completion, older people do not use web; Providers can't afford to print copies of documents, photocopying expensive; no public meetings. General consensus that Council has unreasonably relied on vol orgs to 'do the council's job' in consulting.

1 May 2012 – OAPB meeting – representatives from Network asks for an extension of the consultation period to address concerns raised.

ASCH Senior Management Team's decision made to extend the consultation period for a further 3 weeks to 15 June 2012

9 May 2012- DOFOP Providers' meeting –

- Information about pilot project – to be run by BCIL looking at the use of personal budgets for day ops as well as for those not entitled to a personal budget.
- Users' survey – Providers to rank their current users as to the probability of immediate requirements for new or additional statutory social care or health interventions.
- Advocacy in Barnet commissioned to attend meetings and help people complete the form, including for clients with Alzheimers.

30 May 2012 – Advisory Group meeting – meeting with service users. Most of the meeting was made up of listening and allaying concerns about the funding cuts and the potential eventual demise of the organisations they have been using or volunteering with for a long time. Advisory Group informed that they would be asked to sit on the interview panel for new providers as well as a monitoring group of the new contract.

11 June 2012 – DOFOP Providers' workshop to discuss Neighbourhood model. Set up in groups, Providers constructed their vision of the physical aspects (ie size, location, human and other resources) to run the Neighbourhood model and the services that could be provided. Providers are making a formal proposal to the council based on these discussions on how local Providers can deliver Neighbourhood (and other) services.

15 June – BOPA meeting with council officers, Members and Partnership co-chairs – BOPA's views on the council's proposals and a request for an integrated approach in future.

2. Meetings with Individual Organisations, their volunteers, users and carers

6 July 2011 - Barnet Asian Older People's Association (BAOPA) and Barnet African Caribbean Association - Meeting with representatives from BAOPA and BACA regarding commissioning separate services for BME communities

Meetings at the Multicultural Centre 30th March (approx 120 participants from BAOPA and BACA) **and 15th May 2012** (7 BACA users):

- Strong support for specialist services for BME communities due to cultural, religious and language needs.
- Later Life Planners: More information good but requires language skills.
- Neighbourhoods: Saw their community groups as their neighbourhood support but acknowledgement lack of transport as isolating factors
- Practical support: very useful but need for language skills and cultural sensitivities
- Care and Activity Centres– Rosa Freedman Asian Unit seen as useful.

Meeting with volunteers – 14 May 2012 – attended by 12 people.

- Future day opportunities involved the bringing together of current local

voluntary organisations (who already provided to some extent the proposed services) to run a wide range of preventative services.

- Staff and volunteers would be retained - vital as the proposals relied heavily on the use of volunteers and the value of local knowledge.
- The need for better information (in particular more written information)
- More localised services, practical support and day care for the most frail; Specialised services for those with dementia was supported. were strongly supported and specialist support for the current generation of BME elders was also supported.

Meeting with Alzheimer's society - 17 May 2012 - 40 people including volunteers, service users, carers and officers. Firm belief that there was a need for a specialist service for people with dementia.

- LLP: Provision of information vital; Model welcomed – written information to people in their homes was seen as particularly valuable
- Neighbourhood: localised services was seen as likely to be useful for older people in the borough but perhaps less relevant for people with dementia – who had their own community in the Alzheimer's Society.
- Need to identify premises; volunteers would need a base.
- Practical Support Services were seen as valuable for all older people in the borough
- Care and Activity Centres - model participants saw as most closely identified with the service they received via the Alzheimer's Society – particularly through the Marillac Centre. They wanted this service to continue.

Meeting at Kingsley Court – 22 May 2012 – approx 20 attendees.

Discussion with Sheltered Housing residents, majority of whom do not use current day services. Very little interest in consultation on new service provision as tenants see these being provided in their scheme.

Meeting with High Barnet Good Neighbours Scheme – 29 May 2012 -

Funding from council minor element of total and therefore will continue without it. Attempting to change existing services to fit into council's models is not viable for this organisation.

Meetings at Fremantle Day Centres - Five meetings held overall with approximately 75 users and carers.

- Hostility to using personal budgets to fund day support; won't be enough to fund services they enjoyed, including transport and personal care costs. Frail older people couldn't organise services for themselves and use of brokers seen as an extra layer of bureaucracy involving additional costs to the Council
- When prompted, most people said that Models 1 and 3 offered good services and should be supported.
- Most were interested in Model 4 and suggested a number of improvements:
 - Not in favour of more 'home' based activities as they have chosen current services which takes them out of their homes, in particular for

carers to have a break.

- Provision of transport vital to access day opportunities.
- Asian service users at Rosa Freedman made it clear that they valued their unit where staff and other users understood their language and culture. Concerns users funding their attendance out of personal budgets.

3. How the Proposals have developed over the period of consultation

March – December 2011 - Initial Ideas stage:

The initial paper on reorganising Day Opportunities for Older People contained a number of ideas and strategies:

- Tier 1 – continuation of building based services for those at high risk
- Universal Open Access Services – well-advertised rolling programmes of events and short-term activities for large groups, eg health promotion, community safety
- An Enablement Model - short term intervention to restore a person's ability to remain at home, targeted at older people with dementia, those at risk of repeated strokes or falls and incorporating Home from Hospital and Handyman services.
- Potential Consortium Model - local voluntary providers to retain a large amount of on-going services. Initially there would need to be a lead provider who would subcontract elements of service to the other participating voluntary groups.
- A Neighbourhood Model – proposed as a standalone model or incorporated into any of the other models. The contracted provider would identify and train voluntary organisations/volunteers to befriend vulnerable older people in their neighbourhoods/homes. Another element in this model would be for the provider through neighbourhood contacts to offer information and advice to older people

During this period, it was envisaged that the consultation on Day Opportunities for Older People would be linked to the work being undertaken on the Ageing Well process.

Many elements of these initial ideas remain in the formal proposals that went out for consultation. However, the potential consortium model was not considered any further due to a lack of a co-ordinated approach by the current providers.

January – April 2012 – discussions on the consultation document:

The consultation document was re-structured following both internal discussions within the council and with the Older Adults Partnership Board and published in February 2012. The initial plan was to put out the consultation for Day Opportunities for Older people at the same time as Day to Day Transport but the two were later separated due to delays in the production of the latter.

Due to the length and complexity of the consultation document, a short summary was produced in April and widely distributed. This is attached in Appendix 2.

A more co-ordinated approach was reached in April 2012 when Providers have put forward a commitment to an offer to the council in response to its consultation proposals.

May – July 2012 – extension of the consultation period and development of proposals for Cabinet

A formal request from representative groups to extend the consultation period for a further 3 weeks was agreed. During this period, further attempts to reach individuals was made, for example sending the consultation document to faith groups and buildings and meetings with users and providers intensified.

In June 2012 two very useful meetings took place which has helped shape the proposals further and contained in this report. The first was a workshop to explore Providers' vision of the Neighbourhood model, the second a meeting organised by Barnet Older People's Assembly to discuss an integrated approach to the proposals and start to talk about some of the detailed issues that will have to be taken into account.