

## **Review of “Day time activities” funded by ACHSP**

### **Day Support in Aberdeen City – Keeping you and your carers connected to your community.**

**Our commitment** –to work with you and your carers to realise your outcomes through the offer of choice of activity, local to your community (people or place) for you and your carers.

#### **Background**

ACHSCP currently commission a number of “day time” activities, for a mixed purpose, mixed group of people living within the City and through a variety of funding sources. Contract and grant funding arrangements for most of these services were due for review at the end of March and it was decided to request an extension to these arrangements until the end of June 2019 to allow for a review and recommendations for change. This work builds upon the previous review of day care within the City (2015). At this time, the review report made the following recommendations:

- A shift from “day care” to day opportunities
- Day opportunities which offer choice
- Building based only where appropriate
- Collaboration between providers to maximise opportunities and create a cost effective business model
- Fit for purpose accommodation – to allow for a person centred approach
- Accessibility – through transport
- Joint working between day care providers and the wider health and care teams
- A reduction in bureaucracy
- Appropriate training for staff

#### **Aberdeen Health and Social Care strategic context:**

##### **1. Our strategic plan**

- Prevention – positive health outcomes
- Resilience – people overcoming health and wellbeing challenges
- Personalisation – right care, right time, right place – simple systems
- Connections – meaningful community connections and relationships – better inclusion and reduce social isolation
- Communities- helping people stay well and connected to their community

##### **2. Our carers strategy**

##### **3. Our dementia plan – in evolution**

##### **4. Evidence from the “life curve”**

##### **5. Demand management**

#### **Our Strategic commissioning approach:**

This review of Day Care allowed us the opportunity to test our recommended approach to strategic commissioning of services – namely:

To work in partnership with all key stakeholders to coproduce and co-design services which we deliver across Aberdeen City.

A system wide approach

Taking the time required to design the right service delivery and commissioning approach; ensuring the right support, at the right time by the right person.

A facilitated workshop style approach using coproduction external support to ensure a greater confidence and equality of input. These workshops will produce the outcomes and commissioning statement for the procurement process; but will be shared and understood by service providers prior to process.

We will fully utilise community benefits, we will use a whole system approach to this, understanding how we can address wider outcomes of the LOIP.

We will:

- Focused on outcomes – ask ourselves what is it we are trying to achieve through the commissioning process
- Be collaborative in approach and design in partnership, designed with and for people – including service users and providers
- Innovation is key – the art of the possible
- Future focussed, shifting resources from the old to the new model
- Strategically aligned to our strategic plan and associated strategies
- Robust decision making process to select and prioritise investment and disinvestment decisions
- Reflect closely the needs and plans articulated at locality level.
- A shift away from contract by contract review towards a collective vision for the whole
- Digital innovation is central to design

#### **Key questions to be asked:**

1. What outcomes are we trying to achieve, for how many and for whom?
2. What do we know about the demand now and for the next 5 years?
3. What does the data tell us?

#### **Our current position**

Currently there appears to be no cohesive approach to the design of “day activities” within the City, whether this be partnership specific or across the wider system. There is little available data to suggest what the current demand is, and most of the current facilities report that they have capacity for additional activity.

The current services appear to offer a mix of opportunities. Some are only provided as whole day experiences whereas others offer more bespoke packages. Some offer opportunities based around lunch times. Some invite carer participation, others so not include carers in the activity, but do offer carer support services.

There is very limited collaboration between providers. Better collaboration would allow for greater sharing of ideas, of training, of transport.

Most providers do not work in collaboration with the wider health and care teams, and at the second session all felt that this is necessary for any future provision in doing this

The majority of services are buildings based, with only 1 provider offering a more community based support. For some providers, capacity is defined by the buildings out of which they operate rather than the actual demand which may be required. This is particularly challenging for some providers who feel that they would like to offer more places but are unable to do so.

All focus on older people (aged over 55). Some have a greater preponderance for services for people with dementia.

We know that there is an expected growth in the population of older people in the City and it seems reasonable to assume that there will be a subsequent growth in people living with long term conditions – including dementia. This growth is expected to be in the region of 30%.

We also know from our work with localities that there are other facilities or organisations who provide activities during the day for their local population, irrespective of age, or personal circumstances or disease process. These organisations do not receive a financial contribution from the partnership, but may have, in the past benefited from a contribution from the HIF fund.

All service managers working within the partnership have been asked to identify gaps within the current provision which might inform future design of day services. One gap which is consistently identified is lack of available respite for people who are caring for people with advanced dementia.

There is a different level of contract monitoring of services, depending on their contractual arrangements. For some services there are excellent examples of providers working to a specific care plan based around a person's specific goals. Providers working innovatively to make things happen with and for a service user. It is also true to suggest that this is not a consistent approach, with a more broad brush approach being taken by others to gain feedback on whether people "enjoyed" the session and responding to suggestions for change. The absence of robust strategic context for day time activities, and previous collaboration to design services based upon required strategic outcomes will explain the reason for the absence of such information.

### **5. Do we need to do something differently for a better result, what does the evidence tell us?**

There is an absence in our strategic commissioning approach to the provision of funded day activities within the City. We need to have a shared vision and understanding of what it is we are trying to achieve through the provision of services. It is only then that we can plan according to what the evidence tells us and what we know of our future demand. During workshop 2, providers of services joined with the members of the wider health and care teams. This is a brief summary of their conclusions for future provision:

#### **5.1 Funded "day activities" as a short break for carers and the cared for person**

The City published its short break statement in December 2018. This statement is issued in response to the requirements made explicit in the carers act. Day care is mentioned in this statement as not being generally provided for short breaks, but that this should be considered as an opportunity if the provider can offer flexible arrangements, tailored to the needs of the carer and the cared for person. Any redesign of day care services for the future needs to be aligned to the recommendations made in the carers strategy and associated action plan.

#### **5.2 Alleviation of Social Isolation**

The Scottish Government published a paper – "**A CONNECTED SCOTLAND - Our strategy for tackling social isolation and loneliness and building stronger social connections**" which described its strategic approach to tackling the issue of social isolation. In the paper it describes four key priorities:

- **Empower communities and build shared ownership** – devolved decision making to local areas, Considerations about isolation and social connectivity, regarding people who are isolated as assets, explore the contribution of the private sector to combatting social isolation.
- **Promote positive attitudes and tackle stigma** – including intergenerational dialogue
- **Create opportunities for people to connect** – volunteering, Physical activity, befriending, technology enhance social connections
- **Support an infrastructure that fosters connections** – self-directed support for innovative solutions, housing solutions – including intergenerational, transport, libraries

It is not apparent at the moment that day care activities designed to address social isolation have connecting people back to their communities as a measurable outcome, nor of their interaction with local amenities to expand opportunities for people to connect outwith their time spent at day care. Any further investment in day time activities which are deemed to address social isolation must address these key deliverables.

There is good evidence to suggest that some facilities do offer the opportunity for people to volunteer – an opportunity for them to develop their own social connection to combat social isolation. On occasions, the number of volunteers almost outweighs the number of people attending the activity. A lack of collaboration amongst providers

limits the opportunity for “sharing” volunteers. Some organisations are at risk of collapse due to the lack of volunteers whilst others prosper. Collaboration is key for the future.

### **5.3 Connected to strategic developments**

It is necessary for the future that any funded day activity must be aligned to the strategic direction of the organisation, and that providers see themselves as key contributor to the success of the partnership in improving outcomes for people living within the city. This will include working in collaboration with commissioners and the integrated team to meet the needs of the population for example, delivery of some of the 5 pillars for post diagnostic support, delivery of support for carers, improving physical activity, improving social connections and reducing social isolation

### **5.4 Connected to the wider community health and care teams**

There are good examples where the local health and care teams work collaboratively with people attending day care facilities. This is not uniform for all services and all members of the team, and where it does work well it is because the day facility was previously aligned to the service. Workshop 2 allowed the wider Health and Social Care teams to meet with providers. The emphasis of the session was on early intervention and prevention and the opportunity that day services provide to work collaboratively with the wider teams to identify and intervene early with people at risk of losing their independence, or of working with people and their carers to alleviate situations at home at an earlier opportunity. All acknowledged that their current interaction is limited, and that there are much greater operation for working in collaboration to improve outcomes.

### **5.5 Active ageing**

The World Health Organisation suggests that *“it is important not just to consider approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth.”* It particularly highlights the benefits of strength and balance training, and good nutrition in reversing frailty and dependency. The delivery of care in supportive environments which enable people to achieve what it is they want to achieve is key

The Life Curve research demonstrates that with the right intervention people can maintain their physical function and avoid an accelerated decline.

### **5.6 Identification of need – early intervention and prevention**

The strategic plan describes a considered shift in our approach towards early identification and prevention. Preventative approaches related to physical decline and social isolation have been mentioned previously. Regular interaction with day activities offers the opportunity for support with other key concerns at an earlier opportunity – physical frailty and an increased risk of falls, bereavement and loss and the impact on mental health.

## **6. How do we provide any future service within the available funds or less?**

From the limited interaction which has been facilitated, it is clear that there are opportunities for greater efficiency through collaboration. Whether this be sharing of transport costs or of training. Some suggestions for the current providers to work more efficiently include:

- A reduction in costs associated with planning and coordination of volunteers
- Clarity on the use of volunteers and associated costs
- Charges for day activity aligned between providers – some currently do not charge
- Collaboration regarding transport and use of mini buses
- Increasing accommodation size – some providers run waiting lists and could accommodate more people if their accommodation allowed
- Extending opening times
- Working with other providers to design day activities responsive to local need in current facilities for example sports, leisure and community facilities with “down time” during the day

## **7. Could technology increase our capacity to deliver?**

One could argue that the use of technology could help with administrative functions - the collection of fees, rostering of volunteers etc and maximise the time spent with clients. The paper previously describes the opportunity that technology has to offer for connecting people with their community.

#### **8. Who do we need to work with to deliver this?**

- Current providers
- Local communities
- Other providers – care providers, care homes, community forum, sport and leisure facilities, health and social care teams
- People using day care and their carers
- The wider community

#### **9. What is the best way of procuring this?**

This review has afforded us the opportunity to define what we wish to achieve through the commissioning of services within the City. This is summarised below:

- Choice – of venue, of times (extended beyond current opening times), of activity
- Focussed on achievement of personal outcomes
- Community benefits – for example opportunities for people within their local communities to volunteer
- Using SDS as an option
- A seamless service embedded and part of local communities, and local health and care teams

#### **9. What means will we use to monitor the success of the model?**

For those services commissioned through the ACC, normal contract monitoring approaches will continue. Service specifications will be reviewed to reflect something which meets the needs of determining the outcomes required, and yet which is not cumbersome to complete.

A similar situation should be created for any grant funded projects, with clear arrangements for linkages to the partnership, and regular monitoring meetings.

#### **Summary and Recommendation**

We are now in a better position to be able to design future commissioned activities which happen in the day time which are strategically aligned and which acknowledge growth in demand.

- Prevention – positive health outcomes. Through a range of activity, focussing on early intervention and prevention.
- Resilience – people overcoming health and wellbeing challenges. Focussing on personal outcomes.
- Personalisation – right care, right time, and right place. Simple systems for accessing day activities using self-directed support when appropriate
- Connections – meaningful community connections and relationships – better inclusion and reduce social isolation. Keeping people connected to their community (place or interest) through choice
- Communities- helping people stay well and connected to their community. Seamless connection between day activities and the community in which people live.

Working collaboratively with providers, with people attending day care and with local health and care teams, and understanding the evidence base, we have a clear vision for what it is we expect to achieve through this provision.

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