

healthwatch

Oxfordshire

Your voice on health and social care



February 2019

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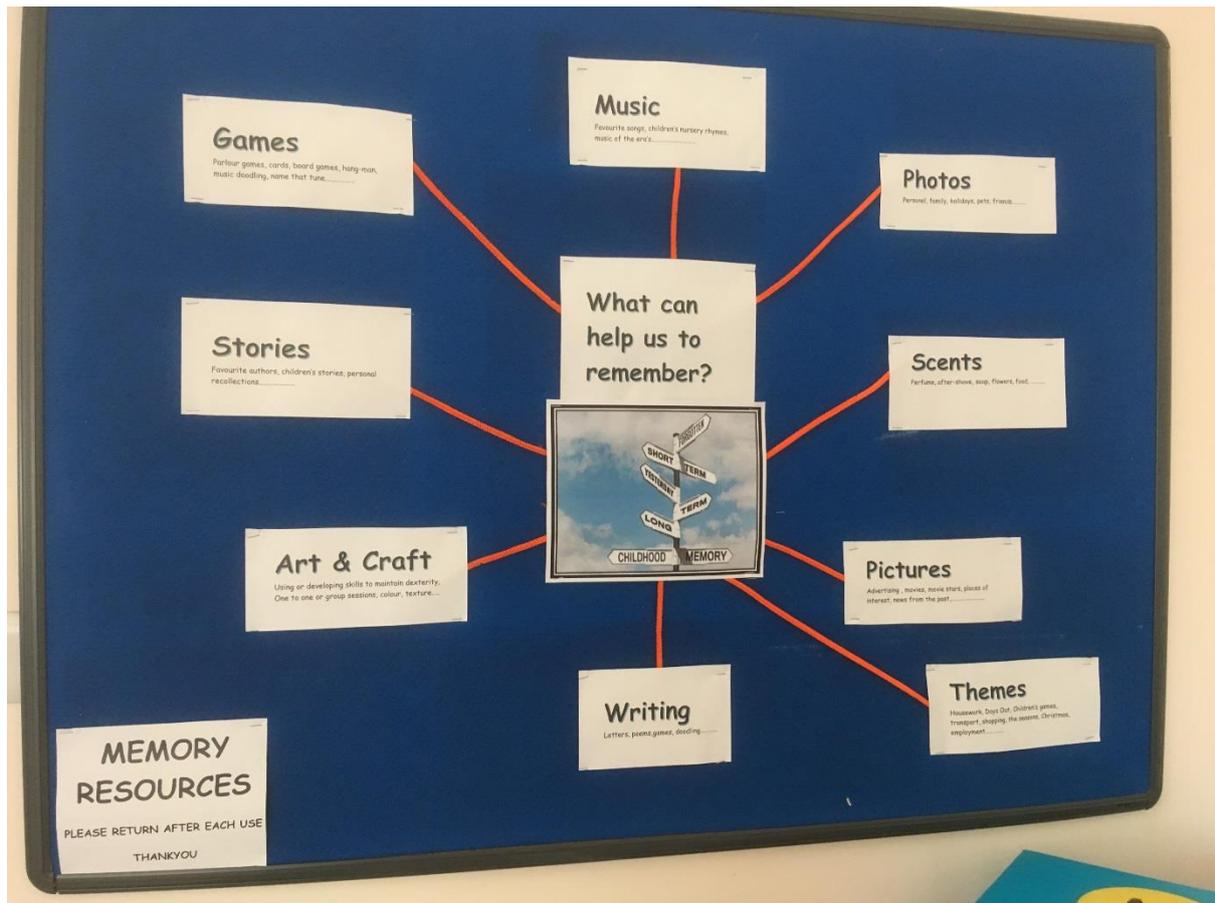
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This report covers the full findings from work carried out by Healthwatch Oxfordshire in 2018 to look at the impact of changes on service users and their carers following the changes to adult day services undertaken by Oxfordshire County Council.

It is to be used as reference only for those who are interested to take the time to read in depth.

A succinct summary report is available at this [link](#).

Introduction

I would like to give a huge a thank you to all those who contributed to this report. In October 2017, Healthwatch Oxfordshire informed Oxfordshire County Council about the concerns we were hearing about the impending changes to adult daytime support services. Oxfordshire County Council responded by asking Healthwatch Oxfordshire to carry out an independent review of the changes and the change process. We did this by listening to people affected by the changes, their carers and staff across the county.

This report tells their story and should be listened to by all services and commissioners planning service change.

Rosalind Pearce
Executive Director
Healthwatch Oxfordshire

Firstly, I would like to thank colleagues at Healthwatch Oxfordshire for carrying out this review of the changes made to daytime support in 2016-17. It is very important for us to understand how people who use our services feel about the way the transition was carried out, and how they feel the new service is working for them. In making these changes, we wanted to ensure there was a flexible model of daytime support which would meet a wide range of people's needs whilst ensuring that any future service was financially sustainable.

We know that many people can find change difficult, but it is pleasing to see that the report notes that people have adapted well to the new service. Despite some initial concerns, the mixed age groups are working well, and people are enjoying attending. I would like to thank everyone involved in the review as well as those members of staff working in the day centres who provide such an important service. I would also like to take the opportunity to recognise the vital role that our community and voluntary sector plays in providing over 200 daytime support opportunities across the county. We are keen to support these services through the use of our innovation and sustainability funds which have given grants totalling £550,753 in the last year to date.

Listening to the voice of people who use services is absolutely vital in ensuring that the services we provide meet their needs. I look forward to working more closely with people to help develop and assess our services in the future. The report gives us valuable insight into how we can improve the way in which we manage change and I will ensure these lessons are taken forward in future work.

Kate Terroni
Director of Adult Social Care
Oxfordshire County Council

1 Executive Summary

1.1 Daytime support in Oxfordshire 2018

“When we got to Redlands and met the wonderful staff and guests they made us feel like long lost family - it was great and renamed it GREATLANDS”.

Healthwatch Oxfordshire was asked by Kate Terroni, Director of Adult Social Care, Oxfordshire County Council to undertake an independent review of the user experiences of the 2017 changes to daytime support. This report is a result of this research, completed in October 2018 - a year on from when the changes came into being.

1.2 Summary of what we heard

People told us that daytime support made a difference to their lives, and valued daytime support for:

- Social connection and friendships
- Meaningful activity
- Independence
- Reduced isolation and loneliness
- Support for carers to continue caring

What people want to tell the council about the changes

“Changes are very difficult for older people”.

- The need to listen and communicate more to service users and carers and have some personal contact throughout changes to service provision.
- Provide accurate predictions of care resulting from assessments and clearer information and be more open about what was planned at the start.
- Plan the speed of changes, and make them more slowly, with staged transition and communicate throughout at all levels of the system.
- Better consideration of and planning for the human impact of system changes on service users and carers.
- Consideration of impact of changes on loneliness and isolation, particularly for older.
- For those with dementia the need for available and sustainable support in the wider community.

1.3 Healthwatch Oxfordshire recommendations to Oxfordshire County Council

1. Oxfordshire County Council review its approach to major changes to services including:
 - the time it allows to implement changes
 - communications with service users and their carers
 - communication throughout all levels of the system affected
 - the impact of service changes on carers be addressed through the change process
2. The findings of this report are considered when drafting the 2018 Older People's Strategy.

1.4 Summary of observations and some questions

“Without the commitment of time and support from staff and carers, the process for those people affected would have been more difficult, for some impossible”.

“Made me feel nervous. Made me feel sad.”

Whilst the whole process of change from planning to implementation was planned, and occurred over a two-year period, and the council involved service users often using the term ‘co-production’ -we did not find a coherent understanding of what this meant. Then an ambitious implementation timeline was adopted by the council that involved simultaneous multiple changes for infrastructure, staff and users.

“I would have the building and equipment ready before moving people in. There was no provision for the older...”

A staged implementation would have been kinder on both users and staff.

Clarity is needed over what ‘co-production’ means across all those involved.

It appears that the impact on older people regarding uncertainty, ability to understand, and to seeking alternative provision was greater partly because of time taken to do assessments and for outcomes to be known..

It is important to treat all those affected equally during the change process. Having the appropriate level of resource at the outset to deliver change is crucial.

A year on and those who access the new Oxfordshire County Council provision - Community Support Service centres - have generally settled down. For them transport seems less of an issue, people are integrating in the new centres and overall are responding well to mixed groups. Some who did not settle have left.

What assurance does Oxfordshire County Council have that those who left the Community Support Service that their assessed needs are being fully met elsewhere?

“Worried about the outcome. Not enough info given about the changes- why? I found the disabilities very distressing - also communication was hard, so I didn't bother anymore”.

What longer-term support is being given to non-statutory (mainly voluntary) sector providers to ensure that they can meet the needs of most vulnerable accessing their provision?

One of the key drivers for this change was the belief that the traditional day centre model was not what many people wanted and that alternative activities would be met by other providers within the wider community (mainly the voluntary sector).

“I go to x old people's home - it is just down the road from my house - they let me go there for meals twice a week and join in some of their activities and events”.

“Before I attended Deddington I stayed in with just contact from my family, sometimes a visit, sometimes a telephone call. I had no interaction or stimulation with anyone of my own age. At least I go out once a week now.”

Given the expansion of social prescribing in the county it is fair to assume that demand on independent / voluntary sector community-based services is rising.

Is the county council working with health commissioners to ensure that the capacity within the voluntary sector is sustainable, that volunteers are able and trained to support those most vulnerable - particularly with the increasing numbers of people with dementia seeking daytime support?

Is Oxfordshire County Council working with district councils and the voluntary sector to address the widely reported fact - and echoed in this report - that limited access to transport for those living in a rural community has a major impact on older people's ability to access support services and so can increase isolation and loneliness?

1.5 Lessons for change

1. It still takes time to implement change, even if it the new service is co-designed which can lead to the assumption that everybody is on your side, informed, able to respond...this is not always true.
2. Major changes that directly impact on people, especially those most vulnerable, cannot be done at speed without a negative impact on staff, service users, carers. Staging the changeover should be considered from the start.

3. Make sure at the outset that there is enough capacity in the community, to provide services for those people who no longer qualify for the county council service but do need support and, as we all do, benefit from social interaction to reduce loneliness and isolation.¹
4. Consideration must be given to access to public transport or community transport for those without personal transport.

“Someone came to talk about other clubs, but without transport I cannot get to them, and also some were very expensive...I no longer attend a day service”. (ex-Health & Wellbeing Centre attendee)

5. It appears that the focus on the service users throughout this change process failed to adequately acknowledge or address the impact on carers.

1.6 Recommendations

Oxfordshire County Council reviews its approach to major changes to services including:

- the time it allows to implement changes
- communications with service users and their carers
- communication throughout all levels of the system affected
- the impact of service changes on carers be addressed through the change process

The findings of this report are considered when drafting the 2018 Older People’s Strategy.



¹ Since the changes the Alzheimer’s Society and AgeUK Oxon have closed day centres thus reducing the capacity in the community to respond to some of the most vulnerable older people in Oxfordshire

2 Background

2.1 Review of daytime support

From March 2016, Oxfordshire County Council embarked on a review of daytime support for people over 18 in Oxfordshire. This review looked at understanding the needs of vulnerable people for daytime support, core support needed to meet eligible care needs and ways to prevent care needs escalating- ensuring sustainability into the future.

This work was set within a challenging financial context and need to find savings of £69m across the council by 2020. This included identification of £1 million savings in daytime support following Oxfordshire County Council's joint budget in February 2016, and the need to continue to provide statutory services to the most vulnerable groups (Oxfordshire County Council, 2017).

The work was underpinned by the vision of Oxfordshire County Council's core strategy. Now encapsulated in the Corporate Plan (Thriving Communities for Everyone in Oxfordshire 2018-21) this recognises the value of community- based support, and its role in offering choice and independence.

Not only was the change about a drive for savings, but for the council it represented a process of *cultural* change, a redefining the relationship between local authority and community, and of roles and expectations. The wider vision put forward was one in which there would be a move towards embedding delivery of local services in local communities, sustained and delivered where possible, by those communities.

For adult social care, the council also recognised emerging cultural and demographic changes in the way people made choices about how to spend their time. They saw for example, that there was a shift taking place in the way older people wanted to spend their time, with choice by some to move away from 'traditional centres' to access a range of activities in the community (Oxfordshire County Council, 2010). Use of personal budgets also drove this move towards wanting more 'choice' and need for more tailored support to meet individual needs. This, called for new ways of looking at daytime support.

The review was also set against a backdrop of national policy and legislation, including underlying principles outlined in a range of documents such as the Care Act 2014, NHS Five Year Forward View, and NHS Transforming Care Programme.

It also looked at examples of good practice and wider evidence including ways of supporting choice, independence, and ways to improve wellbeing, reducing loneliness and isolation as well as ways to prevent escalation of needs (Oxfordshire County Council 2016, New Economics Foundation 2008).

It was also set within a national picture of increasing pressure on local government, cuts to public services, and concerns about impacts including rising isolation and loneliness, particularly on older people and those most vulnerable in society (Davidson and Rossall, 2015; Mencap 2016; HM Government 2018; Local Government Association 2018).

2.2 Engagement Process

In 2016, Oxfordshire County Council's Engagement Team undertook an initial engagement process (**May-June 2016**) with adult daytime support service users, carers, community groups and interested parties, listening to views of over 600 people. The aim was to find out about what daytime support means to people, what they need from this support and to inform ideas about future provision. They did this through workshops, and focus groups set at venues across the county (See Oxfordshire County Council, 2016).

From information gathered, key themes arose about what people valued in daytime support- this included the social value of daytime support, and ability to take part in meaningful activities. For older people, value was given to reducing isolation and loneliness, and for adults with learning disabilities, learning new skills, getting a job and being independent was important. Carers valued daytime support for valuable respite, and support to continue caring (for full report see Oxfordshire County Council 2016). These views reflected recognised evidence and understanding of the benefits of daytime support for health and wellbeing

Further work was carried out by Oxfordshire County Council with a working group of 18 service users and carers to help shape the future of daytime support. This took into account information from the engagement, and enabled deeper discussion issues such as transport, mixed provision, and focus of activities in more depth. A new model of daytime support was drawn up, with further consultation through 2016. More than 1,000 responses given on the proposed new model.

2.3 A new model of daytime support

Finally, by February 2017, the new model of daytime support was adopted at full council.

The following changes were agreed;

- Establishment of a new **Community Support Service** that would replace Health and Wellbeing Centres and Learning Disability Support Services (22 building-based services). It would be available to everyone based on need, bringing together older people, people with learning disabilities, and physical disabilities to gain the right support. Transport would be provided
- **'Option A'** for this Community Support Service model was adopted: giving a centre-based model delivered from eight buildings across the county, with mixed-use- combining service users with different needs, including older people and those with a learning disability

- Wider focus was placed on ‘**support for living well in the community**’, enabling provision of daytime support and activity within the community, through local groups and voluntary sector provision, and support to access community networks.
- County council funding to 47 community-based day services was to be replaced with grant pots through a newly established **Sustainability, Innovation and Transition** funds. Capacity building and fundraising support was to be given to existing groups to support a transition to more self-sustaining model.
- Other themes included continuation of ‘**open access tailored support**’ for vulnerable people (Dementia Support and Wellbeing and Employment Service) and continuing to provide choice for people with eligible needs through **personal budgets**.

2.4 Implementation of change

Implementation of and transition to these changes took place between April and October 2017, and impact continues to be felt today as changes settle down. The new Community Support Services opened to service users on October 1st 2017.

During the transition, everyone affected was offered an assessment by a dedicated team of county council staff to determine whether they had eligible needs for support. Those eligible for support were given choice to attend Community Support Service or other daytime support.

Those people who had been attending Health and Wellbeing Centres and other affected services but assessed as *not* having eligible care needs were given bespoke support from the Community Information Network. This aimed to assist people with advice and tailored support, to find alternative daytime support, networks and activities within the community.

This was a period of great uncertainty. Each individual took a different pathway through the changes, depending on assessed need, eligibility, availability and personal choice. For some service users and their carers changes were huge and generated a lot of anxiety. For some, they meant change of routine, move to a new centre, new staff, change of mealtimes and transport arrangements. For others, they meant loss of friends, and in some cases loss of funded place, or day service they were familiar with.

(Appendix 5 gives a fuller explanation of changes implemented)

3 What we set out to do and how we did it (methodology)

Having heard early comments from people about the changes to daytime support that took place, Healthwatch Oxfordshire decided to focus the study on the main aspects of the changes; past, present and future. We wanted to look at the changes from the point of view of service users and carers.

We wanted to find out about people's experience of

- The *process* of change to daytime support in 2017
- The *impact* of these changes on service users and carers
- What was going well *now* and what could be better
- What *lessons* could be learned, for OCC and Oxfordshire as a whole

This report is the result of that work which took place between May and October 2018. It captures the views of over 300 people we spoke to during the time.

3.1 How we approached the study and who we heard from

Work to gather information for this report took three phases.

In total we had direct face to face contact with a total of 288 service users, 68 staff and volunteers and 40 family members/ carers. We also had 154 responses via questionnaire, and three by email and on the phone. (there is some cross over between face to face and questionnaire contacts)

Below, we explain how we approached the study, and who we heard from.

3.2 Planning

Healthwatch Oxfordshire saw that it was important to take time understanding the background and context to the changes in daytime support across Oxfordshire. To do this, we held meetings early on (February to May) with key stakeholders including Oxfordshire County Council commissioners, officers and staff, as well as managers of both Community Support Services and voluntary or independent day centres. We also met with Age UK Oxfordshire. We also heard from service users and carers whilst out and about. It was important to build trust and relationships with people involved, particularly as the experience of change had been difficult for many. We read a wide range of background documents to the changes, including Oxfordshire County Council cabinet reports, original engagement documents and responses gained from Healthwatch's interaction with the general public across the county (see references).

3.3 Questionnaires

- **Questionnaire to service users and carers (Appendix 2)**

We took time to develop a questionnaire to go to all service users affected by the changes. Questions were developed based on issues identified by and raised in conversation on our visits to day services and with other stakeholders, as well as on findings from the county council's original engagement work.

We wanted to find out about people's experience of

- The *process* of change to daytime support in 2017
- The *impact* of these changes
- What was going well *now* and *what could be better*
- What *lessons* could be gained

Questions were general, giving people a chance to give their own opinions about what they thought was important to them. However, specific questions, about transport for example were included, as this was one issue that was raised at the beginning. We also included specific questions about the new Community Support Services, with the aim of gaining insight into what was working well and what could be improved.

The questionnaire needed to be broad enough to enable all those affected by the changes to contribute. It was aimed at all those who had previously attended Health and Wellbeing Centres, Learning Disability Support Services or independent day centres as well as giving carers or family members a chance to comment. It also had to capture what had happened following the changes, and what they might be doing now for daytime support.

Draft questions were tested by a range of people, including service users at Witney and Banbury Community Support Services, by My Life My Choice members, and by those who had previously received day support at Health and Wellbeing centres and were now at independent day centres.

Any comments given were used to simplify and design the final questions. We engaged the expert help of My Life, My Choice in developing 'easy read' format for the questionnaire and accompanying information.

Questionnaires were printed off in all formats: easy read, large print and regular versions. We also offered help with interpretation or form filling if needed. Due to data protection issues, final questionnaires were sent out by Oxfordshire County Council and Age UK Oxfordshire to service users with a covering letter. A 'freepost' envelope was included for return of questionnaire to Healthwatch Oxfordshire. As an incentive, people were offered to be part of a prize draw on return of the questionnaire, and two shopping vouchers were given out by Healthwatch Oxfordshire.

The questionnaire was also available on Survey Monkey, although in practice few used this method of reply, and this was used more for data analysis.

People had the choice as to whether they would share information about where they attended, and we asked for permission to make use of any comments people made, as long as this was made anonymous.

In all, 835 questionnaires were distributed, using the information from Oxfordshire County Council and Age UK Oxfordshire. We received 140 completed questionnaires for analysis by November 1st and a steady trickle from this date on, bringing the number of replies up to 154 by publication of this report (18% return).

- **Questionnaire to voluntary sector day centres**

We also devised a brief questionnaire to go to all remaining 35 voluntary and independent sector day centres, again using information given to us by Age UK Oxfordshire. It included groups from BME communities including Chinese Community Day Centre. This covered perspective from those running day centres about the impact of changes on their current service users -some coming from Health and Wellbeing Centres following loss of eligibility, or closure of these centres. Again, this was available in paper format and on survey monkey.

We only received four responses to this questionnaire. However, this may not be surprising for reasons discussed later in the report (see appendix on voluntary sector). We also spoke to a further two centres on the phone, and visited eight voluntary sector day centres for face-to-face interviews.

- **Visits to day services across the county**

We also made visits to a range of county council (Community Support Services) and independent day centres in order to hear the opinions of service users, carers, and speak with staff and volunteers. We wrote notes of our conversations, and in some cases recorded them with permission, to make it easier to gather the information.

- **Visits to Community Support Services**

As well as questionnaires, we wanted to speak to service users and carers in person. We made one or more visits to all eight Community Support Service centres, (Banbury, Witney, Bicester, Oxford, Wallingford, Wantage, Abingdon, Didcot). These now offer daytime services to a mixed group including adults with learning disabilities, older and disabled people- with eligibility for funding or self-funded.

Information was sent out to service users and carers/families before our visits, with photos of Healthwatch Oxfordshire staff, and explaining what we were doing. We also sent posters advertising 'Coffee and Cake' afternoons at each centre, to which all service users, carers and family members were invited (see poster Appendix).

On advice, we tried to make the visits as relaxed and informal as possible. We took a flexible approach and tried hard not to disrupt busy staff and service users. Visits took the pattern of spending the morning (10-1pm) 'mingling' alongside centre activities, speaking with service users, being shown around by them, or joining in

with activities. We then laid on ‘coffee and cakes’ (1-3 pm), with the hopes of family members and carers coming along.

Each centre made real efforts to make this a fun event, in some cases, laying on tablecloths, music and pots of flowers. Staff and service users could not have been more welcoming. Most centres set aside quiet rooms where people could speak to us in confidence if they required.

At Abingdon and Didcot Community Support Services, these events were run as part of the regular ‘People’s Panels’ established to engage service users and families in supporting service development.

We were also able to get a feel of how the new centres were working as buildings, and to see at first hand the busy activities taking place, including mealtimes, cooking, exercise and craft sessions and daily visits out into the community.

Paul Scarrott joined us as part of our team, on visits to Bicester, Oxford and Banbury Community Support Services, as an ‘expert by experience’ (My Life, My Choice). He gave insight into services from the perspective of an adult with a learning disability. His input was invaluable and supported positive communication with adults with learning disabilities at these centres.

In all at these visits combined we had face-to-face contact during our visits with more than 300 service users. In more depth, we were able to speak to 288 service users, and 40 family members/ carers, as well as 68 staff members about the changes.

- **Visits to day centres run by the independent and voluntary sector**

We also made visits to some of the day centres run by the independent and voluntary sector groups across the county. This enabled us to meet with service users, many of whom were older and had come from the previous Health and Wellbeing Centres, as well as from independent centres that had closed during the changes. It also enabled us to hear about some of the issues facing this sector from staff and volunteers.

We visited eight independent day centres across the county to speak to service users and staff:

Bromsgrove, Faringdon
Carterton Day Centre
Age UK, Nettlebed Companions
Age UK, Holton Sharecare (dementia friendly)
Oxford Daybreak, Rosewood, Blackbird Leys (dementia care)
Forget Me Not, Bicester
Deddington Day Centre
October Club, Wantage (dementia specialist)
(See appendix 1 for vol sector groups respondents)

We also heard from a further 4 groups via questionnaire and phone calls.

We spoke to a total of 114 service users and 23 staff and seven family members during this time at independent day services.

- **Engaging other groups**

We also engaged other groups within the community to hear their views as follows.

My Life, My Choice group Oxford
My Life, My Choice group Didcot
Dementia Oxfordshire
Individuals who contacted Healthwatch Oxfordshire directly to share their views
Oxfordshire Community and Voluntary Action (OCVA)
Age UK Oxfordshire

We spoke to a total of 114 service users and staff during this time from wider groups.

Guaranteeing anonymity

To avoid some people’s fear that comments might impact adversely on the services they received, we made it clear that any comments used would be with prior permission and anonymously. We received many in depth comments. The comments in this report are from those who positively ticked the agreement box.

- **What we did with the information**

We collected a large amount of comments and information from all of the people we contacted including service users, carers and family members, some staff and volunteers- These were in the form of notes taken on visits, sound recordings and questionnaire returns.

	People contacts
Visits to CSS	216
Visits to independent day services	180
Questionnaire returns	154
Other contacts	5
Total commenting	555

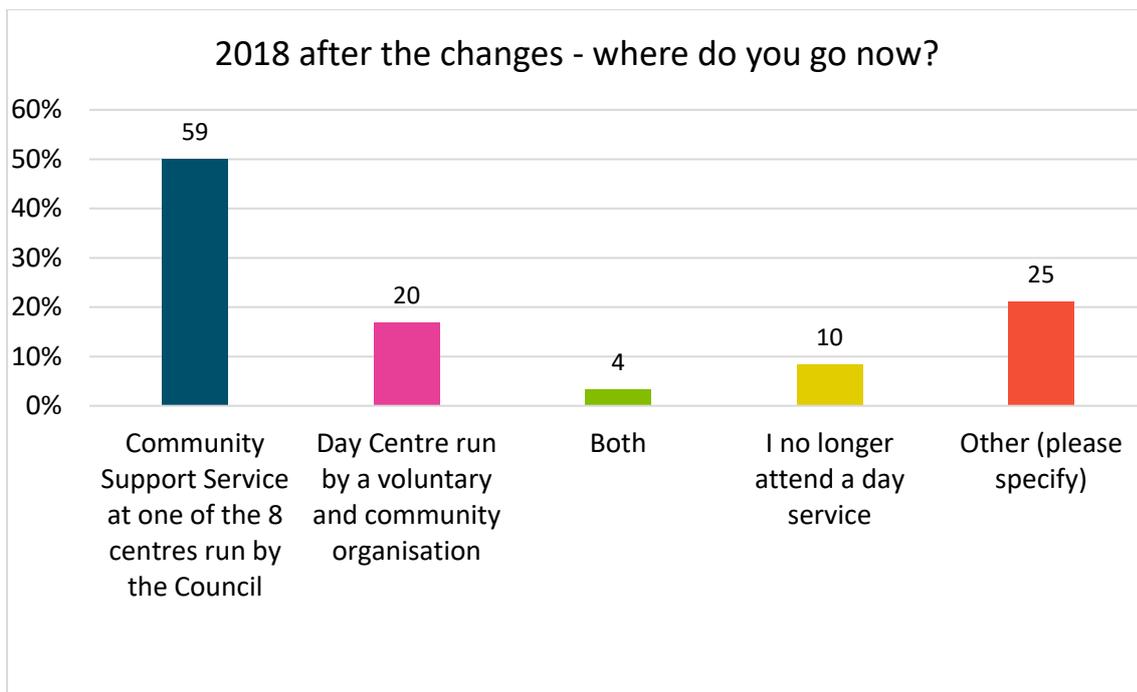
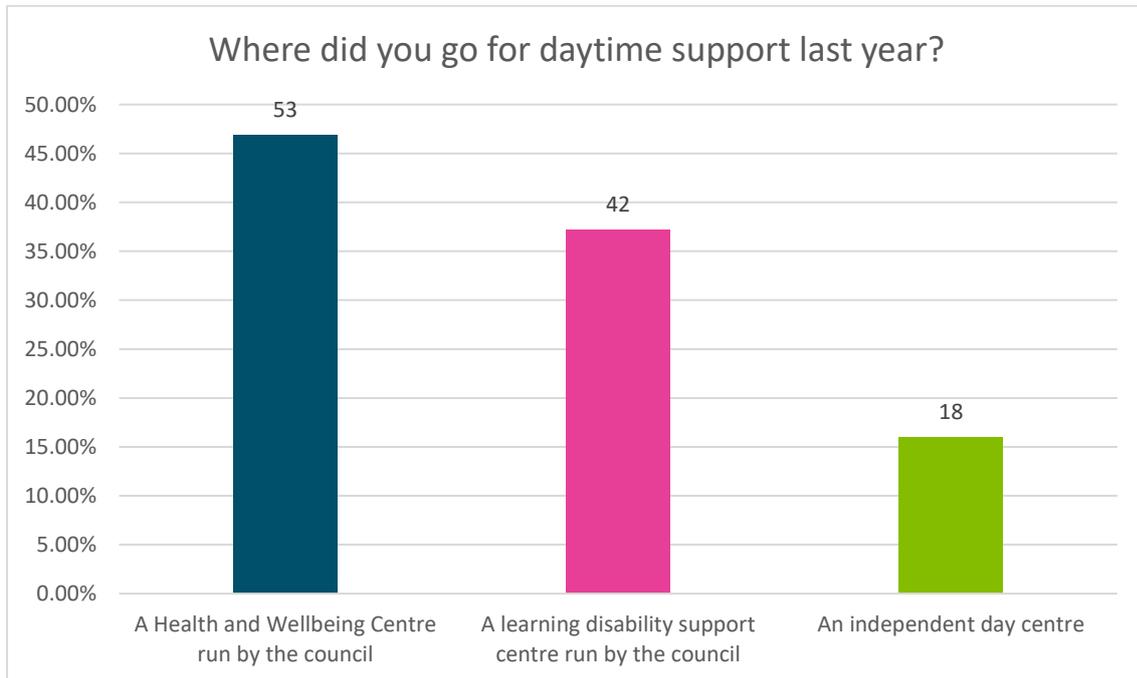
In order to write this report, we have looked every person’s comments and grouped them into key themes. To illustrate the themes people raised, we have used direct comments that illustrate the theme, making sure that they are not identifiable, and when permission has been given.

- **Who answered the questionnaire?**

To date we have had 154 questionnaires returned.

One difficulty of the study was the different terms people use for daytime support- for example ‘day centre’, ‘Redlands’, ‘Wellbeing Centre’ ‘The Elms’, meant that there was some level of confusion with this information. Some also did not know who ran or was responsible for their day time support; council or voluntary sector.

However, from the 113 who answered the questions about where they attended before and after the changes, we can see the journey they have taken since the change.



*Graphic analysis throughout this report is based on 140 returns received by November 1

4 What people told us

4.1 What difference does daytime support make to people's lives?

Social connection, friendships and reducing isolation

We first asked people to tell us about the difference any daytime support in general makes to their lives.

Daytime support, for those looking back, or people attending both council-run and independent centres currently was hugely valued by respondents in giving a social support, a sense of connection and significant friendships. Answers broadly echoed people's comments from the Oxfordshire County Council consultation about what they valued about daytime support (Oxfordshire County Council 2016). Common themes were given, by both older people and adults with learning disabilities about what daytime support means to them.

“a chance to meet other people who like me need companionship and support”.

“keeps my friendships going”.

“it has made me interact with others, meet others, make new friends, have conversations, have a laugh, it gets me out”.

Daytime support combats loneliness and isolation

Comments from the questionnaire, interviews and visits highlighted the underlying problem of loneliness and isolation, increasingly drawn to attention in policy today. We heard this particularly from older people, on our visits to day centres in the independent sector, in rural areas, where transport links are poor, or people lived in villages, had limited physical mobility and lack of family support. The recent government report on loneliness argues for consideration across departments to assess impact of policies on loneliness (HM Gov 2018)

Attending any kind of daytime support was seen as important in reducing isolation and loneliness,

“a lifeline to the outside world”.

“It's the loneliness and they don't understand for the older -some people don't see anyone -please god don't let them take this away I don't know what I would do”.

“if we are not around it's a long time, 4 days on her own watching TV But if I know it's a day centre-day I know she is happy and I can relax. It affects her mental

wellbeing being at home and not seeing anyone, that's why it's so important to come here".

This was particularly important for some of the older respondents, many of whom, often with limited mobility, would not get out at all apart from daytime support. Many spoke of 'getting out of the house' and the importance of daytime support giving a place to go other than just being at home.

"going has given mum purpose, and something to look forward to and get ready for...without it, mum would be sitting watching TV from breakfast to bedtime".

"When my daughters are on holiday, I don't see anybody, I look out and see the cars, see the neighbours come and go but it's not like it was years ago, when you could knock on the door and say, 'are you alright?...have a cup of tea..."

"the only time I see anyone when I am at home is out of the window, when the kids go to school in the morning, and come back in the afternoon...that's something. Otherwise I am on my own all day every day, unless I come here".

"A great difference. I meet my friends and do different activities. If I didn't have this, I would just be at home all the time."

"A huge difference! As I have no family and cannot go out alone- it is a lifeline".

"I am 94...I don't complain my life is definitely closing in on me. I have been coming here two years, I pay for the van. This is my one outing in the week. It's just to sit in this friendly atmosphere...I have got no complaints."

Stimulating activities and meaningful occupation

Respondents valued the variety of activities offered at all daytime support, giving mental and physical stimulation, interest, learning, shared occupation and fun.

"keeps me stimulated, minimizes boredom".

"provides stimulation and interesting things to do".

"learning new things".

"Made new friends. Going swimming, cooking, bowling".

"We have lots of fun doing different things. I look forward to going each day. It makes me happy when I am there".

Independence and choice

"it has given me the chance to be independent. I am given choices in what I do each day when I am at the centre".

Support for carers

Carers commented that having a loved one at daytime support was important in giving them a break. It also gave peace of mind, knowing that the person was in a safe and supportive place.

“It has been very helpful to me as a carer to have a little time to do things for myself”.

“Thank you for looking after my wife twice a week, it gives me respite. As a carer I need to know she is safe with you”

Support from staff

The care and understanding from staff at all types of daytime support was much valued, and important in giving a sense of support and safety.

“staff are very friendly”.

“I would like to thank all the staff and drivers for their support at the day centre”.

“support is there when I need it”.

5 The process of change to daytime support

Change is always a difficult process, but for many, including carers, and vulnerable adults this was a particularly stressful time. There is no doubt that for many, the changes were experienced as a time of great uncertainty and worry. For some, the impact of the changes on their lives had been huge and felt in different ways depending on the needs, background and personal circumstances and level of assessed need of the individual concerned. For some, the changes generated intense emotions and upset.

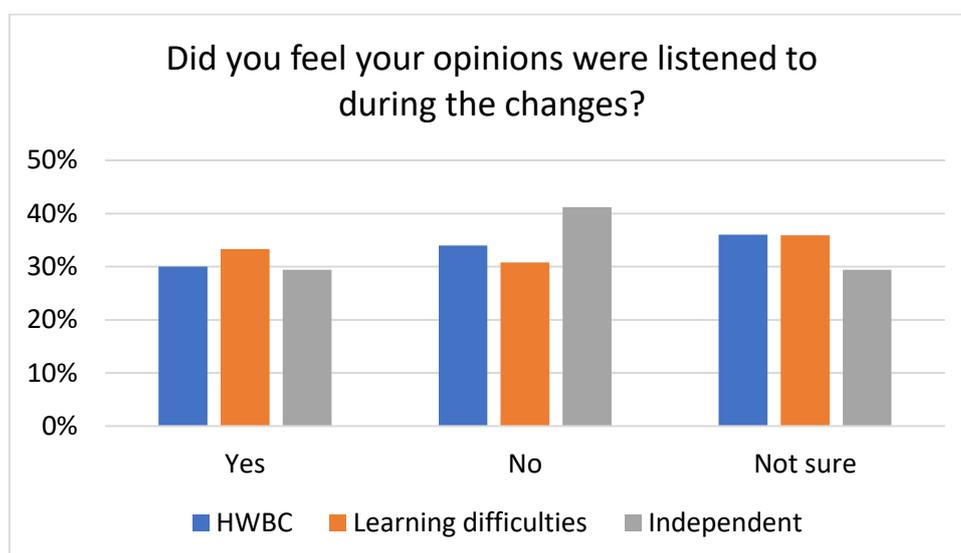
Changes to daytime support that took place in 2017 were far reaching and the transition to the new model happened at a rapid pace. They encompassed closure of Health and Wellbeing and learning disability centres, establishment of new Community Support Services. For some, the changes meant a move to a new centre or being encouraged to find alternative and new activities within the community. Removal of funding to the voluntary sector also meant some of the independent day centres made decisions to close (for example Alzheimer’s Society in Abingdon), or faced uncertainty about future sustainability. Transport provision also changed, affecting those at Community Support Services and independent sector in different ways. Other aspects, such as provision of meals, activities, staff and service user mix and increased cost also had an impact. Overall, those involved experienced many aspects of their lives changing.

We asked people to tell us about their experience of change to daytime support. Questions focused in part on the *process* of change, people's experience of this, and to what extent they felt informed, involved and listened to during the changes.

In this section we focus on the experiences of the *change process* for service users and carers, and what they told us. Some service users inevitably found this difficult to remember, or comment on, in which case carers were able to comment.

5.1 Initial engagement and consultation

We asked people to tell us about their views on initial engagement and consultation by the county council about the changes, and to what extent they felt listened to during this time. For some, this was difficult to remember, but others including carers, were able to tell us about their experiences.



As we have seen, Oxfordshire County Council carried out wide ranging engagement exercise, to develop ideas and models, reaching over 1000 people in various forms, via information packs, facilitated focus groups held at centres, questionnaires, and ongoing working group meetings. Parallel events with the voluntary sector were also held (Oxfordshire County Council 2016). The process was seen to take three parts, -initial *engagement*; working group formation and *co-design* of new models; and final *consultation* on the models proposed.

Speaking to staff from Oxfordshire County Council revealed various understandings of the exercise. Some clearly referred to this as 'co-production' or 'co-design', whereas others were clear it was 'engagement'. Those involved in the initial process were clear that this took place at a very early stage of the council's journey towards understanding co-production. Some aspects of the work gave valuable lessons, for example, interactions over time with the 'working group' of service users and carers was seen as important in developing the alternative

models, drawing on initial engagement. Lessons were also learned about balancing needs and views within the working groups of service users from widely different backgrounds and abilities. Since this time, the council has endorsed a strategic co-production approach throughout its practice and service development, establishing a co-production team, with support of Social Care Institute for Excellence (SCIE). Here, lessons learned from the daytime services review were seen to contribute to future co-production developments, for instance, in shaping adult care (SCIE 2018; OCC 2018).

Below, we show responses to engagement, communication and support through this time. We have separated responses as far as possible to show the opinions of service users and carers, who attended Health & Wellbeing Centres last year, independent sector, and those who were at learning disability support centres. This is important because each group went through slightly different support routes. Those in Health and Wellbeing Centres, mainly older, seen as not having eligible support needs, were linked up with Age UK for support and signposting to community-based activity. Adults with learning disabilities, on the whole, had eligible support needs and went through a process of reassessment of support and hours with county council engagement team of social workers.

Obviously, individual experiences were also very diverse, depending on the extent to which changes, loss of existing support, support package agreed and how decisions about care impacted on them personally. It was difficult for some to remember the process of engagement that had took place, and in this case, they focused on the six months prior the opening of the new centres. We did not to our knowledge speak to anyone who had contributed to the ‘working group’.

Experience of engagement, consultation and communication

Views of those attending learning disability centres

For those who had attended learning disability centres, there was mixed experience of the engagement, consultation and communication from the county council around the changes. Here, involvement of family members and carers, as well as service users was essential. Most of the feedback we received on this stage was from carers.

For some, the process seemed to be relatively simple, they felt informed and listened to, and comments were made suggesting there was not much difference between before and after.

“We attended a meeting together with the service and we (support worker, person supported and family) were made to feel welcomed and listened to” (support worker).

“Did understand what was happening. Attended one of the council meetings but they didn’t have much to say” (family member).

For others, the change was more difficult. Some commented on experience of the consultation meetings.

“We felt we were poorly informed, our views ignored and already a done deal, already decided. The result of the consultation ignored as neither option was recommended. The impact of the closure was huge, the council have treated (us) with disregard, and they appear to be numbers not people, we feel the council do not care” (family member person with learning disability).

“Attended many meetings. Didn’t really understand all that was said, and many questions couldn’t be answered. We were lucky it all turned out well in the end, but we wouldn’t want to go through anything like it again” (carer).

Some felt that decisions had already been made before the consultation took place

“to be blunt, it was a tick in the box exercise, it didn’t matter what we said, they had already made the decisions before we were asked” (family member).

Others, did not attend meetings or were unable to, some seemed to feel there was a sense of inevitability of changes, and little point to voice opinions

“It was really lacking in the transition, didn’t think it through. Didn’t go to meetings, they had made up their mind it was going to alter no matter what we said, there were people who went to the meetings, but it didn’t make any difference” (family member).

“Mum couldn’t come to all the meetings so it was difficult, she was at work so it was more difficult than anything” (service user).

When asked what could have been done differently by the council, some commented

“Listened to what people had to say”.

“To be consulted over the *whole* process of change, not once the decision was made. Very, very disappointing about the way this change as a whole has been put through, despite plenty of meetings with parents and carers. It was a very stressful time for us all” (family member).

Views of those attending Health & Wellbeing Centres

Among those who had attended Health & Wellbeing Centres, (mainly older) again, there were mixed views about the engagement and communication from the council.

“I didn’t really understand at first, I went to a meeting at Civic Hall, which was a bit high brow for me. Got an inkling when I saw how much they were going to cut. I then came to some meetings which were run by OCC (county council) which were very informative” (family member).

“the council didn’t say anything, they didn’t explain, I never saw hide nor hair of them, no letter, nothing. We felt a little let down to be honest. The staff told us about the changes” (service user Community Support Service).

“be more communicative about the changes from the start! Come and talk to us to explain fully and hear our thoughts”.

“I felt the process of change was not handled very well, it was like a bombshell with lack of information”.

Other comments included the difficulty of understanding paperwork and letters, “have you ever seen the consultation documents? They were so complicated...its really difficult for people to take on the idea of changes in six months..the council never came out to speak with people, only Age UK did” (staff, voluntary sector).

“I think the communication wasn’t appropriate...so they would get a letter that even I didn’t understand, they were complicated and not clear, they were not based on easy read and easy understanding...so I think that caused anxiety and were far too complex” (staff).

In Bicester, service users affected by the closure of the Health and Wellbeing Centre, were particularly vocal. Many people attending here, experienced a feeling of great loss, partly owing to the fact that there were no alternative places to attend at the time of change. Although this may have been inevitable, there was a strong feeling that communication by the council could have been managed and explained better.

“There wasn’t much communication at all, I don’t think anyone really knew what was going on, some say ‘we were thrown out of there’ -that’s not true, but if more communication had taken place about what it was going to be like, that would have helped”.

“We had Victoria Prentice (sic) and Ian Hoskith (sic) (Leader) speak to the group...no-one understood what he was saying, it went over their heads, it was all money” (service user).

“We would say the way you handled it was disgusting, no communication, we filled in forms and people came to see us, and no thought of us, they shut it down in the month with nowhere to go” (service user).

Views from voluntary sector

Those managing voluntary sector groups affected, were also part of a dedicated working group and meetings to comment on the changes. Again, there was a sense expressed by staff here that the council needed to be clearer at the outset and give more information for groups to contribute with informed decisions, clearly understanding the parameters.

“went to lots of meetings, we had boards up ‘what do we want?’... one of the main things was transport.... and they went away with all these things and they came up with two options... 1) was the option which bore no resemblance to what we wanted, but was what they wanted as it was cost cutting, and the other option was, as they needed another one. So all those meetings that we went to relate what we wanted, were a waste of time, because it never ever happened. If you ask someone ‘what would you like’ you will go to the ‘nth’ degree...well that shouldn’t have been done, they should have given us a realistic idea” (voluntary sector staff).

“It was too wide, it should have been more realistic, when you are asking 30 people what they want, it was like that, and it should have been, ‘look we have got to..’ it should have been a realistic assessment of what was required, instead of going for ‘oh this is what we would really love’ compared with what we have got” (voluntary sector staff).

“they were asking us for the ideal, the vision, and that vision wasn’t translated into anything we got in as options, the options were basically cost cutting, which is why if anyone says to me ‘consultation’ I haven’t got the time of day for it, because it’s a consultation on what they want you to have and not what we have discussed....I gave up my time to go to these meetings, if you have got all these things, if you saw all the post it notes, it bears no resemblance to what we got...They should have said up front this is what we need to do, so how can we do it together...” (voluntary sect staff).

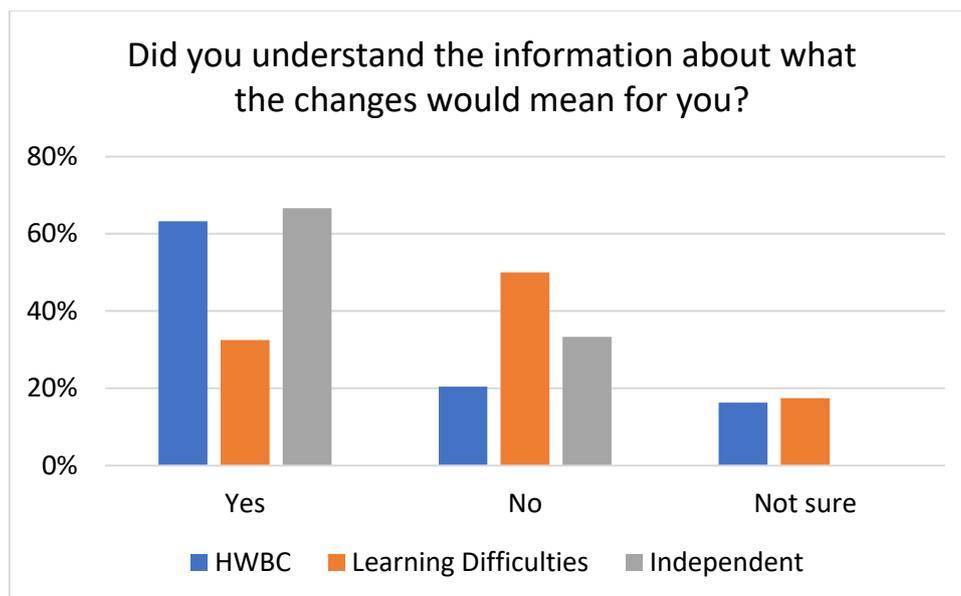
They also commented on loss of communication and link point with Oxfordshire County Council

“Better communication ...there was communication there, but it was just so uncertain. At the meetings, we were all lumped in together, but everyone’s situation was so different, so it was so general, and not specific advice....we used to have contracts officers who came to help and speak to us when we had funds, they were really helpful and we got to know them, and they knew the day centre, but they just went, no-one told us, they were gradually cut, so by the time the changes happened, we had no relationship with OCC left, no personal contact point...if they had at least kept the contracts people on it would have made it easier. A bit more certainty about the changes would have helped, we did not know anything until the very last minute” (voluntary sector staff).

Comments from service users and carers of those attending independent sector affected by the changes (for example Alzheimer’s Society in Abingdon, which closed following changes, showed a lower level of respondents feeling that their opinions were listened to during the changes.

5.2 Information about changes

Here we asked about the information provided about the changes, and if people understood what change would mean for them. By information, this covers a wide range of sources, including information given by centre staff during the changes, by Oxfordshire County Council, the engagement team (social work and Age UK), through face to face contact, and any information letters. Again, each individual would have their own experience. Here, from the questionnaire there seems to be more positive response overall to information received, with the majority saying that they did understand what the information meant.



Views of those attending learning disability centres

Breaking the questionnaire responses down for those who had attended adult with learning disability centres, when asked about if they understood what the information about changes would mean for them, indicates that of 39 who responded to this question, 33% said they did and 31% said ‘no’ 36% ‘not sure’. This may be complicated in part, in that a proportion of adults would not be able to fully understand information, due to their learning disability. In this case carers and support workers would have been involved. Information was given in a range of formats, and staff within the centres are expert at communicating with those who might have communication barriers. It also may highlight how the change overall was one of great uncertainty for those involved.

Anecdotal comments indicated that the initial letters from the county council explaining the changes were complex and difficult to understand.

Of those who did feel informed, some were satisfied with the information support given

“I was given lots of information and was kept informed all the time”.

“lots of information on when changes would occur and what it would mean for me”.

Others, felt that the information was less clear and kept them waiting in uncertainty

“we were unsure what was going to happen, didn’t really know what was going on” (carer).

“did not say anything why it was happening” (service user).

Others commented that the process was very drawn out, and unclear, leading to uncertainty even though in the end they were happy with the changes.

Views of those attending Health & Wellbeing Centres

Overall those at Health and Wellbeing Centres responding to the survey, said they did understand the information and what the changes would mean for them.

Of those less sure, comments focused on accuracy and timing of information received. There seems to have been a level of conflicting information, depending on its source, or who was involved, and this led to some unnecessary confusion. This in part reflects an ongoing review process, where the county council and subsequently Age UK Oxfordshire was grappling with who would be eligible for support, as well as time taken to get the final decision to people concerned. It also highlights need for clear communication at all levels throughout the system, to avoid stress to service users and carers. Staff at Health and Wellbeing Centres were not always clear themselves about what was happening, meaning that they found it difficult to give clear support.

“The predictions regarding the lack of availability, fortunately turned out to be quite erroneous”.

“make more accurate predictions”.

“make sure you communicate with carers”.

Others commented on the time consuming process taken for carers to find new options for their loved ones, causing stress. Communication was not always clear. Some had been told that they would not have places, only to find they did. Others found the paperwork on costings very difficult to understand.

“Costings; were not written in a real-life way that people could understand...transport, lunch, activity...so the information was out there but not in a way that people could understand easily” (voluntary sector).

Late decisions about outcomes came right up to the last minute were also stressful for people concerned

“confirmation of new place was left very, very late and had to be chased. Need to think about wider impact on individuals”.

“getting place confirmed at new centre was hard going. Old Day Centre didn’t know who was going to new centre until very close to closure date. Had to chase repeatedly to know if mum had a place and what days of the week”.

5.3 Support, assessment and review process

From May 2017, running up to the opening of the new Community Support Services in October, service users attending both learning disability centres, and Health and Wellbeing Centres were taken through a review process. This was to determine eligible needs, based on personal and financial criteria, and to provide support and

signposting to new options for daytime support (see Oxfordshire County Council <https://www.oxfordshire.gov.uk/residents/getting-needs-assessment/members-public> for information about eligibility criteria)

Reviews and support through this time was provided as follows:

- those attending learning disability centres, most of whom had eligible assessed needs, were given support by Transition Team of social workers, with a review of support packages to develop new care and support plans. They were offered place at new Community Support Services. Support was given with personal budgets where required.
- those attending Health and Wellbeing Centres who were assessed as having eligible support needs again were given support through the Transition Team via a social worker. They were offered choice of places at the new Community Support Services or alternative community-based centre.
- Those attending Health and Wellbeing identified as either as self-funding, as not having eligible assessed needs, or with needs but self-funding, were passed onto the Community Information Network (Age UK Oxfordshire) for support and signposting to access and choose alternative community-based support, including Community Support Services.

Communications about this process were through an initial letter from the county council and followed by one to one review meetings based either at the person's home, or at the centre. Family members were able to attend where suitable.

In practice, this process was complicated, and took longer than anticipated, due to need to update and collate accurate personal data held by Oxfordshire County Council on service users, and it was not always clear which teams should be working with service users for support and review. There were also some administrative errors during this time, meaning that some service users did not receive letters about the changes initially, or at the correct time. The reviews took place alongside restructuring and uncertainty for the staff teams at the centres, adding pressure and stress to the process.

Initial letters explaining the review process did not have named contact persons, so some service users found it difficult to know who to contact in the council. Daily support through the process in terms of being a 'face to talk to' was given through centre staff, who did their best under uncertain circumstances, despite not being part of the reviews. For the Health and Wellbeing Centres, Age UK Oxfordshire had face-to-face contact with people, and as a result had to field many questions and uncertainties, on behalf of the council. These factors combined had an impact on accuracy of information with mixed messages sometimes circulating.

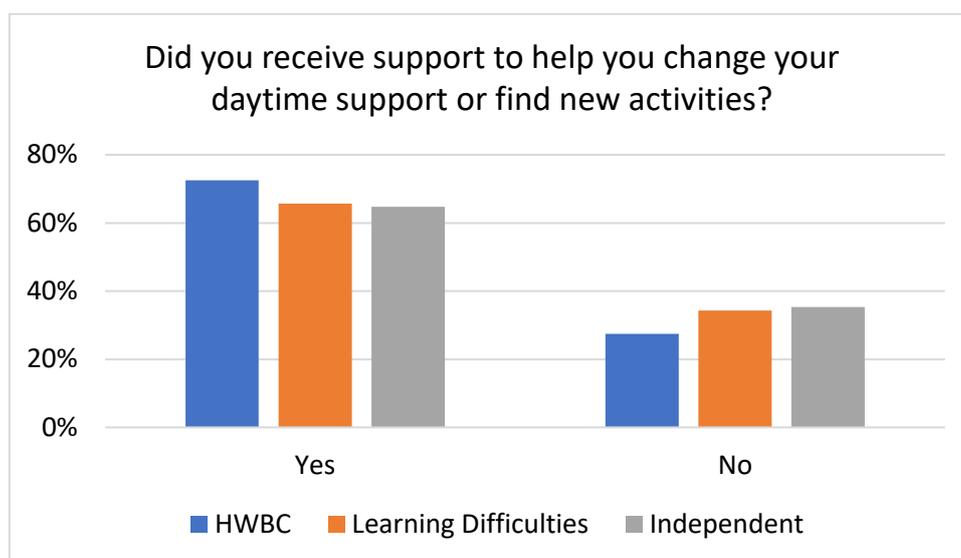
Reviews went on over the summer months, and up to the deadline for opening the new service, taking place with adults with learning disabilities initially and then older people. Many felt that the waiting time to hear the outcome of reviews was difficult, with outcome sometimes left to the last minute, for some even after the new centres were opened, giving uncertainty to service users and their families.

According to some, seen as not having eligible support needs, they did not receive notification of any decision, and were left hanging, uncertain of who to chase.

We heard consistently about the emotional support given by centre staff throughout the process, and there was no doubt that they worked really hard to smooth the transition process as far as possible at a time of great uncertainty.

Support with the changes

We asked about the support service users and carers received to help them with the changes, or find new activities and how helpful this was to them. Overall, the majority of those responding to the questionnaire, said that they had received support and that this was helpful.



What adults with learning disabilities and their carers said about support

Overall, the majority of adults with learning disabilities felt that they had received support for the changes, and that this was helpful. For adults with learning disabilities and their carers, support was received from a variety of sources, including centre staff, engagement and assessment team (social workers), key workers or residential staff, friends and family. Well known and familiar staff were critical to this support, and tried their best to iron out concerns, even though this was at a time when staff themselves were going through upheavals and uncertainty about their own jobs.

“the support staff looked after me and helped me through the changes”.

“The staff listened to what I would like to do. Also it was discussed how I could be supported”.

“Yes, because me, my family and my support staff knew what was going on”.

Some commented that support to visit new centres was really important to them in navigating change and managing uncertainty. We saw some examples where staff had tried to support service users to settle in the new Community Support Services environment once open, by taking care to provide familiar and personalised objects, furnishings etc, particularly helpful for service users with autism.

“we were invited to come and see the place before it was opened”.

“encouragement to give it a try, reassured all my friends were going as well”.

However, this opportunity was not offered consistently across the county, and staff expressed frustration that this seemed to have been discouraged, for fear of giving mixed messages.

“the worst part was the transition...it didn’t exist. They should have brought them over more before so they were more familiar with their surroundings, and getting to know older people and others....they didn’t think it through, they didn’t put themselves in their shoes, it caused us a lot of heartache” (family member).

“we moved buildings, sites, people, equipment, lock stock and barrel etc...and we did have a build up to it and we very much engaged with the people we supported at the time, with pictures, we took them to the buildings, we had afternoon teas” (staff).

Some felt that there was a *lack* of support during the change, or that support received was not helpful, leaving service users and carers feeling that they were navigating change on their own.

“why did they not give me any support?”.

“I wish somebody took the time to sit and explain things to me”.

Some expressed emotional impact of uncertainty and lack of clarity and support.

“it was a very distressing time, lots of tears and uncertainties” (family member).

What adults with learning disabilities and their carers said about the assessment process

Although most adults with learning disabilities had eligible assessed needs, they did have to go through a new assessment as part of the change. This was carried out by the engagement team of social workers, who worked to develop new care plans and support packages based on assessed need. For some, the outcome impacted on the number of hours offered at daytime support, the costs of that support, with resulting increasing costs. Support with personal budget management was also part of the process.

For some, the assessment process was clear and straightforward.

“Assessment process was explained well”.

“the assessment was good, not stressful or worrying. It was with a total stranger which was a bit difficult- they just turned up, no communication”.

Some carers and service users found the process stressful and uncertain, and felt overburdened by paperwork. Others mentioned the bureaucratic process lacked care.

“reassessment process- it was quite difficult”.

Other family members felt Oxfordshire County Council was determining care packages on the basis of finance considerations and not need.”the care assessment determines what you are going to get, and OCC [the county council] do it the wrong way round- they decide on the personal budget and then fit the care around it...then they can control the expenditure...There are gaps in care as a result... care should be ‘tailored to their needs’. Contribution policy is they want to take 25% of PIP/DLA ...but its only legal as they put in, ‘if you feel your disability expenditure is greater than 25% you can challenge decision’ ...I have done that for us, but the council are ‘picking us off’...not many people are around like me who understand the system and how to do these things, the council are banking on the fact that not many will challenge it, and it’s not fair” (family member).

What those attending Health & Wellbeing Centres said about support and review process

For those attending Health & Wellbeing Centres, there was a different route for support and review. Initial signposting by the Transition Support Team, identified those who were; self-funding, seen as not having eligible assessed needs, or with needs but self-funders. These individuals were passed onto the Community Information Network (Age UK Oxfordshire) for support and signposting to access and choose alternative community-based support. Those with eligible support needs were supported by the social work team to choose Community Support Services or other daytime support. The initial letter from the county council outlined that the ‘*Community Information Network will meet with you and discuss your needs and support options available. They will then help you to access the options you choose and work with you to develop a personalised plan*’ (from letter to service users about the changes Oxfordshire County Council, 15 May 2017)

Initial support

When asked about what support they received, inevitably some could not remember this time clearly. Service users and carers identified they had received support from a range of sources was identified including Age UK Oxfordshire, family members, social worker, ‘volunteer’, centre staff and ‘third party’, and seemed uncertain as to who support had been given by. Overall of those attending Health & Wellbeing Centres, of 53 who responded to this question on the questionnaire, the majority, 73%, said they did receive support, and 27% said they did not.

“information verbally and some paperwork from Age UK lady who visited Day Centre. This gave me other choices of things to do during the day”.

“just reassurance about the changes”.

“the staff at the HWBC [Health & Wellbeing Centre] offered lots of emotional and practical support to x“

“Age UK Oxon assisted in getting place at Community Support Service”.

“visits by support centre and lots of suggestions of things to try”.

“no council official could give us any definitive information- they didn’t seem to know what was going to happen ‘on the ground’” (family member).

Review process

When those at Health & Wellbeing Centres asked about the assessment and review process, that had taken place with Transition team of social workers, or Age UK Oxfordshire, views varied, depending on individual experience.

“a social worker came to the house. It was very good. We feel very fortunate, the system has been good to us, but not to other people. I feel a bit selfish”.

“the assessment was ok, it wasn’t scary or stressful”.

“Uncertain because we weren’t sure what would happen - we were told that I wouldn’t get a place any longer, so had to go and look at other provision”.

“The assessment was daunting. The day centre is very important to mum” (family member).

“Assessment, done by Age UK Oxon, alright. She said I didn’t fit criteria to come here. Asked me can you go to the toilet on your own, can you drink on your own. Then said I didn’t fit criteria. Few days later got a letter saying I had a place if I wanted it”.

“The assessment - was done by Age UK. He was pretty hopeless. He’d only been in the country five weeks. He’s never even heard of respite. He said I could have two lots of three hours, I said ‘that’s not enough’. The social worker came and she said ‘yes’ to another day but someone phoned my husband and said I couldn’t have a third day. I only saw the social worker once and she didn’t leave any contact details” (service user).

“At our age you fight for yourself, they won’t fight for you, they will sit in their office and write a bit of paper saying you can’t go there you can’t go here, they will write that bit of paper as they have to get their wages out of that money”.

Conversations with some carers and staff reflected on concerns about the difficulty in gaining an accurate picture of the needs of those with dementia, especially if carers were not involved in the meeting. There was a concern that some service users with dementia were able to ‘present’ a coherent picture of themselves, whilst hiding underlying needs. There was concern that the real picture might have

not been picked up by someone undertaking a short interview, especially if not familiar with the person.

“(carer perspective) Dementia clients were interviewed at Day Centre (despite us stating that we wanted to be present) by Social Services. My client will answer in a way that she feels is required. This could be opposite of the truth”.

“you try and explain to them you will probably be eligible, you will need to speak with the people coming round...and some family members did get involved, and some staff members, trying to explain to them, obviously not being able to make a judgement for them, and for people with dementia it just doesn't go in, they again it's not you can't say they don't understand, you can say yes they understand it but by the time they get home it is just gone....”(staff, Community Support Service.)

“The transition period was badly done, everybody was assessed but a lot of people with dementia were assessed on their own, without family” (staff vol sector).

This led some to speculate on whether the needs of some people with dementia had not been 'seen' clearly, without input from staff or family members who knew them well.

“The mind boggles as to how some people were eligible and others not ...I don't know what it was based on...for example, someone who could easily get up and dressed and get here was eligible, and another person who couldn't get up and dressed on her own, or get here, was not eligible and didn't get a place” (staff, voluntary sector).

“We have high level of people with dementia, can't always get a clear picture from speaking to them as they 'hide' their condition...needed staff to be there as part of the review process...if this had happened, the quality of review would have been improved significantly’ (staff, Community Support Service).

“only a few were told they were eligible based on need, that was shocking, as of course these people with dementia had family members, and I don't think the family members pushed, one guy was like ‘I am going to have to change my whole life now, as my dad comes here 5 days a week, and I am not going to have anywhere for him to go’ this guy had advanced dementia”(staff Community Support Service).

“I was horrified when people came to me and said ‘dad doesn't have an assessed need’, he was living on his own, so how can he not have an assessed need, he can't do anything for himself, but because he had a huge family, because he had family input, they basically told them that” (staff Community Support Service).

Staff from Community Support Services were keen to help, but this was not always possible, as they were not well informed about the review criteria or process themselves, again sometimes causing confusion. Staff did their best to give clear information on service users that they knew, in order to prepare for the review

meeting. A number of people reviewed and found as not having eligible support needs challenged the decision and were later accepted.

“Lots of work and care went into the process beforehand from the care staff and continues too...care staff were very keen to see service user needs met in the changes...really cared....” (staff Community Support Service).

Communication of outcomes

Anecdotally, a number of people seemed to have been left uncertain as to the outcome of reviews or did not hear until well after changes took place, if at all.

“There was a lack of communication letting me know what was happening, apart from snippets of information which I could not rely on. I was upset and confused, and this had a great impact on my life at home and the Day Centre” (service user).

“anxious about what was happening as nobody seemed to know”.

Some voluntary sector staff commented on their perception of communication of the outcome.

“I have been told anecdotally, if they were eligible for the service then they got a letter, saying what the costs would be and so on, but other people if they were not eligible then they heard nothing at all” (vol sector staff).

“People offered a place got a letter, people not offered a place were not sent a letter, so we had lots of people ringing us up to find out what was happening...in the end they rang the transition team. Lack of communication could have been handled better, it caused a lot of anxiety for them, they have communication problems anyway” (staff voluntary sector).

“I was not well informed about the changes four weeks towards the changes”.

“Anxiety about the likelihood of places being available and trying some things that weren't very suitable. A lot of time wasted, but we acknowledge people were working with predictions that turned out to be unrealistic”.

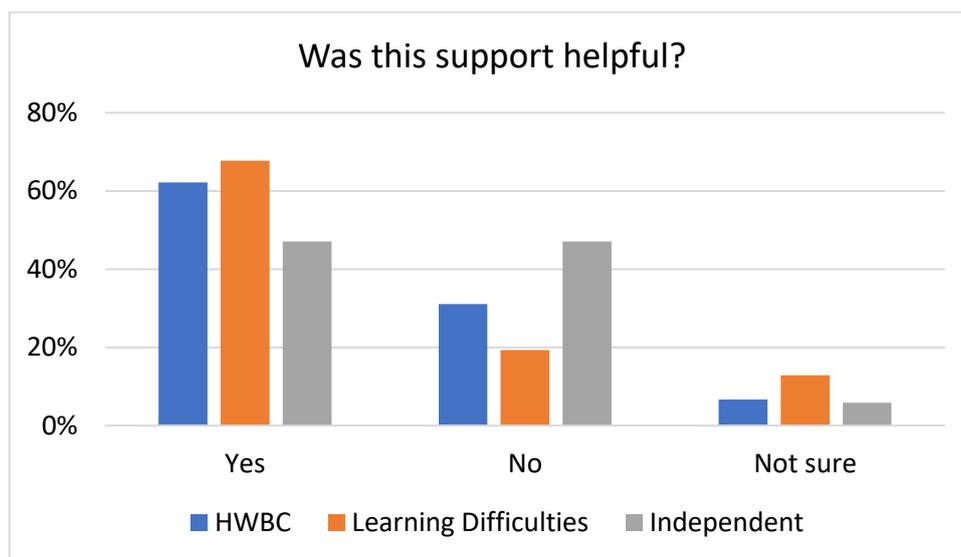
Those experiencing closure of the Health and Wellbeing Centre in Bicester expressed particular upset. This will be mentioned later on in the report.

Signposting support from Community Information Network

As part of the review process, and the move by the council towards its model of ‘support for living well in the community’ the Community Information Network, (Age UK Oxfordshire) teams worked to help older individuals identify and learn about a range of local community- based activities available. This was offered as an alternative to daytime support at Health & Wellbeing Centres. This for example, involved signposting people to a range of local groups active across the county (for example, day centres, lunch clubs, activity groups etc identified on Community Information Network Directory). Individuals were interviewed about

interests and needs and given resources to help them choose alternatives and try new things.

This worked better in areas where there was alternative provision and choice, for example, Wantage, and opportunities for signposting. ‘Referrals’ for example were made for some to Grove, Nettlebed, or other independent day centres. In areas identified in initial mapping by the council and Age UK and highlighted as lacking voluntary networks or alternatives, such as Bicester, and Witney area, it was harder to support people to access viable alternatives.



We asked people to comment on whether the support they received had been useful. Those who did find it useful commented that they had been able to find new places to attend, and to some it made them aware of alternatives in their local community they had not known about, and given wider choice.

“Age UK Oxon phoned and sent a list of alternative voluntary led centres”.

“Information verbally and some paperwork from Age UK lady who visited Day Centre. This gave me other choices of things to do during the day”.

“The information was interesting and informative, so I could choose new groups and activities rather than going to the Day Centre”.

“they were quite thorough in talking to me about it”.

“family put me in touch with the Grove Day Centre after being given the information from them. We had no ideas they did this in Grove”.

“I was given details of another centre quite close to where I live”.

“Visits by support worker and lots of suggestions of things to try”.

“As far as Age UK Oxon were concerned, they were very good to us, they passed a lot of people, I can’t fault that, and the transition went well, they gave help” (vol sector day centre staff).

Those who voiced that the support had not been so helpful, commented on a range of issues, including cost, distance and lack of transport to new venues suggested, lack of link up, communication and encouragement from potential venues, conflicting information and suggestions that were not necessarily appropriate to the individual concerned.

“Offered evening class in Abingdon. I’m 100, don’t drive. An alternative suggested- or meeting a pub-group!”

“None of the centres I contacted provided transport”.

“Someone came to talk about other clubs, but without transport I cannot get to them, and also some were very expensive”

“Age UK a bit ‘iffy’ not very helpful to my way of thinking, I never heard anything else from them after I spoke to them that day. I was told about a lunch club, but I never heard anything from the people”

“Information to attend a new day centre. X took me to a day centre but I didn’t like it and it was too far away”

“Leaflets don’t help a 90 year old person with dementia”

“No real and meaningful support was forthcoming”

“Impractical on a range of levels”

“it didn’t get me anywhere so was a waste of time”

“Done with kindness but many of the alternatives weren’t terribly suitable for someone with dementia. Explanation that I would not be offered a place any longer turned out to be false”

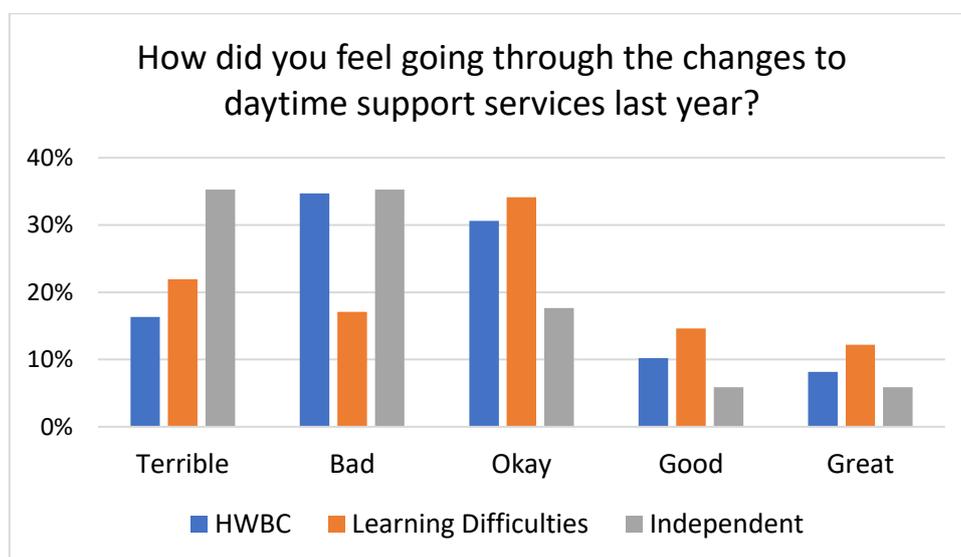
Offers of short term, irregular community-based meetings were not always seen as offering what people wanted.

“The Community Information Network came and had a chat with people to say ‘there are all these other things on offer’ the things that were on offer, they were the things such as the dementia café every other week for two hours, or the widows club, but nothing really of the sort of service that people were telling us was what they wanted and needed” (vol sector staff).



6 How did service users feel going through the changes to daytime support?

We asked people to tell us what their experience of the actual changes to daytime support was like, what it felt like for them, and why. Overall, responses from those who answered the question in the questionnaire (120) showed a mix with 48% saying they found it ‘terrible’ or ‘bad’, 30% ‘ok’ and 22% ‘good’ or ‘great’.



Broken down, ‘how did you feel going through the changes last year?’, gives an idea of how the changes were experienced by the different groups. Responses indicate that those who had attended Health & Wellbeing Centres experienced the changes as more challenging, with 51% respondents saying it was either ‘terrible’ or ‘bad’, compared to 39% of those who had attended learning disability centres. This echoed some of the comments we heard, where many felt the older people had been impacted harder by the changes.

Responses overall showed a mix of things, including for some there was ‘little change’, or they enjoyed being at a new centres, meeting new people and doing new things. We also asked people to tell us ‘what was difficult for you about the changes?’ and ‘what went well for you with the changes?’

We will focus on what people like about the new daytime support they receive now, and any new opportunities this brought in the next section.

6.1 What went well with the changes?

Those who said that the changes were ok, good or great commented, and in response to what went well with the changes, focused on what they liked about where they had ended up for daytime activities, or on the fact that little change was noticed. For some, for example, those who stayed with familiar staff and buildings, the changes would have been experienced as less disruptive. The huge support and effort of staff in making the changes as smooth as possible was essential and valued.

“fine with all the changes” (learning disability).

“Needed big space. Garth too small. Get around better” (learning disability).

“It is very hard to get used to new people” (learning disability).

“once I got used to it, I enjoyed it more” (older person).

“not too bad, it’s better than nothing”.

“the move went quite smoothly”.

“I found everything much better”.

“everyone so helpful and kind” (older person).

“wasn’t much difference, just different place and transport, everything else was the same” (older person).

“new centre, all very friendly”.

“the changeover when it happened was handled very well, and x didn’t appear unsettled at all” (carer- older person).

6.2 Difficulties with the changes

Those who told us about difficulties about the changes, focused on experience of loss, uncertainty of change, emotional impact, knock on effects, increased costs and time implications. Comments about changes to meals and transport are covered separately.

Others described a sense of loss, and emotional upset. Carers also spoke about the impact on their lives and their ability to care.

6.3 Experience of loss and uncertainty

Closure of the centres which some had attended for many years, was perceived by some as loss of essential and well-loved places, valued friendship networks, and sense of involvement and meaningful activity. Some expressed a sense of ‘rejection’. Communication again was a factor.

Respondents who described a sense of loss, used words like ‘sad’ ‘upset’ ‘disappointed’ ‘distressing’ when asked about the changes.

This was particularly expressed by older people who had been attending **Health and Wellbeing Centres**, which closed.

“When there was talk of the Wellbeing Centre closing my mother was upset and it was on her mind constantly. When it did close she was upset and it was difficult to motivate her. I feel upset and sorry for her, she was missing her friends” (carer-older).

“it was devastating”.

Equally, some were affected by the impact on the **independent sector centres**, a few of which decided to close following removal of funding

“Uncertain because we weren’t sure what would happen - we were told that I wouldn’t get a place any longer, so had to go and look at other provision”.

“I used to help run the club and now it has been closed. I feel angry that the service for elderly and disabled has been abandoned” (older person).

Some, expressed concern about the impact of loss of support for vulnerable people, who were seen to have little alternative

“My mother used to attend a HWBC..[Health & Wellbeing Centre] it gave her time away meeting people and enjoying a variety of activities..it was a lifeline for her to escape the loneliness and monotony of living here. It seems to me that people who need a little extra help in our communities are just left to fend for themselves and forgotten about- what a very sad state of affairs to be living in and a worry about the future” (carer- older person).

“losing the day centre was a real blow. X never settled as well in the alternative centre. Vulnerable people need as much community support as possible- as do their families...this is a message to those who allocated funding” (with dementia).

“the changeover process was very, very poor with no real concerns for users or relatives during the process or any real contact” (carer-older person).

Adults with learning disabilities also expressed this sense of loss

Those who had attended learning disability centres also expressed a sense of loss especially when change involved loss of familiar building, staff and routines. Some had been attending previous centres for many years.

“I miss my friends and going to the club” (learning disability).

6.4 Emotional impact of changes

Respondents commented on the emotional impact of changes and upheaval in routines for some service users. Change is inevitably experienced as difficult, and people spoke of anxiety and worry about the uncertainty. Changes were seen to have both an emotional and behavioural effect, particularly among service users who found the change difficult to understand. This had an impact on the wider family or carer support.

“my mother became quite anxious and depressed” (older person).

“worried about going somewhere new”.

“the impact of closure was huge. X mental health and anxiety increased to a point that we were extremely concerned for his wellbeing...we were unable to help him cope” (learning disability).

“I found mum becoming less chatty about what she does as she doesn’t have the variety of interests now” (older person).

Impact of change on those with autism was also noted, as this group thrive on routine and often find any change particularly difficult

“It was a very stressful time for us all. Changes are very difficult and the period of actually changing the building was chaos-something people with autism find extremely hard” (learning disability).

“it was very stressful for a lot of the old people, they were very worried, it frightened them they thought they were going to lose their day centre, and a lot of them didn’t want the change, as they didn’t know what to expect or how it was going to be” (staff member).

Change was also stressful for those with dementia, again because of the upheaval and uncertainty

“With x’s condition, vascular dementia, she is unaware of where she is going or why. It took 3 months for her to settle in (Community Support Service) so very disappointing to have to start all over again” (carer-older person).

6.5 Knock on effect of changes on wider health and social care system

Some commented on the impact of changes on the wider health and social care system, in that changing support levels meant that carers might not be able to manage, losing a precarious balance, increasing stress, and pushing them to draw on NHS or other support, moving costs ‘upstream’.

“I felt very discouraged by the changes as my mother needs a lot of support and even losing one day at the HWBC [Health & Wellbeing Centre] has a detrimental effect. I know she is more lonely at home and even though I pay a carer to come in

at lunch time she is less likely to eat when on her own. I feel less supported as someone who also tries to combine work with care of my mother and feel that if the council cuts services in this way it makes it harder to continue care at home and more likely that residential care will be needed. This will then cost the council more in the long run". (carer - older person).

"I welcomed the break from caring. I support x 24 hours a day. He has no support from any other organisation. We are resisting care accommodation and are coping currently- I am not 100% fit" (carer learning disability).

"It's such a false economy as so many of these people will be going into hospital or nursing homes if they didn't have this, they would go down, they would get lonely and depressed,

a lot of people do get poorly much quicker when they are lonely. It's such a false economy several people will end up in nursing homes sooner if this shuts down it's such a waste of money" (vol sector staff).

"As a carer it made me feel that the council did not appreciate the efforts I make to care for my mother at home and cuts like this make it less feasible for me to continue" (carer -older person).

Concern was especially noted about the impact of changes on those with dementia and their carers

"in the long run it will cost a lot more, as if families can't cope, they will be going into homes a lot quicker, and if families don't have any money then the council will have to pay for the care....whereas if you can keep them in their own homes, come here a couple of days a week, families popping in a couples of days a week, it is a lot cheaper, especially with dementia" (voluntary sector).

"I think they made the wrong decision, in a lot of the cases, mainly because we found a few of our members- the ones looked after by loved ones are no longer coming, and because they have had to go into homes because their carers can't cope, that may have been to do with the finance, or we assume they have regressed and have had to go into a home because carers are not well enough to look after them" (voluntary sector).

Increased costs - reduced hours

Some commented on the increase in costs experienced following the changes. This was both relating to potential places at the Community Support Services, and also some voluntary sector groups. Increase in costs were felt particularly by older people who were not eligible for support, and were paying out of their own budgets. Carers of those with learning disabilities also commented on increasing costs. Others commented on the loss of hours offered at the Community Support Services.

"Previous place...£15 from 10-3 and £7 for lunch. I was offered a place at CSS for £88 four times the amount paid at x. I declined the offer" (older person).

"Having my days cut from five to three" (Community Support Service).

“twice the expense and less activities done” (Community Support Service, older person).

“Huge increase in cost of transport and the day centre, so she only attends for half a session a week” (carer - older person).

“I was informed by the council the days I had to attend, neither of which were possible, at a cost to me of £116 a week. I stopped attending” (older person)

“The price went up. They were going to charge £58 a day. They thrust us out, they priced us out” (older person).

“She was offered another day club but being charged £50+ and also taxi fares is just too much for someone on a pension” (carer - older person).

“I can’t afford it, on my pension. Same situation - spend £64 a week (voluntary sector), that’s a lot. The rest of the time I spend sitting at home” (older person).

“They priced the older adults out of day services. It’s all down to money and OCC [the county council] trying to screw disabled for as much as they can...they have already been means tested, the needs are what they are” (carer, learning disability).

“I am worried about the bill for services and the day centre and respite. The bills are going up to £200 per week. I pay for this out of my own money” (older person, Community Support Service).

“x place subsidised by the council - all stated - someone comes out to assess and decides how many hours and ratios etc. subsidised four days a week and tops it up from own personal budget. We as a family have to pay all the extras, activities, £2.50 a day food, it’s always going up, it was less but has gone up, and that is her personal budget” (carer learning disability).

Impact on carers

During the research we were able to speak face to face with carers, as well as hearing their views from the questionnaire. We asked them to tell us about their own experiences and any impact changes had had on them.

General comments from carers about the impact of changes echoed the wider themes (e.g. impact of transport, timing, cost) and can be found under these themes throughout the report. Here, we focus on specific comments from carers about the impact of the changes on their own lives. Carers valued the support of daytime for respite, and for being able to continue working, or daily routines. Again, to some, little disruption was noticed. Others, felt differently, and ‘stress’ and ‘anxiety’ was mentioned a number of times.

“It has increased my stress levels and now I need to use more of my limited non-working time to arrange hair appointments and chiropodist that used to be available at HWBC. I have temporarily reduced my hours on one day a week so that

I can be with my mother at home some of the day. This of course has a financial impact” (carer - older person).

“session times have decreased in duration....as I have other commitments and time schedule to keep this is frustrating” (carer, learning disability).

“I didn’t know which way to turn and I was so stressed myself” (carer, older person).

“it enables me to have a little time on my own and also enables me to sort out washing and shopping” (carer older person).

“it has been very helpful to me as a carer to have a little time to do things for myself, I would like to thank all the staff and drivers for their support”.

“the council no doubt saved money, but the carer support was badly disrupted” (carer -older person).

Some commented on their ability to work, and leave a loved one knowing that they were safe.

“I part time care for my mum, study and plan to work...the situation as it is at this time does not seem like an achievable prospect any time soon. This is affecting my income, my future job opportunities and my pension for the future” (carer - older person).

“more stress within family” (carer, older person).

“huge blow to lose HWBC [Health & Wellbeing Centre] which gave me five hours respite and allowed me to meet friends, simply do shopping and catch up with housework” (carer, older person).

“the council saved but the carers lost”.

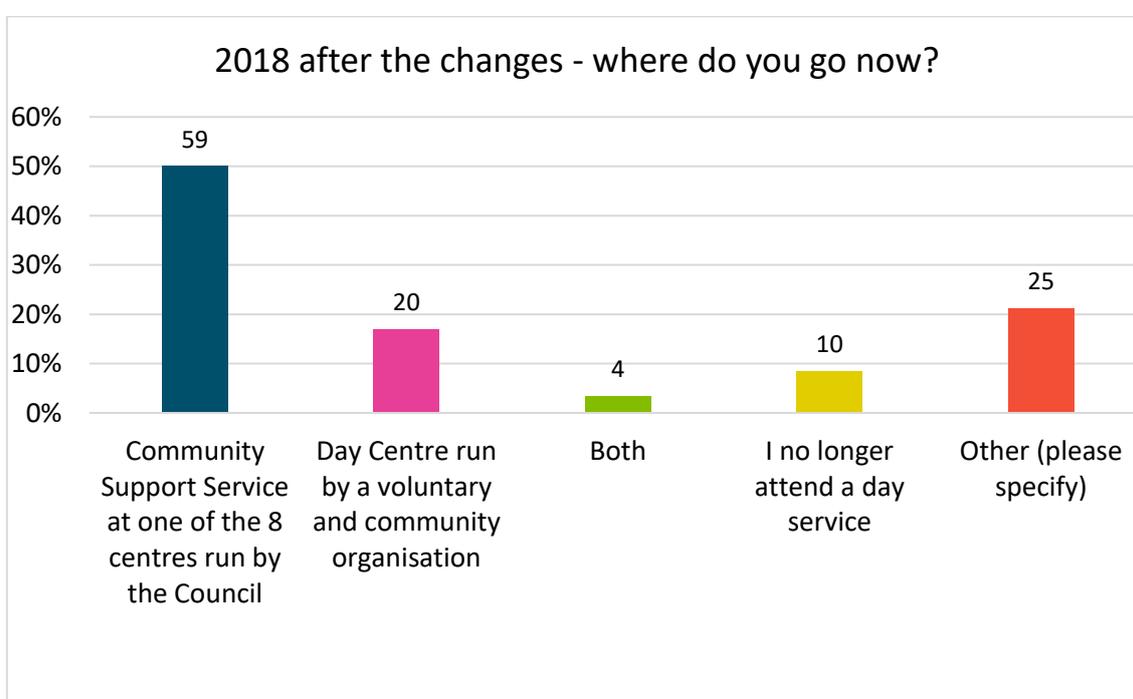
“x enjoyed the respite when y went to the centre, as he knew she was in good hands. He felt disappointed and upset, not only for himself, but for his wife when the changes were made”.

“I welcomed the break from caring. I support x 24 hours a day. He has no support from any other organisation. We are resisting care accommodation and coping currently. I am not 1000% fit”.

7 Where do people go now?

Questions also focused on finding out what people were doing for daytime support almost a year after the changes had been implemented, where they were now, and how this was experienced.

People noted that since the changes, they were attending a range of places for daytime support, including CSS, voluntary sector day centres, ‘other’ and ‘none’. Those who noted attending ‘other’ mainly did in fact attend voluntary sector or Community Support Services, but had not been clear what type of support they were attending.



Of **adults with learning disabilities**, 90% responded that they were now attending Community Support Services, although this was in practice higher due to uncertainty of what the new support was called. A very few were making different choices, including using independent support, or accessing community activities through personal budgets with support workers.

Of those who had been **attending Health & Wellbeing Centres**, of 53 who responded to this question, 36% said they now attended Community Support Services, 21% voluntary sector day centre, 7% attended a mix of both. 7% no longer attend daytime support, and 24% answered ‘other’. Other again included voluntary sector support, with people showing confusion about what type of support they were attending.

Of 18 who responded that they had previously attended **independent sector** (e.g. Alzheimer's Society) 6% said they now attended Community Support Services, 44%, Independent day centre, 17%, 'No longer attending daytime support' 'Other' 33% (again showed confusion and included vol sector groups).

We asked people to tell us about what they enjoyed and what was working well with their current daytime support, as well as what was not working so well.

What do people enjoy about their current daytime support?

The questionnaire (Q 24) asked people to tell us about what they enjoy about the daytime support they attend *now*, since the changes happened.

Answers again, from both those attending Community Support Services and independent day centres, broadly reflected the comments about what people value about daytime support *per se*. People said they enjoyed making friends, the wide variety of activities, being able to go out and about, having fun, shared activities, support from staff, and respite for carers. Responses given showed the range of activities available, including craft, physical activity, cooking, quizzes, and trips out and about, and contribution to health and wellbeing.

"meeting friends, eating with others, getting a social life, being able to maintain my mental/physical health".

"it gets me out of my husband's hair and gives him a bit of respite from looking after me".

"I like to be part of a group even if I can't do all of the things others do. I love the sensory room. I am really happy when we have the music".

"people talking to me. Helping prepare food in kitchen for dinner. Biscuits and cakes in afternoon. Getting involved".

In this next section we look at:

- **the new Community Support Service model and how service users see it now**
- **independent sector day centres and the support they provide**

Here, comments from service users and carers, and some staff will be used to give an overview of *themes*. It is not in the scope of this report to give specific detailed comments about individual centres, so these will be given to the centres themselves, ensuring anonymity, to support reflection, improvements and change. Each Community Support Service will be given feedback from clients about specific suggestions. We heard many positive comments about the new service.

8 Community Support Services - how are they doing?

As we have seen, from 144 questionnaire respondents 90% of those attending learning disability centres moved on to attend Community Support Services, 36% from Health & Wellbeing Centres, and 6% from independent sector day support now noted they attended Community Support Service. Here we look at what people think about the support now.

During the initial county council engagement, some had expressed concerns about the new Community Support Services model. In particular, there were worries about the new client mix, where older people, disabled and adults with learning disability would be brought together under one roof. Others expressed concerns about loss of quality of service, loss of personalisation, rising costs, impact on service users, and on their carers (Oxfordshire County Council, 2016). The period of transition was stressful for all concerned, including staff.

Visiting all eight Community Support Services enabled us to understand how each centre has its own flavour, and atmosphere, depending on the staff background, service user composition, building space and size and location. Previous history also played a part in people's experiences, depending on what the building was before, who experienced centre closure or loss, and who had to physically move to another site*.

*(For example, some centres, such as Banbury and Wantage had previously been learning disability centres, so any older people experienced a move following closure of the Health & Wellbeing Centre. Bicester and Didcot centres, however, had been a Health and Wellbeing Centres, and this meant that in Bicester for example, adults with learning disabilities experienced a change of site, moving from the Garth Centre, and Kidlington sites).

Along with the move, the centres had a planned programme of capital works, to improve facilities, and ensure they met service user needs. However, much of this work was delayed owing to collapse of the contractor Carillion. Some of the work is still to take place. Equipment such as hoists needed to be installed, along with works like change to kitchens, sub division of large rooms to create quieter spaces, provision of SMILE and sensory rooms, and new interactive screens and table-tops (Tovertafel or 'magic tables').

Overall, we were impressed with the huge dedication, care and expertise shown by staff at the centres. Not only had they worked so hard to support service users through difficult transitions, they had also taken on huge new areas of work themselves, including transport, catering, new buildings and new service users. Whilst it was still early days, we heard from staff about how new teams were

beginning to form, and learn from one another, as the new model settled down. Service users and carers were hugely supportive of staff, and the work they did. Staff were working hard to support individual needs, promote choice and independence and a personalised support.

“I love it here, wouldn’t want to go anywhere else. Staff are lovely. I couldn’t stay at home all day. This place offers friendship, if I didn’t come here, I wouldn’t go out at all. I’ve got lots of friends here” (older person).

“I feel happier in my life”.

“I found everything much better”.

Here we look at general themes about what people said about the Community Support Service.

Integrated model based on need

The new model for Community Support Service provision outlined by the county council moved towards an ‘integrated model based on need’. The service will be available to everyone based on need, enabling older people, people with learning disabilities and people with physical disabilities and other complex needs to get the right support for them.” The personalisation approach would be supported with all service users encouraged to exercise choice and independence (Oxfordshire County Council 2017)

Whilst concerns about this model had been raised at the engagement stage, the county council at the time commented that:

“The general consensus in the working group was that this could work providing buildings were large enough to accommodate groups with different requirements, enabling activities to happen alongside each other. Whilst there were concerns raised about the suitability of some people to mix, positives were also identified of opportunities for mutual support and meeting people based on shared interests, particularly beneficial for older people with learning disabilities for example.”

Other models where this approach had worked were cited, for example Buckinghamshire. For county council staff, this meant working with people based on understanding their needs, as one said, ‘taking away the label’, and responding to people’s individual interests and choices irrespective of whether they had a learning disability or were older.

In this study, we found there was still some concern among those who had been through the daytime support changes. Some were adamantly opposed to mixing older adults, those with dementia and learning disability. Some voted with their feet at the beginning of the changes, leaving the Community Support Services to find alternatives. Others did not want to attend in the first place, anticipating what they thought it would be like. These attitudes in part were compounded by a valid sense of loss of older people’s services, with closure of Health & Wellbeing Centres (for example Bicester), where those without eligible care needs signposted

to find alternative support. In this section, as relevant, we have shown where people attended.

Carers of those with autism and dementia also expressed concerns about the impact of mix on levels of noise, and uncertainty. While attitudes are in part complex, perhaps reflecting underlying generational, attitudinal perceptions or lack of understanding, some had valid concerns, about loss of appropriate person focused support, staff expertise, and support particularly for those with higher needs.

Concerns about the mix

Before we look at the issue of mix of service users at Community Support Service provision *now*, and how it is working in practice, we will briefly look at some of the comments we received both in the questionnaire and in speaking to people who voiced opinions on this issue.

These illustrate some of the concerns or perhaps preconceived ideas that some had in anticipating the change. It is important to note here, that these comments were from people who felt the change was not suitable but had not experienced the reality of the new change in practice by attending a Community Support Service. Most of these comments were from older people and their carers who had attended Health & Wellbeing Centres, and still voiced concerns.

“Unsuitable mix of clients” (former Health & Wellbeing Centre attendee, now no longer attending).

“From the beginning I stated that a joint group with learning disabilities was not what x needed. He is a quiet man, that’s not the stimulation he needs” (carer, Former Health & Wellbeing Centre attendee, to independent sector).

“Message to OCC [county council] Not mixed the older people with teenage people” (Health & Wellbeing Centre to independent sector).

“At the consultation, I raised the issue of the mix. People with learning disability like more noise, the older prefer quiet. The speaker was very dismissive and said it’s been proven that they are a good group to mix” (carer learning disability).

“x was originally at a day centre where the older could meet for social contact and activities. To assume that the older and people with learning disabilities have the same needs, at the same time and place, is absurd - and this was what the day centre had become, presumably because the council thought it was cheaper” (Health & Wellbeing Centre to independent sector).

“both groups are lovely and have lots to offer, but integration, it couldn’t work... a lot have been carers all their lives, and worked, they didn’t want that, to be mixed in...” (staff at independent sector).

“For me it’s quite interesting, I know about it, but a lot of people would be disturbed by the noise, it doesn’t disturb me, it’s just unfortunate the council

thought the two groups could be together...”(Health & Wellbeing Centre to Community Support Service and independent sector).

“Too many people here and especially people with dementia would be confused by the noise and confusion” (Health & Wellbeing Centre to independent sector)

Those who tried it and left

Some, particularly older people, initially made the move to Community Support Services but found that for them, the mixed service was not what they wanted, and subsequently made the choice to go elsewhere.

“I found the disabilities very distressing- also communication was hard, so I didn’t bother anymore” (Former Health & Wellbeing Centre user, left Community Support Service to independent sector).

“Could not enjoy the atmosphere with younger adults- seem to be no room for older people- almost forgotten about” (Health & Wellbeing Centre, left Community Support Service to independent sector).

“mixing us with learning disability, it was a mess...we felt they could have had 50:50 some people didn’t like it, because the noise was a bit frightening” (Health & Wellbeing Centre, left Community Support Service to independent sector)

“I came home upset due to my food/hair/drinks been played with. - I was moved away from friends. - Had no say in what was happening - It was like they saw a label Dementia and put me with adults with senior mental and physical disabilities, my needs were no longer met, inmates not compos mentis couldn’t have adult conversation with them. Left to go to new centre” (carer comment. Health & Wellbeing Centre to Community Support Service to independent sector).

“Staff were pre-occupied with those with learning disabilities, the 'activities' were totally unstimulating for someone, though 99 at the time, x had a clear mind” (carer comment older Health & Wellbeing Centre to independent sector).

How did this work in practice?

For people attending the Community Support Centres *now*, the picture was different. There was a mix of views. Some were finding the mix challenging, whilst others were really positive about the changes. Many commented that their expectations had been far worse than the reality, and that as time was going on the groups were settling down, and new relationships forming.

For both older people, those with learning disabilities, and carers, even though there were initial concerns, both groups expressed real positives from the new relationships that were beginning to form, and unexpected benefits.

Learning disability views on being with older adults

Some adults with learning disabilities were enjoying meeting new people, making new friends, and joining in on shared activities with older people. Some felt caring and responsible for older people's wellbeing.

"I like the mixture of people - I have met new friends".

"I mix with the older people, I look after them and help to keep them safe".

"Sometimes I join in with them on a Friday, cooking. I feel fine about the mix of learning disability and elderly, its working" (service user).

"We're like a big family, totally like a big family. There are a few new people, didn't even know that there would be a few new people starting. They were friendly. There have been difficulties with the changes, but now we're used to being together. At first when we started we thought oops, I don't think we'll be able to cope. But now we're all doing things together, it's good" (learning disability service user).

"It's happy, but maybe the older find it difficult, cold, open doors, noisy. My suggestion is to have a separate day centre for older and learning disability" (learning disability service user).

"He knows one of the older people, used to know their family. We were a bit concerned about mixing with older people as didn't know about how older people on the dementia side would be, but he has coped well with the changes and he likes mixing with the adults...he is ok" (learning disability family member).

"We had concerns about coming here, and mainly with the mix with older, we thought that they would be shoved in one room at the end of the building...concerned that they would all be in one room, with all the noise, and concerned that people with autism tendencies, they like relative calm, continuity, like to stick to a timetable...but it's not like that" (learning disability family member).

"I was dead against the mix of learning disability and older, for two reasons, is it right that younger people with learning disability have to mix with older, and concerned that the older people would not like all the noise...I am surprised, its working better than I thought....it's working because the staff are making it work" (learning disability family member).

Older people's views on being with adults with learning disability

Whilst we had heard opinions from older people about their fears about the mix before the changes, those who actually experienced it seemed on the whole to be positive

"You lost your friends. You had to fit in with these other people. after a while, we fitted in and we don't mind. At the end of the day, they're human beings, no different to us. Being at school, you get used to children. I know these are not

children. I get on with them all, they're lovely people. you just have to be tolerant with them. we can have a good laugh”.

“When you get settled, you don't want to move again. So we came down one day and it was scary. It was so crowded in here. People with Down's syndrome, people with mental disabilities. You're thinking, I don't know if I can put up with this. but when we moved in here things felt more open.”

“I was apprehensive as I thought people would be spitting and throwing stuff but it's nothing like that. My husband said give it a try and call if there are any problems. - there was no need. I walked through the door and was treated like long lost family.”

“we thought it wouldn't work but it does. There is a quiet room to go to if you need some space.”

“The mixture of people has enriched my life.”

“They are all individuals. It works well I thought it would be ‘them’ and ‘us’ but there were no problems. We were accepted and loved straight away. Definitely have lots of friends here”.

“They (the people with learning disabilities) don't bother me. It's working ok. I have the same friends as before. I can cope with the noise. I understand why some of them shout - it's to communicate.”

“we did wonder how's this going to work? How will this affect mum? Service users need to be with similar to their own. After being apprehensive we would have to eat our words. The mix has worked well for mum. She sees them in town and they run up to say hello - she loves it! Seeing others with a learning disability has helped put things into perspective” (carer - older adult).

“I notice the older service users don't necessarily want to do what the younger service users do...they miss doing things like bingo and the raffle ...you can't really play bingo so often now as not everyone wants to do it, and if its bingo you would only have £5 so it wouldn't last. When it was a bigger group, who wanted to do that, it was fine...they miss the routine, I know that they like going out and about now they can go every day most days there is an outing now” (staff).

“People with learning disability they mix with everyone but not all the older people liked the changes. One older lady here is very down to earth, went to special school and always mixed. They have established relationships- it's worked. ‘we entered their space’ (staff).

Concerns about noise and behaviour

The impact of noise and behaviour was seen by some as concerning for some. The impact of noise for older people was something that Community Support Service staff were aware of, in some centres, work was already underway adapting buildings to provide ‘quiet space’ away from the noisier areas. Some

differentiation also was made in some, creating for example, reminiscence areas or seating areas for use by some of the older people, if they wanted.

“We were put together with younger people who were loud and quite scary” (service user, Health & Wellbeing Centre, to Community Support Service).

“It’s a bit too noisy with some of them (service users) stomping their feet. It’s a bit loud sometimes” (Health & Wellbeing Centre to Community Support Service).

“it’s shouting, a form of expressing, but it can upset people in some cases, particularly those with dementia, it can be loud, so in some cases it does work and others not so much...it depends on their needs” (Staff member, Community Support Service).

Balance of needs

Community Support Service location & total people on register	Presenting need: learning disability	Presenting need: ageing needs	Presenting need: Mental health/PD
Abingdon (53)	35	15	3
Banbury (63)	36	27	0
Bicester (37)	29	7	1
Didcot (24)	3	21	0
Oxford (95)	77	15	3
Wallingford (28)	17	10	1
Wantage (33)	29	4	0
Witney (58)	39	18	1

Oct 2018 Community Support Service attendance by presenting need (Source Oxfordshire County Council)

Some commented on the balance of service user needs, influenced by ratio or mix in the centres they attended (see table above).

“the balance of people in my unit after integration of TWO units is not equal prior to integration. I could enjoy my time with the majority of my fellow users. i.e. intellect/ communication. After changes there are far less opportunities to interact. Balanced numbers and abilities better” (Health & Wellbeing Centre to Community Support Service).

“Too many people in one place makes me anxious it was better with fewer people. The older people need a day centre of their own. I was happier when it was the old day centre. Give the older folks a centre of their own again” (learning disability centre to Community Support Service).

Some family members expressed concern about the new balance leading to loss of personalisation in approach to adults with learning disability. They felt that separate service focus would still be better.

“it’s not fair for 20 year olds to be with 80 year olds. They should move them on when they reach retirement age” (carer of learning disability).

“I know what’s going to happen in two years time.. they will separate them into smaller groups. There are different staff with different skill sets. Service users are missing out on an individualised person-centred approach” (carer of learning disability at Community Support Service)

Impact on activity and interest

Whilst all service users were offered choice of activities, and mixed groups were based on shared interest (e.g. cooking, craft etc), some were concerned that the mix of service users had a negative impact on the type of activities offered. This is covered in the next section on activities.

8.1 Activities

We spoke to people attending Community Support Service about their activities during the day. Visits to every centre gave us a feel of the wide range and variety of activities taking place, with people coming and going throughout the day. Activities included for example, art and craft, gardening, floristry, cooking, golf, horse riding, working farm help, cycling, nature-based work, swimming to name a few.

Staff did their best to work with service users to provide an interesting range of things to do and were open to suggestions and support of choice. In addition, service users were supported as far as possible to go out and about in the community, attend community activities, cafes, or more organised trips out. We saw a focus on physical activity including gentle exercise, dance, Boccia, Zumba, and trips out swimming, badminton and golf. Daily activity programmes were displayed visually on the walls, enabling service users to choose what they did each day. SMILE and sensory rooms, and interactive screen-based activities provided stimulation and support to those with more profound needs, and again staff tried hard to accommodate those with dementia, through provision of tactile and visual memory resources, dedicated room sections and decoration. Most centres displayed work on walls, colourful paintings and craft work, adding to the feel of the building.

There were future aspirations to open centres up more widely to the community as a whole in the future, and to develop outward facing activities. Service user and carer involvement was welcomed through newly established 'People's Panels' where suggestions and new ideas or problems could be raised. These were in their early days but were valued where they were happening.

Overall people we spoke to really enjoyed the activities on offer, and felt stimulated, involved, and enjoyed making choices about what to do. Comments about activities will be given to each Community Support Service.

"Mum is with people who care about her. She is spoken to as a human being not as a nuisance. Mum really enjoys the garden. She likes arts and crafts, watching old films, singing and music".

"We have been working on making a Gruffalo Tree with brown paint. We have been using hands to make it wave" (learning disability).

"I've cooked a roast dinner for 10 today, I love cooking....we are having roast chicken" (learning disability).

Here, we look at some of the things people focused on in their comments to us, about how the Community Support Service model was working, and how aspects could be developed.

Stimulating activity for older people within a mixed setting

Some of the older people spoke of a sense that some activities were 'too basic', or 'dumbed down'. They missed both the opportunity for shared activity and mental stimulation with likeminded people. There was a feeling that more could be done to provide stimulation to this group within the Community Support Service.

"They have entertainers in... It doesn't suit me, I find very much going into the town with the 'young people' (learning disability), people assume you are mentally disabled yourself...and that also comes from the people who come in to do the entertaining, it's very basic, aimed at the young people... One lady (entertainer) came in and said to me 'what are you doing here?' as they didn't think people like me would be there..."(older adult, Community Support Service).

"When I first came here there were no special needs. The problem is the care and functions have been dumbed down to deal with special needs. I know that sounds callous but it isn't. There are only three or four people left from before, and they are physically disabled. I only come one day, and the amount of older people that come in then has reduced....it makes me feel isolated, it's understandable there are a lot of games like today, which are basically for more physically able but also adults with special needs..

"It would be good to have more mental stimulation, like quizzes, but because it caters for a different type of person, it would be irrelevant to them, so even if you join in with these games or you don't, it's not the same..."

They also missed conversations with people who had shared memories and things in common and could interact with them on this level.

"You can have a talk with people more at (voluntary sector day centre), more than here, you can have conversations with people there... a lot more people to talk to...it doesn't matter where you sit, you can talk to them...there are more disabled here..."

"It's really different, people here don't understand. It's different for a start, not everyone can have a conversation, it can be difficult. I miss the banter" (older adult Community Support Service).

"Yes, I can cope with it. The noise levels are okay. It can be frustrating as they don't understand what you're talking about' (older adult, Community Support Service).

"Obviously it's much easier to have conversations with people here (voluntary sector) whereas at the day centre (Community Support Service) you are limited with the conversations you can have with people. I enjoy the conversations here" (older adult, Community Support Service).

“I notice the older service users don’t necessarily want to do what the younger service users do...they miss doing things like bingo and the raffle ...you can’t really play bingo so often now as not everyone wants to do it, and if it’s bingo you would only have £5 so it wouldn’t last. When it was a bigger group, who wanted to do that, it was fine...they miss the routine” (staff member).

“Hope the older ones are happy, as you do worry...we do a lot, hangman games, memory games, go to the library on a Wednesday, and do book group, sensory room it depends what they are interested in” (staff).

However, for some older, the mix with adults with learning disabilities was also seen to act the other way, in that it stimulated activity and interest, in a constantly changing environment.

“I think it’s brilliant, a brilliant idea, I think x has accepted it much more with learning disability than if it was all older people, it gives a bit of life here, I think it’s a brilliant idea” (carer, older).

“I think the mix with learning disability has been very positive and the interaction really works, the older people here today are the ones who didn’t have the issues with learning disability anyway, but it brings new life to them, and very chatty interaction so it is working very well” (support worker).

“Friendships have developed between older people and adults with learning disability...learning disability not so concerned about the changes, as used to going out and about...it has rubbed off on the older...from ‘no I don’t fancy going out’ to...’Oh I’ve had a really nice day’ they now go out, just for a drive around to familiar places, or have lunch out...”(staff, Community Support Service).

Others expressed concerns that those with learning disabilities might also be losing out, less stimulated, or changing behaviours as a result of mixing with older people.

“Don’t think it’s a good idea- these people don’t mix with the older. Activities here seem directed at older rather than people with LD [learning disability]. Feel this service more for older” (carer, learning disability).

“Wasn’t happy about her mixing with older people - didn’t want her to be sitting with them, just sit and not do anything. Some of the older people have dementia. Notice they do sit in the room not doing anything, rather she wasn’t mixing with older” (carer, learning disability).

Activity for adults with learning disability

For adults with a learning disability, support workers commented on the impact of the mixed setting on activities and choices.

“Sometimes exercise and getting learning disability to participate is harder now ...they do like to sit and relax- this has come from the influence of the older. They see them sitting and now are less likely to be active” (staff).

“I don’t think it has worked well for the older, some of the young people here can be very noisy and rowdy, and some of the older people shout at them. It’s not really what they want, you can see that, its fine if you are looking at middle age down, but above that, to have your own building is better, they seem to generally not be happy with it. I haven’t seen a mixed activity that works yet” (support worker).

“X (service user) lost a great deal of confidence over the last two years. She is a bit lost in the big space. Often people are walking around aimlessly like polar bears pacing...I find it really painful that they are pacing” (family member, learning disability).

“I am really surprised how it’s really going well. I was going to leave. At the beginning it was difficult, but now it has settled down. The mixing has worked. The older people enjoy the company. The do activities together - it’s working” (support worker).

“X used to go to a farm, they seem to be dwindling this. X seems to do more ‘older people’ activities, for example play bingo rather than going to the farm” (family member, learning disability).

There was a recognition from staff that service users also had different age-specific interests, which were difficult to accommodate so far in a mixed setting. For example, there was talk of a disco for younger adults with learning disabilities.

8.2 Staff support

Service users in general commented on the huge efforts staff put in to support service users in their time at the centre.

Creation of the new Community Support Service also meant huge changes for staff and meant that those with a learning disability background began to work with older, and vice versa. This change required staff to support each other and work as teams, learning new skills, and approaches. It also required a learning of underlying shared ethos of work, such as person-centred approaches and empowerment.

“The staff treat us like we’re long lost family, they’re so brilliant. I really admire staff, they’re totally brilliant”.

“Staff wonderful. I don’t think you can better them”.

“The staff here are awesome. I’ve got a great deal of respect for them”.

“Staff here are fantastic, like one big happy family. They ask, what do you think you could be doing? We are doing more here. Mornings out, film mornings, quizzes, gym club in the afternoon. Everyone is happy”.

“This place keeps you happy and going. If you are late, they will call and ask are you alright? They ring up to ask if you’re coming. Staff get everyone up dancing!”

Some family members expressed concerns that those with higher levels of support needs were not getting the correct support or promotion of independence, and that some staff needed more skill support.

“X needs 1:1 support. Some of the staff who had previously only worked with the older were obviously not happy supporting the young learning disabled which was worrying. Some complained about handling x and pushing the wheelchair. Which is upsetting” (carer, learning disability - Community Support Service)

“staff training would’ve helped in terms of empowering and disempowering. I think everything is too big. It’s all about staffing. X no longer has a permanent key worker - she’s had four in the last year. She’s lost relationships, lost independence and lost confidence” (family member, learning disability, Community Support Service).

Whilst staff clearly had transferable skills, and expertise, some voiced initial concerns, and some commented they would have valued more training, for instance in working with those with dementia, or severe learning disabilities, before the changeover.

“We had never dealt with the older....we didn’t know about them, It’s really good now, we are a good team” (staff).

“I have been used to working with the older, but have also been working with learning disability for over 10 years....so now going back to working with older, and just get on with it, I have the experience” (staff).

“I got to know the older people, I’ve never worked with older people before, but it has really enhanced my whole experience. Working with learning disability you often have to take the lead, and give more direction and encouragement, but older people know exactly what they want, and what my role is, they come and tell me” (staff - Community Support Service).

More choice of activity

The strong ethos of promoting choice and independence that underpinned approach to services for adults with learning disabilities, was seen to benefit to older people, giving opportunity for more choice, chance to go out, and more independence, than they might have experienced previously, with more flexibility of activity during the day.

“Older now being more part of stuff and having a voice more choice than at HWBC [Health & Wellbeing Centres], a different approach, e.g. do skittles, flower arranging, coffee in cafes etc...better links with community...” (staff Community Support Service).

Getting out and about

Service users enjoyed getting out and about for different activities in the community. For many older adults, this had come as something new. Some spoke

of 'having more freedom' than previously compared to Health & Wellbeing Centres, being able to accompany others on rambles or visits to town. One older man had been supported to attend a fair that he had always wanted to go to. Trips involved daily activities such as golf, cafes, or parks, as well as occasional longer distance trips to the sea or local places of interest.

"One gentleman almost cried as he was able to go out and buy his wife a bunch of flowers for the first time in years" (Community Support Service staff).

"older people are definitely going out more, one person 'I haven't been out for years, I've either been at home or the centre, it's lovely to go out' even Aldi, simple things but it has meant a lot to her" (Community Support Service staff).

"What I do like at the CSS [Community Support Service] especially is there are enough carers to enable me to go out and on 'rambles' in town..there are more carers available to do things with people like me...we went to the park, (minibus) that was really nice, but generally rambling and we would go out and about around the village, where there is lots of nature and a pond...last week we went to Sainsburys, so that's a new thing for me" (older person).

"We go out on day trips like the seaside, we all ate fish and chips. We are planning to go to Bourton on the Water".

"got more freedom, can go outside if I want...here I can go where I like when I like, I've got more freedom. They go on trips here" (older adult).

"I have lots of friends and get out to the park, shops and on the bus".

However, other comments showed some perceived that activities out of the building were restricted owing to staff shortages, and low support ratios, and this was seen to impact on choice, ability to get out.

"sometimes we can't do activities because there are not enough staff" (adult learning disability).

"Staff are trying to get more trips out - but some people need more 1-1, or in wheelchairs, so it's tricky to manage to go out. I enjoy the trips, like having a change, not being stuck in the building" (older adult).

"Activities have dwindled a bit there never seem to be enough staff here, 3 weeks of not going to the gym as staff members not here. There never seem to be enough staff to cover so the activities seem to dwindle. What is that all about the staff who had to go out and do older people's care?" (family member learning disability).

"When the older people came, often they have been assessed as being 1-6 (staff to people ratio) when they are in wheelchairs. But if you're 1-6 then you get no help. It's been hard to try and accommodate them. they just want to chat and go out. They see some of the other people who have 1-1 help and they want more help too. There are not enough staff to meet their needs, they need new assessments" (staff).

“Older people here haven’t been out for quite a while... Its hard work being a support worker, heart breaking not to be able to take them out, all they do is come to the day centre and sit on the table all day and don’t move...would like to be able to take them out for a change of scene” (staff, CSS).

This was also seen to impact on people’s independence, particularly adults with learning disabilities, who some felt were becoming more ‘centre based’ compared to before. A number of people described the centres as becoming ‘minding services’.

“When my son first went care was about improving skills and getting him into the community. Now it is just a minding service..but it does get him out of the house into a different environment” (family member, learning disability).

“I would like him to be able to do more during the week as some days he says he doesn’t do anything. I feel he is doing less here than at x. He used to go into town once a week - he is independent and a lot of the time he does go in shops. I like him to be going out on the bus. He comes home sometimes and says ‘no staff’ I presume he means there is not enough staff here” (family learning disability).

“There isn’t enough staff, there definitely could be more.. I don’t like seeing them run round like headless chickens . I’d love to get up and help them but I can’t.”

“Activities - are sometimes to my taste. I like the quizzes. They don’t go out much now. They used to. They used to go to the canal. I miss the outings”.

“There are less staff for more people. Before the merger they (the staff) were helping her walk to shopping centre and learning about transport. There is none of that now. Her independence has been affected. The staff are doing the best they can given the situation. She’s not as independent as she could be” (family member, learning disability).

“with help and support she will help. In a smaller place everyone knows her. It’s quicker for staff to clear up. It’s harder to get service users involved. It is less person centred. I am not hugely impressed” (family member learning disability).

“When he was here before, they had a timetable for the week, health and wellbeing activities, exercise, swimming, but since he has been here he hasn’t been doing as many physical activities...it might be availability of staff” (family member, learning disability).

“Concerned he is not swimming so much or walking, the danger is he would put on weight, as that is a problem...he used to do more walking out and about, and mingling in the town. My only concern is he is more centre bound, rather than getting out” (family member, learning disability).

Communication

Service users and family members valued the communication with staff at the centre and wanted to contribute to ideas and comments. Family members valued feedback about loved ones, and some were looking for ways in which to support the centre.

“We have a choice (of activities) each day. The staff ask us what we would like to do” (learning disability).

“It’s lovely to mum really being cared for. She has a communication book so information get written down and handed over. Mum feels she can confide in staff here” (carer - older).

“I get on with new staff and original staff. They get on well with us. They say to us, if there’s any problems come and have a chat with us in the office” (learning disability).

“Staff very responsive, they listen” (learning disability).

Some family members commented that they would like more communication with staff members, and to be kept in touch more about any changes. Some suggested a newsletter, fundraising input, and others found the emerging People’s Panel and ‘You said, We did’ format useful.

“There used to be far more involvement between council staff and the fundraising group (parents/charity) now it’s much more restricted, and the climate has changed”.

“We don’t know what’s going on in her life here. We worry she’s in the background, that they don’t take notice of her. Just need to know what she’s done, not a lot. I know she’s not been out because she’s spent no money. No one tells us” (family member, learning disability),

“communication was very bad. In my mind x just wanders. We come as often as we can but don’t know staff names. Want more communication” (family, learning disability)

“It’s not so easy, and we don’t know the staff her. Had staff change, but no one told us, we didn’t know who to speak to. We came in a little while ago, and a woman introduced herself as key worker- if we hadn’t come in we wouldn’t have known” (family, learning disability).

“Liked the People’s Panel, could express our views. When we said there that we don’t know staff -so they sent out list with names and timings. Thought they’d do one every month. Would like that.it was as good as a diary, learn what they’ve been doing” (family member, learning disability).

Provision of meals

Previous to changes, all centres provided options of hot meals, from on-site kitchens by catering staff. The new Community Support Service centres no longer

provided this service, and the large kitchens were no longer used for this kind of catering. Meals could be brought by service users pre-prepared or were offered for an additional charge (£2.50), from a range of sources, including as part of small group cooking sessions, choice of ready-meals heated up, or paying towards a group meal being prepared by others. Options were also offered to support service users to go to local pubs or cafes.

In practice, each centre was developing its own mixed approach to meals, with some offering things like baked potatoes and fillings on certain days. Arriving at Bicester for example, we were greeted by two enthusiastic service users who were cooking a roast chicken dinner for the group, meaning that a hot meal was still provided daily at a cost of £2.50. Didcot centre was serving fish and chips and jam roly-poly, cooked in the kitchens by a volunteer. A variety of ready meals were purchased from a range of outlets, such as local supermarkets.

Mealtime environment at each of the different centres again had a different feel, depending on the layout and numbers of people. Some provided a convivial environment for service users and staff to sit down together in a calm and relaxed setting, others felt a bit more chaotic, less social, with people eating on their own in separate chairs or on their laps. Mealtimes were still evolving as staff and service users got used to the new set up. Some, particularly older service users still wanted to see a traditional hot meal and felt the loss of communal cooked lunches.

“I have a packed lunch and Coke”.

“Lunch - the centre makes a meal for me, but no pudding. I’d like a pudding here but the centre can’t afford to do that” (older service user).

“I have a hot meal and enjoy most of it. I like the puddings”.

“I have a ready meal for lunch, it depends on what they have got”.

“go out for trips e.g. pub lunches, picnics and if do the £2.50 for lunch goes towards that”.

“I bring in my own meals. Starting in October you can pay £3 for a hot meal. I might give it a go”.

“I get my lunch from here. The staff buy the food that I like. I like Indian food like vindaloo”.

“You can have a dinner here for £2.50 on a Tues and Fri I sometimes have that, it’s ready meal, very nice. It’s been nice up til now, we have faggots, mushy peas, potatoes”.

“Now the kitchen is better than before, oven came with the refurb in summer 2017 so we can cook and heat up. Staff take turns cooking. Used to cook all from fresh but it was just too much, taking staff away from care, so we switched to this” (staff).

Cooking as an activity was popular, giving skills and knowledge when cooking full meals, and focusing on the social side.

“Like cooking, have their own little groups do it, like to do a bit of cooking”.

In conversations and questionnaires, quality and choice of meals was something that people attending Community Support Services commented on.

“shorter time with worse meals”.

“I like the dinner but there is no choice. The food used to be better, couldn’t beat it when they had a chef”.

“no chef for meals- still get fed but not as good and portions very small and basic. Were a lot better with a proper meal for lunch”.

“no chef, bad cooking”.

“the catering seems not so good. No pudding most days”.

Support to those with dementia at mealtimes was brought up by some, including staff and carers. Expectations on those with dementia to bring their own meals was seen as inappropriate and unrealistic.

Staff were aware of need for extra support for eating and drinking with those with dementia. One group cooking session for example, specifically involved an older person with dementia as it was recognised that they would eat better with encouragement from a shared meal and in a social group.

The questionnaire asked how services could be improved at Community Support Services, and what other things they would like to see. Here, there were only a few comments about meals,

“re-instating the cook to provide proper hot two-course meals”.

“diabetic cooking session”.

“different food choices”.

Staff spoke of the impact of having to prepare or heat individual pre-prepared meals on site. This could be time consuming and was seen to take away from activity time and visits out with service users.

“I am not happy about losing the kitchen, as its very difficult preparing food frozen food, it takes eight minutes per meal to prepare, we have to start at 11.20 to warm up the food, or it takes 40 mins in the oven. Having a chef back would make it much easier. We are cutting our visits out short, and coming back early as we have to come back and prepare the food, it takes us away from the service we give them...”

“Some people don’t want the food we have so we have to go out and buy it from the shop, it would be much better to have a meal”.

Loss of cooked meals and use of ready meals, and packed lunches, could raise concerns about healthy eating, with possible impact of increased sugar, fat and salt intake, along with sustainability considerations (plastic packaging). However, some centres had access to fresh produce from garden sites, for example at Wantage, where vegetables were harvested from the community garden for incorporation into cooking. In small group sessions there was an emphasis on understanding healthy eating and learning skills to cook healthy meals from fresh.

“I would like to see a professional cook in the kitchen as it is really well equipped. It is much better and healthier to eat fresh meals and veg. Frozen ready meals are not healthy. It would be much for everyone to eat healthy food. Some people are overweight and have junk food in their lunch boxes” (staff).

Again, one staff member noted the importance of hot meals to older people

“For a lot of the people especially in day centres (Health & Wellbeing Centres) it was the only hot meal they get., they are going home to Wiltshire Farm Foods or a sandwich, they are not getting that fresh...”

8.3 Staging the changeover

Whilst many service users were protected to some extent from the behind the scenes work of the changes, county council staff we spoke to commented that the changes had taken place over such a short time, and at so many levels (building, staff, service users, transport, meals etc), that a *staged* change would have been much less stressful for all concerned. Staff worked over and above to support changes and make it as smooth as possible for service users.

Assessments and staff restructures dominated the time over the summer, meaning that physical changes and moving buildings was taken towards the last minute. Centres closed on a Friday and reopened on a Monday to new service users, and new transport, often new buildings and as a result were perhaps more chaotic than they needed to be. Some commented on a gap between commissioning and programme management to implement change, once the decision to change was made in February, implementation of change had to begin quickly in order to meet the October deadline.

“I would have the building and equipment ready before moving people in. There was no provision for the older people. They arrived without care plans. Should have shut for a week to prepare. The older people who were coming were not offered any settling in visits, only the staff were. Staff didn’t receive any training on dementia or older care - still haven’t” (Staff Community Support Service).

“Would have preferred a staged process...staff first then service users...’

“it felt very rushed at the end, even though we had a long time to think about it, I know lots of people worked really hard behind the scenes, but from a staff point of view I was manager (there) one day and I was ..here the next day, it was very rushed”.

“I think if we could have had at least a team day together...I think if people had had time to work as a team, Oct 2, when we opened, and there was a whole group of people and I only knew a few of them, and we had got service users coming in”.

9 What are those who attended Health & Wellbeing Centres doing now?

As we have seen above, Q 17. in the questionnaire asked those who said they attended Health & Wellbeing Centres what they were doing now, following the changes. Of 53 people who responded, 36% now attended Community Support

Services, (see section on that service discussion above), 21% voluntary sector day centre, 7% both, 7% no longer attend, and 24% 'other'.

This question was aimed at identifying how people navigated the change from closure of Health & Wellbeing Centres to finding alternatives, as suggested by the transition support.

We hoped to see how people had managed with finding community- based alternatives to fill the gap left by loss daytime support.

Of the 'other' responses, this indicated uncertainty about what type of support they attended, noting a mix of voluntary sector groups, such as Forget Me Not (Bicester), residential care, and one-off groups (e.g. 'singing for the brain').

Those no longer attending daytime support

We then asked those that had said they '*no longer attend daytime support*' (7%) to tell us what they did instead.

Two commented that they had found alternative activities in the community

"I have joined a knitting group which meets once a month. I do more crafts at home on my own. I go to Bingo in my community room where I live, twice a week".

"I go to x old people's home - it is just down the road from my house - they let me go there for meals twice a week and join in some of their activities and events".

Of 10 comments, seven said they were doing 'nothing'.

"sit in my house all day, not doing anything".

"nothing...nowhere to go".,

"No convenient centre available to meet my needs which are rather special and being blind - Aged 98".

One, commented that until they had found a voluntary sector group at a later date, they also had been stuck at home.

"Before I attended x I stayed in with just contact from my family, sometimes a visit, sometimes a telephone call. I had no interaction or stimulation with anyone of my own age. At least I go out once a week now".

When we asked 'are you doing any new activities in the day now?' , of 41 respondents 70% said 'no', 8% 'not sure' and 29% 'yes'. Here, comments focused on 'going out on trips' as well as activities at the new centres attended.

"Nothing - but attend church fellowship two times per month".

Voluntary sector daytime support

21% of those who had been attending Health & Wellbeing Centres last year, from the survey now commented that they were attending voluntary sector daytime support/ day centres. Healthwatch Oxfordshire staff also spoke to service users

face to face in a number of these groups, and also received responses from voluntary sector staff via a separate questionnaire.

Here we focus on what service users told us about using voluntary sector day centres.

- Comments people made about *transport* to voluntary sector groups is covered later in the section on transport.
- We also look at some of the comments from voluntary sector staff about the impact of the transition in more depth in the appendix (See appendix section on *voluntary sector groups and experience of transition*)

Each centre was different, depending on how established and run. Many were running on low budgets, often reliant on volunteers, many older people themselves, and were managing the transition from receiving county council funding to funding reduction, and removal of transport support. Many made use of church or village halls, having to set up and clear up each day. Some were seen as the only support available in local areas that offered both service users and carers a safe place to go on a regular basis. Overall, they were valued as a welcoming and essential service in the heart of often isolated communities.

Overall, as we have seen throughout this report, older service users were grateful for the support they received at these centres, and valued meeting friends, caring staff and volunteers, sharing activities, trips out and hot cooked meals. Many noted how coming to the centre reduced isolation and loneliness. Some were concerned about increasing costs, as a result of day centres needing to charge more. Again, comments will be fed back to the centres themselves.

“the new daytime support is 'great' and made an awful lot of happiness for me. First at 'Leewood Hall' Day Centre and the second day centre is great at Burford called 'Time Out'. We also get a lovely dinner at both places as well”.

“the chat, the lunch and the activities“.

“Being with other people. A change of scenery from being at home”.

“I feel so strongly about this it's a small day centre, but it's so important, it's the only thing like it now in Faringdon”.

“Do lovely cooked lunch and have a cook, so had lamb casserole, mash and veg and berry cheesecake today, along with a beer and a glass of sherry!”

“We play dominoes, have a chat and a banter, also get a nice meal...and not only that, its respite for my wife, she can go off on her own and do her own thing”.

“This is more what I need, more like the other place, you still get your meal and it's nice to come out and have a nice meal”.

“I should be very down in the dumps if I can't come here. I have this one outing in the week where I can get dressed up.”

“there is a lot of stuff going on in them...at x they have dance classes, schools going in, people to play music, a lot of creative stuff, arm chair exercises, flower arranging, a whole range of things, that is always buzzing...” (voluntary sector staff)

Some newly formed groups were mentioned, for example Witney Day Centre and Forget Me Not in Bicester. Forget Me Not (FMN) had been established following the changes, in response to the closure of the Health & Wellbeing Centre. Here service users commented that there was a shortage of places to go in Bicester, and FMN had luckily opened in time. They really valued being able to meet with friends from the previous Health & Wellbeing Centre and maintain links and activity.

“I continued to have interaction and activities because of the kindness of my cleaner. The Forget Me Not Centre being set up and being contacted by them so I could go out once a week again’

“If volunteers hadn’t opened up a club elsewhere, I would have had nowhere to go locally”.

“Forget Me Not has given me the freedom to do what I want to do, gives me a break from x. They are lovely; they greet him as a brother - make a fuss of him all day”.

Support to those with higher care needs

A number of voluntary sector day centres were experiencing impact of changes to daytime support, in that more people with higher support needs, and dementia were approaching them for places as a result of closures. A number of centres were clear that they could not offer this level of support, particularly when mainly volunteer run, and lacking the right facilities. For service users who needed higher levels of support, for example changing, showers, feeding or other input, it was difficult to find voluntary sector places that could offer this.

This impacted in some cases on carers who had to attend alongside loved ones to offer personal care, rather than being given respite;

“Various places were suggested and this was one of the ones- it’s a lifeline, I look forward to it although it doesn’t give me a break and the volunteers are not trained to do personal care, so I have to stay” (carer).

“This place? It’s wonderful as I get two hours either side of lunchtime...I come back at lunch to feed him (i.e. day centre can’t feed him as he needs support), and then can go off again to 3 so it’s a little bit disjointed, I go off and do my thing, and catch up on jobs, but it is a bit of respite”.

Other service users had noted the change of service users attending, and increase in those with higher needs. This had had an impact on the ability to get out and about and make trips.

“New people have come in and joined, they have got dementia. We have to tolerate them. I can’t walk anymore. It’s the company I value”.

”It was tricky at first taking on new members as the once who came from day centre had higher needs, so ‘it changed the whole atmosphere’ but also the activities we were able to offer....now go out and about less than before as transport harder, but also higher support needs and wouldn’t feel safe, would need more staff to support” (voluntary sector staff).

“I don’t know how I am supposed to cope as my husband is not well, he can’t get me washed and dressed in the morning, as he is not well, people coming from the council short term...” (service user).

A number of people mentioned the difficulty in accessing support such as podiatry, hairdressing since moving on from Health & Wellbeing Centres, , and this had an impact on carers as well, who were needing to take specific time off to support independent access to these regular appointments.

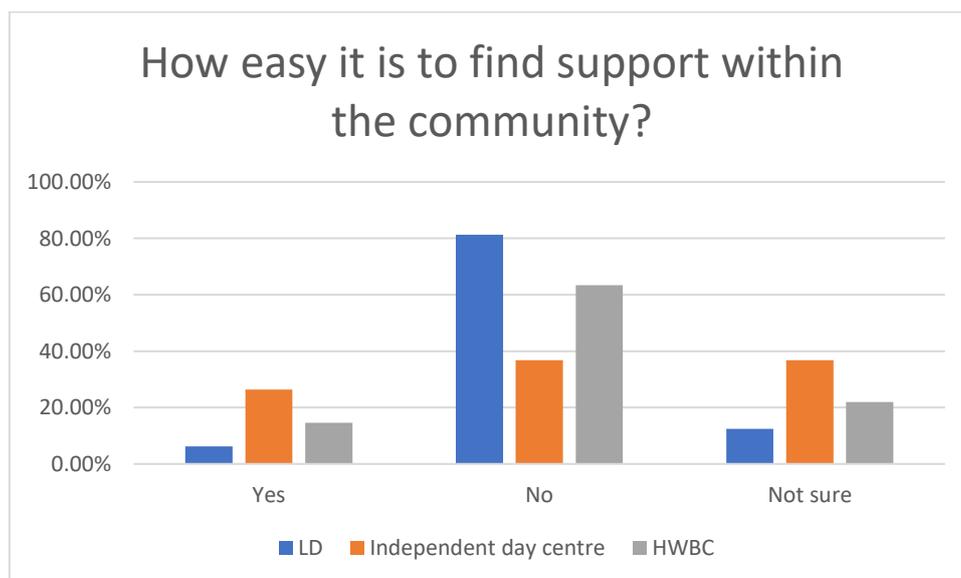
We will look at the needs for community support of those with *dementia* in more detail in the next section.



10 Accessing new activities in the community

Underpinning Oxfordshire County Council’s restructure of daytime support as we have seen was a view to stimulate and support ‘living well in the community’. This involved moving towards a culture and expectation change, where people would be supported to access and make use of the vibrant community-based options across the county.

We asked all respondents who had attended Health & Wellbeing Centres, independent sector, or learning disability support centre previously if it was easy to find new activities and support in the community to access. Overall, responses showed that all felt that it was difficult to access support and activities in the community.



10.1 Older people accessing community-based activities and support

As we have seen, Age UK Oxfordshire worked with Community Information Network data base to highlight community-based activities for older people to access as an alternative to Health & Wellbeing Centres.

Age UK Oxfordshire, whilst acknowledging that there was a growing appetite for older people to make more use of community networks and move away from ‘traditional’ day centre models, were also concerned about the availability of

these alternatives in the county. They had raised the issue of community-based support with Oxfordshire County Council at the beginning of the process, voicing concerns that there were not enough viable alternatives for daytime support and arguing for increased capacity building support to the voluntary sector at the start of the process. Their input and that of OCVA and other groups, led the council to establish Transition and Sustainability Funds to develop voluntary sector capacity (see Appendix on Voluntary sector comments). OCVA took on the role of supporting groups with organisational development to make the transition.

Here, the majority (63% Health & Wellbeing Centres) and (81% Independent) felt that it was *not* easy to find new activities and support in their community.

People we spoke to, who had attended either Health & Wellbeing Centres or independent centres, made a number of comments about accessing community-based activities and support.

Those who were doing a range of activities mentioned things like a memory café, swimming, lunch groups and singing groups.

Here, church and faith groups seemed to play an important role in providing a focus and support

“I go to singing for fun and enjoy that at the Congregational church hall”

“The church, and friends, provide some support”

“It's better if you are a church-goer. The local paper's quite helpful”

“Memory cafe once a month, pop in cafe once a month”

“We go to the dementia café once a month”

“I went to the church once or twice, just to do something, went to the lunches on a Friday but stopped that as I went to church anyway and didn't want to go there all the time. I go to wives on a Monday and service on a Sunday so didn't want to be in church after all that”

Accessible information

Information about what was available was seen as essential, and the role of the Community Information Network was valued, whilst needing to have wider reach, with more information tailored to disabled people. The role of organisations themselves in proactive welcoming was seen as important as well. A significant number of people did not seem to be aware of what was going on locally.

“I don't know where to go”

“Without information pack from Age UK and family helping me to find activities, I would be very lost”.

“Information was not easy to access as a registered blind person”.

“organisations are not proactive in advertising their help for those with disability”.

Getting there

Again, transport was seen as a barrier to accessing community-based activity, with lack of accessible transport, or dependence on community transport, friends and family (see transport section for detailed discussion). This was particularly seen for rural areas, where older people were more isolated.

“although there are places to go there is no direct public transport, so I can’t get there”

“Difficulties with transport - not much for me to do in Wantage”

“Transport is the problem. I’d go out more if there was a transport service that was reasonably priced”

“Someone takes me to coffee morning and the parish lunch. I come here once a week...I have kind friends who take me, I couldn’t do it otherwise, I use a wheelchair, I would be lost without this”

Lack of suitable places to go

Others commented that there was a lack of suitable places to go within the local community. This was in part noted to be because of closure of some centres, but also poorer geographical provision in some areas, for example Banbury, Bicester and Wantage.

“things could be improved, if the council provided more facilities for the older people in my area” (Banbury area).

“As most of our members are the older Chinese people, they are very unlikely to use other day centres provided through the county due to the language and cultural differences”.’ (voluntary sector)

“Other day centres Age UK have all closed”.

“Bicester town centre is extremely short of places...we know in the new developments they are setting up, there is one at Kingsmere and so on, but not within the town itself, so for people even if they are on public transport it is not easy” (voluntary sector sector).

Many of the activities on offer were not seen as suitable for those with higher support needs, less mobility, and did not offer carer respite.

“Overall in the county there is a lack of places for people to go for daytime support, very little actual day centres people can go to on their own for a day to give the carer respite, there are monthly coffee mornings and that sort of thing, but the carers have to go too and they don’t get a break with this” (voluntary sector staff).

Activities were also seen to provide support for a few hours a week or month, and were not always what people with higher support needs were looking for. These groups were perceived by some as more suitable for older, independent and mobile people who still had a high level of independence.

“I suppose there are a few things going in in x, coffee mornings and so on and if you were clever, you could do the rounds and go to them all, but you would need to be mobile and able to get out on your own, which many people can’t do” (voluntary sector).

“There are things opening up in Wantage for people to go to but they are not five days a week, we are not five days a week, it might be a coffee morning”.

“everything on offer is only for about two hours and involves someone coming with me”.

“There were suggestions about people meeting in libraries and allotments ...it’s not something that people could do on their own, for the majority of people coming here it’s a lifeline”.

Others spoke of accessing public places, such as shopping centres and libraries, on their own, but this was seen as increasingly costly.

“On Tuesdays and Thursdays I walk down to Sainsburys for lunch (*alone*). I just tend to go out for meals-I don’t know of anything else for older people here”.

“I have got no other option because I am handicapped, ...the only other option is to go to the library which is free, or to go and have lunch in the shopping centre...if I can’t come here that would be my second option...not many people do have options, if someone like me doesn’t have the budget to use, they can go to a library, that is the only option, or you go and sit in a pub, but that costs money..nowadays it all costs too much”...(service user, Community Support Service).

10.2 Community-based support for people with dementia

We heard that for people with dementia and their carers, accessing community support was a particular issue. We have seen how many voluntary sector day centres were not able to offer personal support and care (e.g. feeding, toilet support, security etc), or are unable to cope with more advanced dementias.

Dementia support within the voluntary sector was seen by many as something that would require resource, trained staff and adequate support, and could not be supported in small group-based activities offered by volunteers. A number of people mentioned difficulty in persuading a person with dementia to attend an unknown group, or one that only met occasionally. There was a lack of specific dementia support noted.

In addition, family members and service users noted a lack of support and information generally for those with dementia, and problems navigating the 'system' to gain support. This often seemed to put huge pressure on carers, many of whom were managing on their own.

"we have had lots of enquiries from villages where there used to be places for them to go and now there is no longer anywhere to go, but they are too far, and we can't get them so I can't include them..if they have loved ones who can bring them that's fine, but a lot of them haven't, so what is happening to them, are they just isolated at home and maybe the families can't cope....who do they talk to?" (voluntary sector)

"I have to accompany x to the centre to attend any toileting needs. While it is quite enjoyable, and I am full of admiration for the splendid volunteers, it doesn't give me a break from looking after my wife" (older carer).

"People have cried coming here- carers- saying it's 24/7. One man who never gets more than two hours of sleep caring for his wife, who has dementia" (voluntary sector staff).

"Not applicable as client (with dementia) is very reluctant to be involved in outside activities" (carer).

"dementia is not like any other day centre, it's not like a drop in, we look after them, toilet them, we have to have professional carers" (voluntary sector staff).

"The amount of people suffering dementia there should be an awful lot of appropriate support out there in the community, there is no help thinking about the future" (carer).

"In the community as soon as you mention dementia it's a different case...many of the centres are run by volunteers so you can understand, but considering society is getting older and more dementia there are less and less choices now" (carer).

"They do Scrabble and things like that at x day centre, there is no way she would manage Scrabble" (carer).

"Suitable day centre not provided for dementia clients. 'Dementia makes activities difficult'".

"people with illnesses like heart disease, cancer and other major illnesses get their treatment free from the NHS, so why don't Alzheimer's sufferers get their treatment free too?"

"They turned her down as said 1:1 support needed and they can't cope. We were desperate- it was getting to the stage when family carer was getting health problems due to the strain. Aunt had a couple of falls and was walking her dog becoming a liability to herself and other people" (carer).

Support to carers, and somewhere to go to for information was also important to help them manage with their role.

“if they have nobody for contact, it might be something quite easy for them to deal with but it seems to escalate and get much worse because they don’t know how to put it right....e.g. undiagnosed water infections affecting behaviour”.

10.3 What adults with learning disabilities said about community support

Whilst the majority of adults with learning disabilities make use of Community Support Services, they also access community based clubs and activities as well. Groups such as My Life, My Choice offer specific social opportunities in Oxfordshire. However, this group also recognised that there could be more options within community settings, particularly providing things for younger tastes, supporting independence through for example employment opportunities. Others noted lack of support for those with more profound disability.

“I would like to volunteer and work”

“I live in a very small village with no facilities”.

“There is nothing for profound/ severe adults with learning disabilities”.

“Because I am severely disabled and I cannot access things that able bodied people can”.

“I attend weekly activities out in the Community throughout the week”.

“There is nothing in Bicester for young people with learning disability to do, no disco, or groups, if you want that you have to go out of town or Oxford, and its too much to drive on a winters night. There is nowhere in Bicester for them to meet up socially” (family member).



11 Transport

Changes to transport to all members of the public across Oxfordshire had been experienced for some time, as part of wider austerity cuts, efficiency and move to smarter use of resources, as well as a focus on developing community-based transport options.

However, as part of the review of Daytime Support, budget savings also had to be made through changes to transport provision, and more efficient models found. Reliable and accessible transport was highlighted in the initial engagement with service users, as being critical to enabling people to access daytime support, particularly those with eligible care needs, disabled and vulnerable adults (Oxfordshire County Council, 2016). Good local transport was also seen as key to supporting aspirations for 'Living Well in the Community' (Oxfordshire County Council 2016). Lack of transport was recognised as a key barrier for older people wanting to access opportunities for support and in the wider community (Oxfordshire County Council 2010).

The impact of changes and savings to transport under the daytime support review included:

- Removal of Integrated Transport Model (ITU)
- For **Community Support Services**, transport now to be provided in house, as an integral part of provision, with support staff taking on the role of drivers to collect and drop off service users, using a new fleet of in-house vehicles. Cost for transport is £20 a day (via personal budget or independently to this without eligible needs) (Oxfordshire County Council 2017). In addition, some were eligible for exceptional transport (via taxi etc) or were encouraged to travel independently on public transport or with a carer.
- For the **voluntary sector**, existing transport arrangements (via Integrated Transport Unit (ITU)) were no longer provided by the council. This group would be encouraged to access one of Oxfordshire's more than 60 community-based transport schemes, such as Aspire, Good Neighbour or local schemes (Communities First Oxfordshire 2018). Oxfordshire County Council provided 'Comet' also offered smart use of council minibus out of school hours (weekdays 10-2pm) for bookable, accessible transport in some areas. Some support with loss of transport and change-over was available from the Transition Fund.

Transport was a cross cutting issue, which we will look at in detail. As impact on users of Community Support Services and voluntary sector day centres, and those accessing wider community-based activity were particular to each setting, we will take each in turn.

11.1 Transport to Community Support Services

There is no doubt that the change to transport for Community Support Services initially was a huge upheaval, for service users, staff, and carers. This was not only for service users using the transport provided, but for those travelling independently to new, unfamiliar centres, on unfamiliar routes.

With the transport fleet provided, staff worked hard to take on the new role as drivers, having to take on new routes, new service users, and new vehicles almost overnight. They have tried their best throughout to make the transport work-this was a steep learning curve, and over the first six months, there was much 'ironing out' to be done.

From the point of view of Community Support Services, transport would need to be planned daily, responding to service user's attendance, access needs, creating efficient routes. As a result of varied daily patterns, pick up times for service users would need to vary, set within a certain time slot in the morning and evening, rather than being at an exact time. Each Community Support Service was responsible for its own planning and was autonomous.

The initial change and first few months, following October 2017 saw transport as the main element of dissatisfaction expressed by users and carers to Community Support Service staff. As a result, in our work, we asked people for specific comments about transport. Despite some comments that transport was still a problem, overall nearly a year on, there was a sense that this was settling down, and was beginning to work better.

In the questionnaire, of the 28 who specifically said they attended Community Support Services now, 23 said it was easy/very easy to get to daytime support, four said it was ok, and one difficult. When asked about what was difficult or what would improve Community Support Service provision, in the questionnaire, few mentioned transport as a significant factor, perhaps indicating that transport was less of an issue now.

Initial problems and moving on

People did comment on some of the problems they had experienced, but also acknowledged that this was settling down

"We didn't get a letter saying he was to have a taxi, and the taxi just turned up one day to collect him, we didn't know why....no-one had told us. In the end we found the taxi had started a week earlier than it should have done. Taxi was arranged for 9.15 and didn't come til 10.30...it has all settled down now...teething problems".

"The transport was a concern. It was working so well, why did that have to change? No-one told us why. Whilst sorting out this mish mash nearly needed to use taxis".

“Still quite chaotic at the beginning of the day as a lot of staff now doing transport and often don’t get back to the centre until later”.

“Transport could have been handled better.. but its ok now, transport is settling down”.

“There was no significant change to us- there was some worries about transport but these were soon resolved”.

Others using Community Support Service transport were positive.

“I am picked up by lovely drivers in the transfer and feel very safe”.

“cannot be improved drivers are superb”.

“The staff are friendly and the transport works well”.’

Pick up and drop off times

Carers commented on the unpredictability and longer time-slot for pick up and drop off times, which was a change from the previous fixed times of the ITU transport. There was concern that this impacted on attendance times, and hours spent at the centre. Uncertain times also impacted on some service users in that it was seen to increase anxiety.

“Transport - fine except varies so much...he gets a bit uptight if they are late and can vary from 9-9.30am”.

“Don’t know what time will be picked up. They say between 8.45-9am but actually it can be between 8.45 - 10.30am. It’s really hard for the staff as they collect different people on different days. Previously, the drives did a standard round so always arrived on time. Transport was very regular before. Staff can’t help it though, we do understand”.

“Gets brought home earlier which is not good. The centre used to run til 3.30pm but now they are on the bus by 3.15 or earlier, and home before 3.30pm. I thought they were paying to stay at the centre until 3.30pm...has this changed? If so, has a refund been sent for the time not being used?”.

“I do not like the change and I have to sit and wait because I do not know when the transport is coming to take me to the centre”.

Impact on carers

At the initial engagement by the county council, carers had emphasised the need for support to be able to continue to work and carry on daily routines. Again, the timings of transport impacted significantly on carers, often having to wait for transport before they could go to work or out of the house or having to come back from work early to be there. In addition, sometimes transport had turned up later than the start time of the centre session (9.30am).

“some days it comes when not supposed to come, and it can come any time from 8.50 to 9.50am so we have to work around it, my husband and I have to make sure we wait back to get her on the transport”.

“They have this stringent thing here (Community Support Service) ..we can’t bring x in until 9.30am but sometimes they bring her home at 3.20pm and arriving at 10am, she is supposed to be here til 3.30pm and she is paying money out of her budget to come here. We have to always be at home at 3.15 from work to make sure we are there as if the transport is early it can mean she is home early”.

“if we want to go out we can’t plan anything until he has gone, he hasn’t got a key to the house, so we always have to be back by 3pm”.

“the only problem is time of transport as I never know what time they are coming in a morning. Sometimes it can be 8.45 or nearer 10am so I cannot book any appointments til after 11am”.

“Transport is hit and miss. It turns up whenever. It used to come home between 4 and 4.15pm but X can be dropped off as early as 3.15pm so she is alone until I get back from work. I also have to leave X alone in the mornings as transport is 45 minutes later than it used to be. It’s not working. x used to leave the centre at 3.30pm and be home for 4.15pm. She’s home alone more and has more responsibility then before e.g. locking up”.

“My mother needs encouragement to get out of bed and dressed each day. I have to go over to motivate her to get up to go to the day centre and wait until transport comes. With the earlier starting time this is not possible. In addition to the huge increase in cost of transport and the day centre, she can only attend half a session a week”.

Impact on staff support levels

Some carers commented on the impact that staff being taken away from the centre to drive had on provision of support for their loved one, particularly when their support needs were 1:1. This again had a knock-on effect for carers.

‘Make sure there were enough staff to provide care for people arriving at the centre as well as doing the transport’

“When the service started all the staff were out providing transport in the mornings so there were no staff to support users arriving by other means which meant I needed to stay until they returned as x needs 1:1 support”.

Independent travel

For those travelling independently, on buses etc. travel to the new centres, some of which were harder to reach and further out of town centres, generated some anxiety. Some would have welcomed more support with finding routes and independent travel initially. Travel changes, particularly for some adults with learning disabilities was perceived to have impacted on independence.

“Travel on two buses, by public transport, ...when I was in town it was easier to get to the centre. I had to learn travelling on my own, I keep missing buses and then get here late and miss activities”.

“didn’t have any help with travel for coming to new centre...would have been good to have had a travel buddy”.

“More traffic lights in the areas I change the buses, it’s hard to cross the road”.

“They shouldn’t have done the changes in the first place it was a pain in the backside when I was at x I could only get one bus and could go to Tesco or Sainsburys as it was so near...Now it’s difficult to go to Aldi as its hard crossing the road I have to go with a member of staff...”

“Bus pass before 9am because I can’t use my bus pass”*.

*(A number of people commented on the Comet system of payment, not being able to use bus passes, difficulty with using phone app, especially if they did not have the resources).

Staff viewpoints

Speaking to staff about the transport, it was clear that they had found both the transition and new role stressful, especially as it coincided with so many other changes at the same time. However, again, a year on, staff overall felt that although there were still pressures, the transport was beginning to settle down for the Community Support Service.

In reflecting back on their experience, staff gave insights into what could have made the transport transition easier. This included

- more consultation from the start with the drivers by decision makers on the types and size of vehicles for the job
- better internal information sharing at the start from ITU about client needs and routes, via Oxfordshire County Council inter-departmental and inter team exchanges
- longer or staged time for roll out of transport, independent of setting up new centres
- proper resourcing to 'do the job' for example provision of adequate Blue Badge, or suitable vehicle
- more capacity to manage sickness, leave without impacting on service

“Day 1 we were doing driving and transport...it was unbelievable vehicles not fit for purpose, we were not consulted about what vehicles to use”.

“We have 10 vehicles to pick people up but only provided with five blue badges, so if you go out and don't have a blue badge, you take a risk of getting a parking ticket, its stressful, the council wont supply more than five badges, So we are parking on yellow lines to drop people off at home, and it depends on the good will of the traffic wardens...the council are not providing us with the tools for the job”.

“we have worked hard to get right kind of vehicles, we have been given new ford fiestas, they are too cramped, if someone is large or has a fold up trolley or limited mobility, then the fiesta is not suitable. It's too small. I don't know who is making these choices, they don't ever ask us what type of vehicle we need”.

“All in all it was chaotic but it has settled down...they need to consult with us drivers and find if the transport is fit for purpose”.

“Our jobs are adequate enough, picking people up, taking home, checking vehicles daily, so a) we want the right resources, and b) we want the right back up”.

“They are to offer transport as a taxi service only. Not allowed to give any home support. They are not meant to enter the service users houses or go beyond their allotted timings. Supported living house staff are supposed to meet people from minibus, but in practice this is really difficult as the bus arrives at varying times. The staff can't wait”.

“The transport was the worst thing” - there is a rota for the minibus and driving it is very nerve-wracking”.

“work in the building to have been able to come in before over a month, before picking up all the transport duties, a gradual transition, something, not all, everything all at once”.

“from family feedback -they are really fed up with our transport, still...they want a precise time and we can't just give a precise time, I think here, potentially up to seven runs that we are trying to manage, and it only takes one member of staff to go sick which happens, or they take a holiday and we can't manage it, or someone comes in with a bad back and can't do a wheelchair, and then we are looking at all

those transport rounds with big wheelchairs, so it's just a whole hard one to manage”.

11.2 Transport to Voluntary Sector Day Centres and community-based activities

Part of Oxfordshire County Council's vision for 'living well in the community' is that people are able to make use of and choose to access a range of community-based activities, such as independent day centres, coffee mornings and lunch clubs. We already know that for those in rural areas, and with limited mobility, or lack of support, transport is seen as a particular problem in Oxfordshire. This is recognised as a wider systemic issue by the council, in part having had to make savings in transport provision overall, and there is an awareness that solutions to travel overall need to be found. Some groups such as Oxfordshire Communities First, have been working with them to explore more community-based solutions for the future.

With the removal of county council-integrated transport provision to voluntary sector day centres, these groups were encouraged to find alternative provision through the use of Oxfordshire's network of community-based transport schemes, taxis or local support. OCVA tried hard to provide support to groups with identifying transport as part of the transition support. We did hear of transport working well with support of committed volunteer drivers, or through good relationships with local taxi firms.

However, in speaking both to the voluntary sector day centre staff, their service users and carers, we heard that finding accessible, affordable, local, reliable and timely transport was still a huge challenge across the county. In particular, this was difficult for those with physical mobility issues, or dementia, in villages, and who needed a little extra support and safety. Not all centres were able to offer places to wheelchair users. Unavailable and inconsistent transport impacted on sense of connection and loneliness.

Service user views on transport to independent daytime support

Comments from people using independent rural and other day centres, showed the individual effort that goes into using local transport to reach places, as well as the impact of loss or unpredictability of local services. Service users were concerned about uncertain costs. Limited transport or removal of transport also impacted on their sense of social connection and loneliness.

“we are having trouble with transport now, there is a bus which brings people round the villages, it used to pick me up, I was on the bus 8.20 and it went round the villages, it takes time to get people on and off buses, but now I get a taxi...there is now trouble as the bus is literally packing up, its falling apart” (user-voluntary sector day centre).

Some very older people, in rural areas had to make long journeys to reach a centre, which often short distances, sometimes took hours.

“I used to come on the bus I had to leave very early it took 1.5 hours to get here, as it went all round the villages I had to leave at 8.30 am to get here, and often didn't get home until 4.30 -5pm one bus picks everyone up, one bus and you can't help it”.

“(the council is) saying there is transport-the bus that is laid on (to the village) is finishing Dec, so after that we won't be able to come, we have got to phone to see if we can get a taxi, he would have to come to collect us, bring us here, but there is no taxi there....there are lots of people in (village), but they are all working, they all keep themselves to themselves, we don't see anyone. We are all lonely we are all on our own and you don't see anyone, that's why we look forward to coming here on a Thursday, but from December we won't be able to come when the transport finishes”

For some using local taxi schemes, costs were unpredictable, based on where the driver came from, and it was difficult to get consistent service.

“I come here with the voluntary connect I have to pay for that, it's about £6.50 from here to Banbury but if he comes from somewhere else it costs me £12 I didn't mind paying for the company...I don't know where the taxi drivers are coming from when I ring them, so I don't know how much it will cost until I ring...I don't know who is picking me up and taking me back...”

Increased costs overall were a concern.

“The cost of attending has greatly increased. Transport cost has doubled!”

“transport won't take me anymore, my husband is not well, he can't take me, and my money for my care they are putting it up £50 a week, and they are taking it whether I have care or not...”

“we had people coming to the same place from Abingdon and they were charged the same amount to come as me, who only lived down the road, and that really annoyed me, it didn't seem fair”

Changes to transport also impacted on visits out from the centre for the day which became more difficult.

“When we had the transport we used to go out, we used to go to local pubs for lunches, but since the changes in transport we can't do that anymore”.

Some commented on sense of isolation.

“if we get any transport we just can't come if we can't get any transport, we are on our own and we are lonely, I see my daughters once a week, but they have their lives to lead, and are busy”.

“There is that double decker bus, that comes for children, but we can’t go on there, and its free. That bus....all they are thinking of is children, so the mothers can go shopping”.

11.3 Voluntary sector day centres- staff views on transport

Staff at voluntary sector day centres we heard from also had much to say about transport. Concerns expressed were the problems of finding suitable, local and accessible transport, overreliance on volunteers. Financial sustainability was also impacted. Already busy staff found their time being taken up with trying to find transport solutions, which was stressful.

Finding local transport

In rural areas, volunteer transport, or transport provided by the independent day centres often has a localised or limited catchment, and anyone accessing from further afield must find their own way of travel. This was seen to impact on potential for the centre to attract new members, and hence future viability, in the face of needing to shift to more ‘sustainable’ funding. It also was a problem for people searching for new venues to attend, if their previous local one had closed, as travel further afield was not always possible.

“I think the transport has been an issue all along, because we have got places where it is a small village, there are not enough people from the village attending, whether there is enough people eligible to attend, but certainly they are struggling to get people, but they can’t take them from further away, where there are people we know that want day services, from the villages etc, because we can’t get them there” (voluntary sector member).

The possibility of using county council-integrated transport (Comet) buses, available out of school hours, was not always workable, as it restricted the hours people could attend and increased costs for the individual.

“we tried, but the problem was they couldn’t start picking them up til 10am and by the time they got into the centre it was 11, and then they were collecting them at 1 because they had to have finished that to go on the school runs, so the day was like that” (voluntary sector group)

“Sometimes in the morning they don’t come here til after 10 (after school drop), the person in the wheelchair takes longer, sometimes when schools are on holiday its earlier, but they come back at about 1.45, which only gives about 4 hours here, and we are open 6 hours a day....and we charge for six hours’ (voluntary sector group).

“We have had to stop offering transport for all potential users- there is transport available but it has to be arranged by users themselves or family and the day is reduced in time as they have to leave by 1.30 while our day ends at 2.30”.

Finding voluntary transport within the community that would commit to regular daily or weekly ongoing pickups was also seen as a problem.

“we tried to get volunteer link up to pick it up, but they hadn’t got the capacity to do it every week, a lot of theirs is medical appointments, so when you start saying, well every Wednesday we need to be picked up at this time and dropped back at that time, that is a different ball game”.

Reliance on volunteers

All day centres hugely valued and recognised the work, commitment and care that volunteer drivers put in, without this support, many centres would not be viable. Such heavy reliance on volunteers, was essential but was also a concern. Many volunteers, were often older people themselves, using their own cars to transport people, and groups recognised that were limits to what they could be expected or able to do

“local volunteers are bringing the people from the village, but those volunteers don’t want to go another few miles to another village to bring them in, they are getting people from the village, and probably live in the village, so go to wherever they need to go”.

“We have got people who transfer in wheelchairs or have got walking frames, and that sort of thing, and like with a volunteer driver, they go to the door, they knock on the door, the lady is not ready, or whoever is not ready, they are helping them on with their coat, they are making sure they have got their purse and their keys, and making sure they lock the door...but the taxi driver won’t do that”.

“there is only so much volunteer drivers can do, and they are not dementia trained, everyone is very good with what they do, but there is only so much you can ask volunteer drivers to do, we always take them to the car, and collect them from the car....”

Finding accessible and safe transport

Loss of integrated transport also raised concerns about accessibility and safety of other types of transport provision. Finding accessible taxis was a problem raised by many groups across the county. Volunteer cars also were seldom accessible, resulting in drivers doing single journeys. As a result, some centres were paying for bus hire, solely to accommodate one of two disabled members, which was not really a sustainable model.

“where people can’t transfer by car, that is the biggest issue for us, because even if we had a volunteer driver service to help us out, and in some cases we have, been able to link into volunteer drivers, but where they can’t transfer themselves, into a car and out again, that is an issue, as they don’t have adapted transport”

“Volunteer driver does four lifts in a day, three rounds each, and it’s difficult to get a car big enough, as people have to sit in the front (due to their needs) and he can only take one person at a time, and no wheelchair users”.

“The main thing we have to keep the bus going for is that one wheelchair user, and there is no other way x can get here...we have to keep that link going, as there is no other way...I have gone round we have looked at renting vehicles, leasing vehicles, we have looked at taxis, anyone else that has wheelchair access and there is nobody else, so therefore we have to keep that service going while that person who comes” (voluntary sector group).

Concerns were also raised about the level of support offered to vulnerable service users, particularly those living on their own or with dementia. Some centres were not able to offer the level of support (e.g. help with getting to the door, opening the door, taking off coat) as before, especially if taking a number of people, and with no PA support waiting in the vehicle. Taxi drivers also were seen not to offer this support, often pressed for time, and sometimes would not understand needs of people with dementia. Some expressed concerns about safety leaving members in a vehicle unattended, whilst dropping others off. The stress of longer travelling distances to reach new centres was also noted.

“People having to travel further it makes them more anxious, but that is where having the bus beforehand with our carer on we didn’t have those issues, and the driver could concentrate on driving”.

“Taxis...have used some, but the charges are very high. People also need someone to take the time to take them door to door, they need help, and many people don’t want to do that, as its physically difficult...and takes time”.

Paying for transport

A number of day centres we spoke to were using their own reserves to top up transport costs, in effect subsidising costs, others were using Transition Funds to bridge the gap, both of which was acknowledged as not a solution in the long term. Costs were also paid for transport irrespective of its use, so for instance if people were ill, the day centre still had to pay. Costs to service users also had to take into account increased cost of travel, but many centres felt uncertain they could charge much more.

“we made an agreement direct with the transport people, but they could only do it in school hours, so that meant the more you put on the bus, the later you got, and the earlier you had to be collected, and that was not particularly good, so therefore I don’t encourage people going on the bus, which then means it costs us more, and the club is then taking the cost of the bus, transport...we are subsidising” (voluntary sector group).

“We have had to stop offering transport for all potential users there is transport available but it has to be arranged by users themselves or family and the day reduced in time as they have to leave by 1.30 while our day ends at 2.30” (voluntary sector group).

Finding affordable transport for service users, often took a lot of time and energy from already busy staff.

“I have phoned up lots of taxi firms to see if they can do it, but have been quoted £34 one way, but no one will commit because they have the school runs, so won’t say, I think something like this it needs to be consistent, it’s easier if they know who is coming, so that’s £68 for four” (voluntary sector group).

“after the changes they had to pay £12.50 for the bus, and it was only up the road. They stopped the buses, and the problem was the new ones dealt with the school run, so it meant that the hours were short for older people at day centre. So some were paying £27.50 for only two to three hours”.

“before Integrated Transport Unit was free, but didn’t travel to border areas...then paid £5 for a return trip. Now its £12.50 for a return trip, a blanket sum, even if you live just down the road”.

11.4 Transport for accessing wider community networks

For those who had been to Health and Wellbeing Centres, or voluntary groups, transport was also a challenge when trying to access new options within the community, such as one-off lunch clubs. This was due again to lack of availability of local transport, or cost. It was also particularly difficult for people with dementia. Others had to rely on family members or friends.

“Someone came to talk about other clubs, but without transport I cannot get to them, and also some were very expensive...although there are places to go there is no direct public transport, so I can’t get there”.

“I am not available most of the week, so cannot provide transport which my mum will need to get to a lunch club or similar. Because of the dementia it is not viable for her to go to craft sessions etc...also taxi fares is just too much for someone on a pension” (family member).

“X is 95 years old and very disabled. She relies on me for transport, shopping and leisure. I am sorry to say without me she would go nowhere, I am 80 years old myself”.

12 What did people want to tell the council about the changes?

Finally, we asked people what they would like to tell the council about the changes, their impact, and what could have been done differently. We received over 180 comments on the questionnaire for each of the questions.

As we have seen, feelings about the impact of changes varied, from those who felt the changes had been for the better, or improved things, to those who expressed upset at the change process as a whole, felt a sense of loss, stress, disruption and

disappointment. For the purpose of this report, many of the comments have been incorporated into the themes in the report and are found throughout (e.g. cost, closure of centres, transport, meals).

Comments which can bring lessons ‘to the council’ broadly covered:

- need to listen and communicate more to service users and carers, and have some personal contact throughout
- ‘consultation over the whole process of change, not once decision was made’
- provide accurate predictions and clearer information, and be more open about what was planned at the start
- limit the speed of changes, and need to make them more slowly, with staged transition
- better consideration of and planning for the human impact of system changes on service users and carers
- wider consideration of impact of changes on loneliness and isolation, particularly for older people;

13 Acknowledgements

With thanks to:

- The dedicated staff, volunteers, service users, family members and carers across all of Oxfordshire’s diverse services for their time and heartfelt input into this report.
- Oxfordshire County Council staff and those across the Community Support Services
- Age UK Oxfordshire
- OCVA
- Community Support Services and Age UK Oxfordshire staff for support with organisation and survey distribution
- My Life My Choice and Paul Scarrott providing insights as ‘Expert by Experience’
- All others who contributed to this report

Abbreviations

CSS Community Support Service (Council run adult daytime support)

DTS daytime support

HWO Healthwatch Oxfordshire

ITU Integrated Transport Unit

OCC Oxfordshire County Council

14 Appendices

Appendix 1: Voluntary sector groups ‘Tier 2’ and their experience of transition and support

In this section, we will briefly look at some of the wider issues raised by those running voluntary sector daytime support, about their perception of some of the changes. OCC wider focus was placed on ‘**supporting for living well in the community**’, enabling provision of daytime support and activity within the community, through local groups and voluntary sector provision (‘Tier 2’).

We heard from more than 25 voluntary sector groups and visited nine groups in person to speak with staff and service users. We had only four responses to our questionnaire to voluntary sector groups asking them about impact of changes on their service users. This may have been, as we heard, many groups are small, run by volunteers, often older people, who are working hard to keep small day centres going, and who do not all have time or administrative support.

In adopting changes to daytime support, voluntary sector groups, in particular Age UK Oxfordshire and OCVA were vocal about the need to provide transition support to groups, both to build capacity and ensure sustainability and choice. As a result of this, whilst Oxfordshire County Council funding to 47 voluntary sector services was to be removed, along with transport support to the groups. Oxfordshire County Council brought in grant pots through a newly established **Sustainability and Transition Funds**. A further **Innovation Fund** was introduced in 2018 to stimulate new initiatives and community-based support.

In practice over the changes, some groups decided to close*, for a variety of reasons, including finances, lower than anticipated service user demand, capacity to manage without core grants. Alzheimer’s Society in Abingdon for example closed, and other groups decided not to proceed with applying for funds

(*Five groups closed over this time including one for adults with learning disability, plus a further six run by Age UK Oxfordshire. In all a total 11 day services closed. A further two new groups established in Bicester and Witney; Source OCVA communication).

Age UK Oxfordshire faced a different situation, complicated in part by their need to take a neutral role in supporting the transition arrangements through the Community Information Network. Of eight original Age UK Oxfordshire Day Centres, six were closed over late 2017-18, leaving Holton and Nettlebed (dementia friendly) remaining. These closures were partly in response to the fact that only 20 service users made transition from Health & Wellbeing Centres to Age UK Day Centres, meaning that anticipated increase in clients and income was not gained. It was also a recognition that older people were ‘choosing with their feet’ to move away from traditional day centres, to accessing a mix of activities in the

community, experience of which had been gained by Age UK in their work supporting people to access Community Information Network links. Age UK Oxon commented ‘there is an increasing demand for more diverse local activities across the county, with services tailored to the individual’s needs and interests, enabling us all to live well in our community as we age.’ (Age UK Oxfordshire 2018 news)

OCVA was tasked to provide much of the capacity building support for groups as they made the transition, helping with funding applications and transition plans, and this continues today. Capacity building and fundraising support was given to existing groups to support a transition to more self-sustaining model, develop business and transition plans, and management skills.

Here we look at some of the issues raised by the voluntary sector. Some of the comments (transport, cost, dementia support, consultation) have been covered in more depth in the main report and will not be covered here.

Impact of uncertainty

Whilst groups acknowledged that the council had prepared them well ahead for forthcoming cuts, the uncertainty was difficult.

“We didn’t know it was coming it was very unsettling for staff..60% of funds was from the council so we didn’t know if we could manage, it was most of our money so we did feel totally abandoned...I can’t explain the anxiety we all felt, we didn’t know if this would have to close..the worst part of it was coming up to the date at which we would lose our funding and transport at the same time”.

“We had to give notice to our organiser. The clients were very worried about the proposed closure of lunch clubs. Many of the families were particularly concerned about what would happen to their older relatives. The conditions of the interim grants were unacceptable”.

“It did not impact negatively upon our services, as we picked up clients following the closure of the local Health and Well Being Centre- it enabled us to grow our service”.

Funding support and administration

Some groups we spoke to were very positive about the support from OCVA, and county council Commissioners for help with funding applications, advice and development plans. To many groups, who had received long-term Oxfordshire County Council funds, they had to learn quickly to prepare applications for Transition and Sustainability Funds. Many of the smaller groups however, reliant on older volunteers, and often did not have administrative skills, computers and funding know how. Paperwork for grant applications and administration was seen as overly onerous for these small groups, who were asked to produce transport plans, sustainability and transition plans to demonstrate the way forward. OCVA was essential for support to groups in this work.

“OCVA really good support...didn't have bid writing skills before, so learnt a lot through it”.

“We got Sustainability Fund, so we have a year, but it's all the hassle of showing what you are going to do with it, doing all the paperwork and so on...why can't they just come here and see how we are spending the money, we are not frittering it away, its spent on the absolute basics..”

“most of the pensioners, they had never written plans before”.

“day centres out there in the villages run by a few people, volunteers that never had a computer, and now you have to have a computer if you are dealing with social services, because you have to write all your forms up..”

“We managed to get a small grant from the county council for a year. As the money received wasn't as much as before, we had to budget our spending, such as cut down day trips and meal outs etc. Paid training for staff also limited”.

Uncertainty about future funding sources occupied all, with some uncertain that the group would continue beyond the life of the initial grants. Fundraising from other sources needed dedicated time, skills, and capacity and impacted on already stretched staff and volunteers. Revenue grants were difficult to come by, in an increasingly competitive environment. Some noted that to have grants reduced rather than removed completely by the council would have enabled more stability longer term. Local sources of funding were seen to be time consuming to find, and in small amounts.

“the difficulty was the timescales, the lead in, when you put in an application for funding, there is a long lead in normally, but when they heard they were not getting funding, there was not a lot of time for them not only to secure Transition Funds, but also other funds...they needed a lot of time’

“It would be so much easier if they just put the budget in there each year, the rest of the stuff we could sort out ourselves...we are fundraising all the time, tombola, we get £50, but it needs to be much more..all that time you have spend organising a tombola, we appreciate it , but you have to look all the time”.

“it's really hard when you are trying to hold the service together but you are also having to go out and about and do all this extra work, even if it's not fundraising, all these forms and justify all the money for the money you get, and all on a voluntary basis, its demoralising, and hard to keep going, as it's the uncertainty of just not having any money, you never know when you will get the next money through and where it is going to come from”.

“it's been a huge, huge impact on us as well as the members, we lost transport, we are trying our hardest, and we are now fundraising like crazy, having to fundraise for our wages, which I can't really get my head round, I find it very hard in that situation”.

Sources of alternative funding were not seen as easy to find.

“we are fundraising but we are a small market town, limited in business, we have lots of fundraising events, so we are not doing nothing, but it is a huge amount to find”.

Some expressed frustration that the Innovation Fund was for new projects, whilst they were still trying to find a secure base.

“if we knew they were going to give us a little bit for three years its better than thinking I have got to fill in a million forms, just to get it...I might get some, and the process takes too long...the Innovation Fund, you still have to fill in new forms...and its only for new projects”.

Groups were also having to make more realistic assessments of costs following funding cuts, but most felt there was only a certain amount that they could charge service users.

“We used to only charge £12 a day to come here which included lunch and outings...but we have had to put those fees up to £20 to try and make sure we have enough money to pay all our bills”

A number of groups also mentioned that it was difficult to predict income from Direct Payment sources...making planning a challenge. Some were experiencing delays in getting funds through from this source, causing cash flow issues.

Impact on staff

Staff also spoke of impact on their workload and stress levels following the changes. Again, many staff at these centres are working on often low wages, and limited hours. Hugely dedicated to their work, and the people they support, some described how stress of additional workloads and uncertainty was having a toll.

“my job is activity co-ordinator but I also do whatever a manager does, transport, food, funding, H&S, its hard and a real struggle, very stressful for just one day a week...I have to do emails and phone calls over the weekend, it spills onto my family time, there is so much paperwork, trying to get the grants together it's a huge amount of extra work and money for everyone...we didn't have this before...it's a huge worry for everyone, its uncertain the future...”

“I used to love this job...my heart has gone out of it, I am finding it hard, I have never been so stressed on one day a week”.

Groups ‘are struggling to recruit staff, because they pay minimum wage and it's only a few hours, short days, and often only one or two days..a lot of people are looking for full-time work, they don't want two short days, so it's very difficult for them to get anybody”.

Gaining service users with higher support needs

As a result of closure of Health & Wellbeing Centres, and Age UK day centres, smaller groups in some areas noticed an increase in demand. Age UK worked to find service users places in alternative centres, and to limit impact. Many centres,

already struggling with loss of funds and transport also had to respond to an increased demand for places.

We heard that for a number of groups, they experienced an increase in demand, but also an increase in people coming with higher support needs, particularly dementia. For some, this impact was difficult to manage, as many groups were not set up to provide this kind of additional support. Comments here echo some carer comments in the main report, about concerns for support with those with dementia. Volunteers and staff were facing increased demands. Changing demographics also had an impact on activities offered, and group dynamics.

“since the cuts have been made we are getting more people with dementia coming here...we used not to take people with dementia, but now we are, and it’s difficult, we are just not equipped or trained to deal with them, and then it upsets some of the other members as well, as they don’t want to come to a club with people with such varying needs”.

“we can’t meet their requirements because we are not trained in dementia care, and we make this clear, if they are independent going to the bathroom they can come, but anything else we can’t do, we haven’t got the staff, this building is a community centre, its not designed for that..”

“Before, it was a predominantly social group with some dementia. Now with the cuts, three quarters of the group have dementia. This has an impact on the social members who have been here since day one. They’re also getting more frail. I’ve never had so many, never in my whole career. People get to us through word of mouth, people are desperate- the carers are” (staff voluntary sector).

“Have to work with them more carefully, help them to the toilet. Sometimes it’s more hectic than others. Have to watch them so they don’t wander off. More people with dementia take more looking after, if doubly incontinent it’s really hard. The group seems to be ok with the newcomers. As volunteers, we have had to take on more responsibilities” (volunteer)

“was tricky taking on new members as the ones who came from day centres had higher needs. It changed the whole atmosphere, but also the activities we were able to offer...now go out and about less than before as transport harder, and wouldn’t feel safe, need more staff support”.

Reliance on volunteers

Many of the groups across the county are small, running on huge input from often older volunteers, and part time staff. Groups recognised that it was harder to find new volunteers, with time constraints, and anticipated that the model might not be sustainable into the future. Whilst volunteers were hugely valued, and took roles in management, paperwork, transport, cooking funding, care and personal support, this was viewed as a fragile resource underpinning success of each centre, which had been impacted on by wider changes taking place. Some felt that

volunteers were being expected to take on too much now, and this was not sustainable.

“I haven’t got the staff- I have two ‘girls’- one is 60 and one is 75. I’ve got three fantastic volunteers, all in their 80s. I have got a bad back. Everybody pitches in”.

“Very hard to find volunteers despite advertising, really hard...especially for the driving volunteer as times are difficult, in the morning and afternoon, and lunchtime, only half an hour each time, so not an easy commitment”.

“I don’t think you can rely on volunteers, all ours are in their 70’s...I am in my 40’s I couldn’t afford to be a volunteer, and now people are working 70 plus...all the older volunteers are beginning to have health problems...we wouldn’t be able to run such a fantastic club without them...I think the council are expecting volunteers to take on too much now, but people don’t want to give that commitment, don’t want to take on the responsibility”.

“most of them, volunteer teams are pensioners, one has a Chair in their 80s, volunteers in their 80s, a team of volunteers all pensioners, struggling to recruit a coordinator, so taking on transport and running the place...that is the scenario really, very difficult”.

Other issues raised

- lack of suitable premises for groups wanting to expand capacity, or start up new groups
- Would have been better with a ‘staged’ approach to change, bringing in sustainability support, transport changes, etc with a longer lead in
- need for future proofing and planning ahead to ensure support continues into the future, especially with small groups run ‘on a shoestring’ by older volunteers.
- Need for review of existing groups now, and ascertain what further support they need to continue to be sustainable
- Further ‘mapping’ of need and support across the county to ascertain gaps, particularly for dementia support, and those with higher needs which many centres state they cannot manage
- need to tailor grant funding to suit diverse types of centres, and not over burden groups with large administrative loads
- Better communication pathways with Oxfordshire County Council and sense of being valued.

Voluntary sector daytime support groups we heard from or visited (staff and service users)

Burford Time Out	Deddington Windmill Centre
Millstream Benson	Berinsfield
Forget Me Not Bicester	MHA
Nettlebed Age UK	Daybreak
Grove Day Centre	Westway Day Centre

Leewood Hall	Bridge House, Abingdon
'Singing for the Brain'	Age UK Horton
Kennington Memory Club	Charlbury Day Centre
Bromsgrove, Faringdon	Carterton Day Centre
October Club, Wantage	Cholsey Day Centre
Rosewood Daybreak, Blackbird Leys	Oxfordshire Older Chinese People Centre (Happy Place)
Cornhill Day Centre	Goring and District
My Life My Choice	

Appendix 2: Questionnaire

(This was available in easy read, large print formats)

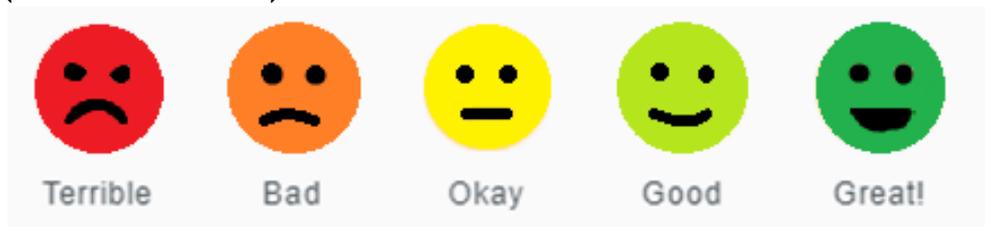
Daytime support services in Oxfordshire: How were the changes for you?

Questions

1. What difference has daytime support made to your life?

Changes to daytime support

2. How did you feel going through the changes to daytime support services last year? (Please circle one)



Why did you feel like that?

3. Did you feel your opinions were listened to during the changes?

- Yes
- No
- Not Sure

4. Did you understand the information about what the changes would mean for you?

- Yes
- No
- Not Sure

5. Did you receive any support to help you change your daytime support or find new activities?

- Yes
- No

What support did you get?

Was this support helpful?

- Yes
- No
- Not Sure

Why do you feel that?

6. What was difficult for you about the changes?

7. What went well for you with the changes?

Your comments on the changes to daytime support

8. What one thing would you like to tell the Council about the changes that took place and the impact on you?

What one thing could the Council have done differently in the changes?

Please feel free to give any other comments about the changes below

Daytime support: what is it like for you now?

9. Where did you go for daytime support last year?

- A Health and Wellbeing Centre run by the council
- A learning disability support centre run by the council
- An independent day centre

10. Where do you go now?

- Community Support Service at one of the 8 centres run by the Council
- Day Centre run by a voluntary and community organisation
- Both
- I no longer attend a day service
- Other

11. If you **NO LONGER GO** to daytime support, please tell us what you do instead

12. Are you doing any **NEW** activities in the day now?

- Yes
- No
- Not Sure

If so what are you doing?

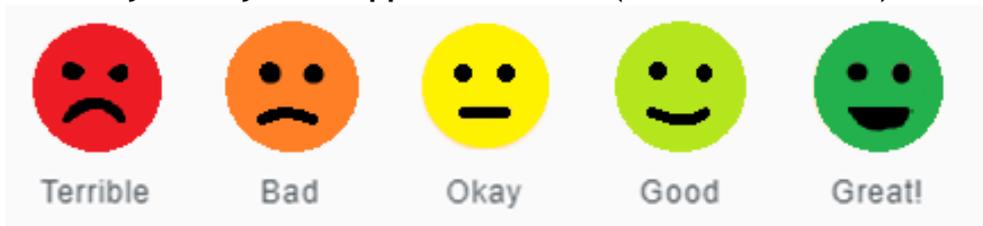
13. Is it easy for you to find new activities and support in your local community?

- Yes
- No
- Not Sure

Please tell us more about this

14. If you **DO** go to a daytime support service now, tell us where you go?
[Optional]

15. What is your daytime support like now? (Please circle one)



Why do you feel that?

16. Tell us what is going well for you at your daytime support?

17. Tell us what you enjoy about your daytime support?

18. Tell us what is not going so well with your daytime support?

19. How could your daytime support be improved?

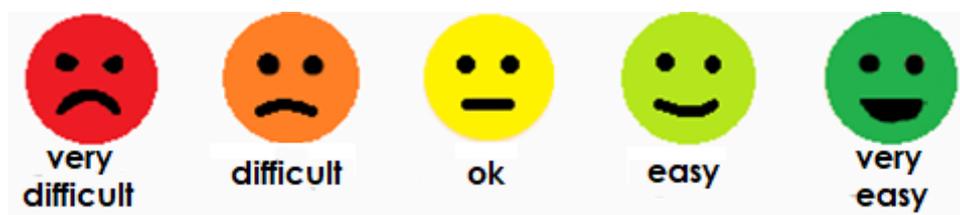
20. Do you feel like you have a say in what happens at your daytime support?

- Yes
- No
- Not Sure

Transport

21. How do you get to your daytime support?

22. How easy is it for you to get to your daytime support? (Please circle one)



23. How could this be improved for you?

If you go to one of the 8 community support services please answer the next two questions (BICESTER, WITNEY, BANBURY, ABINGDON, DIDCOT, OXFORD, WANTAGE AND WALLINGFORD). If you do not go here, skip to the next question.

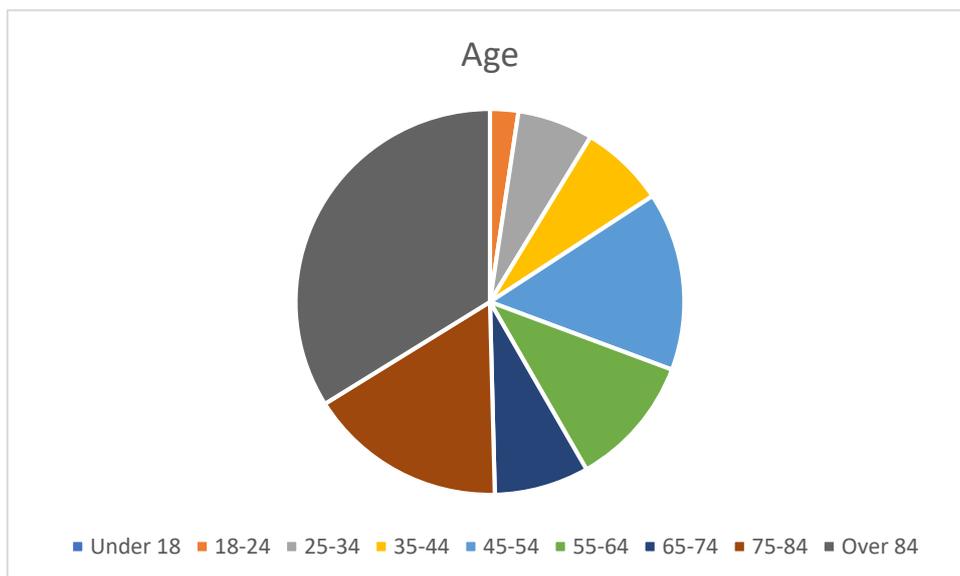
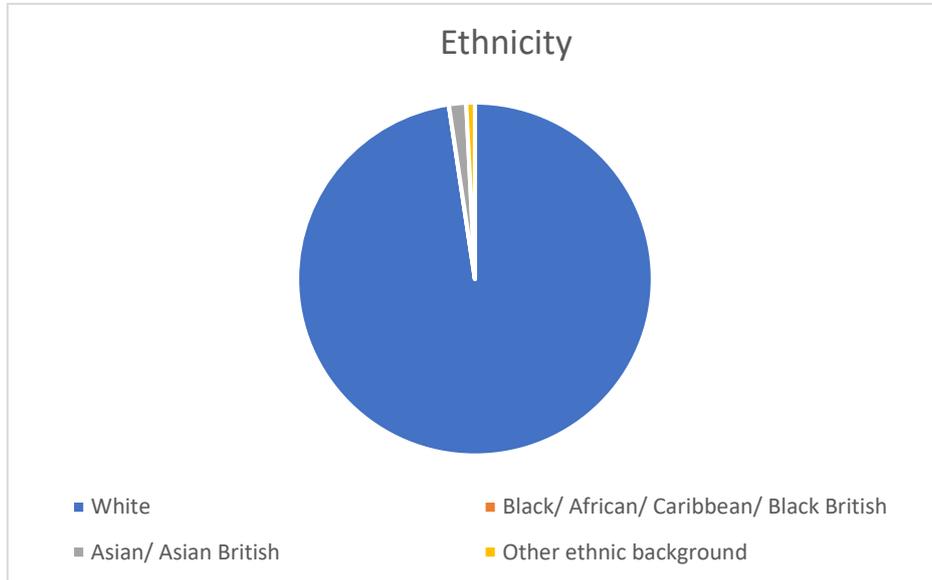
24. How could the daytime services be improved?

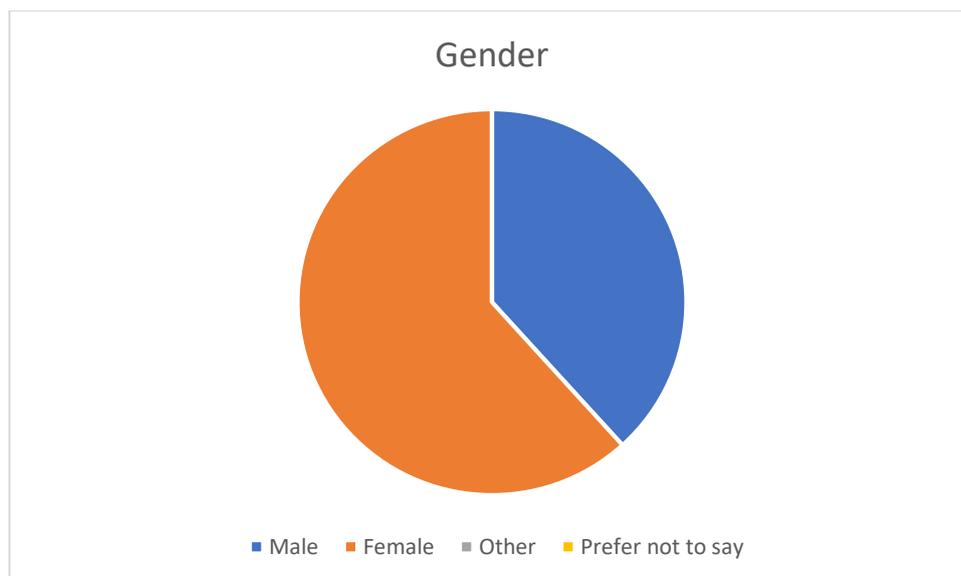
25. What other things would you like to see happen at your daytime support?

About You: age, gender, ethnicity

Appendix 3: Demographics of respondents

Respondents to questionnaire by ethnicity, age and gender (of 144 respondents)





Appendix 4 - People's stories about changes to daytime support

Stories of people who now attend one of the eight Community Support Service (centres)

At the top of each story is a short description of where the person was prior to moving to the Community Support Service.

All respondents gave permission for their comments to be used in the report.

Learning disability and carer. (Moved from a learning disability centre to Community Support Service).

Daytime support is people I work with, people help... It was ok going through the changes...as its near where I stay. I felt my opinions were listened to during the changes, and I did understand what the changes would mean for me. I got support with the changes, and all the support was the same (almost) as the support provided by the old centre. It was helpful. Its good because the new centre is near my home, so nothing was difficult about the changes for me. Now I go swimming, so that's good. Everything is ok. My daytime support is good now, because I get all the support I need and I am happy...people help me and I enjoy meeting friends and the activities. I am now picked up by the centre minibus...there is nothing to improve there, it is ok, and very easy to get to the centre.

Carer: there is no noticeable change, there was nothing outstanding from what was going on at the previous location to the new centre...the staff moved too to the new day centre.

Older person. (Moved from a health and wellbeing centre to Community Support Service).

Daytime support gives me the opportunity to get out of my home, to go to the centre where I am able to meet and communicate with other people - clients and servers. I felt bad going through the changes to daytime support, as I was happy with things as they were. I did not feel my opinions were listened to during the changes. I did understand the information about what the changes would mean for me and did get support - I saw a social worker, and this was helpful...she sorted out the financial side of things. The changes were difficult because so many clients left because they couldn't afford the charges. What went well for me was more 'carers' mean that I now have the chance of being taken out on rambles, shopping trips etc. I would tell the council that they need to think more about social isolation - it's not easy to be old, disabled, lonely.... put less emphasis on money saving. ...why can the council decide to change the criteria for their own benefit?

Now at the CSS, staff are supportive and kind, and I get the opportunity to go out, I enjoy the company and outings. Sometimes it's very noisy. It could be improved by having more choice of activities. Focus is on people with learning disabilities, and/or physical difficulties, old age, social isolation are no longer enough. I get to the centre on the bus, its easy. How could my daytime support be improved? Remember that not everyone has a learning disability.

Moved from a learning disability centre to Community Support Service.

Daytime support makes a difference, making new friends and participating in social and leisure activities like going to bowling, dancing, exercise and singing. Changes were ok, but I would like to go to the centre more. I understood what the changes would mean for me and I received support...I like going into town on a bus for a walk or shopping now. Nothing was difficult about the changes, I am now going out more often, like going shopping. I am fine with the change...happy now with the way things are. I now go to daytime support once a week and go out on the other days. I am doing new things now like going out a lot or into town shopping, I love going dancing locally. My CSS is good, because I love it there.... I like helping in the kitchen, and meeting my friends. I feel I have a say in what happens at the CSS. I am happy with the way things are...but I would love to go horse riding.

Moved from a learning disability centre to Community Support Service. (Written by support worker).

I used to go to a centre, with lots of people, and I never showed any enthusiasm, if I was offered a day off I would jump at it. Now we have moved to the CSS I look forward to going. I am more willing to join in things there and the staff at home know not to book things on those days for me as I want to go. The changes felt bad, as I didn't understand before hand, if I had moved day service before it was

because I had moved house. I didn't understand about what the changes would mean for me... but staff encouraged me to give it a try and reassured me all my friends were going as well. This was helpful. I don't like change and need routine. It was hard just at the last week of the centre and the first week at the CSS, I needed to know that things I loved doing would continue. Now, the new CSS is a nicer place, a lot more space, more choice of activities and places for quiet time. I am doing new things, and joining in now with more activities. My new CSS is great, because I look forward to going, because I always come home now and say I have had a good day. I love the people and going out. I would love to do drumming and karaoke.

Older person and carer. (Moved from a health and wellbeing centre to Community Support Service).

Daytime support helps me to meet new people and it gives my x a break, as x is my main carer. The changes were ok, but I was happy with everything at the HWBC. I am not sure I felt my opinions were listened to during the changes, but I did understand the information about what changes would mean for me. I received support, they were quite thorough in talking to me about it. Nothing was difficult about the changes, it was just adapting to the change. I enjoyed meeting new people. I think the council could have ensured a hot meal was provided. My new CSS is good, I enjoy being around people and I am now doing new things like trips out, meeting new people and doing different activities. I couldn't improve it. I get to the CSS on community transport, its easy. Having an extra day would benefit us.

Carer: having y attend the day centre has made a huge impact in giving me some respite.

Moved from a learning disability centre to Community Support Service, and carer.

Daytime support gives me a variety of activities, keeps me stimulated, minimizes boredom. I felt good going through the changes to daytime support and did feel my opinions were listened to during the changes. I received support, information relating to daily activities...this was helpful. Nothing was difficult for me about the changes, all went well, and I am generally happy with all the support programmes, it was a very smooth change from one day centre to another, and I am generally happy. I am doing new activities now, like golf, cooking, afternoon tea, travel to places locally of interest. Everything is going well at my CSS now...I like the door to door transport, and visiting places of interest....no improvements, happy in general, happy with activities. Transport via social services appears to be straightforward.

Disabled person and carer. (Moved from a Health & Wellbeing Centre to Community Support Service).

Daytime support I meet my friends and do different activities, if I didn't have this, I would just be at home all the time. I felt great going through the changes to daytime support, there wasn't much difference, just a different place, and transport, everything else was the same. I am not sure I felt my opinions were listened to or that I understood information about the changes. I did receive support...just reassurance about the changes, and this was helpful. Nothing was difficult for me about the changes. I am now doing new things at the CSS, including the sensory room, cooking meals and cakes. The CSS is great, I enjoy what I do at the centre, like trips out, cooking and bingo. Getting there on the minibus is very easy. I am happy with everything at my centre.

Carer: there was no significant change to us, some worry about transport but these were soon resolved. X is very happy now, kept busy doing the things x enjoys, likes staff and seeing friends. If we didn't have daytime support x would be at home alone...so we both benefit. The change of venue meant x could do other activities.

Older person. (Moved from a Health & Wellbeing Centre to Community Support Service).

New daytime support has made it much better. The changes were ok, because I knew no one, wherever we finished up would only be for our good. I did not feel my opinions were listened to during the changes, and no one told us anything except that the HWBC was closing, I got no support to help me with the changes. It was difficult not knowing anything.

What went well...when we got to the new CSS and met the wonderful staff and guests they made us feel like long lost family, it was great. I would tell the council...I suggest they do the change with even a bit of heart...they could have informed us one way or the other, they have no excuse. My new CSS is great, we are now part of the family...we feel safe and wanted. It gets me out of my carers hair and gives (x) a bit of respite from looking after me. There is nothing that is not going well with my daytime support now...it couldn't possibly be improved. Transport is very easy. We have everything we need except of course more staff.

Older person with dementia and carer. (Moved from a Health & Wellbeing centre to Community Support Service).

At daytime support its nice to see a lot of people, different people. The staff are exceedingly kind and very thoughtful. Going through the changes to daytime support was bad as we were uncertain because we weren't sure what would happen...we were told we wouldn't get a place any longer so we had to go and look at other provision. We did feel listened to during the changes, and understood the information. We got support through visits by a social worker and lots of suggestions of things to do. The support was helpful, done with kindness, but many of the alternatives weren't terribly suitable for someone with dementia. Expectation that I would not be offered a place any longer turned out to be false. The changes were difficult with anxiety about the likelihood of no places being available and trying somethings which weren't very suitable. A lot time wasted but we acknowledge people were working with predictions that turned out to be unrealistic...in the end a place was still available as before...the predictions regarding the lack of availability unfortunately turned out to be quite erroneous. The CSS is good now, with friendly and helpful staff...enjoy meeting people and doing different activities. The cost is quite high compared to similar activities in other areas. X is collected by minibus, which is easy.

Carer view: The main impact is that it had on me was the time taken to consider the various options suggested, telephoning etc, and then visiting them with my (parent) who was anxious about the new setting and concerned about why it was happening and what the outcome would be. We were told all along that it was extremely unlikely that x would be offered a place under the new regime and then right at the last moment (x) was. We were very grateful, but we felt that the planning had been poor and that although supported, we had had an unnecessarily difficult time.

Older person and carer. (Moved from a Health & Wellbeing Centre to Community Support Service).

Daytime support gives a chance twice a week to meet other people who like myself need companionship and support. It is nice to get my nails done, to sing and do quizzes. It felt terrible going through changes to daytime support we were put together with younger people who were loud and quite scary, also some of my friends lost their places and we lost contact. We did not feel our opinions were listened to during the changes and did not understand the information. I didn't feel any support as staff were having many changes like me...I was confused as to what would happen next. Everything was difficult about the changes...staff change, room changes, client changes. What went well for me was that I kept my place twice a week. 'Insecurity' is the one thing I would tell the council about the changes and impact on me. Now, the catering seems not so good, there is no pudding most days, and loss of staff I liked. Its not easy to find new activities and support in the local community, other day centres, like Age UK Oxon have all closed. Now, at the CSS its ok, we do a lot of singing and music which I love. Would like to do more trips out...Transport to the CSS is very easy, I am picked up by lovely drivers in the transfer and feel very safe...its perfect.

Carer: thank you for looking after x twice a week it gives me respite. As a carer I need to know x is safe when with you. During changes x was very unsettled due to addition of young disabled to a club with was mostly the same age group as her. X particularly likes to be entertained...singing, quizzes etc.

Person with a learning disability and carer. (Moved from a learning disability centre to Community Support Service)

Daytime support has given me the chance to be independent. I am given choices in terms of what I do each day when I am at the centre. I like to meet people who are familiar to me each day. The staff are very good to me they meet all of my needs. We have lots of fun doing different things. I look forward to going each day. It makes me happy when I am there. It felt great going through changes to daytime support, as there is lots going on, people there and the staff are great! I did feel my opinions were listened to during the changes, and that I understood the information about what it would mean. I got support, which was helpful, I had a meeting with my keyworker, and parents. We discussed my needs and talked about other activities that I could try or do. The staff listened to what I would like to do. Nothing was difficult for me about the changes, I am happy. Everything went well for me with the changes, I like being in the new building and there is more room for me. I like meeting all the different people of various ages, and all my needs are met. On top of other things I do we now go to the Leisure centre. Daytime support now at the CSS is great...the staff understand my needs and what I want. Everything is going well, I am well supported, I like all the people and staff that work there, they are all kind and nice to me...I like it all. I feel I have a say in my daytime support...staff ask for my opinion. Getting there is easy, my family take me. I am very happy with the service provided.

Carer: At the time of the proposed changes it was rather worrying as to what service was going to be available. There was much uncertainty in the period when the changes were first announced. We feel the council kept the service users and their families in the dark with the lack of information that they were giving out regarding the new set up for the proposed centres. It seemed to be very drawn out. As it has happened though, we and x are very happy with the service provided. We believe it is much better.

Person with learning disability and carer. (Moved from a learning disability centre to Community Support Service)

Daytime support enables me to mix socially and go out and about in the community whilst still having the care I need. I have been able to reconnect with old friends from school and meet new people. I felt good going through the changes, I had been to the new centre quite often and staff moved with me and helped me feel safe. I enjoy going to new places if I have people I know with me. I did not feel my opinions were listened to during the changes, and didn't understand information about what changes would mean for me. When I arrived in the mornings there

wasn't anyone to support me because they were all out doing transport...its scary to come to a new place and not find anyone to support you when you arrive. We would ask the council to make sure there were enough staff to provide care for people arriving at the centre as well as doing transport. Some of the staff I hadn't seen before and it takes me a while to get to know people. The new centre was much better, with more space, and better bathrooms, and a great sensory room. Now, my CSS is good, I have lots of company and am well supported. I have lots of friends, and get to go out to the shops, and out on the bus, and like to be outside. I like to be part of the group and am really happy when we have music. Sometimes we can't do activities because there aren't enough staff.

Carer: When the service started all the staff were out providing transport in the mornings so there were no staff to support users arriving by other means, which meant I needed to stay until they returned. Some of the staff who had previously only worked with older people were not happy supporting learning disabled which was worrying. When there have been problems, most of the support staff have done their very best to help, often in difficult circumstances. There are some excellent people at the centre.

Stories from people and carers who did not move to Community Support Service. At the top of each story is a short description in brackets of where people were before the changes and where they moved to.

Older person with dementia and their carer. (Moved from a Health & Wellbeing Centre to a voluntary sector centre)

“Closure of HWBC was a huge disappointment, it was a marvellous centre with dedicated staff. I really looked forward to going. The cost was £15 from 10-3pm and £7 for a cooked lunch. I was offered a place at the CSS for £88 four times the amount paid at the HWBC. We declined the offer as this was financially unacceptable. Eventually x found a place at a voluntary sector day centre, run by volunteers, on a Thursday. My carer has to drive me there and stay with me when I am there, as there are no trained staff to take responsibility for me. We did feel listened to during the changes, but it made no difference. The council could have provided comparable alternative facilities to the HWBC. We were given one or two suggestions for voluntary groups in the area, but the ball was very much left in my carers court to follow up these. The only positive outcome was acceptance at one voluntary sector centre, run by volunteers. This centre, which provides a very welcoming environment, just about manages despite withdrawal of OCC support, with the tremendous effort of volunteers to keep the centre running. Apart from one day a week at the new centre, and Singing for the Brain twice a month, x sits at home. Getting out gives x some company and occasional entertainment and gets them out of the house. The new centre is only from 10-2pm, whereas the HWBC

was 10-3, giving the carer a slightly longer break, and allowing for more activity...it would be an improvement to have that extra hour.”

Carer perspective

“the closure of HWBC has been a blow. X went there two days a week from 10-3pm which gave me time to relax, meet friends, play tennis, Now has to go to the new centre from 10-2 which means lunch with friends, and tennis is no longer possible, as I wouldn’t get back in time. I now have to accompany x to the centre to attend to any personal care needs, whilst it is quite enjoyable, and I am full of admiration for the splendid volunteers, it doesn’t give me a break from looking after x. The HWBC was such a good centre with excellent staff, it was a shame that it closed”.

Older and carer perspective. (Moved from Health & Wellbeing Centre to Community Support Service, then to local support).

When I went to the HWBC it made my life more interesting, it was a happy jolly place which brought joy to my life. All the people were wonderful, they helped me solve small problems. The changes to daytime support were terrible, I was really upset, it felt like I was losing something special. I did feel my opinions were listened to during the changes. I received support to help change my daytime support and found a new place at CSS...but I hated it, so it was difficult to find something that I liked. Finally, I was offered some support at a residential home, and go there now for meals and can pop in there for specific events going on. I have got to know the staff very well and it makes me happy. Its not easy to find new activities locally as I have difficulty with transport, not much for me to do in my area. Its great on the days I go to the home, I enjoy the food and activities, but I can get bored on days I don’t go. The only thing is its very limited time wise and I would like to stay longer, I can only go for a meal for half an hour and the odd activities, so that’s maybe an hour a week. I would like to be able to have more support, more time and different things to do.’

Carer: “The staff at the HWBC offered lots of emotional and practical support to x. We have had to step in with these tasks, as well as support with personal care. X was very upset with the changes, it wasn’t a good time at all, x got very worried about all the people who used the centre and still thinks about what they are doing.”

Older person dementia - carer perspective. (moved from Health & Wellbeing centre to a voluntary sector centre).

Due to her Alzheimer’s my mother was unable to remember anything was changing. As her carer, I felt very concerned about the changes to daytime support services. During the changes, my mother was unable to express any opinion, but I did not feel my opinions were listened to. We did receive some support to help

with the changes to daytime support, Age UK Oxon phoned and sent a list of alternative voluntary led day centres, but none of the centres I contacted provided transport. Now, my mother feels less secure and more lonely being at home, rather than at the HWBC. As a carer it made me feel that the council did not appreciate the efforts I make to care for my mother at home and cuts like this make it less feasible for me to continue. I now have to make alternative arrangements for things like chiropodist appointments which used to be done at the HWBC this is not easy to fit in with work commitments. She attends a voluntary sector day centre, which provides good support on the days it is open...but the hours open are not long enough, and we have to do the transport. Losing days at the HWBC had a detrimental effect. I know she is more lonely at home, and she is less likely to eat when on her own. I feel less supported as someone who tries to combine work with the care of my mother and feel if the council cuts services in this way it makes it harder to continue care at home and more likely that residential care will be needed. This will cost the council more in the long run. It increased my stress levels and I now need to use more of my limited non-work time to take my mother to appointments. I have temporarily reduced my hours so I can be with my mother, and of course this has a financial impact.

Older person with dementia and carer. (Moved from
Dementia centre to a voluntary sector centre).

Daytime support gets x out of the house, provides stimulation and things to do...enjoys meeting people and musical activities and games. X badly missed all the things provided for at the day centre, and it was well over a year before we found another suitable day centre. We did not feel listened to during the changes, although we did understand the information about what changes would mean and did get support to find new activities. Age UK Oxon and others told us what day centres might have room, but these were unsuitable...the problem was not solved, as we need a local day centre. It was a difficult time, as we felt left on our own to try and find a local day centre...had to rely on personal contacts to discover what was going on in the area. Very long wait before something turned up...as a new day centre opened up locally in the end. The council made no provision for dementia day centre in changes after the centre closed...and x had to stay at home. The new centre is good but not as local to me as the former day centre, and I have to drive... but it has good leadership, a variety of activities and lunch provided. As a carer, I very much missed one day per week break to have freedom and relaxation. It also increased my stress levels always being concerned not to leave x alone too long (has dementia). Always on the look out and waiting from something like the new day centre to start where I live.

Person and carer. (Moved from a Health & Wellbeing
centre to one activity).

Daytime support made me happy to be with likeminded people, and I enjoyed my days at the centre. It makes life easier I had a cooked meal, so didn't need to cook those days. I enjoyed the craft activities. The changes were terrible, there was a lack of communication letting me know what was happening, apart from snippets of information which I could not rely on. I was upset and confused and this had a great impact on my life at home and the day centre. The new costs were very expensive, charging for meals, morning/ afternoon sessions and the transport was going to make it very expensive for me. We did not feel our opinions were listened to, and did not understand the information about what changes would mean for us. We did get some support, information verbally and some paperwork from AGE UK Oxon person who visited the day centre, this gave me other choices of things to do during the day. The information was interesting and informative so I could choose new groups and activities rather than going to the day centre. Without information pack from Age UK and family helping me to find new activities I would be very lost. I was very confused when I had my interview about the new pricing and could not understand why I could not go any more. It was difficult having a change of routine, and not being able to see friends I had made. I felt sad and lonely as if no-one apart from my family cared about me. The process to reapply to the day centre was confusing and to me complicated. OCC should have been more open and communicative about the changes from the start. I have now joined a knitting group which meets once a month, I do more crafts at home on my own. I go to Bingo locally. I no longer go to a daytime support service.

Carer: This was a very worrying and stressful time for me as a carer. X was very tearful and upset and could not understand what was happening and why. I tried to find out, but to no avail as no one seemed to know what was happening. X became quite ill and depressed. The prices were very high for the new ...after a while we decided to leave the centre and try and join some different activities. At the present this has been one new activity.

Older person with dementia and carer

Daytime support when it was more local, made a huge difference to my life, it was my social life.

The changes were terrible, it has made my life so much more isolated. We did feel our opinions were listened to during the changes, and did understand the information. We had support to help change the daytime support and find new activities...local support was taken away. They listened and I understood... but they can't offer something that is not there. I now have to rely on my daughter to transport me to a voluntary sector group, which means I can only go one day a week instead of 3, as its too far. It's not easy to find new activities in my local community.... everything on offer is only for about 2 hours and involves someone coming with me. If I had more local support provided, or transport things would be better.... I would be able to go more frequently.

Carer: When x went to the centre it gave real peace of mind knowing x as having a happy day with friends in a safe environment, and being fed and watered. Caring part time for x is affecting my income, future job opportunities and my pension for the future.

Older person and carer. (Moved from a health and wellbeing centre to a voluntary sector centre).

My daytime support stopped when HWBC closed. This made me feel lonely as I missed the company and the fact that I had something to look forward to twice a week. It also meant a hot meal was provided twice a week. After a considerable amount of time, I found out myself about a new centre (voluntary sector) and contacted them. Initially they had no vacancies but luckily did find me a place. I go once a week and enjoy it, and I look forward to the company. The changes to daytime support were bad, as it meant I had nothing to look forward to. I missed the company of the friends I had made; the staff were also very helpful and kind. I am not sure I felt my opinions were listened to during the changes, but I did understand information about what the changes would mean. I received '50:50' support to help me change my daytime support and find new activities. I had a meeting to explain HWBC was closing, I was told there was nothing else available for my needs...there was no alternative available...I had to source my own day centre. Before I found the new centre, I stayed in with just contact from my family, sometimes a visit, sometimes a telephone call. I had no interaction or stimulation with anyone of my own age. At least I go out once a week now - I enjoy the company and I get a meal provided.

Carer: when there was talk of the HWBC closing x was upset and it was on their mind constantly. I felt upset that x was missing friends...when x went out twice a week it meant I didn't go and visit as I knew x had the company. When it did close x was upset and difficult to motivate. I normally go every day to see x so it meant I could go out or do my work knowing x was ok. We would talk on the phone and x would have lots to talk about. This made such a difference to us all.

Appendix 5

Review of Oxfordshire adult daytime support - brief overview.

From March 2016 Oxfordshire County Council embarked on a review of daytime support for people over 18 in Oxfordshire. This review looked at understanding the needs of vulnerable people for daytime support, core support needed to meet eligible care needs and ways to prevent care needs escalating- ensuring sustainability into the future.

This work was set against the backdrop of a challenging financial context and the need for savings of £69m across the council by 2020. This included a need to identify £1m savings in daytime support following the county council joint budget in February 2016, and the need to continue to provide statutory services to the most vulnerable groups (Oxfordshire County Council 2017).

The work was underpinned by the vision of Oxfordshire County Council's core strategy. Now encapsulated in the Corporate Plan (Thriving Communities for Everyone in Oxfordshire 2018-21) this recognises the value of community- based support, and its role in offering choice and independence.

The review was also set against a backdrop of national policy and legislation, including underlying principles outlined in a range of documents such as the Care Act 2014, NHS Five Year Forward View, and NHS Transforming Care Programme.

It also looked at examples of good practice and wider evidence including ways of supporting choice, independence, and ways to improve wellbeing, reducing loneliness and isolation as well as ways to prevent escalation of needs (Oxfordshire County Council 2016, New Economics Foundation 2008).

Engagement Process

Oxfordshire County Council's Engagement Team undertook an engagement process (**May-June 2016**) with service users, carers, a range of community groups and interested parties, listening to views of over 600 people. The aim was to find out about what daytime support means to people, what they need from this support and to inform ideas about future provision. They did this through workshops, and focus groups set at venues across the county (See Oxfordshire County Council 2016).

From information gathered, key themes arose about what people valued in daytime support- this included the social value of daytime support, and ability to take part in meaningful activities. For older people, value was given to reducing isolation and loneliness, and for adults with learning disabilities, learning new skills, getting a job and being independent was important. Carers valued daytime support for valuable respite, and support to continue caring (for full report see Oxfordshire County Council 2016)

Further work was carried out by the county council with a working group of 18 service users and carers to help shape the future of daytime support. This took

into account information from the engagement, and enabled deeper discussion issues such as transport, mixed provision, and focus of activities in more depth.

Oxfordshire County Council overarching aims for daytime support. (OCC 2016).

- Our aim is a **‘thriving Oxfordshire’**, in which people have choice and control over their lives, are able to live as independently as possible as part of the broader Oxfordshire community, and are healthy and safe. In the context of our reducing resources, we need to ensure that every pound we spend is used efficiently and effectively, to enable people to meet their needs for daytime support. We will focus our resources on supporting people with the highest levels of need, providing opportunities for people to increase their own independence, and enabling individuals and communities to support each other.
- We want to enable everyone to **live well in their communities**, accessing facilities, resources and opportunities available locally. We aim to promote wellbeing and reduce loneliness and social isolation, by supporting individuals and communities to support each other. We want to encourage community initiatives to flourish which enable people to: connect with those around them, be physically active, take notice of feelings and surroundings, keep learning and help others.
- We want to offer support which enables people to **live as independently as possible**, building on their skills, resources and abilities, rather than focusing on what they can’t do. We want to ensure people are aware of the full range of opportunities to promote their independence and prevent their needs from escalating, through access to good information and advice and resources. As well as promoting people’s wellbeing, this support can prevent people’s needs from escalating. This means ensuring there are opportunities and support available for vulnerable people to connect with others, sustain and make friendships. It also means supporting as many people with disabilities as possible to work or volunteer and enabling those who are not working to take part in meaningful activities which promote their wellbeing and independence.
- We will ensure that **everyone with assessed eligible needs is able to access the care and support they need** to live well in their communities and has choice and control over how this works for them. We want to ensure there is a range of good-quality, flexible and responsive support options for people to choose from, which can meet a variety of needs and aspirations. We want to enable people to move between levels of support, building on their individual strengths and capacity so that they can live as independently as possible. We also want to ensure that carers are able to have a break from caring, with peace of mind that the person they care for is being well looked after. This support is crucial for many carers, enabling them to continue in their caring role.



Oxfordshire County Council Pyramid model of daytime support (Source OCC 2016)

Consultation on new models for daytime services

From this engagement process, the overarching aims and new models of daytime support (above) were proposed and put out to consultation by Oxfordshire County Council (The Campaign Company Report 2016).

Proposals included

- establishment of a new **Community Support Service** that would replace Health and Wellbeing Centres and Learning Disability Support Services (22 building based services). It would be available to everyone based on need, providing mixed settings, bringing together older people, people with learning disabilities, dementia and physical disabilities to gain the right support. Transport would be provided
- **Two options** for this Community Support Service model were put forward: a centre-based model delivered from eight buildings (**Option A**), and a mixed option, with a more dispersed community-based model of support (**Option B**).
- Wider focus was placed on '**supporting for living well in the community**', enabling provision of daytime support and activity within the community, through local groups and voluntary sector provision ('Tier 2'). County council funding to 47 services was to be replaced with grant pots through a newly established **Sustainability and Transition Funds**. Capacity building and fundraising support was to be given to existing groups to support a transition to more self-sustaining model.
- Other themes included to continue with '**open access tailored support**' for vulnerable people (Dementia Support and Wellbeing and Employment

Service), and continuing to provide choice for people with eligible needs through **personal budgets**.

Over 1000 people responded to consultation on the new daytime service proposals (See comments in TCC report 2016). The Campaign Company (TCC) was commissioned to provide an independent analysis and report.

Taking all the factors into consideration, **Option A-** to provide centre based option for the delivery of the Community Support Service- was seen as the best option.

Particular concerns were expressed about the impact of changes on:

- Accessibility, cost and transport to services within the community and new Community Support Service
- Impact of funding cuts to local support services on availability, quality, health and wellbeing
- Over reliance on volunteers within community settings
- New model of mixed-use settings at Community Support Service sites - combining service users with different needs, including older people and those with a learning disability
- Carers ability to continue work

Reservations about the different aspects of the proposals put forward during the consultation were noted, and some changes made in particular around increasing support and capacity building to the voluntary sector during the transition.

Adoption of the new model

The final new model for daytime support was presented to Cabinet in January 2017, and subsequently endorsed at full council in **February 2017**. This paper outlined decisions for:

- acceptance of Option A for delivery of Community Support Services
- new charging policy for the service
- Support to the voluntary sector. Establishment of the Sustainability and Innovation Fund, and a further Transition Fund agreed of £550,000 for the first two years. OCVA to support community-based groups to make the change to more self-sustaining models of funding.
- Outlining the transition process and the support service users would receive during this time, including support from a Transition Team, with Community Information Network (Age UK Oxfordshire) providing support with information and signposting for those needing to access community-based support

Implementation of change

On adoption of the new model for day services, roll out of the new model took place between **April and October 2017**, with new Community Support Services opening on October 1st 2017.

Eligibility review and signposting

Approximately 2,500 clients were affected by the Day Service Review. These included service users at eight Health and Wellbeing Centres and 14 learning disability centres. These centres were closed, with establishment of the eight new Community Support Services. Funding for 47 voluntary sector independent providers of day care ceased at the end of August 2017 and were encouraged to move onto Transition Funding to enable adaptation to the changes, with support from OCVA.

- Everyone offered an assessment by a dedicated team of county council staff to determine whether they had eligible needs for support. Those eligible for support were given choice to attend Community Support Service or other daytime support.
- Those people who had been attending Health and Wellbeing Centres and other affected services but were assessed as not having eligible care needs were given bespoke support from the Community Information Network. This would assist people to find alternative daytime support and activities in the community, with advice and tailored support.

Each individual took a different pathway through the changes, depending on assessed need, eligibility and choice. For some service users, and their carers changes were huge and generated a lot of anxiety. They meant change of routine, move to a new centre, new staff, change of transport arrangements, and in some cases loss of funded place.

Provision of daytime support prior to restructure

2016 Daytime Support for adults in Oxfordshire prior to restructure
8 Health and Wellbeing Centres (county council provided) -offering services to older people. 499 used this service, 37% of whom received long term support for assessed eligible needs.
14 Learning Disability Daytime Support Services (county council provided) for adults with a learning disability. 341 people used this service 100% of whom received long term support for assessed eligible needs.
-Tier 2 Services for older people including day services run by independent and voluntary sector, and some specialist targeted services e.g. dementia, and groups for specific sector of the population e.g. Chinese community. Approximately 1000 people used this service, with at the time an estimated 5% with assessed eligible needs. 47 of these groups received funding from the county council. It recognised the already thriving community based and volunteer run daytime support activities already taking place in the county, from coffee mornings to lunch clubs, dance sessions etc.
Other support: including Community Information Network, Dementia Support Service, OxForward wellbeing and employment service, externally provided learning disability support services, and 1445 people at the time using Direct Payments to choose daytime support.
Reference: For full review documentation including policy background, approach and rationale see: Oxfordshire County Council Review of Daytime Support 2016.

Provision of daytime support after restructure

2017 October new model of daytime support
Eight dedicated Community Support Services across the county (Banbury, Bicester, Witney, Oxford, Didcot, Wallingford, Wantage, Abingdon). These replace Health and Wellbeing Centres and Learning Disability Daytime support. They provide multi-functional support for older adults, disabled adults, those with dementia and adults with learning disability. Transport is provided as part of the service.
Support for living well in the community live through information and advice, bookable transport and community sector support. Replacing annual funding for 47 community daytime support services of £992,000 a year, with grant pots of £250,000 for a Sustainability Fund and a further £100,000 to establish self sustaining projects via one off grants via Innovation Fund . Support to be given to community organisations to become self-sustaining, and to stimulate new initiatives (capacity building provided by OCVA).
Personal budgets for everyone with eligible needs- to enable choice of service between county council services, voluntary and private sector
Open access tailored support for more vulnerable people - free at point of delivery and delivered through Dementia Support Service, and Wellbeing and employment Service.
Reference: Review of Daytime Support. OCC Cabinet paper. 24 January 2017.

Useful links

Age UK Oxfordshire <https://www.ageuk.org.uk/oxfordshire/>

Community Information Network Directory
www.communitynetworkdirectory.org.uk

Dementia Oxfordshire www.dementiaoxfordshire.org.uk/

Oxfordshire County Council Daytime Support
<https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/daytime-support>

Directory of Community Transport schemes. Community First Oxfordshire.
www.communityfirstoxon.org/health-transport-ageing/transport

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