

Social Support for Older People in East Dunbartonshire – Appendices

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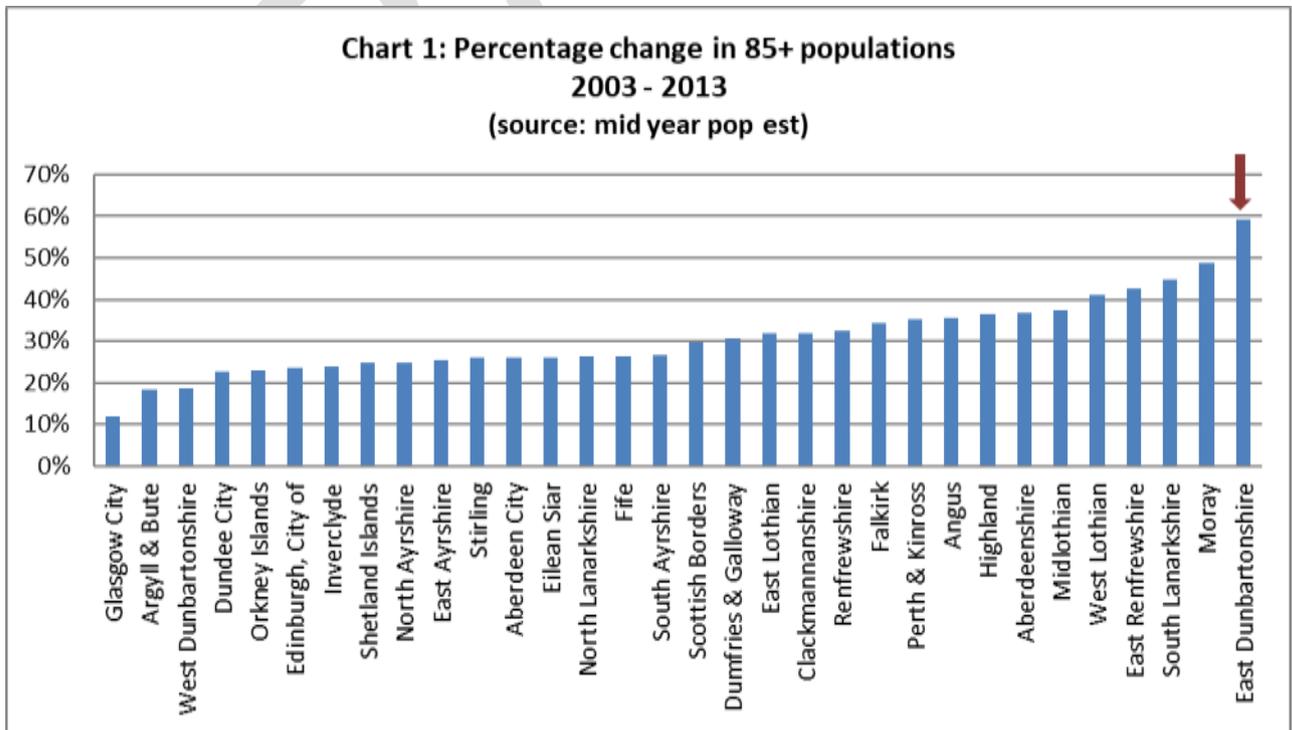
Appendix 1: Strategic Needs Analysis

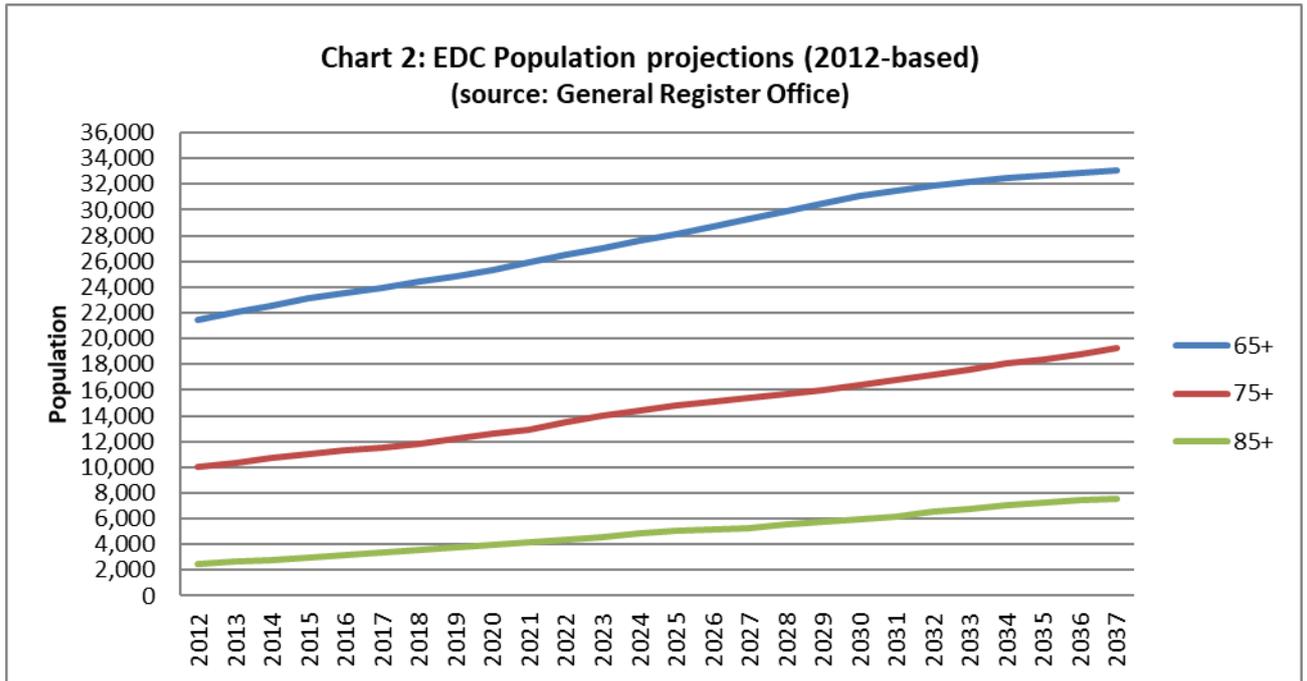
1.1 Local Demographics

East Dunbartonshire has witnessed the fastest growing increase in people aged 85 years + (59%) of any local authority area in Scotland over the last ten years.

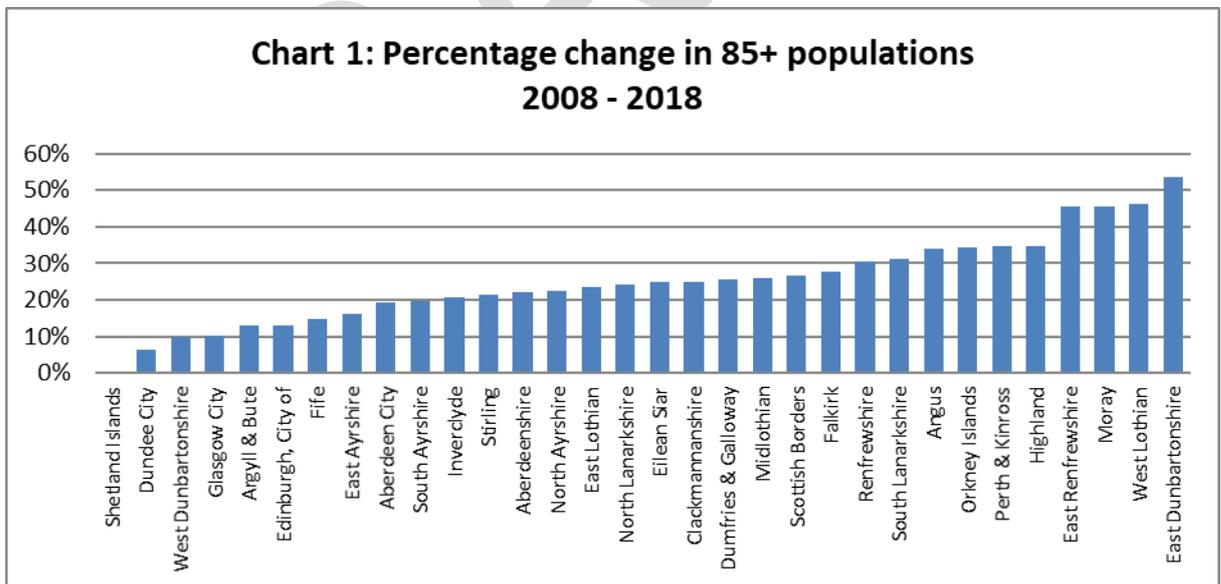
Future projections demonstrate that this growth in older people in our community will accelerate over the next ten years by a further 74%, compared to a Scottish average of 46%.

Looking even further ahead, the population of people 85 years + in East Dunbartonshire is expected to treble over the next 25 years (source: GRO population projections).

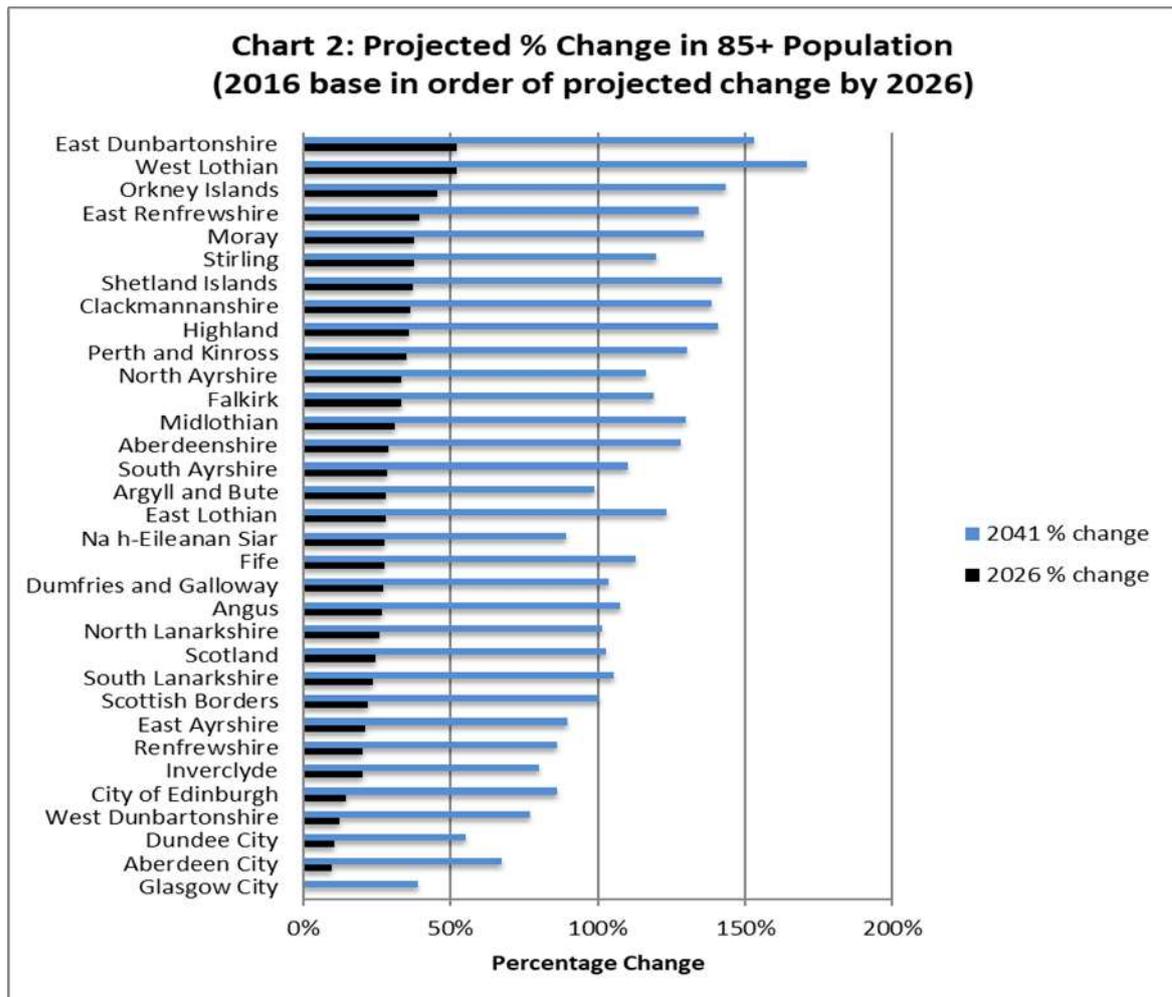




The chart below shows the change in the 85 years + population for East Dunbartonshire over the past 10 years, compared to all other HSCP areas in Scotland. In common with the demographic statistics produced in 2014, this demonstrates that East Dunbartonshire has continued to experience the largest increase in this population (by 54%).



The next chart demonstrates that in the 10 years from 2016-2026, the East Dunbartonshire 85 years + population is projected to continue to rise faster than any other HSCP area (by 52%). Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian.



Looking ahead to the next 10 years, further increases are predicted to mirror the increases over the last 10 years, resulting in a doubling of demand over the total period. It is important to stress that this only takes account of service users over age 85 years; almost as many service users receive services between the ages of 75 years and 85 years, as receive services beyond the age of 85 years.

Key factors to consider regarding the demographics contributing to the increase in the number of older people in East Dunbartonshire:

- Longer life expectancy resulting not only in more older people, but an increasing prevalence of people surviving beyond age 85 years, with correspondingly higher prevalence of limiting illnesses;
- With increased age comes increased complexity of care needs and associated costs;
- The majority of health and social care services are delivered to those aged 75 years +. In 2012-13, 68% of home care customers were aged over 75 years, with most of these aged over 85 years;
- Most of these statistics in this section relate to the 85 years + population, due to the intensive nature of the care often provided from this age

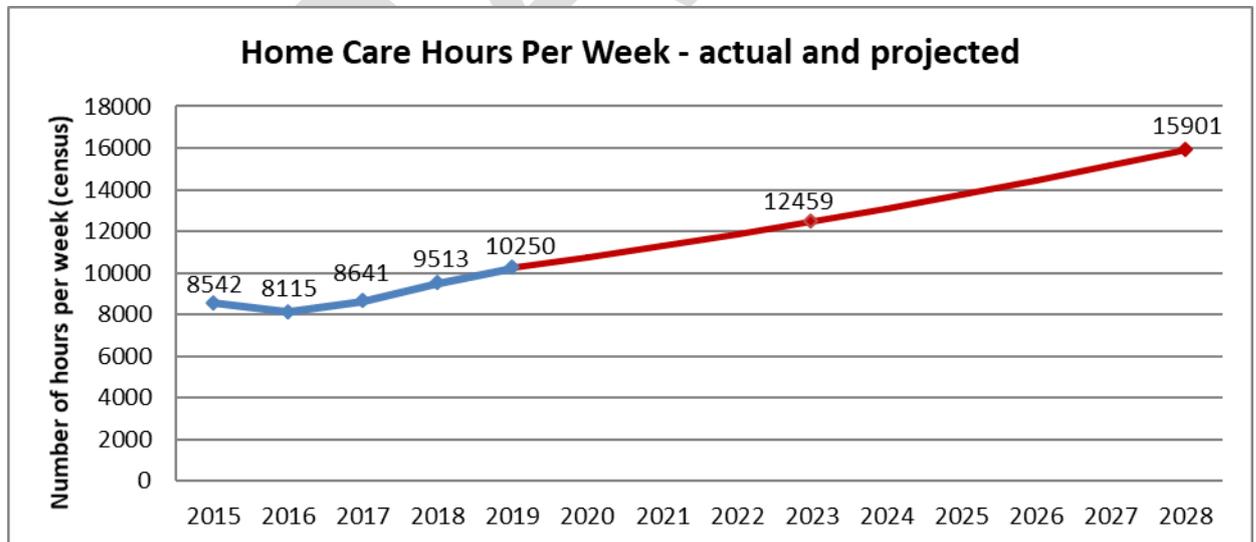
upwards. However, it is important to note that almost as many service users receive services between the ages of 75 years and 85 years as receive services beyond the age of 85 years;

- Community Care policy promotes community-based care, which in the main means care at home, or in a homely place in the community (including care homes). Day Centres or places to provide support in a safe and secure environment are considered an important aspect in supporting individuals to remain in the community.

East Dunbartonshire has felt the impact of these increasing numbers of older people and the associated pressures, perhaps more acutely than other areas in Scotland, and this trend is expected to accelerate.

1.2 Demographics v Service Demand

During 2015 – 2019, the number of customers receiving home care aged 65+ increased by 26%. Looking ahead to the next ten years, with continued increases in older people and most particularly the 85+ population expected to rise at a rate higher than any other Scottish local authority area, it is projected that East Dunbartonshire will experience a continued 5% year-on-year increase in home care demand. This has a direct correlation with referrals for formal day care or day opportunities support. Current eligibility for attending day care is that customers are in receipt of support of a personal care nature either from home care services or family.



Between 2003 and 2013, East Dunbartonshire experienced the fastest growing increase in people aged 85+ of any local authority in Scotland (from 1,672 to 2,660: an increase of 59%), with steepening future projections

(East Dunbartonshire HSCP: Demand Older People, 2019)

The majority of social care services were delivered to people aged over 75 years; around 70% of home care customers were over 75 years, with the majority of these customers aged 85 years +.

- With approximately 40% of people 85 years+ in receipt of at least one social care service in the community in 2014 (including the meals on wheels service), based on population projections at that time it was estimated that population changes would equate to up to 81 additional service users per year age 85 years+.
- The predicted rise in the population of people aged 85 years + in East Dunbartonshire has come to pass, with consequential pressure on services and resources. In the period 2008-2018, East Dunbartonshire has continued to experience the largest national increase in the 85 years + population from 2,086 in 2008 to 3203 in 2018.
- From 2016-2026, the 85 years + population is projected to continue to rise faster than any other HSCP area by 52% to 4,567. Looking ahead to 2041, the 85 years + population will continue to rise faster than all HSCP areas to 7,582 (an increase of 153% from 2016), with the exception of West Lothian (p20).
- Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland.
(<https://www.scotpho.org.uk/comparative-health/burden-of-disease/sbod-local-2016/>);
- Care at home demand (hours of service) has increased by 5% per year between 2015 and 2019, exactly in line with the increase in 85 years + population. Of 1,335 home care customers per week over the age of 65 years, 639 are aged over 85 years (48%), constituting 20% of our 85 years + population.
- With the direct relationship between demographic changes and cost pressures demonstrated in these areas, it can be reasonably anticipated that we will see continued 5% year-on-year increases in demand, reflecting population projections for the 85 years + age-group.
- These pressures are found to be exceptionally the case in East Dunbartonshire, which has experienced the steepest increases in the 85 years + population in the country over the past 10 years and will continue to be the steepest over the next 10 years. The analyses indicate therefore that the demand and cost challenges are going to continue to increase exponentially over the next 10 years and beyond.

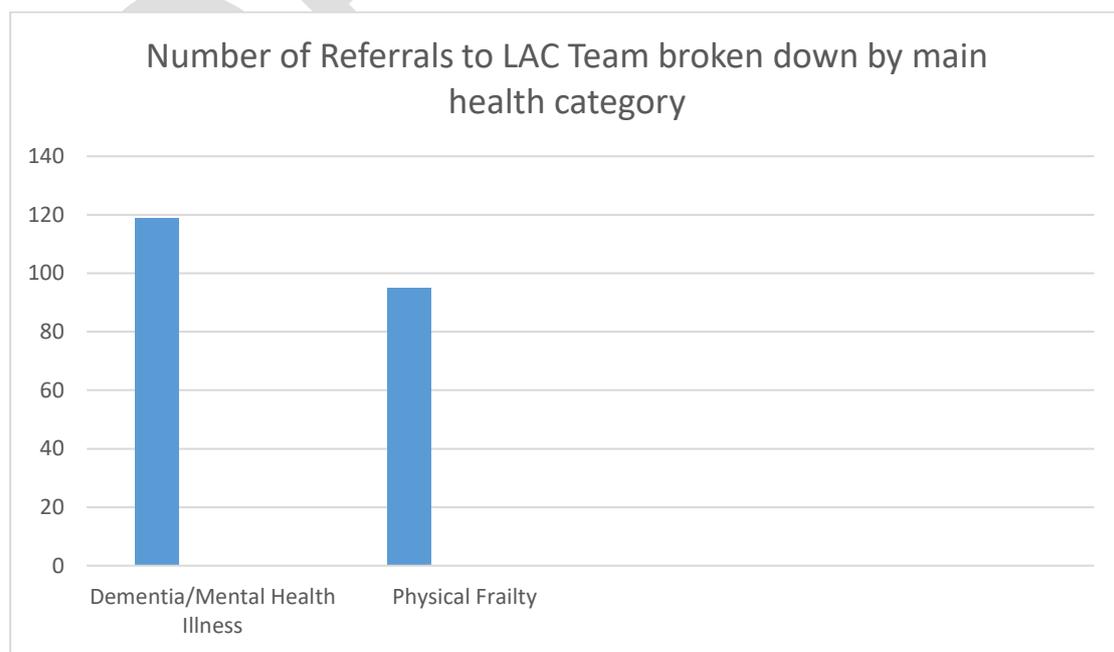
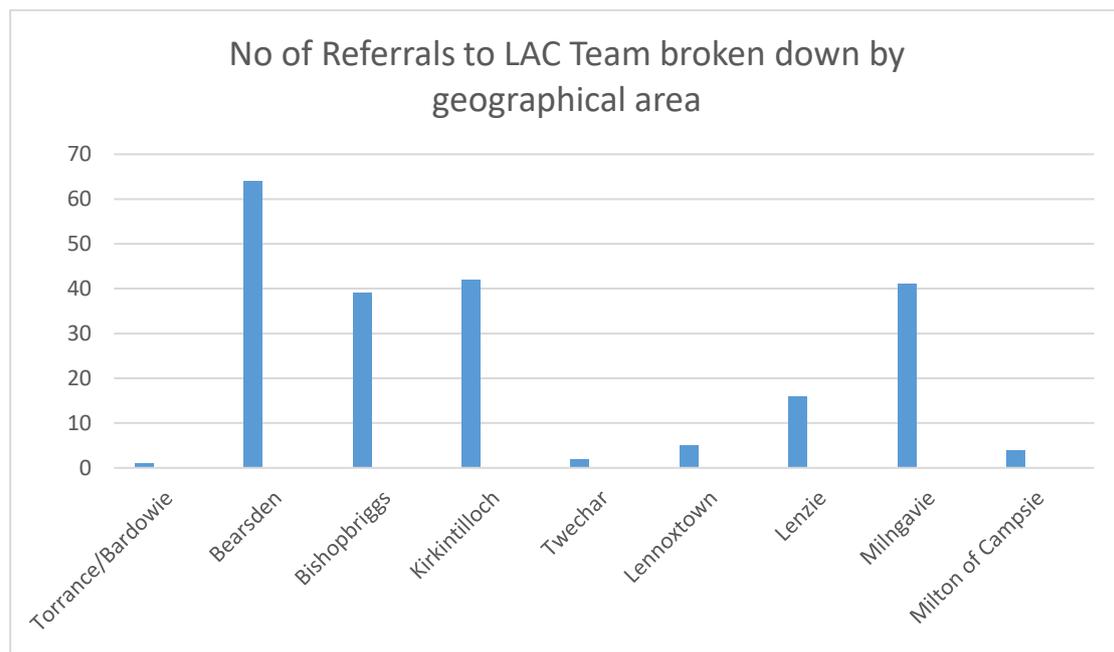
(East Dunbartonshire HSCP: Older People Demand Supplementary Report 2019)

1.3 Overview of Referrals and Provision

The statistical data for each type of formal social support is correct as 31st March 2022.

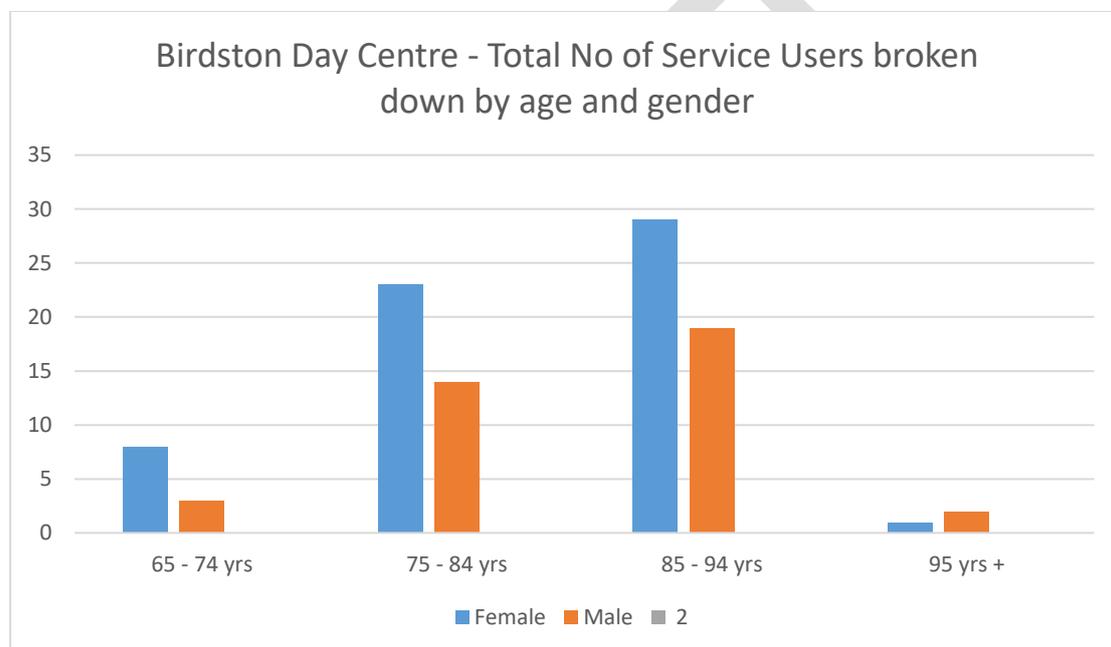
Local Area Co-ordination for Older People:

The Local Area Co-ordination (LAC) Team for Older People has received 214 referrals during the period of 1st April 2021 to 31st March 2022. The majority of customer referrals received during that period resided in Bearsden and Kirkintilloch and had a main health diagnosis of Dementia/Alzheimer's.

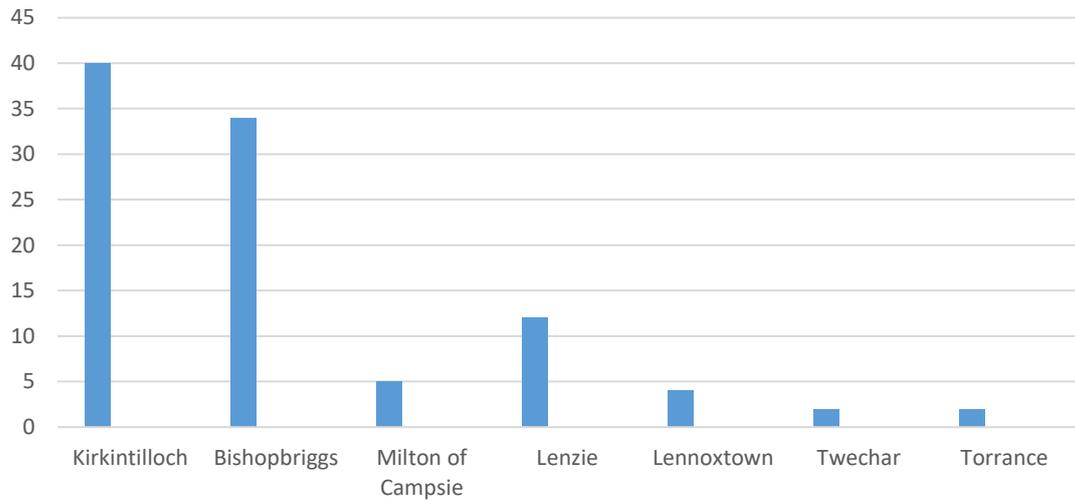


Birdston Day Centre:

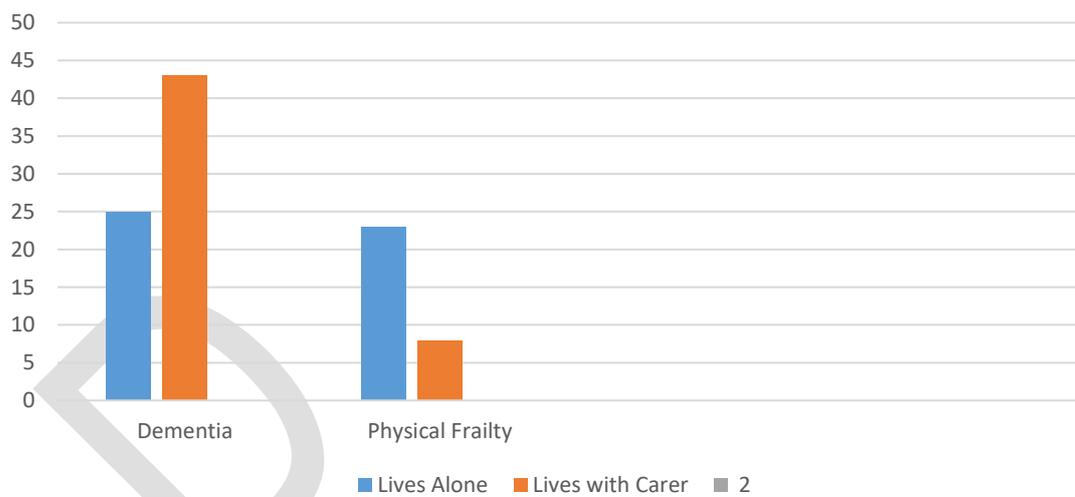
As at 31st March 2022 there are 99 service users attending Birdston Day Centre, mostly falling into the 85 – 94 years old category. Of those attending the majority are female, living in Kirkintilloch, and suffering from Dementia/Alzheimer’s. Most of those attending the Centre live with an unpaid carer. All those attending the Centre have been assessed as meeting the HSCP’s Eligibility Criteria.

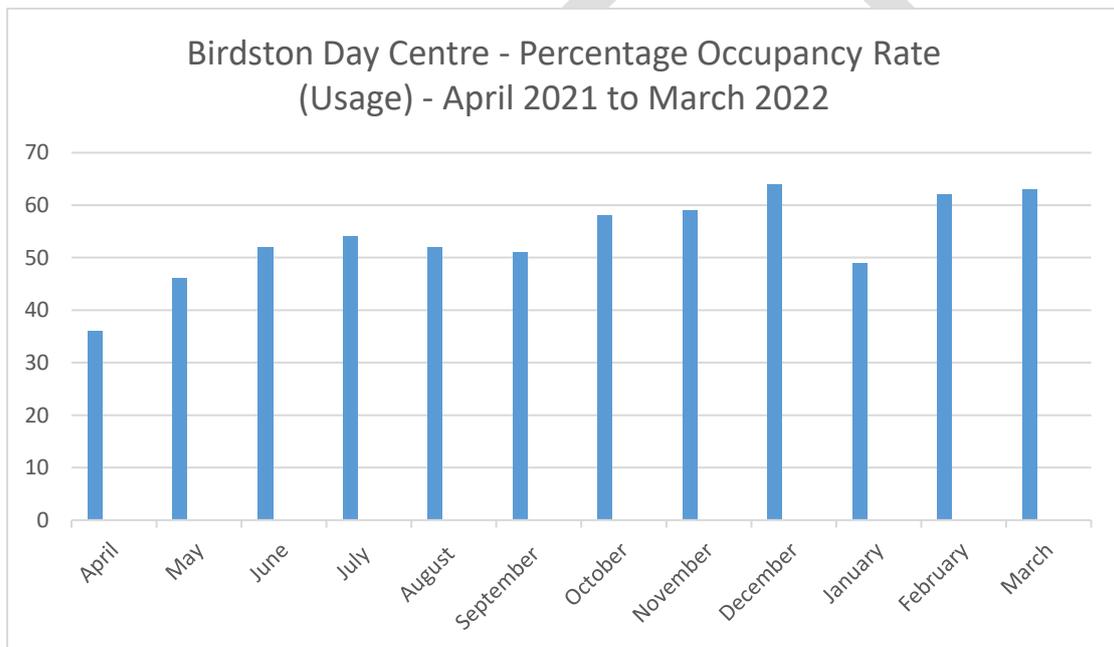
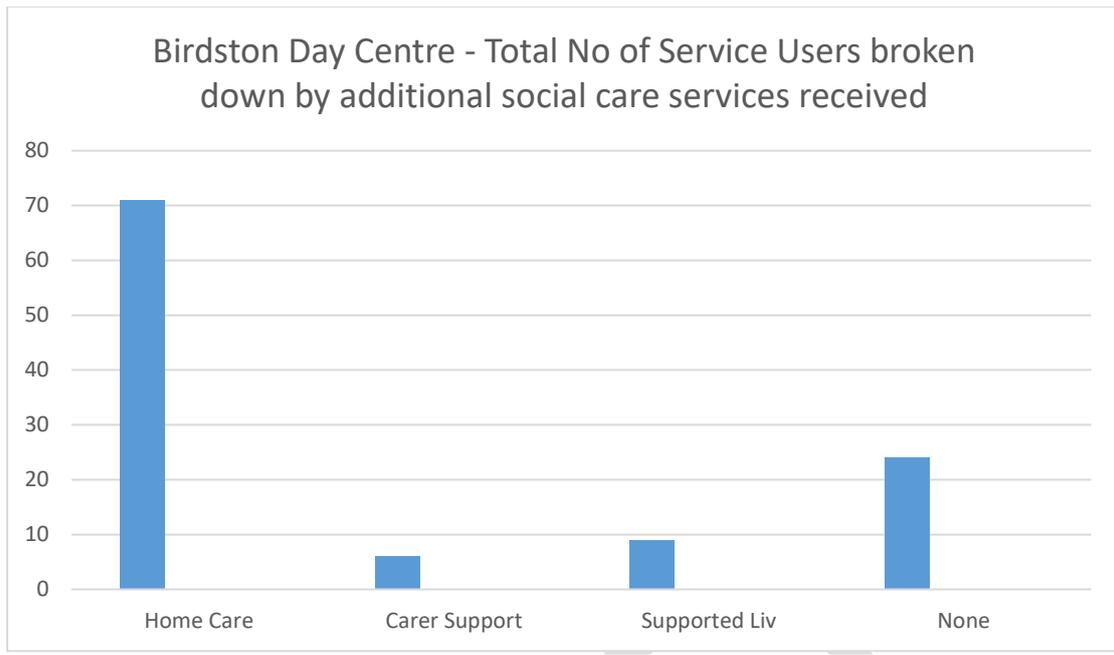


Birdston Day Centre - Total No of Service Users broken down by East locality geographical area



Birdston Day Centre - Total No of Service Users broken down by main health category and living composition

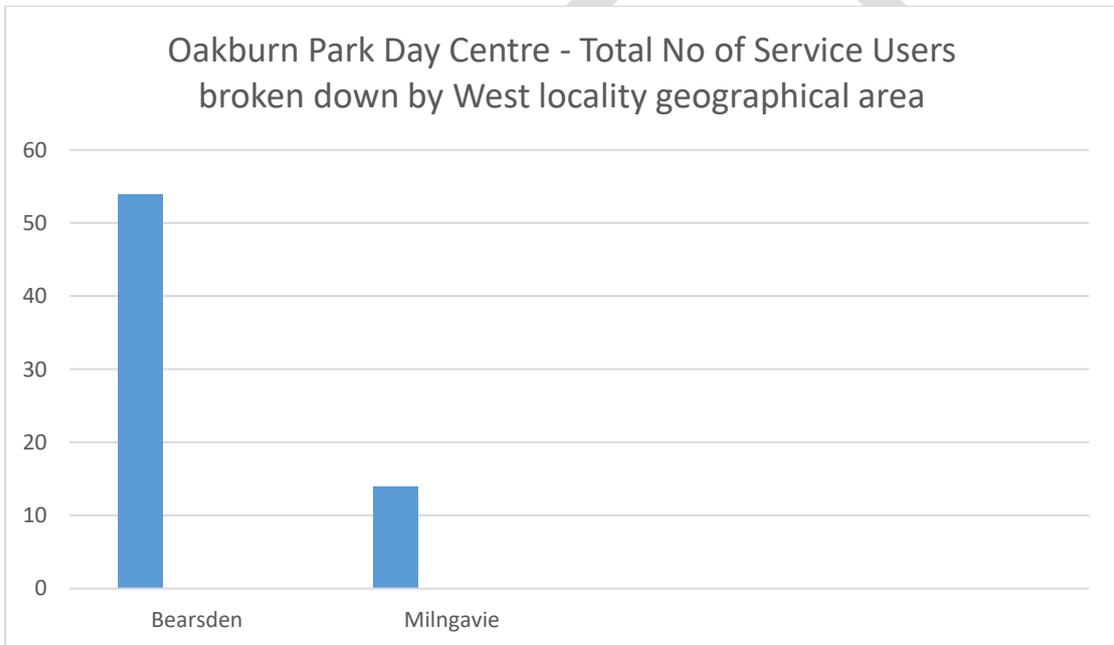
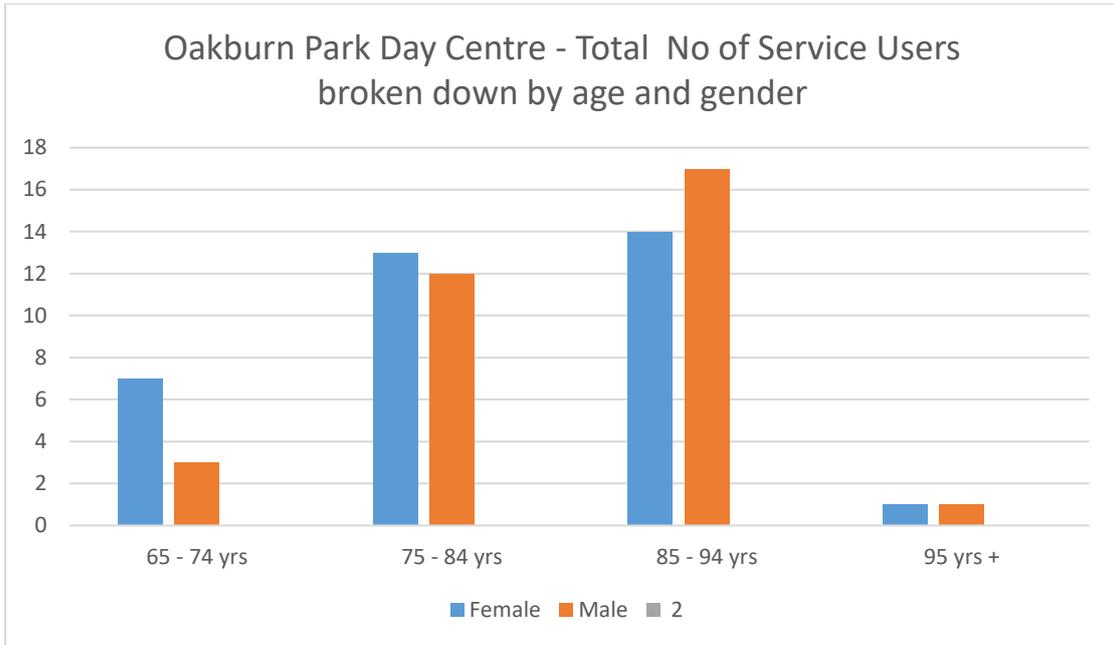




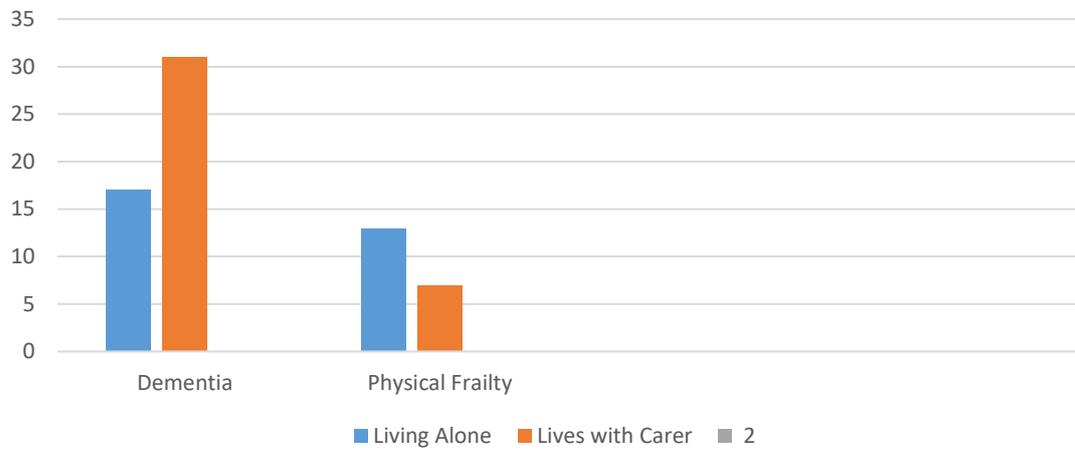
N.B: Reduced number of attendees due to social distancing requirements

Oakburn Park Day Centre:

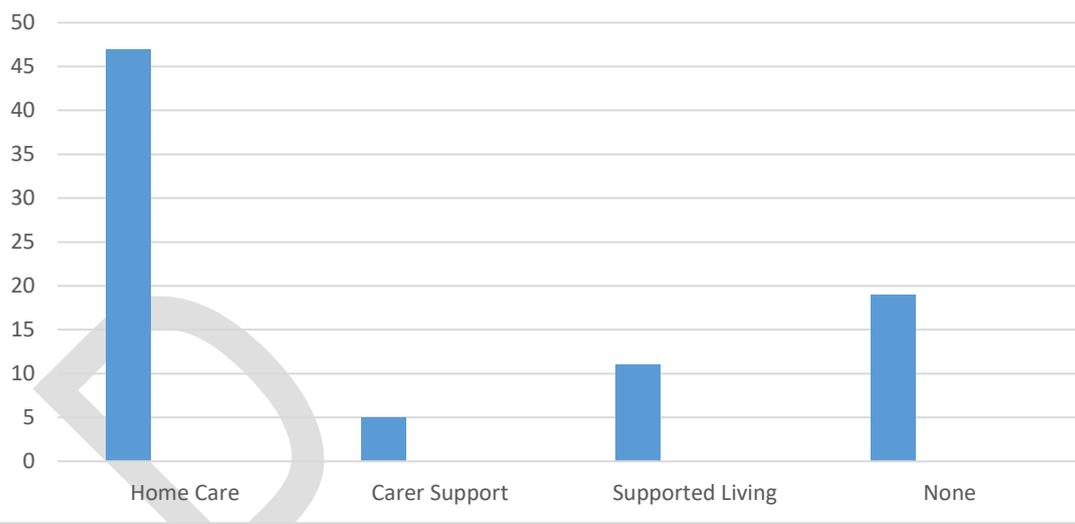
As at 31st March 2022 there are 68 service users attending Oakburn Park Day Centre, mostly falling into the 85 – 94 years old category. Of those attending there was an even split between the numbers of males and females, however most service users lived in the Bearsden area, suffered with Dementia/Alzheimer's and lived with an unpaid carer. All those individuals attending the Centre have been assessed as meeting the HSCP's Eligibility Criteria.

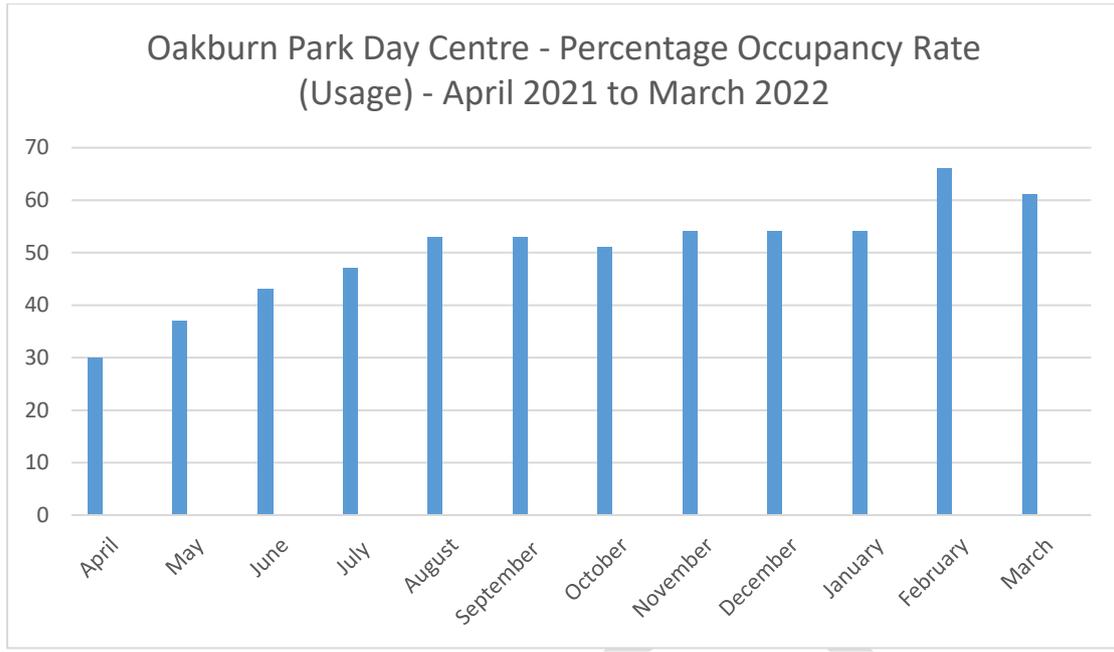


Oakburn Park Day Centre - Total No of Service Users broken down by main health category and living composition



Oakburn Park Day Centre - Total No of Service Users broken down by additional social care services received

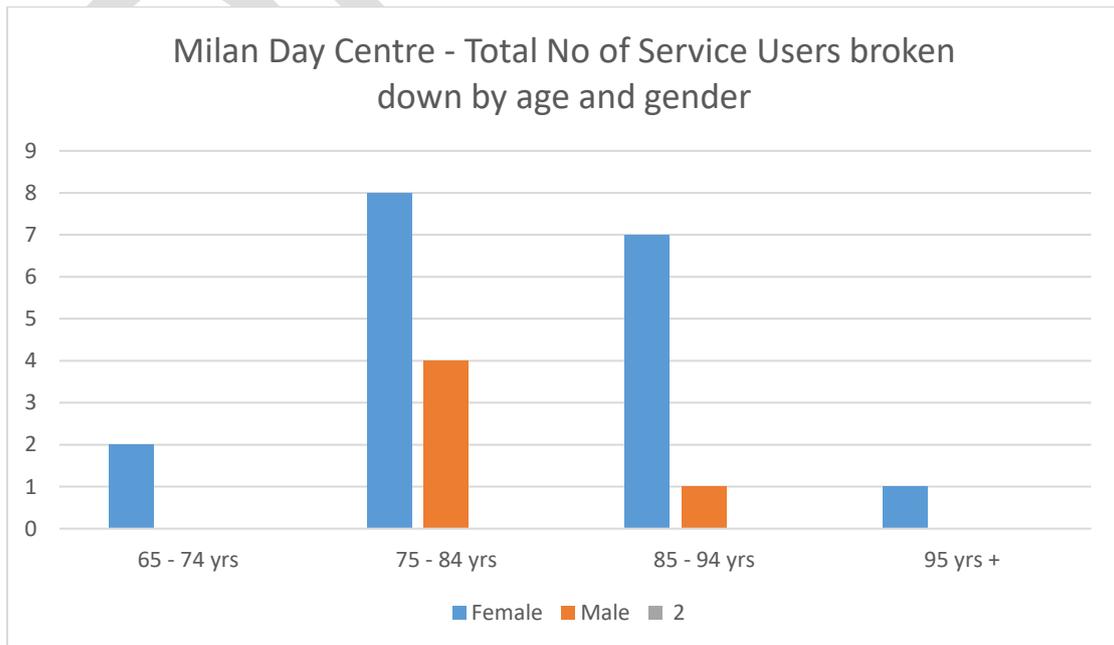




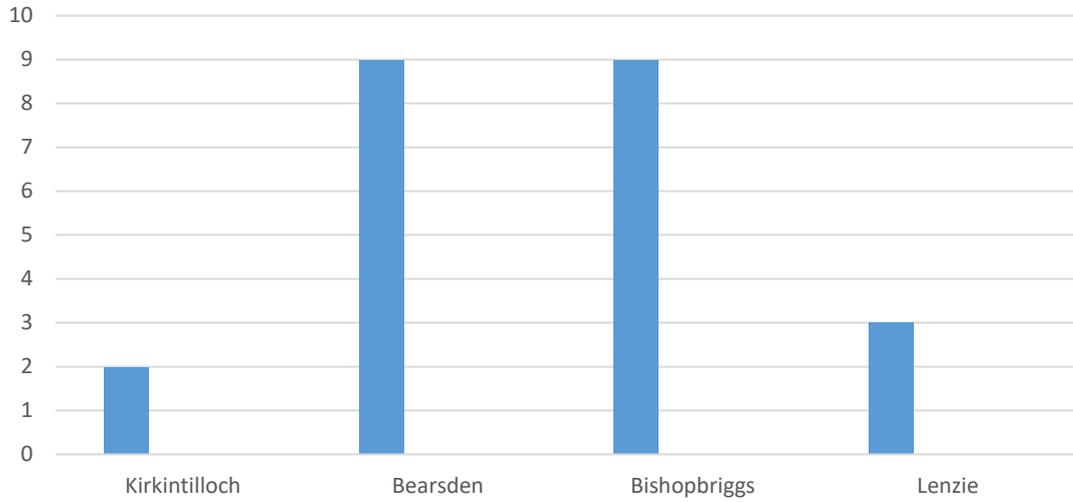
N.B: Reduced number of attendees due to social distancing requirements

Milan Day Centre:

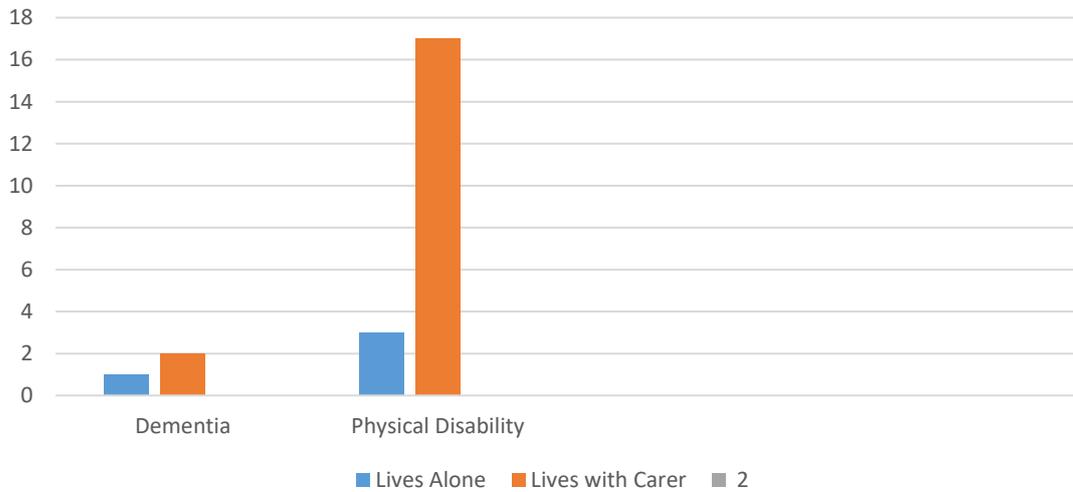
As at 31st March 2022 there are 23 service users from the Black, Asian, Minority Ethnic (BAME) community attending Milan Day Centre. The majority of those attending fell into the 75 – 84 years old category, however, unlike Birdston and Oakburn Day Centres, the majority of the attendees suffered from physical frailty. The majority of those attending were female, lived with unpaid carers and lived in the Bearsden and Bishopbriggs areas of East Dunbartonshire. All those attending the Centre have been assessed as meeting the HSCP’s Eligibility Criteria.

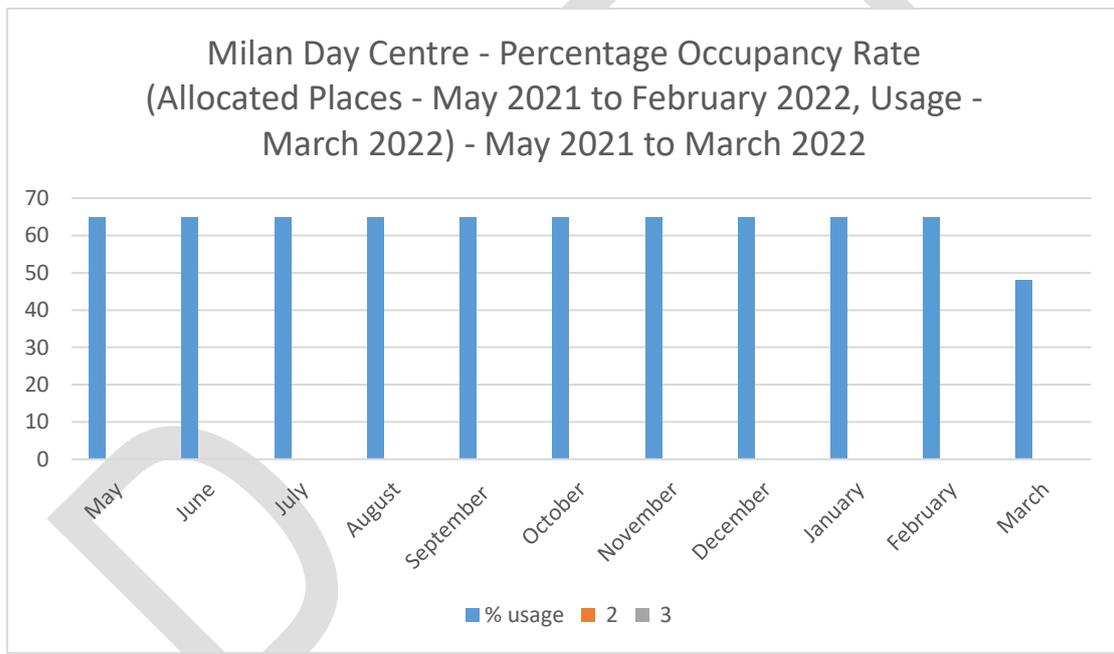
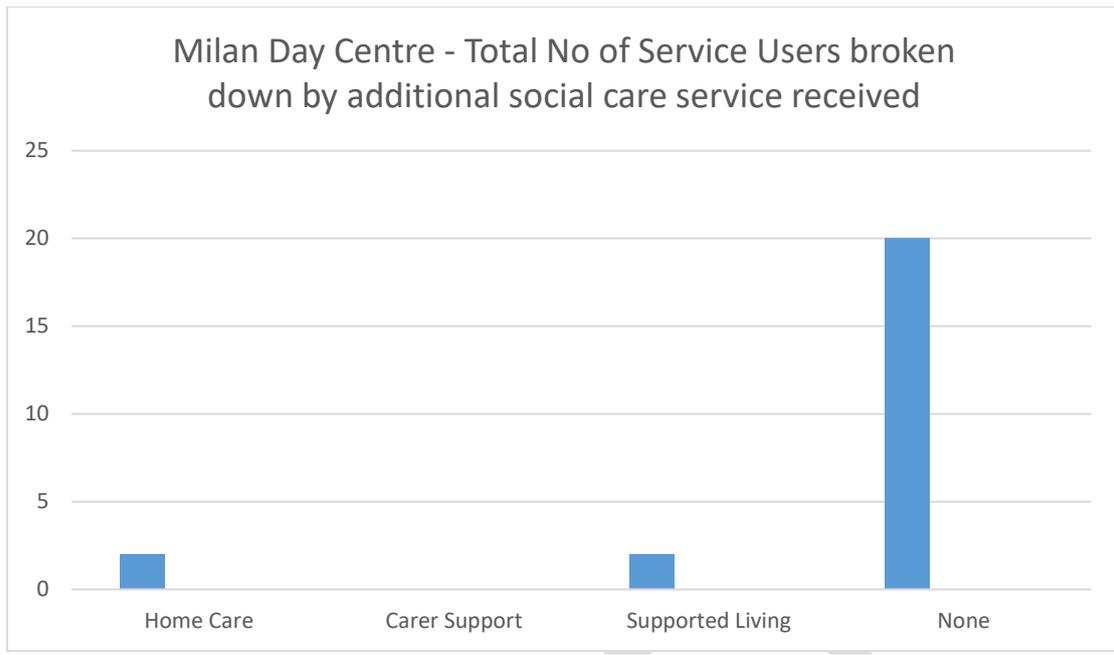


Milan Day Centre - Total No of Service Users broken down by geographical location



Milan Day Centre - Total No of Service Users broken down by main health category and living composition





N.B: Reduced number of attendees due to social distancing breakdown

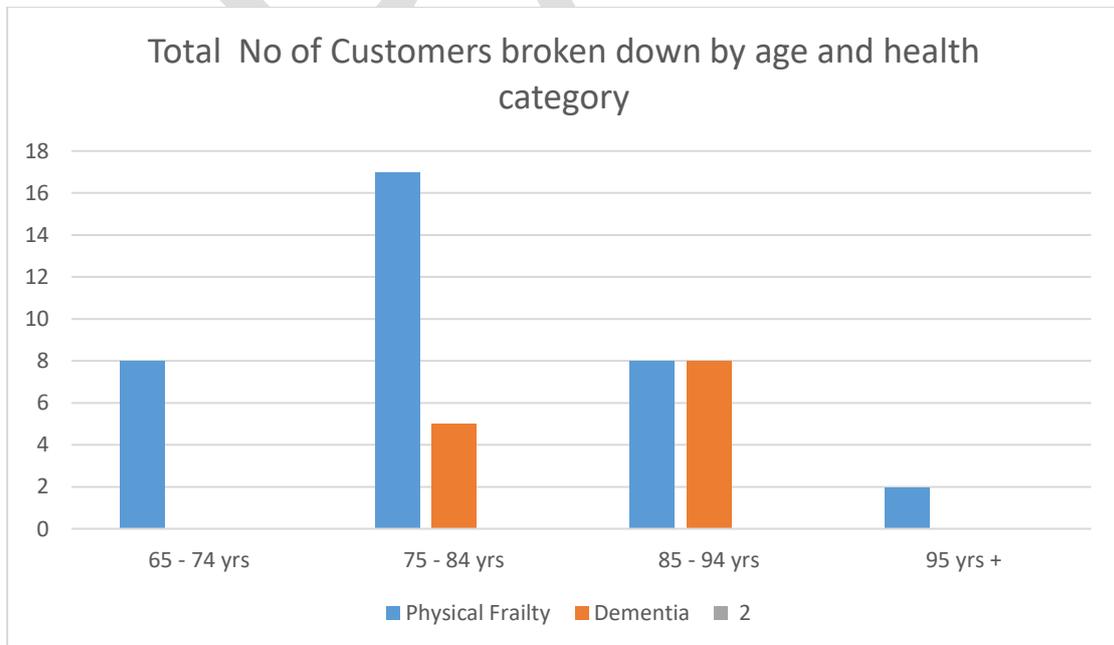
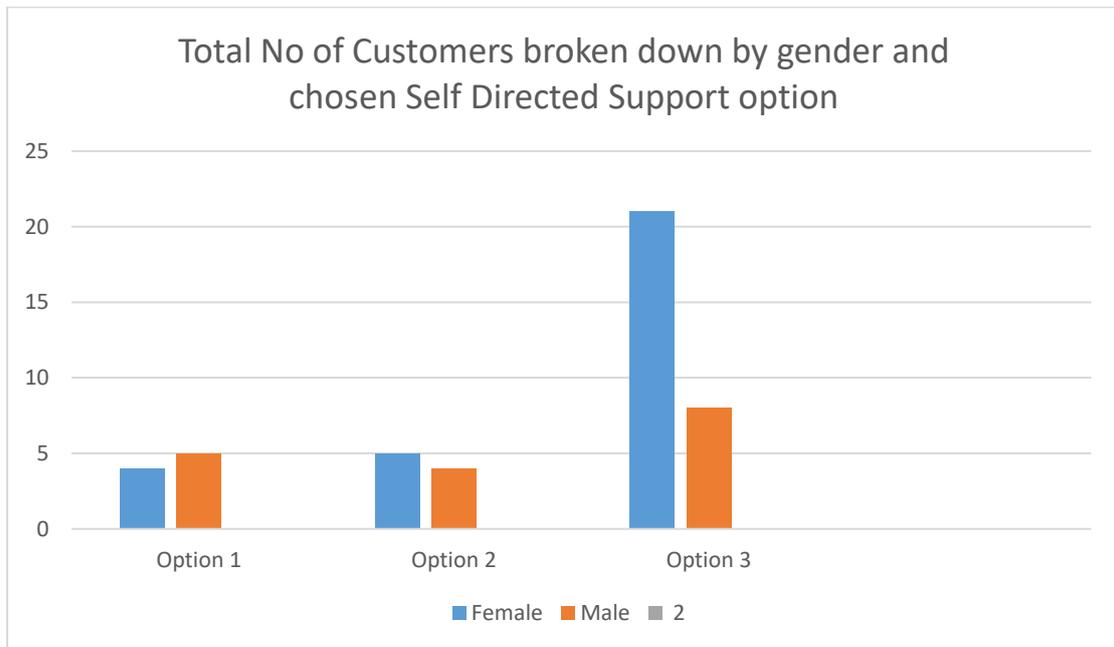
N.B: Actual occupancy levels unavailable from May 2021 to February 2022, the percentage used was based on number of places allocated. Actual usage figures commenced March 2022.

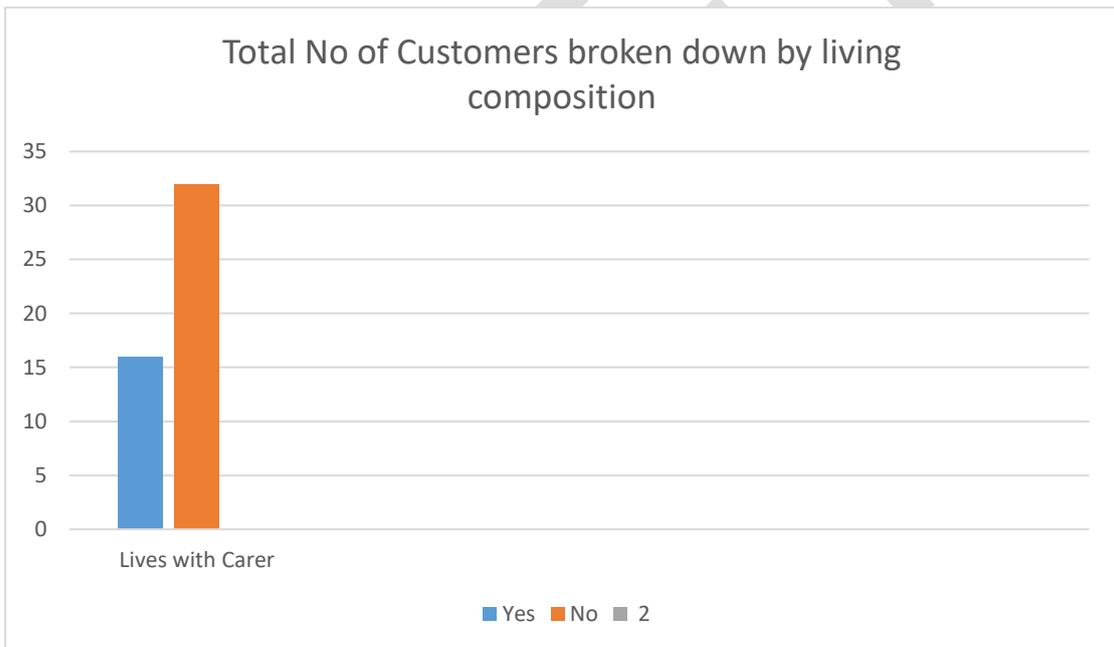
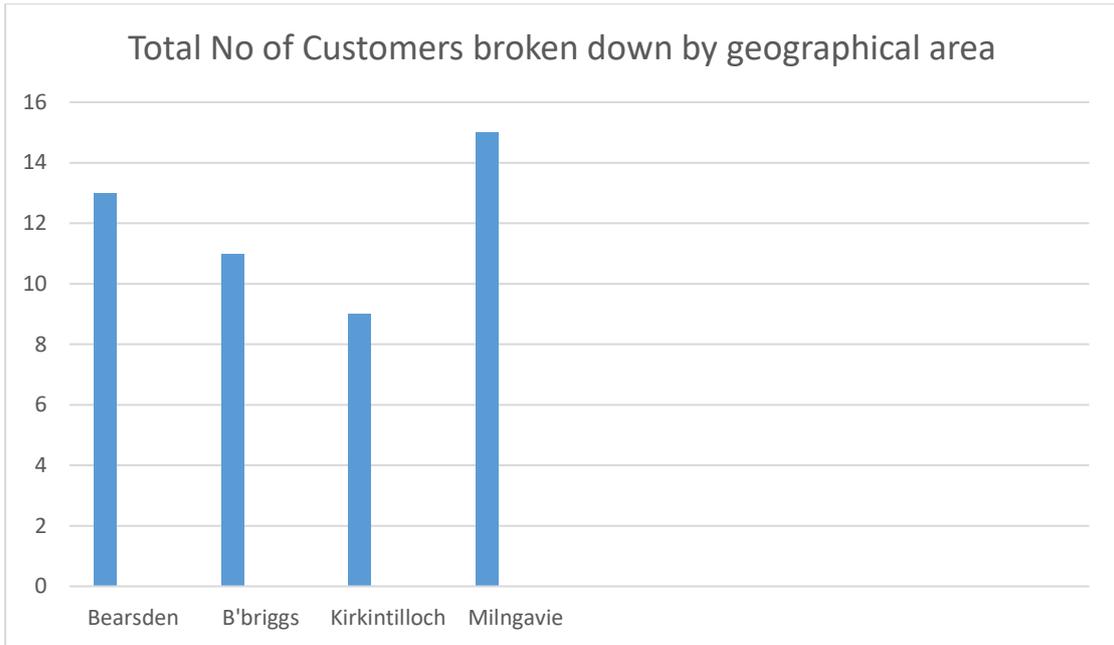
Alternative to Day Centre:

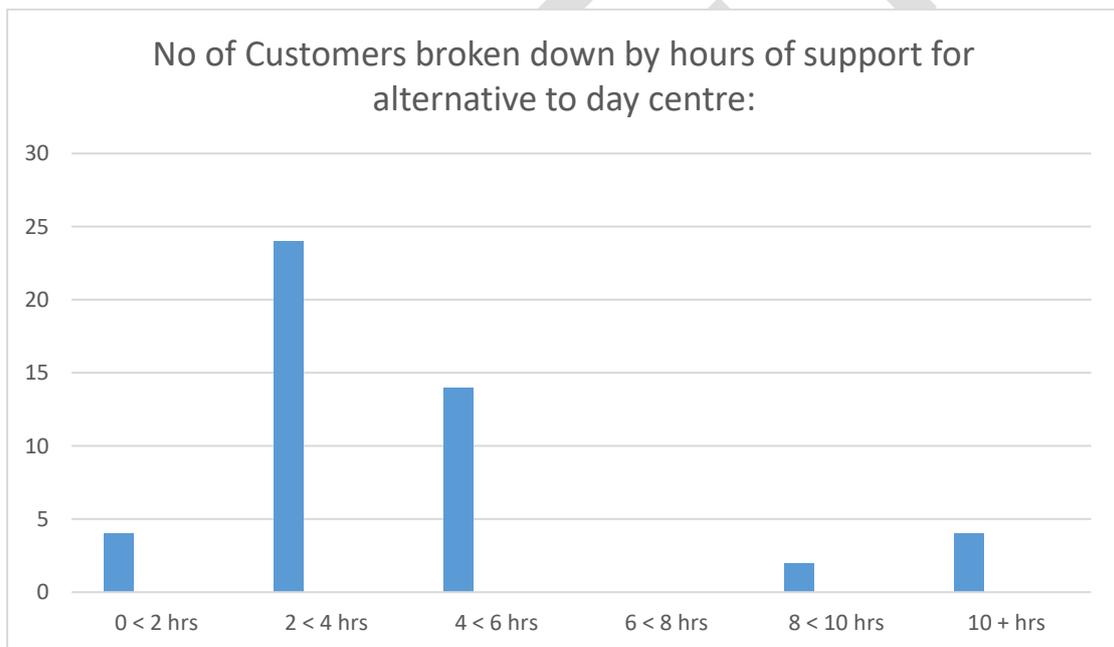
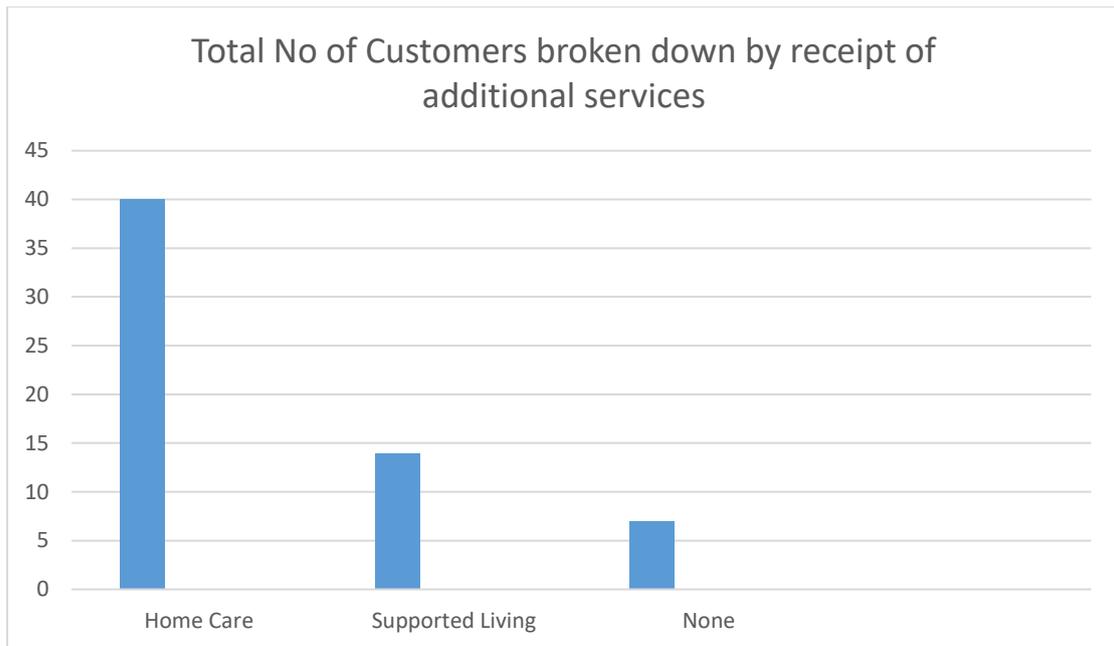
While a previous needs analysis evidenced that those service users, who met the eligibility criteria for social support, largely chose a formal building based day centre support to meet those needs and outcomes (Self Directed Support Option 3). There were a significant number of service users, which increases each month, who chose to explore alternative ways of meeting social support needs via Self Directed Support Options 1 and/or 2. There can also be situations where the service user would not benefit from attending social care

support in a group setting. In these situations, alternative to day care support can be provided under Self Directed Support Option 3.

As at 31st March 2022 there are 49 service users who could not attend a day centre building or had chosen alternative types of formal social support. The majority of these service users fell into the 75 – 84 years old category, lived with unpaid carers and lived in Milngavie.







1.4 Financial Framework

The financial framework underpinning this Strategy is, aligned to the HSCP's Medium-Term Financial Strategy (MTFS) and establishes the current and projected level of resources required to support delivery of agreed priorities over the next five years.

The budget (2022/2023) for Social Supports is £1,506,436m, and extends across the following commitments:

- Building Based Day Care - £1,052,207 million
- Community Based Support - £253,047
- Third / Voluntary Sector Organisations - £125,745
- Local Area Co-ordinators - £75,437

In Year 5 of the Strategy (2027/2028), the budget is, projected to increase to £1.6m - in line with inflationary uplifts.

Appendix 2: Policy and Research

2.1 East Dunbartonshire HSCP Strategic Plan – 2022 - 2025

Shifting the balance of care has been a priority for national and local government for a number of years. Shifting the balance means moving away from support being provided in institutional building based settings to the support being delivered in community or home based environments.

East Dunbartonshire Health and Social Care Partnership Strategic Plan (2022 – 2025) realises the main challenges facing the HSCP over the next three years including:

- Post Pandemic Recovery and Consequences
- Population and Demographics Changes
- Financial Constraints and Public Sector Reform

The HSCP's Strategic Plan lists a number of themes that it intends to concentrate on over a three year period. The themes relevant to this Strategy include:

- Empowering People
- Empowering Communities
- Prevention and Early Intervention
- Post Pandemic Renewal

2.2 Reshaping Care for Older People

NHS: Reshaping Care for Older People (2011 to 2021) <https://www.gov.scot/publications/reshaping-care-older-people-2011-2021/documents/> recognises that both nationally and locally we have to continue to aim to improve services for older people by shifting the balance of care towards anticipatory care and prevention. It recognises that in order to reshape care for older people we need to adopt:

- Personalisation: service users and carers must be at the centre of HSCP activities, embracing different cultures, needs and choices.
- Independence: ensuring that older people are supported to live independently in community settings, introducing choice and giving the individual involvement and ownership of any decisions.

- Control: older people make their own decisions about their care and support services.

2.3 Christie Commission on the Future Delivery of Public Services

The Christie Report (June 2011) <https://www.gov.scot/publications/renewing-scotlands-public-services-priorities-reform-response-christie-commission/pages/2/> provides an earlier debate on the future direction of public services whereby it presented a radical roadmap to better public services. Some of the key messages from the Christie Report relevant to this Strategy were:

- Recognising that effective services must be designed with and for people and communities.
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities.
- Work closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience.
- Concentrate the efforts of all services on delivering integrated services that deliver results.
- Prioritise preventative measures to reduce demand and lessen inequalities.

2.4 Independent Review of Adult Social Care in Scotland

The Feeley Report (March 2021) (<https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>) highlights that the majority of social care support is given to people in their own houses or in local community settings and that we need to ensure that this community support continues. It suggests that the role that communities play in supporting adults to remain active is extremely important. Community based supports can provide socialisation opportunities, advice, information and breaks for unpaid carers. These community based activities can make a big difference to an older person's quality of life. "Social connections are important to everyone's wellbeing" (Feeley, March 2021). Some of the key messages from the Feeley Report relevant to this Strategy were:

- Social care support should focus on enabling people to stay in their own homes and communities. This will help them to make social connections and to have control over their lives.
- People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.

- Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
- Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives.

2.5 National Health and Social Care Strategy for Older People

In May 2022, the Scottish Government published a consultation to seek people's view in relation to older people's health and social care service. The purpose of the consultation is to inform the development of a national integrated health and social care strategy for older people.

The consultation and impending Strategy will focus on four main themes:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

The Scottish Government is seeking people's views in relation to older people's health and social care services in order to inform the development of a new integrated health and social care strategy for older people.

The consultation is based around the four main themes of:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care

East Dunbartonshire HSCP's Social Support for Older People Strategy will support the themes focused on 'Place and Wellbeing' and 'Preventative and Proactive Care'.

2.6 Self Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 implemented in 2014 enabled individuals and their carers to have as much choice and control as they would wish or are capable of in relation to their support. This has seen some changes over the last seven years in the way that some older people have chosen, in relation to the model, to meet their social support needs.

Any individual who has been assessed as eligible for formal social care support will be offered the Self Directed Support options. Some people can manage their support on their own, whilst others need help either from family, friends or a support organisation.

Self Directed Support Options:

- Option 1: You can choose to receive your individual budget as a payment directly into your bank account. With this money, you can choose to become an employer where you employ your own Personal Assistant (PA) or you can purchase services/ support from an agency or other organisation.*
- Option 2: Your individual budget can be held and managed by the HSCP or a third-party organisation and would be used to pay for the support that you have chosen.*
- Option 3: With this option discussions will take place with you regarding your individual budget and the support you require to meet your outcomes, but you may have decided that the arrangement regarding who provides this support and when will be made by the HSCP, using their own services or services commissioned from another organisation.*
- Option 4: You may choose to use several Self Directed Support options to meet the different parts of your support plan.*

Information about Self Directed Support in East Dunbartonshire can be found on the Council's website:

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-adults-and-older-people/self-directed-support-sds>

2.7 Customer Contributions

East Dunbartonshire Council 'Charges for Non Residential Services' Policy means that people in receipt of formal social support may be subject to a customer contribution.

The amount of customer contribution will be dependent upon the older person's income however those customers in receipt of disability benefits i.e. Attendance Allowance and Personal Independence Payment will usually be eligible to pay the full customer contribution. The contribution levels are reviewed annually.

The customer contribution is applied irrespective of the type of formal social support service that the individual is receiving. However, customer attending a formal day centre based service may also be subject to transport costs and will also contribute to the provision of a meal at lunchtime.

Appendix 3: Examples of delivery of formal and informal social support – case studies

3.1 Examples of Community Assets arranged by the Local Area Co-ordination Team

- * A national older people's charity run afternoon tea and chat sessions for people aged over 75 years who are at risk of social isolation. Due

to an increase in the number of referrals from Local Area Co-ordination in East Dunbartonshire, the organisation worked jointly with the HSCP to establish two new sessions in the West locality of East Dunbartonshire.

- * A local third sector organisation who provide befriending opportunities for older people in the form of one to one, group or telephone sessions worked closely with the Local Area Co-ordinator to increase the volunteering opportunities and identified additional group sessions in areas where a higher proportion of befriending needs had been identified.
- * A new Men's Shed in the West locality was officially opened in the summer of 2019. It took over a year for a dedicated group of men, alongside a member of the HSCP staff, to establish a formal committee and source a venue within the local area. The venue required significant refurbishment which was undertaken by both the members of the Shed alongside offers of support from local businesses and contractors. The Shed is now a warm, welcoming place for a number of men in the area offering a variety of activities, a chat and peer support.

3.2 Case Study – Informal Social Support

Mrs A is a lady in her 90s who lives alone at home. She is independent in all daily living activities, keeps in good health and remains relatively active. Mrs A does not receive any formal social care support. However, Mrs A uses a walking stick and has difficulty managing and negotiating stairs and uneven surfaces resulting in her feeling less confident about walking outside without support.

Mrs A became socially isolated at home and did not have any family living locally who were able to visit on a regular basis.

The Local Area Co-ordinator for Older People introduced Mrs A to a number of different clubs and groups in her local community, negotiating transport and support from the volunteers who assisted in the clubs. The groups that Mrs A attended provided transport and volunteers were available to assist Mrs A in and out of the venues. Mrs A was also supported to link in with a volunteer at her local church who assisted her to attend the service on a weekly basis.

Mrs A describes the experience of being supported to access her local community clubs as "life changing". Mrs A thoroughly enjoys the experience of being out in her local community and meeting new friends. Mrs A's family are encouraged that she is enjoying a better social life and that she is no longer isolated at home.

The OPLAC team received a letter from Mrs A thanking us for the effort and encouragement to support her accessing community assets. She describes her experience as being "life changing" advising that, "her prayers had been answered". Mrs A is thoroughly enjoying the experience of being out within her community, she was able to meet new friends and catch up with the local gossip enjoying the chat and experience of being out of her home a few days per week. Mrs A was encouraged to remain independent living at home being supported by the third sector.

3.3 Formal Social Support – Case Study

Mrs B is an 85 year old lady living alone. In her 70s, Mrs B dedicated much of her time to her family, visiting her grandchildren on a daily basis, preparing lunch for the school dinner break. Mrs B enjoyed this contact because was part of the family and the routine gave a good structure to her week. At the weekends, Mrs B would often meet with her daughter and go for short walks and visit local restaurants and cafes. Mrs B also attended some local groups in the community including a music group and a club where she played cards with her peers.

When Mrs B was 81 years old, she was diagnosed with cancer which severely affected her mobility and she was no longer able to drive. Mrs B became confined to the house and began to experience some level of confusion.

Mrs B became increasingly isolated at home, reliant on family support, which was limited due to work commitments. As an outcome of the social work assessment, Mrs B began to attend the local Day Centre two days per week. However, following discussions with Mrs B, her family and the Day Centre it was agreed that the group setting at the Centre was not benefitting Mrs B.

The Social Worker met with Mrs B and her family to discuss her future aspirations. Mrs B wanted to be supported to take part in activities that she participated in previously. Mrs B and her family compiled a list of different places she liked to visit including cafes, historical sights, local attractions, streets and towns which were meaningful to her. Mrs B was assessed and allocated an individual budget. Mrs B chose a support provider organisation who would provide a support worker to assist her to visit her chosen places. After each visit, a date was set for the following week to visit a different place and dates were placed on the list so that her family could see where she had been each week.

The support was extremely beneficial to Mrs B and allowed her to remain involved in her community and reduced social isolation. The supported was personalised and tailored to Mrs B and her memories. These were places that held significance for her. The support was used flexible so that if she wished to visit a place further afield, rather than two visits per week, this was reduced to one longer visit.

Mrs B's main carer, her daughter, stayed locally but continued to work full-time. This reduced the pressure on Mrs B's daughter significantly and also met Mrs B's social support needs. The support started when Mrs B was 82 years old and was provided for two years, until Mrs B unfortunately passed away. Mrs B was able to access the social support she needed to live the life she would have wanted.

Section 4 – Engagement Analysis

4.1 Engagement Methods

During the period 1st July to 31st October 2021, the HSCP undertook a period of engagement with our stakeholders.

Following a benchmarking exercise across Scotland, a survey was developed which focused on gathering views about future models of social support for older people in East Dunbartonshire.

The survey comprised of nine questions:

1. In what capacity the person was participating in the survey i.e. service user, carer, etc.
2. What principles and values were associated with the provision of social support for older people?
3. What aspirations older people associated with receiving social support?
4. What types of social support and activities can make a difference?
5. What activities did older people miss during the pandemic period?
6. What can community groups and clubs offer older people?
7. What help should be given to community groups and clubs to assist them to continue to support older people?
8. When do older people wish to attend social activities i.e. days, evenings, weekends?
9. What should be the future vision for social support for older people?

The survey was available in a variety of formats: a web version, a paper version, via telephone interview or by participating in a virtual focus group.

An invitation to participate in the engagement process was sent to local community clubs and groups, churches, local village/town halls, current Social Work customers in receipt of social support via day centres or alternative types of formal social support. The survey was also made available to all other key stakeholders including staff working within East Dunbartonshire HSCP.

The survey was advertised on the Council's and HSCP's social media pages so that any interested party could participate.

Social Work practitioners also invited customers and carers who, following assessment were eligible to receive formal social support, to participate in a survey about what type of social support they had chosen and why.

The survey comprised of ten questions:

1. In what capacity the person was participating in the survey i.e. service user or carer.
2. What prompted the person to choose Day Centre support (if applicable).
3. What prompted the person to choose Alternative to Day Centre support (if applicable)?
4. Whether the person had attended any community groups in the past and what benefits they received from attending community led assets.
5. Why the person felt that attending a local community group would not benefit them now.
6. What was the person's expectations from receiving formal social support?
7. What activities the person likes participating in.
8. Whether the person would attend a Centre or activities in the evenings or weekends.
9. What the person thinks will be the impact of attending formal social support.
10. What the carer thinks will be the impact on the person attending formal social support (if applicable).

This survey was carried out with customers and carers in person or via the telephone following the assessment process.

It was imperative that in order to develop a five year strategy which focused on developing models of both informal and formal social support that the HSCP provided an opportunity for as many stakeholders as possible to participate in the engagement process.

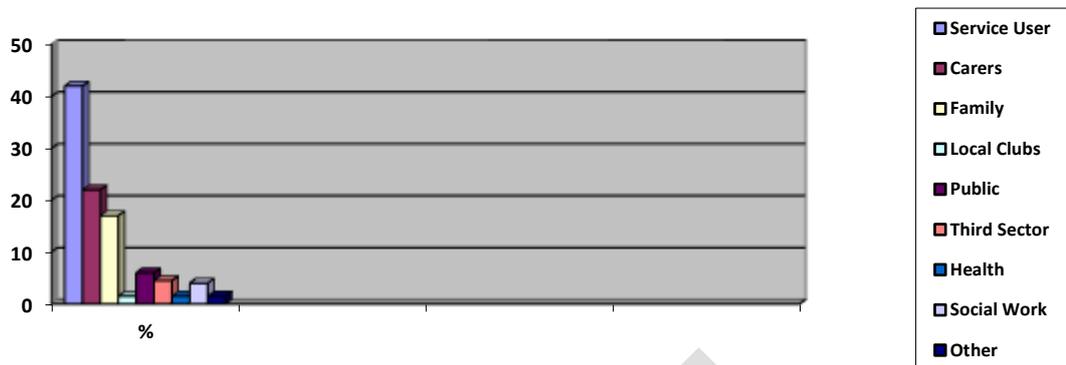
Reference was also made to the consultation survey that took place in 2020 by the Council's Housing Department, in partnership with the HSCP. The 'Older People and Specialist Housing Research' was published in September 2020.

4.2 Feedback and Analysis

'Social Support for Older People Survey' – July to October 2021:

174 people participated in the 'Social Support for Older People' Survey:

Respondent Group	Number of Responses	Percentage of Total Received
Service Users	72	42%
Carers	38	22%
Family Members	29	17%
Community Clubs	3	1.5%
Members of Public	11	6%
Third Sector Practitioners	8	4.5%
Health Practitioners	3	1.5%
Social Work Practitioners	7	4%
Other	3	1.5%



The majority of respondents (78%) chose to complete paper copies of the survey whilst 22% opted to complete the web version. No one requested a telephone interview. One person did nominate themselves to participate in an online focus group however this did not take place due to lack of nominations.

When asked “What principles and values were associated with the provision of social support for older people?” the majority of answers included:

- Emotional, physical and mental wellbeing;
- Support to maintain and promote independence;
- Dignity, equality, respect, caring, honesty and diversity;
- To give older people a safe place to enjoy the company of others and to help them engage in activities;
- Keeping people safe;
- Feeling included;
- To receive culturally aware support.

Participants were asked “What aspirations older people associated with receiving social support?” The majority of answers included:

- Meeting people from the local community and keeping connected;
- Develop social skills and confidence;
- To support mental, physical and emotional wellbeing;
- Be creative and participate in activities that stimulate the mind and physical wellbeing;
- Social interaction with peers;
- Dignity, companionship and inclusiveness;
- Make new friends and promote independence;
- Opportunities for the local Black, Asian, Minority Ethnic (BAME) community to meet.

We asked participants what types of activities were of benefit when attending local community led clubs and groups. The answers were varied but in the main included:

- Activities that stimulated the mind and gave a sense of inclusiveness;
- Singing, dancing and music;

- Quizzes and games;
- Light exercise and activities that stimulate physical wellbeing;
- Eating a meal with other people;
- Making new friends;
- Chatting and reminiscing.

The respondents from the BAME community felt that there were no local community assets that met their cultural needs or allowed them to connect with the community.

Participants were asked “What activities did older people miss during the pandemic period?” The majority of respondents all agreed that the following aspects of social support were greatly missed for the last 18 months:

- Social contact and company;
- Seeing friends and family;
- Eating with others;
- Getting out in the local community;
- Lack of mental, physical and emotional support.

Many respondents cited feeling lonely, depressed and anxious during the pandemic period.

We asked participants “What community groups and local clubs could offer older people”. The majority of respondents stated:

- Social interaction;
- A sense of belonging;
- A sense of community;
- Peer support;
- Opportunities to make new friends;
- A sense of purpose;
- A structured programme of activities.

The majority of respondents from the BAME community felt that this question was not eligible to their circumstances and advised that, apart from the day centre, there were no local community assets that met their cultural needs or allowed them to connect with the community.

We asked what “...would help local clubs and groups continue to offer support to older people...” Most responded with:

- Funding;
- Staff support;
- Increased Volunteers;
- Transport;
- Greater awareness of what is going on in the community;
- Accessible accommodation and venues.

The BAME community respondents advised that the continuation of a day centre dedicated to their cultural needs was extremely important.

The HSCP wants to ensure that investment in and support for older people social support, both of an informal and formal nature, is delivered at times when older people and their families feel would be of most benefit. We asked participants when they would prefer that social support opportunities took place:

Days/Times	Number of Responses	Percentage of Total Received
Monday to Friday – Daytime	148	85%
Monday to Friday – Evenings	31	18%
Weekends – Daytime	56	32%
Weekends - Evenings	21	12%



Some additional suggestions were received:

- Evenings and weekends on special occasions such as Christmas
- Evenings during the summer months

We asked participants “What should East Dunbartonshire Health and Social Care Partnership’s vision for older people’s social support be?” We provided five suggested focus areas for the future of social support for older people over the next five years:

- A. A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;**
- B. Local community groups and clubs have access to volunteer support for older people who require practical assistance while in attendance;**
- C. Local community groups and clubs have access to formal support for older people who require personal assistance while in attendance;**
- D. An outreach support service for people who are eligible for formal support to support them to attend local community groups/activities;**
- E. A day centre which focuses on supporting those older people who are most vulnerable/at risk.**

Participants responded:

Options	Number of Responses	Percentage of Total Received
A	106	61%
B	54	34%
C	85	49%
D	64	37%
E	131	75%

Some other suggestions were received which included:

- Supported referral pathways to local clubs and groups'
- A person centred approach within local community led resources;
- Different sessions at the Day Centre for people with advanced dementia.

The BAME community respondents advised that:

- The Day Centre is a unique service which provides a lifeline for its service users who are unable to communicate within other community groups or local clubs;
- The HSCP requires to support the BAME community in respect of social support.

This means that the outcome of the engagement survey is that the HSCP should focus and fund the priorities relating to:

1. ***A day centre which focuses on supporting those older people who are most vulnerable/at risk.***

And

2. ***A focus on supporting older people to remain connected to their community through opportunities to attend local community groups and clubs;***

4.3 Social Support for Older People – New Customer – July to October 2021

Twelve people participated in the 'new customer' engagement survey, of which 80% was answered by the customer's unpaid carer and/or legal representative.

All 12 new customers, eligible for formal social support, had chosen to attend a formal Day Centre rather than receive one to one alternative to day centre support. When asked why customers would prefer to attend a Day Centre type setting most advised that the Centre provided a safe and secure venue, offering

peer interaction with other older people. Many indicated that that they or the customer were no longer able to access the outdoors without support and that the Centre provided a structure and routine to their week.

“...greatly benefit from social interaction within a group setting...”
“...isolated due to mobility impairment and frailty...”
“...can no longer access outdoors...”
“...heard good things about the Day Centres and the services they provide...”
“...surrounded by peers to encourage stimulation and chat...”
“...social stimulation in a safe and secure environment...”

When people were asked whether they had attended community groups in the past and the benefits that they experienced from attending, most of the survey participants (95%) had previously attended community led assets and enjoyed meeting their friends.

“...my father attended various groups...”
“...my mother enjoyed attending various venues...”
“...she was a sociable person so this helped keep her active and involved in her community...”
“...a member of the local golf club...enjoyed the social aspects of being surrounded by friends and other golfers...”
“...attended a local resource...prior to COVID-19 lockdown...”
“...attended Centres prior to COVID-19...”
“...played golf and bridge...enjoyed the company and the competition...”

Survey participants were asked if they had previously attended community resources, why they felt that these assets were no longer suitable, 100% responded that they or the customer had seen a significant decline in their physical health, mobility and/or confusion caused by Alzheimer’s or Dementia. Many indicated that the provision of formal social support in a Centre setting would mean that they or the customer would receive support with their personal care and supervision whilst enjoying the company of other older people.

“...cognitive decline and poor mobility travelling outdoors...”
“...requires support with her personal care, mobility...requires to be cared for within a formal care setting...”
“...general health is very poor and there is a marked decline in her memory...”
“...little concept of danger and risk...”
“...requires a wheelchair when outdoors due to poor mobility...”

The survey then asked what their expectations were from attending a formal social support setting. The majority of participants stated that they or the customer would receive social stimulation with other older people in a safe and secure environment, whilst some carers acknowledged that this would also provide them with a break from their caring role.

“...social stimulation and peer support to encourage chat and interaction in a safe environment...”
“...enjoy social chat amongst her peers reducing social isolation...”

“...will enjoy the company of others...share the same interests”
“...I will enjoy time away from my caring role...”
“...attending day care will reduce social isolation...”

When participants were asked what activities they or the customer liked taking part in there were a number of variations including: amateur dramatics, martial arts, reading, singing, dancing, chatting, listening to music, and quizzes.

When participants were asked whether they would attend a Centre or social activities in the evenings or at the weekends, 8% of those surveyed advised that they would not wish to attend Centres or activities outwith Monday to Friday daytime. While 92% of those surveyed were open to attending social support outwith daytime hours, 63% stated that they would not wish to attend in the evenings.

The customers, who would be attending the formal social support, were asked what the impact for them. Many responses cited no longer feeling socially isolated and having a better quality of life.

“...quality of life will improve....something to look forward to...”
“...enjoying social chat and activities in a safe environment...”
“...improve her social life and break up her week...”
“...bit more structure to the week...”
“...not feel so isolated...”

When unpaid carers were asked what the impact would be for them when the cared for person attends the social support activities, many responses talked about knowing the person was in a safe environment with people to support them, whilst also providing the unpaid carer with a break from their caring role.

“...relax in the understanding that my father is being cared for within a safe environment...”
“...I can relax and not worry at work...”
“...give me piece of mind to know she was getting out as well as receiving the care she requires...”
“...time away from my caring role...”
“...receiving the socialisation and company that he misses so much...”
“...a break to recharge and have a bit of time for myself...”

4.4 Older People and Specialist Housing Research – Survey Results – September 2020

The survey of older people regarding their current and future housing needs also identified issues relating to social support and community capacity.

When older people were asked about potential problems with their current home, 6% of the respondents states that ‘not being close enough to local

amenities' was a serious issues, as was 'not having good transport links' (6%), and 'feeling isolated and lonely at home' (5%).

42% of the older people responding to this survey, aged between 65 and 74 years old advised that their household included someone who had a health condition and/or long term disability. This percentage rose to 67% for the respondents aged 75 years and over.

Participants were asked whether they needed any support or care to help them to live independently. 9% of older people who responded confirmed that they received care provided by family and/or friends, while 6.4% received support from a care agency arranged via Housing, Health or Social Work. 1.4% of the respondents advised that they organise their support using a direct payment, and 1% arrange their support via a care agency, arranged by the respondent themselves. 1.4% of the respondents stated that they felt they needed support but that it was not provided at that moment while 82.2% advised that they did not have any support needs.

When respondents were asked what the main reason was for not receiving support or care via Housing, Health or Social Work, 8.1% advised that they did not know what help was available and were unsure how to find out about support services.

Some of the older people who participate in the survey advised that they were considering moving out of their current home and when asked for the main reason leading to this decision, 2% stated that it was due to a lack of facilities nearby.

Participants were asked to consider what they felt were important facilities/amenities in respect of where they live, 29.8% stated that it was essential to have access to leisure services, and 19.8% of the respondents stated that it was essential to have communal areas and organised activities (sheltered housing).

When asked about what older people felt were the most important factors when considering where to live, 37% of the respondents felt that it was essential to be 'part of a community' and 34% stated that it was essential to have contact with 'people their own age'.

Section 5: Options Appraisal Analysis

5.1 Options Appraisal

What is an 'Options Appraisal' and why do we undertake an Options Appraisal?

An Options Appraisal is a way of ensuring that you maximise the chances of securing the strategic objectives by identifying the most appropriate set of actions or outcomes.

An Options Appraisal provides the opportunity to help the HSCP and its key stakeholders make an informed and evidence based decision on how to deliver

social support for older people. It does this by considering the relative advantages and disadvantages of a number of different delivery model options (including the current way in which the service is delivered).

The methodology assists the HSCP and its key stakeholders to consider the relative desirability, viability and feasibility of the different options, and to explore if there are:

- Better ways to achieve the vision and objectives
- Better ways to align to the HSCP's strategic priorities
- Better ways to use the resources available
- Better ways to achieve the desired outcomes

The Options Appraisal can provide a clear outcome by identifying the preferred model of delivery which can then be developed in greater detail in a Commissioning Delivery Plan (if determined the service should be purchased) and/or a Service Development Plan, if the preferred model is in-house provision. The process engages the key stakeholders and identifies the priorities for their perspectives. Whilst the Options Appraisal is important in assisting to identify the preferred option, the HSCP and its key stakeholders will not necessarily resolve all of the questions at this stage.

The HSCP and its stakeholders, in considering the desirability, viability and feasibility, needs to consider whether:

- each option meets the strategic objectives and priorities of the stakeholders;
- each option is financially viable and sustainable;
- and the degree to which each option can be implemented within budget, resources and timescales.

By following these themes, the HSCP and its stakeholders can reach a final recommendation about the preferred delivery model. The actions required to implement the preferred model will be captured in the Commissioning Delivery Plan and/or Service Development Plan.

5.2 The Options:

Each of the options were considered using the following criteria:

Desirability:

- Promotes the objectives of the HSCP and its stakeholders
- Helps older people to enjoy opportunities for social and peer support in their local communities
- Promotes integrated working

Viability:

- Delivers value for money

- Allows funding to be invested in promoting community led support for older people
- Aligns with market conditions
- Allows services/groups to develop and access external funding

Feasibility:

- Can be implemented within required tolerances (i.e. budget, time etc.)
- Allows HSCP to manage reputational risk
- Allows HSCP and its partners to discharge relevant statutory functions
- Exposes the HSCP to risk of challenge

The factors within each of the three criteria categories were given a weighting score and each option assessed against these categories.

The Options considered in the appraisal:

1. The provision of three formal Day Centres for Older People, as per existing provision;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, promoting and support the development of new community led support assets, exploring funding opportunities to aid establishment.
2. The provision of two formal Day Centres for Older People, one in the West locality and another in the East locality, with opportunities for outreach support;
Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community led assets, whilst providing support to explore funding opportunities to aid sustainment.
3. The provision of one large formal Day Centre for Older People;
Establishment of two new large community led support groups with access to formal support, one in the West locality and another in the East locality;
Employment of a development worker for one year to support the BAME community to develop locally based peer support groups;
In partnership with third sector partners, promoting and supporting existing community led support assets;
In partnership with third sector partners, establishing an annual grant fund to support the development and establishment of new community

led assets, whilst providing support to explore funding opportunities to aid sustainment.

5.3 Options Appraisal Scoring:

Criteria/Options	Desirability	Viability	Feasibility	Total Score
Maximum Score Available	216	216	216	648
Option 1	142	52	188	382
Option 2	208	196	170	574
Option 3	196	176	88	460

Section 6: Other Formats and Translations

If you would like additional information or clarification on the content of this Strategy please contact:

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Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please email the Council's Communications Team at corpcommunications@eastdunbarton.gov.uk or call on 0300 123 4510.

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

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