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## Proving the Social and Economic Value of the Lunch Club for Older Persons

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Proving the Social and Economic Value of the Lunch Club for Older Persons

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by

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## **Abstract**

The goal of our project is to identify the benefit the community receives from the Lunch Club for Older Persons run by the Commonsides Trust. This data will assist in the renegotiation of the Commonsides Trust's contract with the Merton Local Council by obtaining and presenting quantifiable and relevant data. The funding contract with the Merton Local Council expires on July 4<sup>th</sup> 2010 and the Commonsides Trust would like to take this opportunity to increase their current funding.

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## Authorship

### Authorship

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## Executive Summary

The goal of our project was to collect and analyze data to communicate in clear and appropriate terms the value that the elder care program provided by the Commonsides Trust brings to the community, as well as to the local and national governments. To accomplish this goal, we examined elder care service provision.

The CCDT receives funding grants from the Merton Local Council (MLC) to run specific programs that benefit the community and allow for social services that are more available. One of these programs run by the CCDT and subsidized by the Merton Local Council is the Lunch Club for Older Persons. This program set out to aid and unite the local elderly with daily hot meals followed by entertainment and occasionally, educational seminars containing information relevant to the elderly. The contract between the CCDT and the MLC is opening to re-negotiation on 4 July 2010, and the CCDT wants to show the value for money that the MLC receives from a small investment. The benefit returned to the community by enabling the elderly to become independent will not only improve the standard of living of the community, but it will save the MLC money in the long run by implementing simple preventive measures to avoid more costly hospital visits. With an increase in funding, the CCDT would be able to expand the services available to the elderly, as well as be able to serve the local elderly better. This increase would then provide a stronger return of benefit to the community and would actively work to counter the inequalities prevalent within such a diverse Borough.

*In order to achieve our goal, our team established this set of objectives:*

1. Identify the target outcomes for the provision of local elder care services shared by the Local Council of Merton and the UK department of health;
2. Examine various documents relevant to the provision of elder care services, in addition to any supporting data we can find, and draw from these documents any conclusions or information that aids in achieving our goal;
3. Understand the desires and needs of the customers of the Lunch Club for Older Persons, customer's family members, the staff of the Lunch Club, as well as representatives of other elder care provision services around London through personal interviews;
4. Synthesize, using the information from the previous objectives, a strong understanding of all sides of the context in which our project exists in order to better frame our findings;
5. Present our findings in a relevant and accurate manner that provides a clear representation of the value for money that the Commonsides Trust provides to the local community and accomplishes our goal

Our team has gathered information to accomplish these objectives using a variety of research tools. We have conducted focus groups with the customers of the Lunch Club for Older Persons, in order to understand the social context of their needs and desires. We have conducted interviews with the head of service provision corporations as well as working family members of elderly, in order to be able to examine the problem from multiple angles and gain insight into the bigger issues surrounding elder care service provision. We have conducted a strategizing session with a Social Service Consultant, in order to understand the proper frame in which we should present our findings. We have critically examined relevant documents, in order to have an understanding of the national policy on social services as well as provide data with which to back up our claims.

Our team arrived at two key findings once everything was completed. The first key finding was that the Lunch Club for Older Persons meets all the targets set by the local and national governments. The second key finding was that by supporting the Lunch Club, the local council should save money on health care in the long run. These findings were very important for the Lunch Club and we have gathered data to back up these findings. We found the targets by examining various documents from the MLC and the national government. The Lunch Club provides social interaction, promotes good nutrition, and enables active lifestyles. All of these things lead to a healthier lifestyle and therefore healthier customers. This means that those customers would be less likely to incur an emergency visit to the hospital, thus reducing the cost to the MLC.

In summary, this data points to an improved benefit from a stronger social service network. Community care providers are essential towards bettering the borough, from which we can deduce that by increasing the funding the CCDT receives from the MLC, the Lunch Club for Older Persons would then be able to aid its customers further and would be able to attract and serve more customers.

## 1.0 Introduction

The London Borough of Merton contains an ethnically diverse population, as well as a relatively underprivileged population. In the Mitcham community within Merton, for example, approximately 41% of the residents are members of a non-English speaking minority. (Bridging the Gap) In addition, Mitcham hosts an ever growing population of recent immigrants. The children of these recent immigrants speak over 100 different languages in the public schools. The population in Mitcham also ranks in the lowest 10% of London boroughs in terms of educational qualifications. (Borough Information, London.gov.uk) This diversity exists alongside a trend of lower incomes and higher unemployment in Mitcham, creating a community in need of aid. The Borough itself was originally built for a high density of residential zoning; however this design has led to a few small clusters of local businesses. Due to the low number of local businesses the tax base is lacking, and thus the availability of further resources for community services, is limited. All of these factors combine create an in-equality in the availability of care services for those in need, deepening the gap between the wealthier and more impoverished wards in the borough.

The Commonsides Community Development Trust (CCDT) is actively trying to unite neighborhoods and become an integral provider for community services in the Borough of Merton, and the local neighborhood of Pollards Hill. With many of the organization's projects already enjoying a moderate level of success, attention is turning to one of the overlooked demographics in the community – the elderly. The Commonsides Trust currently runs a “Lunch Club for Older People” during the week where senior members of the community can gather together, and get a cooked meal followed by a mix of entertainment and informational activities (Martin, 2010). This program is currently sponsored by a grant from the Merton Local Council. However the contract is not indefinite and the period for re-negotiation is approaching. The Commonsides Trust fears that the negotiations will not result in adequate funds necessary to maintain their current programs. As a result, the CCDT desires more information about the feasibility and sustainability of their current program, as well as the benefit to the local community, in order to build a stronger case to the Merton Local Council.

The goal of our project is to identify the benefit the community receives from the Lunch Club for Older Persons run by the Commonsides Trust. This data will assist in the renegotiation of the Commonsides Trust's contract with the local council by obtaining and presenting quantifiable and relevant data. If possible, our team will make recommendations on ways to improve the Lunch Club for Older Persons in any areas we identify during our research.

The Lunch Club for Older People is a program offered by the CCDT aimed solely at the elderly living in the community. The program offers a daily meal for residents over 60 in Merton, with vegetarian alternatives as well as special menus for their unique dietary needs. The two-course lunch is then followed by an hour of entertainment, information, or recreation.

Typical offerings include: presentations from the Police Department, from the Pension Service, from the Merton Hard of Hearing service, eye-testing, musical shows, bingo, cards, and craft activities. At present, this program handles around 30 people per day with a total of around 70 participants that are currently active in the program(Personal Communication, Martin). The customers either set up their own schedule of what days they would like to come in, or they may have a schedule recommended for them by a physician or care provider.

One major dimension of this project concerns understanding the complex social and economic context in which our project takes place. We needed to know the personal situations of the customers of the lunch club and their families. We needed to know how effective the CCDT is as providing a strong “Value for Money” for the services offered. We needed to know if the Lunch Club for Older Persons is successfully achieving the target outcomes of both the Merton Local Council and the national Department of Health. We needed to understand how the national government, and the recent election, affects the care provision process. Understanding these various factors will strengthen our grasp on the context of the situation in which the CCDT operates. This understanding allowed our team to compile a stronger and more relevant collection of information showcasing the unique selling points in which the Lunch Club for Older Persons, run by the CCDT, is a necessity to the community.

To summarize, there is a great need for a strong collection of data that the Commonsense Trust can utilize in the re-negotiating the terms of the Lunch Club for Older Persons with the Merton Local Council. If the Commonsense Trust is able to acquire additional funding, they will be able to provide better and larger programs for the elderly in Mitcham, which will in turn provide a larger benefit to the community. Our project addressed these issues, collate the necessary data, and then make recommendations to the Commonsense Trust that will reflect the magnitude of the need for these services in Merton.

## 2.0 Literature Review

The Lunch Club has proved itself a very important service for elder members of the Merton community. The government extension of funding is due on July 4<sup>th</sup> 2010. This document provides a detailed discussion of the material examined during an investigation of the issues related to the justification for the extension of funding for the Lunch Club.

The funding mechanism is a contract between the Merton Council and the Commonsense Trust a non-profit organization and charity. A Local Area Agreement structured by a partnership between the Merton Council and various local groups reads as follows,

“In Merton we aim by 2008 to have integrated key health and social care services, particularly those focused on supporting people, to continue living at home and avoid admission to hospital or long-term care” (Bridging the Gap, 2007).

The purpose of the agreement was to establish rules and regulations for the service providers of the borough of Merton and create a set of targets in order to regulate how the Merton community receives these services. Proving that the Lunch Club fulfills these targets will help insure that the Lunch Club retains its funding. The Merton Council requires the Lunch Club to fulfill the required targets and to do so in such a way that it provides value for money.

The Merton Council has to establish that the Lunch Club’s services are in line with the government’s goals for healthcare in the UK. The Merton Council’s major objectives are to reduce poverty in the Merton Community.

“The Merton Council wants all of the health services in Merton to first and foremost reduce the health inequalities in Merton” (Bridging the Gap, 2007).

The impoverished elderly of Merton use the Lunch Club. The Lunch Club’s services help older people reduce the impact of their needs on the community. Its services attempt to help diminish Merton’s health inequalities of its community members by implementing the desires of Merton Council. The literature that was sought to validate our recommendations was in four broad areas, the psychology of aging; health issues for the elderly; health care administration in the UK; and local government and funding of non-profit organizations.

The overall objective of the literature review is to explore and examine material that contributes to the justification of the continuation of funding for the Lunch Club by the Merton Council. The literature review will provide a description of the funding process, a description of the London borough of Merton itself, describe how the Lunch Club fulfills the Merton Council targets, describe the lunch club services, and discuss ailments that afflict the elderly in Merton, especially those that incur the highest medical costs.

The review provides an examination of material showing the old people of Merton methods for helping themselves. It provides an exploration of preventative healthcare merits and early intervention methods, and a discussion of the concept of the psychology of aging. It provides a description of the relationship between how the elderly feel about themselves and their position in society. The review provides a description of the role of organizations like the Lunch Club together with a discussion of how the Lunch Club can help combat the feelings of loneliness and abandonment in the elderly.

## **2.1 The London borough of Merton**

Understanding the served patrons in addition to understanding how those patrons' services are established is paramount to determine how the Lunch Club benefits the community. Without knowledge of the community served, it is difficult to understand the true impact that the Lunch Club has on that community.

Merton is a London borough in the southwestern part of London. It is a predominantly working class area. It has a number of community associations dedicated to providing services that the government will not provide. In 2009, the population in Merton was 203,800 people. The population that is over the age of 85 represents 1.9% and those over 60 represents 14% of people in Merton whereas in London the number of people over 60 is 13.8% of the population (Birnbaum, I., 2007, p10), therefore Merton is a slightly older community.

The Merton borough population has a large number of poor and disadvantaged people. Most of them are working class. They cannot afford services not provided by the government. Some of the most deprived areas are in the east of Merton in Pollard's Hill, Figge's Marsh, Morden and Cricket Green (Birnbaum, I., 2007, p41). These areas have extremely low incomes. The Commonsides Trust is located in this disadvantaged area. The groups with the lowest incomes are the elderly people who rely on a fixed income. The UK provides elderly people with an old age pension.

The Basic State Retirement Pension for a single person is £95.25 (\$141) a week for a single person and £152.30 (\$225) for a couple in 2009/10. The basic pension is lower than the income support threshold, so if they have no other income, state pensioners can top up with income support. This comes in the form of a means-tested Pension Credit which brings the weekly amount up to £130 (\$192) for a single person and £198.45 (\$294) for a couple. (Pensionsorter website June 2010)

Many of the elderly in Merton are both impoverished and suffer from ill health. Their ailments result from both physical and mental problems, a large number of its members suffer from dementia, diabetes is also prevalent, and many have to use canes and walkers to get around. Many of the most costly ailments are those suffered from falls. Falls can result in hip fractures and leg bone breakages.

The Lunch Club staff understands ailments that afflict the elderly and can provide early intervention assistance to help them cope more effectively.

## 2.2 The Lunch Club services

It is impossible to understand the Lunch Club's impact on its community without knowing what it does to influence that community. The appraisal of the Lunch Club's services will help determine the Lunch Club's benefits it provides to the community.

The Lunch Club is an elder person organization. It provides lunch, activities and a safe environment to promote good health and social interaction in elderly people. The members of the Lunch Club are all over the age of 60 and many of them are 85+ (Commonside Lunch for Older People, 2005). The Lunch Club services aim is to improve the quality of life and independence of elderly people by providing a nutritious daily meal, daily exercise and education on a wide range of topics that are specific to the elderly. The Lunch Club provides services that address the problems related to the "psychology of aging" by keeping its patrons mentally engaged in order to reinforce self-esteem and a positive attitude.

"Our two-course lunch is followed by an hour's entertainment, information or recreation - a different activity every day. In the past few months we have had: a talk from the Police, from the Pension Service, from Merton Hard of Hearing service, eye-testing, a musical show, bingo, cards, craft activities and much more."(Commonside Lunch for Older People)

These people have no other place to go to and without this service; the aging people of Merton remain severely deprived. Andy Hodge, the family member of one of the Lunch Club's customers stated; "his mother would probably no longer be around if she had not been enrolled in the Lunch Club".

Many of these people cannot support their own basic needs, such as traveling upstairs unassisted, or bathing themselves without help. Many of these people would not be able to provide for their own nutritional needs if the Lunch Club did not provide it for them. Many of them are people like Andy Hodge's mother who could not survive in her own home without an organization like the Lunch Club.

The Lunch Club makes it possible for their elderly patrons to remain independent in their later years while providing a social center, and a focal point of contact for interaction and mental stimulation that would not happen if the residents were isolated in their homes. The alternative is long-term care, which is very expensive.

"The need for assessing the capacity for safe and independent living is surprisingly common among vulnerable community-living older adults. Guardianship should be an option of last resort as many patients see significant improvements in their quality of life with less invasive intervention." (Valkila, 2009, p. 300)

The addition of a care center for older people can significantly aid in keeping older people independent and making sure they are well looked after. The Lunch Club provides crucial services to these people's lives. In this way, the Lunch Club makes a huge impact on the community.

The Lunch Club has an excellent feedback policy. If anyone has a problem with the food, the activities, the transportation or anything to do with the club then they are encouraged to speak up. Once a year the members of the Lunch Club fill out a survey to evaluate their needs, desires and criticisms. They are encouraged to take this survey home to complete it later or to have their relatives or care providers fill it out for them. Anyone who is associated with caring for one of the members is welcome to discuss any qualms, desires or questions they may have about the caring of their elderly relative. The Lunch Club is dedicated to its patrons and is willing to go as far as possible to provide them with what they need.

The Merton Council desires that the service also provide employment for the local community. The Merton Council feels that health services that provide a service to the community should provide a local, motivated workforce, thus contributing to local employment, which will deliver a high quality service. (Bridging the Gap, 2007) Almost all of the people who work for the Commonsides Trust are from Merton. The Lunch Club is a community organization governed by the local community, run by the community and intended for the community.

The Merton Council wants the Lunch Club to integrate the local community and its culture into the services the Lunch Club provides (Bridging the Gap, 2007). The health organizations make use of local cultural services to promote health and well-being. Many of the local organizations from Merton host after-lunch programs.

The Lunch Club meets at the Commonsides Trust facility called the New Horizon Center, formerly the Pollards Hill Community Center. The New Horizon Center supports community programs; an example of one of these programs is the weekly market, where stalls are set up for the sale of a variety of goods many of which provide extra income for the center. The Lunch Club operates at the heart of its local community.

The Merton Council desires that its health services provide a large variety and choice in the care they provide and a voice for patients, care providers and their relatives (Bridging the Gap, 2007).

The Lunch Club provides a large variety of services to its patrons. The after lunch activities include educational talks on a wide variety of topics. One of these is, how to manage a pension most efficiently, this is very important because showing old people how to stretch a low-income budget ensures an increased self-sufficiency.

There are exercise programs that help to alleviate pain in stiff joints brought on by arthritis and make the Lunch Club's patrons more flexible and less likely to fall. The served food

provided at the Lunch Club changes every day; the meals provided are nutritious. Special meals for patrons with particular health issues like diabetes, and other digestion problems are required.

The staff at the Lunch Club also monitors the health of their patrons and hence provides early intervention service for cases of deteriorating health, especially in the cases of dementia. The Lunch Club provides services so that the elderly can continue to live in their own homes instead of a long-term care facility.

Merton Council feels that the organizations should be cognizant of the wants and desires of the Merton Council and the Primary Care Trust (PCT).

The NHS Sutton and Merton Primary Care Trust serve a population of around 390,000 people living in the boroughs of Sutton and Merton. It comprises 56 GP practices, 11 clinics and health centers, 77 community pharmacies, 35 opticians and 72 dental practices (Merton and Sutton PCT web site).

Both organizations aim to provide good care and wellbeing to the Merton Community and the Lunch Club is an integral part of that care giving service.

Finally the Merton Council wants the Lunch Club and similar health services to work in tandem with the Voluntary and Community sectors to support people and protect and manage their health and well-being (Bridging the Gap, 2007).

### **2.3 The Lunch Club's value to its patrons**

The Lunch Club helps patrons help themselves by pursuing a positive attitude. It helps foster independence and promotes increased self-esteem through social interaction.

It provides many services to entertain and increase the wellbeing of elderly people in the community; however, its greatest service may be to provide an environment where the elderly can socialize. In addition, a social center provides elderly patrons' an awareness of health problems by providing education to combat them.

Human beings are gregarious, and we enjoy the company of others. Elderly people can frequently experience exclusion from society because they no longer directly contribute to it. They are generally all retired, do not run businesses and their children have left home long ago. Exclusion from society can cause loneliness and frequently depression. The Lunch Club provides an environment where elderly people can meet and socialize, which helps to alleviate loneliness. The Lunch Club acts like an informal group therapy where patrons can discuss their issues and health problems with others who suffer in similar ways.

Elderly people may wrongly feel that they are outcasts from society. This feeling can result in depression and loneliness. Loneliness and depression reduces self-esteem and tends to promote a poor attitude to life. Such poor attitudes make people stop caring for themselves and their health (both mental and physical). This is especially a problem with the elderly; the Lunch

Club provides an environment of engagement that allows the elderly to pursue good mental and physical health.

## **2.4 Funding of non-profit organizations**

Merton Council studied the structure of British government's requirements thus providing a better understanding of the demands put on the Lunch Club. Understanding the provisioning system that governs these services helps structure the data used to aid the Commonsense Trust's negotiations with Merton Council. The council's demands do not come directly from the local government of Merton rather these targets for the Lunch Club are determined by a long process of government regulation of public policy.

The road from policy to action in the British government starts with the Cabinet. The Cabinet consists of the Prime Minister and his Secretaries of State (Government, citizens and rights, 2010). Once the Cabinet has agreed upon the policies, the next branch of government who enacts these policies is Parliament. The United Kingdom's government is a Parliamentary Democracy; it consists of a House of Commons and a House of Lords. The Prime Minister is the principal government figure in the House of Commons (Government, citizens and rights, 2010). The Department of Health conducts health related policy reviews. The Department of Health is in charge of providing England with healthcare and health related services. "The Department of Health is committed to improving the quality and convenience of care provided by the National Health Service (NHS) and social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living" (How the Department of Health works, 2010)

The Department of Health is in charge of the NHS. This organization takes the policies and conducts extensive inquiries into how to apply them practically. The NHS regulates who provides service, the service provisioning, and how much the service costs. Quantified services become targets for receipt by local governments. The local government modifies these targets and adds them to their requirements for funding requests. A service provider like the Commonsense Trust uses the targets to regulate its services. The Lunch Club has to prove that it fulfills the target's requirements in order to retain its funding.

Researching the path of public policy shows that government bodies such as the NHS and the Department of Health direct the targets that Merton Council prescribes. These organizations are interested in maximizing the amount of money spent on services such as the Lunch Club. Targets ensure that the amount of money spent by the government results in efficient expenditure by Merton. This helps their negotiations with Merton Council because each target will effectively measure the quality of the service. Margaret Thatcher, a Conservative Prime Minister, in the 1980s, defined policies that greatly influenced how service provisioning became more competitive.

## **2.5 Non-profit policy changes during the Thatcher era**

In 1979, Margaret Thatcher gained election as Prime Minister of Great Britain. Her bold strategies to reduce the state's intervention in business and the free market reshaped modern Britain. Margaret Thatcher did not restrict her changes to making the government less socialist she also made significant changes to how nonprofit organizations provide their services. Margaret Thatcher's policies directly affected the development of nonprofit funding. Through an analysis of how Margaret Thatcher influenced nonprofit organizations, we can gain a better idea of why Merton Council wants the Lunch Club to justify its funding.

Her policies made it necessary for "not for profit" organizations to compete for funding. This meant that community organizations now had to justify all of their funding requests to the scrutiny of their local governments (King A, 2009). In the past, a nonprofit organization only had to show that they were providing a service to the community. For instance, an organization like the Lunch Club only had to show that they had a number of elderly people they were looking after when they requested funding. Thatcher's policies forced the not for profit organizations to justify all of their expenditures by making them compete for funding with like service providers. This meant that if an organization was not able to provide a service that was more beneficial than a similar service provided by a competing organization, funding would be denied and the competitor would receive the money instead.

Without Thatcher's policy changes, nonprofit organizations might fail to provide a comprehensive service. Justifying services makes nonprofit organizations more efficient. The added efficiency insures that all the people who need services get them.

Margaret Thatcher's policies were essential research material because they made it necessary to justify the expenditures of nonprofit organizations. The Lunch Club has to prove to the Merton Council that it provides its services in such a way that no other organization could provide a more efficient service. This justification is why the Merton Council is reviewing the Lunch Club to renegotiate its funding.

## **2.6 Government targets for non-profit organizations**

While studying the structure of British government and its service-provisioning organizations there were a number of terms recognized as important. Understanding these terms is essential. A comprehensive knowledge of these terms and how the government uses them to determine the services is needed to understand what the Merton Council wants and how to frame the data for the renegotiation of the Lunch Club's contract.

One phrase used frequently used by Merton Council when describing the expectations of its service providers is "value for money". Value for money means that the service provided prevents the need of a more expensive service thus ensuring effective use of funds and defining a public service's value

For instance, the Lunch Club provides a place for elderly people to spend their day. They have lunch, they socialize they live happier lives than they would, but that is not what the Merton Council cares about. They are interested in how the Commonside Trust can justify the amount of money spent on providing these services. The Lunch Club has to show during the renegotiation of its contract that by providing the elderly with its services this significantly reduces the cost of healthcare services that otherwise would have to be provided.

Commissioning for Personalization Framework for Local Authority Commissioners defines commissioning as “the process of translating aspirations into timely and quality services for users which meet their needs; promote their independence; provide choice; are cost effective; and support the whole community.” (Bennett, S., 2007)

For policy makers commissioning means turning a need that requires attention into a policy, and the implementation of that policy. Commissioning is the way that the Lunch Club’s targets were determined. The Merton Council received a set of ideas with which to improve the services of its service providers. Merton Council then used commissioning to turn those aspirations into targets that the Lunch Club is required to meet. For example every time an elderly person has a fall and breaks a hip, the NHS incurs the medical costs of repairing the hip. To avoid these mounting costs the government has introduced policies concerning prevention and early intervention. Reducing the amount of money that the government has to spend on healthcare by reducing the number of falls is a policy objective.

“There are already very significant pressures on critical care costs at present, without accounting for the additional resources that will be required for an increase in population. Some of the key gains to be made in improved and integrated commissioning strategies for health and social care allied to re-provision through changing health structures” (Revd. Wakefield, A., 2006)

The term ‘prevention and early intervention’ means the provisioning of proactive healthcare thus reducing costs of public services required to deliver the healthcare service.

Putting People First (HM Government, 2007) is clear that it expects public services to make ‘a strategic shift towards early intervention and prevention’

Prevention and early intervention is important to our project because Merton Council’s targets center around early intervention. The Lunch Club is a prevention service so we need to fully understand prevention and early intervention to better understand how the Lunch Club functions and what the Merton Council expects from a service like it. Policy based evidence making, value for money, commissioning and prevention and early intervention are terms used for all guidelines that the government uses to make policies.

## **2.7 Psychology of Aging: Growing old gracefully**

The United States (US) and the United Kingdom (UK) cultural societies tend to isolate elderly people, making them lonely and depressed. Isolated older people tend to decline in health because their attitude towards life is low. In order to combat ill health, elderly people need a meaning and purpose in life, a strong feeling of independence, social interaction from friends and a sense of belonging to a community.

The modern world tends to neglect old people. They are often pushed aside by the fast pace of life. There is a perception of an immediate decline in mental function as someone shows signs of advanced age. This fear is at the root of common misconceptions about aging. When we see an old person who has had a stroke, suffers from dementia or is in a wheelchair we characterize all elderly people with the view we have of these disabled people. (The Psychology of Aging Feb 1998 web page)

The truth can be quite different; seniors are a very diverse group with a very diverse set of interests. We forget things even when we are younger however this is dismissed easily by the young, however when we are older we automatically blame age. Western cultures embrace youth; however, people from the eastern side of the world value the wisdom in their old people. Segregation of older people in the West results from old people living in retirement communities and nursing homes. People from the East will provide accommodation for their aging relatives in their own homes. Projecting misconceptions of the place for old people in western societies can be damaging. Attitude is the single most important factor in psychological aging (The Psychology of Aging Feb 1998 web page). Older people are still very valuable members of society. There are many instances of people in the 70s and even 80s globetrotting around the world. Fostering dependence on adult children or caregivers too early can severely diminish a senior's attitude and wellbeing. If the older person has a good positive attitude, it can more than compensate for other things that may be lacking (The Psychology of Aging Feb 1998 web page). Even old people relish a high quality of life that includes independence, the ability to travel, good family relationships and long-standing friendships.

## **2.8 Ill-health of elderly people**

Medical experts know that there are linkages between physical and mental ailments. Physically impaired elderly people are susceptible to depression. The causes of that depression can result from a biological illness such as a stroke. Social isolation from the community is a known cause. A painful psychological issue such as the loss of a loved one will often cause severe depression. Healthcare services have to address both physical and mental ailments at the same time.

The people of Merton who attend the Lunch Club tend to be disadvantaged and aged. Many of them are suffering from debilitating illnesses such as dementia, osteoporosis and other such diseases.

The conditions that older people are more at risk of getting are chronic diseases such as cardio-vascular disorders (CVD), chronic obstructive pulmonary disease (COPD) or bronchitis, osteoporosis and dementia. (Annual Report of the Director of Public Health, 2009)

The elderly people of Merton suffer from a number of diseases common in older people. A recent poll concluded that 68% of people over the age of 80 in Merton suffer from dementia. (Birnbaum, I., 2007, p98) This debilitating disease results in the person suffering from slowly losing touch with their surroundings. Today 36.5% of people suffering from dementia in Merton are in full time care homes (Birnbaum, I., 2007, p98).

Loss of memory is very often associated with aging. There have been a large number of studies conducted recently that can show that memory can be tuned. There are also studies that show that a healthy diet can affect memory. A study by Fratiglioni from the Karolinska Institute is reminiscent of the “use it or lose it” admonishment. In the study of 800 elders, researchers found that those regularly engaged in activities that were socially interactive, intellectually challenging and physically involved fared the best in keeping dementia at bay. Examples of these activities include ballroom dancing, golf, bowling or even bingo. (Critical Care Nurse 2004 web site) In another study of 1500 Finish people over 21 years conducted by the Karolinska Institute in Sweden reported that obesity, or hypertension in middle or old age (50+ years old) have a significantly increased likelihood of developing Alzheimer disease or dementia in later life (Critical Care Nurse 2004 web site).

A report conducted by the London Institute of Psychiatry at Kings College London defines the number of dementia sufferers in the Britain as 700,000 at an annual cost of 17 billion pounds. The projected increase in 2025 is over 1 million people and to 1.7 million by 2050. More than one third of this cost is from caregiver’s income and tax revenue because they have to give up work or cut it back in order to look after their family members. (Timesonline Feb 2007 web site article). Epidemiological studies show that having more years of education can lower the risk of Alzheimer disease. The disease is 2 to 4 times more likely in people with less education. The studies also claim that people who engage in mentally stimulating leisure activities have a lower prevalence for the disease. (PLOS Medicine web site article: Educating the Brain to Avoid Dementia: Can Mental Exercise Prevent Alzheimer Disease 2005)

Various studies conducted recently show that there is significant evidence to determine that understanding the interrelationships between both physical and mental aspects of aging provides a better outcome for the patient. The Lunch Club provides a set of services to their patrons that can have a significantly positive result for their physical and mental wellbeing. The nutritious meals and activities are only part of value that the Lunch Club provides. The Lunch

Club engages its elders in an environment that fosters the overall improvement of the psychology of aging for each person it serves. The Lunch Club fosters a sense of group identity, and awareness that the community cares about them and values them as wise and key members of society.

### **2.8.1 Medical problems of the elderly**

Falls cause the most common, serious, and debilitating medical problems suffered by older people. Reducing falls reduces the health costs. Falls can result in hip fractures and serious leg injuries. Older people suffer from osteoporosis and hence their bones do not heal well. Often, extended hospital stays and nursing home long-term care are required.

The most frequent types of injuries that elderly people encounter are the result of falls. When people become old and frail, their bodies start to deteriorate and they start to feel the effects of diseases like osteoporosis. A person suffering from osteoporosis has greatly diminished bone mass in their body. This means that they will incur much more severe injuries from mundane accidents such as falls. Frequently falls in the elderly result in hip fractures.

Fractures resulting from falls are a major cause of mortality and disability among older people. Falls are generally multi-factorial, with osteoporosis as a major risk factor. The level of fractured neck of femur provides a proxy to the level of falls and can indicate the need for preventative measures. In Merton, there are higher levels of fractured neck of femur than in Sutton and other boroughs. (Annual Report of the Director of Public Health, 2009)

The Lunch Club helps its patrons reduce the number and severity of their falls in many ways. They provide nutritious lunches high in calcium, which can help with osteoporosis. They provide exercises that strengthen muscles and bones and improve balance. They provide education on prevention of falls thus providing medical information and monitoring of the health of its members. These services aid in saving the Merton community a considerable amount of money from hospital bills.

### **2.8.2 Hip fractures**

Hip fractures are frequent in elderly people and are one of the most debilitating and costly ailments. Merton has the third most neck of femur breaks from falls in London per year.

An expectation in a population the size of Sutton and Merton of about 450 hip fractures necessitating treatment each year; which with other low trauma fractures requiring attention it is estimated that there are about 1,500 episodes costing over £10 million per year. (Birnbaum, I., 2007, p99).

An elderly person who has suffered a fall would most likely incur a broken femur bone in their leg or a hipbone in their pelvis. This type of injury is severely debilitating and if it is not

correctly treated; the elderly person who suffered the fall may never be able to walk again. Operations to repair these injuries are expensive and time consuming. The patient has to have significant hospital care to mend the break in the bone. Complications from frailty and other age related issues affect the healing process. All of these factors make the cost of a fall very high.

### 2.8.3 Costs of falls

“Approximately 30 percent of people over 65 years of age who live in a community fall each year” (Measuring the Economic impact of fall prevention)

The Lunch Club has 70 patrons, and hence an estimated 21 will fall each year thus requiring medical attention. The average cost as defined in **Table 1** of the medical attention for each fall is approximately £2000 per incident. The cost of medical attention to treat falls inflicted on the Lunch members is £42,000 per year.

The UK population in 2009 was 61,792,000 people (Office of National Statistics – Population Estimates).

**Table 3** indicates that the number of hip fractures per 10,000 people was 16 (male and female) in 1990. The assumption is that the incident rate is similar for 2010. The number of hip fractures for the population estimated as  $61,792,000 * 16 / 10000$  is 98,867. The percentage of people who are afflicted with hip fractures is therefore 1.6% of the population. Ninety nine percent of people who suffer hip fractures are over the age of 65 (Donaldson, ... (1990) Incidence of fractures in geographically defined population). The percentage of people over 65 who are afflicted with hip fractures is approximately 1.58%. The probable number of people from the Lunch Club that will suffer a hip fracture is  $70 * .0158$  in any given year is 1, and 11 people over 10 years. The cost of medical attention to treat hip fractures inflicted on the Lunch members is £25,424 per year.

Additional costs incurred with hip fractures affect families. The productivity of family members who act as caregivers will suffer because they will have to take time off work.

**Table 4** indicates that 45% of patients are discharged home, hence  $98,867 * .45$  or 44,490 people in the UK per year. The median income in the UK is approximately £25428 per annum (Office of National Statistics – Earnings). An estimation of the possible productivity loss results from estimating the percentage of caregivers giving up work to care for their family member. Resulting in an estimation of the amount of the proportion of a yearly income lost.

Age Group	Fall on same level from slip/trip/stumble	Fall on or from stairs or steps	Fall from one level to another	Unspecified Fall
60 - 64	£1621	£1520	£1707	£1453
65 -69	£1742	£1571	£1792	£1521
70 - 75	£2406	£2166	£2133	£1932
Over 75	£2490	£2189	£2236	£1876

(P Scuffham, Incidence of Falls Feb 20 2003)

**Table 1 Cost of fall related injury**

Category	Cost
Hospital Care	£4760
Ambulance	£171
Long stay residential care	£20010
GP use	£164
Outpatient use	£319
Total	£25424

(The economic cost of hip fractures in the UK, 2000)

**Table 2 Cost of individual hip fracture**

Fracture	Rate per 10,000		Estimated number of fractures	
	Male	Female	Male	Female
Neck of Femur	3.9	12.1	11,255	36,215

(The economic cost of hip fractures in the UK, 2000)

**Table 3 Estimated number of hip fractures per annum, UK 1990**

Cost Description	Percentage of patients
Long stay hospital care	5%
Long stay hospital care followed by death, median stay 52 days	15%
Long stay residential care are discharge	20%
Discharged home	45%
Dead within 20 days	15%

(The economic cost of hip fractures in the UK, 2000)

**Table 4 Estimated social costs of hip fracture**

Proportion of caregivers giving up work	Productivity Loss
1%	£11,312917
5%	£56,564586
10%	£113,129172
20%	£226,258344

(The economic cost of hip fractures in the UK, 2000)

**Table 5 Possible productivity loss of caregivers of hip fracture patients**

Category	Number of Instances	Cost
Hip Fracture	326	£326*25424 (8,288,224)
Fall Injuries requiring medical treatment	11,005	£11005*2000 (22,010,000)
Hidden Cost 10% loss of wages by caregiver for hip fracture patient	4952 * .1 (495)	£495*25428(12,586,860)
Total		£42,885,084

**Table 6 Estimated costs of hip fractures and falls in Merton**

Category	Number of Instances	Cost
Hip Fracture	1	£1*25424 (25424)
Fall Injuries requiring medical treatment	21	£21*2000 (42000)
Hidden Cost 10% loss of wages by caregiver for hip fracture patient	1 * .1 (.1)	£.1*25428(2543)
Total		£69,967

**Table 7 Estimates costs of hip fractures and falls in the Lunch Club**

The population of Merton was 203,800 in 2007 (Birnbaum, I., 2007, p99). The estimated number of hip fractures is therefore  $203,800 * 16 / 10000$  or 326 for Merton, assuming that the percentage of the population of people over 65 in Merton is similar to the rest of the UK. The percentage of people over 65 in the UK is 18% (Office of National Statistics – Population Estimates). The number of old people that will suffer falls in Merton is therefore  $203,800 * .18 * .3$  or 11005. The number of caregivers required for discharged patients is  $11005 * .45$  or 4952.

**Table 6** provides the estimated total cost of falls that medical attention, the cost of hip fractures, and the productivity loss costs for the borough of Merton. **Table 7** provides the estimate of total cost of falls that need medical attention, the cost of hip fractures, and the productivity loss costs for the Lunch Club.



### **3. Methodology**

In order to understand the way the Lunch Club aids its community, we identified a number of objectives to help achieve our goal. We identified the benefits the Lunch Club for Older Persons gives to its community so that it can assist in the renegotiation of the Commonsense Trust's contract with Merton's local council. We aided the council by obtaining and presenting quantifiable and relevant data to prove the program's worth. Our objectives to achieve that end were as follows. We needed to identify the targets of the local council and identify which targets of the CCDT best match up with the local council's targets, and then understand the desires of the elderly in Merton. Then we had to give this data context by interviewing workers at the Lunch Club. We finally interviewed people who work with other lunch clubs or similar programs. Once this is complete, we analyzed the data collected and organized it in a clear and accurate manner for the CCDT to use in their renegotiations. In order to accomplish these objectives, it was important to have a plan of attack and a basic idea of how to accomplish the tasks. These tools enabled our group to collect the best information we could for the CCDT.

#### **3.1 Understanding the targets of the local council**

Before we can do anything, we first had to understand exactly what the local council was looking to get from the Commonsense Community Development Trust. We have critically examined several government documents which helped explain what the CCDT is tasked with attempting to do. We also had to talk to several people who dealt with the government for similar reasons. Lynne Bainbridge was the most important person we interviewed in this respect, as she was able to explain to us what kinds of things that the local council will want to see from the CCDT. There were two documents that ended up giving our team the most information in regards to targets, and those two documents were *Merton's Local Area Agreement 2007-2010*; *'Bridging the Gap'* and *Prioritizing need in the context of Putting People First: A whole system approach to eligibility for social care; England, 2010*. Due to their length, these documents, while rich in data and information, took a significant portion of our time to read and understand.

#### **3.2 Document evaluation**

Next on our list of tasks was gaining a better understanding of the current situation as well as the terminology used. In order to do this we read various government documents pertaining to the provision of care services, specifically those concerning elder care. We examined documents under different contextual lenses, such as from the perspective of a care provider, then again from the perspective of a council official.

#### **3.3 Understand the needs and desires of the customers**

Next, we endeavored to understand the needs of the elderly in the Borough of Merton. We accomplished this through a series of focus groups held during the Lunch Club for Older Persons. Once we began to understand the needs of the elderly, we were able to provide better personal data that would be specific to the CCDT. Without this data, we would be unable

generate specific arguments which would severely weaken any conclusions we would be able to draw. Below is a sample of what sort of questions we will ask during the focus groups:

*Sample Questions*

Primary Question	Follow-up Question
<p><b>1. Do you like the food at the Lunch Club?</b></p>	<ul style="list-style-type: none"> <li>• Is there enough variety?</li> <li>• Are there any foods you would like to see more or less of?</li> <li>• Is the food prepared and served in a satisfactory manner?</li> </ul>
<p><b>2. What do you think of the shuttle service provided by the CCDT and Merton?</b></p>	<ul style="list-style-type: none"> <li>• Is the driver courteous to you?</li> <li>• Are you waiting for long periods?</li> <li>• Is there any way this could be improved upon?</li> </ul>
<p><b>3. Do you enjoy the after meal activities?</b></p>	<ul style="list-style-type: none"> <li>• Were you content with the quality of the activities?</li> <li>• Would you like to see any additional activities?</li> <li>• Are there any activities that you would like to see less often?</li> </ul>
<p><b>4. Do you have any complaints or comments on the Lunch Club for Older Persons?</b></p>	<ul style="list-style-type: none"> <li>• Were your needs fulfilled?</li> <li>• Do you have any needs we did not meet?</li> <li>• Are there any areas in which we could serve you better?</li> </ul>

**Table 8**

A focus group consists of a group of 6 to 12 people gathered together with a mediator who facilitates a group discussion about the subject. This group discussion provides data and insights that would be less accessible in a one-on-one type of situation, for example, hearing about someone else’s experience might stimulate some further insight in a different participant in the group. These kinds of incidents are referred to as “...a kind of ‘chaining’ or ‘cascading’ effect; talk links to, or tumbles out of, the topics and expressions preceding it” (Lindlof & Taylor, 2002). However, focus groups are not without fault. The researcher leading a focus group does not have as much control as they would with a simple one-on-one interview, and this

can waste time on issues that are unrelated and unnecessary to the subject matter. In addition, the number of people in a focus group is too small to be representative of the population. At Commonsense Trust, we used focus groups to understand the needs and desires of the elderly in the Borough of Merton.

### **3.4 Observations**

Lastly, we conducted our own observations into things such as the Friendship Club and Age Concern Merton, as well as, actually measuring how much exercise the customers of the Lunch Club actually get. These provided important and powerful data points that were extremely helpful for our case.

First we examined the Friendship Club by attending one of their weekly meetings and asking the organizer a few questions while observing the happenings. This was not particularly difficult as the group was small and there were no objections to us being there. We were able to gather relevant data during the club and leave without disturbing any of their activities.

Then we conducted a study of the Age Concern Merton (ACM) through several methods. We reviewed their website to gain a basic understanding of what exactly ACM was, and then we interviewed Lynne Bainbridge. Lynne Bainbridge is the head of ACM and was able to provide us with excellent data, both on ACM as well as other issues such as targets.

Lastly, we observed the customers of the Lunch Club to see just how much exercise they get during an average visit to the Lunch Club. We stayed out of their way, and made sure they did not know our intentions so as not to upset the data we would collect. From the neighboring rooms, we timed the customers to see how long they walked around the building. This data was absolutely invaluable to our project.

## 4.0 Findings

While researching the way in which the Lunch Club for Older Persons is a social and economic benefit to the community, our team identified two major findings. Firstly, that the Lunch Club for Older Persons satisfies the targets established by both the local and national governments. Secondly, that the Lunch Club for Older Persons provides basic proactive services to its customers that should save the local council costs in the health care field.

### 4.1 Accomplishing the local and national health care targets

#### 4.1.1 Identifying the Merton Local Council's targets

In order to evaluate the effectiveness of the Lunch Club for Older People at accomplishing the targets set forth by the Merton Local Council, our team decided that the first step would be to identify the targets that are relevant to elder care provision. From the *Merton's Local Area Agreement 2007-2010; 'Bridging the Gap' document*, our team found that the Local Council's targets could be isolated into three distinct areas

1. Obtaining a strong value for money in the social service sector
2. Addressing the various inequalities that exist across the borough
3. Improving the quality of life of the elderly by improving residents mental health

The Lunch Club accomplishes these targets for Older Persons through various aspects of the program. The Commonside Trust obtains strong value for money through every pound received by applying that funding directly towards programs aimed at keeping the elderly out of care homes and hospitals. The Commonside trust works to reduce inequality by making their services available to anyone in the local community regardless of race, gender, religion, or background. Our team has found the social interaction provided by the Commonside Trust to create a social web that should improve the mental health of the customers of the Lunch Club for Older Persons.

Our first interview was with Lynne Bainbridge, who is the head of Age Concern Merton. She provided our team with a firm understanding of the type of data the Merton Local Council would want to see. She also taught our team to work backwards to understand the larger issue at hand, essentially; a bingo club is much more than just a bingo club, it is a necessary social outlet. This information allowed our team to begin to understand the necessity of The Lunch Club for Older Persons, not only to the customers who attend, but also to the community as a whole. With a firm understanding of how the CCDT provides essential service to the community and saves the local council money through subtly provided preventive care, we were able to refine our research by asking questions that are more powerful during future interviews. Our team decided that we understood the viewpoint of the provider, the viewpoint of the working family member became our team's focus.

#### 4.1.2 Identifying the national targets

A list of national elder care provision targets were found within a document from the Department of Health, *Prioritizing need in the context of Putting People First: A whole system approach to eligibility for social care; England, 2010*. This document laid out the targets that the national government has for the whole of England. These targets are:

1. Universal services throughout the nation,
2. Early intervention and prevention of avoidable ailments
3. Choice and control of care services
4. Improving the amount of social capital available.

We obtained a similar list when we examined *National Service Framework for Older People*. The NHS document lists the national targets for elder care provision as:

1. Eliminating age discrimination in care provision
2. Creating person centered care
3. Establish intermediate care to prevent emergency hospital admission
4. Prevent strokes and improve rehabilitation when they occur
5. Prevent falls and improve rehabilitation when they occur
6. Promote strong mental health in the elderly
7. Promote healthy living habits to enable an active older life

Using this information, we examined the services the CCDT is providing to the elderly, in order to judge if they are indeed working to achieve the national Department of Health and the National Health Service's targets. The CCDT is currently working on expanding their existing basic preventive measures, and is actively working to try to reduce the number of hospitalizations of their customers. Preventative care helps keep the government's costs low as rather than having to pay the large amount of pounds per year helping the elderly treat and recover from serious injuries, the local council could give the CCDT a substantially smaller amount of money to run simple programs to reduce the chances of these injuries from happening in the first place. The CCDT is actively working to correct the fact that many elderly often simply put off going to visit their general practitioner to avoid the hassle and time commitment involved. By working with a local GP to bring the doctor to the patient, the CCDT would be actively working to achieve another national target for all of England by increasing the ease of obtaining care. This type of personal and local care could not be run effectively through the government and is much more efficient when done through local care provision partnerships. This document from the Department of Health then confirms that it is up to the local councils to assign designated national funding as they see fit to local charitable organizations, making clear the path in which funding travels before being used to the benefit of the community.

## 4.2 Saving the local council health care costs

### 4.2.1 Customer's needs and desires

One of the first steps our team took towards our goal was to hold several small focus groups with the weekly customers of the Lunch Club for Older Persons run by the Commonsense Community Development Trust. These focus groups were essential in allowing our team to identify what the customers thought of the activities and whether or not there were any major complaints with the whole procedure. These focus groups also gave our research a contextual base, as well as a personal familiarity, which our team used to examine more effectively issues surrounding care provision for the elderly in Merton. Upon completion of the focus groups, we were able to discover that many of the complaints about the Lunch Club were minor, and many of the activities conducted by the CCDT provided good benefits. We found that the Lunch Club provided the elderly customers with the recommended amount of daily exercise, a nutritious meal, and an abundance of social interaction. Our team focused on these positive benefits, as we wanted to uncover, not only why the elderly needed these benefits, but also why the local council deemed such activities necessary. To understand this question fully however, our team needed more contextual information so that we could guarantee that we had examined the problem facing our sponsor from every possible angle.

### 4.2.2 Social context

After conducting two case studies of similar elder care services, our team was able to understand more of the issues and challenges elder care services face. The first program we observed was a once a week “Friendship Club,” run in the New Horizons Community Centre. This program allowed elderly residents within walking distance to come together for 2 hours of social activities. Participation in this program was voluntary, and the members of the club were more than willing to contribute 2-5 pounds weekly in order to buy refreshments and prizes to support the program. What we first observed to be a simple bingo club quickly materialized as an essential social gathering that was improving the community without any government assistance. These 12-15 women had created a reason to leave the house, which promoted both mental and physical health (Friendship Club case study). They had also formed a basic support network where the members would constantly check up on each other, especially around holidays, and make sure everyone was healthy. This group has shown that it is not necessary for the government to provide aid for a community care organization to flourish. However, if the “Friendship Club” were to receive government assistance, the quality of care would most likely see a large increase providing a strong return of value for money, for the responsible governmental organization.

The next organization we were able to examine was the “Merton Age Concern,” which is only one small section of a much larger national organization aimed at improving the wellbeing of older persons in England. This organization has taken a much larger role in the local

community providing a large variety of services to the elderly, from belly dancing class to subsidized car insurance. This organization has shown our team how large a well-structured and well-funded program can become. The “Merton Age Concern” is run like a corporation and is funded, in part, by dues and fees paid to the organization; however it does receive money from the Merton Local Council to hold special awareness campaigns and community festivals every year. This small amount of funding provides excellent “Value for money,” to the local council in elevating the standard of living for the elderly in the borough.

Our next interview was with Andy Hodge, the building director of the New Horizon Community Center, whose elderly mother is a current customer of the Lunch Club for Older Persons. After asking for some background on their family situation, a major supporting statement came almost immediately when he was asked “Where would your mother be right now if she was not part of the Lunch Club,” he responded by telling us that, quite simply, he did not think she would be alive anymore. He went on to explain that the Lunch Club gave her five very hearty meals a week, and gave her something to get up and go do while he was at work. Since she was at the Lunch Club, he no longer had to worry about her while he was at work, which cleared his mind so he could work much better. We can safely assume that there are other families in Merton echoing similar sentiments, as most of the Lunch Club customers live either with or close to their working relatives.

#### **4.2.3 The Lunch Club enables active lifestyles**

One area of inquiry suggested to our team as a simple way to prove basic value for money. We decided to determine how much exercise the customers of the Lunch Club were getting in commute to, and while attending, the program. This observation, while easily measured, was very valuable information to have as the London Borough of Merton spends approximately £1.12 million per year on broken hips and falling injuries alone (Annual Report of the Director of Public Health). Many of these injuries are preventable with a proper amount of exercise introduced into an older person’s daily activities. Our team found several articles that stated quite clearly that the recommended amount of exercise that the elderly should aim for is 30 minutes of walking a day (BBC online, daily exercise...how much?). Our team then proceeded to make measurements during the Lunch Club and found that the participants do indeed walk for at least 30 minutes while attending and more often more than 30 minutes. If the Commonsense Trust were to lose the funding for the Lunch Club, there would be no guarantee that these people would get their recommended level of exercise and, consequently, they would be at a very increased risk for falling and getting further injuries that the Merton council would then have to pay for.

The *Managing Resources in Later Life; Older Peoples Experience of Change and Continuity* document explained in detail what can happen after an elderly person falls. We have found that there is much more to a fall than a simple hip fracture or minor injury, even though the physical injury can be great. Elder people also can begin to have their confidence in their ability to perform small actions destroyed, they can begin to feel vulnerable to further injury and

potential abuse, and it can cause a shift in priorities in which leisure activities that are essential in preserving good mental health are abandoned for self-preservation. This fear of further injury could also be responsible for the tendency of the local elderly to relocate close to relatives, so that the risk of being alone and injured is smaller. We have found through this document that physical and mental health are inextricably tied together, and that remaining active and social can stave off a large number of ailments that cost the local and national governments greatly. The average cost yearly of falls and trauma to Merton is around 1.12 million pounds (Annual Report of the Director of Public Health) and 63.5% of the elderly in the community suffering from dementia still live locally (The Business of Caring), with only about a third of the afflicted relocating to care homes. If we can provide incentives to the local elderly to engage in regular, exercise and social interaction we can expect to see these two previous statistics shift to better ranges. We have also found that emergency room use in Merton is highest in the over 70-age group, with roughly 25% of the age band using emergency care annually. (Annual report from the director of public health 2009, Merton/Sutton). The need is evident to create a network of intermediate care to take the pressure off the emergency rooms, spread the responsibility of care to the community, and save the Merton Local Council money. The Lunch Club for Older People is a prime example of a community support network that exists to improve the quality of living of the local elderly as well as save the council health care budget by making preventive care more accessible.

#### **4.2.4 The Lunch Club promotes good nutrition**

We have found that the Lunch Club promotes healthy eating styles. It does this in several ways, the first of which is that the kitchen staff is more than willing to provide the customers with a variety of food in order to meet their dietary needs. This means that if a customer is a diabetic, the kitchen staff will meet their needs while keeping the meal delicious. We also found that the meals are extremely filling and they are able to have seconds if they are still hungry. The Lunch Club also provides its customers with five full nutritional meals a week. This is critical in having a good diet, especially when many of the customers often refrain from making themselves full meals at home. When we talked to Andy Hodge, he told us that his mother often would make a simple sandwich at home for a meal. A healthy diet helps stave off things like circulatory diseases and diabetes.

#### **4.2.5 The Lunch Club provides social interaction**

We have found that the Lunch Club for Older Persons provides multiple opportunities for social interaction amongst its customers. This social interaction has several benefits to the community and the customers. By having people to interact with, the customer's of the Lunch Club are less likely to develop mental illnesses like dementia or depression (National Service Framework for Older People). These mental illnesses are expensive for the local community to treat, weather by appointing aides or by putting the patients into care homes. We have also found that the social interaction provided during the Lunch Club will promote a healthy lifestyle amongst the local elderly by encouraging them to maintain social contact with others and to

leave their homes and experience an active later life. We have also found that by having the customer's of the Lunch Club leading a more social and supported life, their families are able to lead more productive lives without having to worry about the wellbeing of their aging family members. We have found that the social interaction provided by the CCDT provides a social benefit to the community, a personal benefit to the well-being of the elderly, and an economic benefit to the community by keeping the elderly out of mental health care houses.

## **5.0 Conclusion**

At the time of this project's completion, the negotiations for the Lunch Club contract will be about to begin. It will be very important for the CCDT to come to the Merton Local Council on 4 July, 2010, with a strong set of reasons why the program they provide warrants renewal and possibly expansion. The purpose of this project was to collect information on the process of elder care provision, the local and national context of elder care service, and the local community's need for a more accessible method of elder care. With this information, it was possible to identify key selling points with which the CCDT can prove the value for money they provide with the programs they run. Our team obtained Information through a focus group with the customers of the Lunch Club, interviews held with important figures in the elder care provision sector, and a critical examination of government provided documents relevant to the topic.

From the information gathered by the project team, a copy of our report has been provided highlighting key points in the CCDT's favor for examination before the negotiations start. This information was assembled and presented in a meeting with the heads of the organization, as well as electronically distributed to the entire staff for observation and record keeping. The hope is that this essay will be considered useful in assisting and aiding the process of this and future negotiations with the local government. The opportunity to secure additional funding for the Commonsides Community Development Trust and its program The Lunch Club for Older Persons will greatly enhance the local community and will further both the CCDT and the Merton Local Council's goals of aiding the social and economic growth of the surrounding area. With a successful negotiation aided by the research and recommendations of this project, the CCDT should be able to expand and improve the service it already offers the local elderly in the community.

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## **APPENDIX A: Healthcare comparisons between the U.S.A and the UK**

The United States and the United Kingdom have very different models for providing healthcare. The United States has a system of insurance companies that provide health insurance while United Kingdom has a system of government provided health care. The healthcare policies of each country differ greatly and hence services provided in United Kingdom and the United States that serve the same need have different approaches. This paper examines the similarities and differences between the two health service approaches and provides an analysis of how these differences effect service provision. Three components of service provision in each country appear below providing a comprehensive analysis of service provision styles in each country. The reasons for the differences in style, comparison of how an English community provides healthcare services and how a community in the United States provides similar services, and the physical differences in costs that result from caring for the same needs in the United States and the United Kingdom.

### **Healthcare in United Kingdom**

In the United Kingdom, people do not provide for their own healthcare needs, the British government provides for them. The Department of Health deals with healthcare for the whole of Britain. “The Department of Health is committed to improving the quality and convenience of care provided by the National Health Service (NHS) and other social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living” (How the Department of Health works, 2010). United Kingdom’s Parliament governs the Department of Health this means that the government to dictates the methods of health service provision to the citizens of Britain. The Department of Health governs the NHS, which consumes the majority of the Department of Health’s funding. The British government provides healthcare universally; however, the NHS cannot satisfy all of Britain’s needs directly. To provide for these unsatisfied needs, community organizations funded by the government provide local services.

The NHS is in charge of regulating these community services. It takes the guidelines provided by the Department of Health and turns them into quantifiable desires and requirements for service providers. The local governments apply these targets in order to help dictate the provision of services.

Because the government is paying for the provision of health services, the government optimizes those services to reduce their costs. The government’s goal is to pay as little as necessary for services while providing the citizens of the UK with the healthcare they need. This means that health services in United Kingdom, especially those related to care for the elderly, are focused on prevention to reduce costs. Specifically the government advocates ‘prevention and early intervention.’ This means that the government wants services to provide care so that additional services are not required in the future.

## Healthcare in the United States

Health services in the United States and the United Kingdom are very different. In the United States, insurance companies cover the majority of citizens healthcare needs. They provide a range of services to their customers. Healthcare service insurance is very complex and varies from state to state. There are also different types of insurance systems available. Elderly people often need different services to provide for all of their needs. Medicare is a government provided health insurance system for elderly people.

### Insurance companies

In the United States, insurance companies provide health insurance directly to the people rather than the government paying for the care. Insurance companies are businesses and hence require payment for every service they require. They exist in order to make money; to do this they provide health insurance policies paid for in the form of insurance premiums. Deductions from employee paychecks fund insurance premiums. Recently the United States Congress has passed a bill providing everyone with health insurance, even those people not fortunate enough to have health insurance provided by their employer (Anthem, 2010). These plans can cover anything from basic health care to long-term care insurance. In the past if you did not purchase a healthcare plan from an insurance company then you would have to pay the hospital for your services directly. A normal insurance plan relies on a group of people paying the same or similar premium each month. The group of people will include healthy people as well as those who are not so healthy. Younger people tend to be healthier than older people so the system relies on healthy young people subsidizing their less healthy group members. As the younger people get older and require more healthcare services a new group of healthy young people is required to subsidize their funding (Anthem, 2010). A normal insurance plan relies on the introduction of new younger people into the plan to pay for the services that other less fit individuals rely upon. The larger the group, the more cost effective the insurance becomes. The insurance company pays the cost of hospital visits and medical services for the person's medical attention. The insurance policy will support routine medical services as well as any unfortunate accident or illness that may occur. The insurance company will support the customer when they get older provided their insurance policy provides them with coverage (Anthem, 2010). This usually means that as long as the customer has a steady job they are covered.

Insurance policies do not usually provide proactive services. Proactive services are less expensive and insurance companies make money by charging for the services they provide. The less expensive the provision of needs the less money the insurance company can charge. Insurance companies do not integrate preventative services because by doing so they would decrease the amount of money they make. Insurance policies usually provide more reactive health services. They pay for hospital care services rather than preventative services.

When a person retires, they have to make other healthcare provisions. Their former employers no longer help provide for their insurance. They need an alternative way of providing

themselves with healthcare. Retired people have a number of options for their service providers; one such program is Medicare.

### **Medicare**

In the United States, insurance companies provide most healthcare, however everyone over the age of 65 gets Medicare. Medicare is financed by a separate paycheck deduction in everyone's paycheck. This deduction is made during the working life of the employee (Medicare, 2010). Medicare is not as comprehensive as a normal medical benefit provided by a healthcare insurance plan. It covers most of the costs of hospital visits and general medical needs. Medicare does not provide for people's primary physician (or GP) and so Medicare charges a premium each month to provide for this service. Last year the monthly premium was \$96.40 and this year the expected premium is \$110.50. This means that on average a person on Medicare will have to pay around \$1,200 a year for the service (Medicare, 2010).

Medicare does not provide for elderly care homes. It is a priority care system providing the necessary hospitalization and care for elderly people who have severe medical needs as well as providing for less immediate care and checkups. Medicare provides reactionary care rather than preventative care. Its services provide for people who are in need; it does not however provide preventative care.

### **Merton and Worcester**

To explain in detail the different between the two healthcare systems we will look at two towns, Merton in the United Kingdom and Worcester in the United States. Similar communities should have a mirrored need base. This means that it will be possible to understand the way provision services deliver care in each country by examining the services provided in Merton and Worcester.

Merton is a borough in the southwestern part of London, England. It has a predominantly working class community. Worcester is located in the middle of Worcester County, Massachusetts. Worcester and Merton have similar demographic communities. In 2009, the population in Merton was 203,800 people (Birnbaum, I., 2007, p10). Worcester meanwhile is one of the largest cities in Massachusetts and has 172,000 residents (Hello Worcester, 2000). Merton and Worcester are urban and have a similar density of population.

Communities of this size have a large number of elderly people whose needs have a significant impact on the community. The percentage of people in Merton over the age of 85 is 1.9% of Merton's residents (Birnbaum, I., 2007, p10). Of the people in Worcester 2.2% are over the age of 85. (Hello Worcester, 2000). Merton is a very diverse borough. Of the people residing in Merton 73% are white, 12% are Asian, 9% are black and 6% are of other dissents (Birnbaum, I., 2007, p10).

Worcester is also a predominantly working class society that has a large diversity in its population. Today the population of Worcester is 77% white 7% African American, 5% Asian,

4% Latino or Hispanic and 7% other (Hello Worcester, 2000). Merton and Worcester are impoverished communities. In Worcester 14.1% of families and 17.9% of the community falls below the poverty line. The average household income in Merton is £29,000 (Bridging the Gap, 2007). In Worcester, the median family income is \$42,988. Converting dollars into pounds, that is approximately £29,000 (Hello Worcester, 2000). In Merton 13 out of 245 super-output areas (SOAs) are of the 30% most deprived SOAs nationally throughout Great Britain (Bridging the Gap, 2007). An SOA is a geographical area designated in Great Britain to provide national census statistics.

Merton and Worcester are similar communities. This means that the needs each community faces are similar. A comparison of general healthcare and elder care in each community will result in a description of how the differences between the two service provision methods affect the services provided.

### **Elder care services in Merton**

The Commonside Trust Lunch Club provides services to elderly people in Merton. The Lunch Club is a nonprofit organization funded by Merton's local government, the Merton Council. The Lunch Club provides 70 elderly people with services they require that Britain's universal healthcare system does not directly provide. The members pay a small fee to attend the Lunch Club however; the Merton Council provides the majority of the funds for the club.

The government influences Merton Council's targets for service provision by instigating policies on cost reduction. This means that the Lunch Club provides services focused around preventative care. Instead of only providing the means to deal with problems that arise from the frailty of the members of the Lunch Club, the Lunch Club's services attempt to foster well being and increase self esteem.

The Lunch Club provides services that ensure the well-being of its patrons through nutrition, education, and by providing a focal point for elderly persons. These services are required in order to provide efficient preventative care to the Lunch Club's patrons. These services may not appear to provide preventative care on the surface but their effect is to decrease the prevalence of the elderly patrons' frailty and so decrease the amount of money the government spends to provide them with hospital care.

### **Care services in Worcester**

Worcester has a number of care organizations that provide healthcare services to the elderly. These service providers are associated with healthcare providers. To provide themselves with these services the elderly people of Worcester have to pay for services from an organization that has an agreement with the insurance company that provides their care. This service provider will then work with the elder person's insurance company to provide the elderly person's needs.

Summit ElderCare is an elder care organization that operates in Worcester. It accepts any elderly person over the age of 55 who requires an age related service and lives in the area. "Our

services are tailored to the individual. Through a careful evaluation, each individual participant receives a personalized plan of care developed in conjunction with their own personal care team” (Summit ElderCare, 2010).

“In addition, to providing medical and social support to the participant, the program also includes insurance coverage for all medical services including hospitalizations and unlimited prescription drug coverage” (Summit ElderCare, 2010). Once an elderly person decides they want Summit ElderCare to provide them with elderly services, for a fee, Summit ElderCare becomes their healthcare provider and provides both their services and their health insurance.

Summit ElderCare provides a service to its patrons capable of dealing with their health problems, providing them with medical insurance and their day-to-day medical needs. The emphasis is on the elderly person to seek out a particular service from Eldercare. This means that an elderly person does not seek out care until their situations persuade them that without it they will have severe problems coping with their day-to-day lives. Summit ElderCare is an organization that provides reactionary service that is capable of dealing with an elderly person’s urgent needs without providing a preventative service to alleviate those needs.

Elder Services is another elderly provision organization. They provide services to anyone who has age related problems and needs a service to help deal with them. Elder Services deals with insurance companies to provide its services to elderly people rather than providing the services and the health insurance. “Elder Services of Worcester Area, Inc. has a formal process for the awarding of service contracts that guarantee free and open competition” (Elder Services Worcester, 2009). Elder Services has a wide variety of services that they provide. They do everything from Meals on wheels, which they charge \$2 a meal for to a Personal Emergency Response System (Elder Services Worcester, 2009). They even provide a companion service to elderly people. Elder Services is a wide-ranging organization that helps a large number of elderly people in Worcester.

Many other services in Worcester provide elder care services. These organizations all embrace different services to provide care to their patrons but the common theme among that care is reactionary provision.

### **Comparison of the cost of healthcare**

Elderly people are prone to causing themselves injury because of the diseases they suffer from as they age. Elderly people can incur the same types of injuries as everyone else however the most frequent types of injuries they encounter, result from falls. When people become frail, their bodies start to deteriorate and they start to feel the effects of diseases like osteoporosis. This disease causes bones to become brittle because the actual bone mass is depleted. This means that if an elderly person were to slip and fall they would be much more prone to breaking a bone than a younger person.

An elderly person who has suffered a fall could incur a serious injury such as a hip fracture. A damaged femur or hipbone is the characteristic injury deemed a hip fracture. A hip fracture is severely debilitating especially for elderly people because if it is not correctly treated they may never be able to walk again. Operations to repair these injuries are expensive and time consuming. The patient has to have significant hospital care to mend the damage to the bone and the frailty of the elderly person can complicate the mending process.

All of these factors make the cost of a fall quite considerable. In the United Kingdom, there are 61,800,000 people. In Merton and Sutton, there are about 450 hip fractures a year for 391,500 people (Birnbaum, I., 2007, p99).  $61,800,000 * 450 / 391,500 =$  approximately 71,000 people who incur hip fractures in the United Kingdom each year. While in the United States, ninety percent of the more than 352,000 hip fractures each year are the result of a fall (Your Orthopedic Connection web site” American Academy of Orthopedic Surgeons, 2007). Hip fractures are a considerable problem in both the United States and in the United Kingdom. Below are tables of the costs of repairing a hip fracture in the United Kingdom and in the United States.

#### **Cost of an individual hip fracture in the UK**

Category cost	
Hospital care	£4,760
Ambulance	£171
Long stay residential care	£20,010
GP use	£164
Outpatient use	£319
Total	£25,424

(The Economic Cost of Hip Fracture in the UK, 2000)

#### **Cost of an individual hip fracture in the US**

Category Cost	
Inpatient Care	\$26,912
Long stay residential care	\$14,164
Other costs	\$6,138
Total	\$47,214
Approximate total cost in pounds	£31,954

(“Your Orthopedic Connection web site” American Academy of Orthopedic Surgeons, 2007)

Despite the fact that the costs of hip fractures in the United States do not directly mirror those of the United Kingdom; it is obvious that there is a major difference in the costs of repairing a fractured hip between the two countries. The cost of healing a broken hip in the United States is more than 25% more expensive than the same service in the United Kingdom. This shows that hip repair in the United States is less efficient than in the United Kingdom.

Not only is the cost of mending a broken hip in the United Kingdom a great deal less expensive but the United Kingdom advocates prevention and early intervention in an attempt to

decrease the prevalence of hip fractures. This means that the United Kingdom is providing cheaper and more efficient care. This is because the two systems of providing healthcare advocate different approaches to providing services. The United Kingdom's goal is to promote proactive healthcare in an attempt to reduce the costs of service provisioning provides more effective care than the reactive care provided in the United States.

## APPENDIX B: Focus Group, Interview, and Case Study data

### Updated Annual Customer Satisfaction Survey

This survey is designed to improve the services provided by the Commonsense Trust. These questions are being asked in order to better evaluate what to improve or change within the Lunch Club. Results will be anonymous, and these answers will have no negative impact on the Lunch Club.

#### *General questions about the New Horizon Center*

Circle the Yes or No underneath the question

1. Has the New Horizon center met all the health and safety requirements to make you feel secure?

**Yes    No**

If not are there any areas that you feel the Commonsense Trust should address?

2. Are you aware of the Commonsense Trust's Complaint procedure?

**Yes    No**

If not, please ask your staff member to explain the procedure to you.

3. Have you been instructed what to do during an emergency situation such as a fire?

**Yes    No**

If not please have your staff member explain what to do during such an event.

#### *Questions referring to the Staff of the Lunch Club*

4. Does the staff act in a manner that is caring and tactful?

**Yes    No**

Can the Lunch Club improve upon the way they approach your personal care?

5. Do you feel that the staff members, including those who serve and prepare your food, treat you fairly and with respect?

**Yes No**

Can the Lunch Club improve the way it treats you? If so how?

6. Do you know which member of the staff is responsible for being your keyworker?

**Yes No**

*Questions involving the Transportation to and from the Lunch Club*

7. Is your journey to and from the Lunch Club a comfortable one?

**Yes No**

8. Was the driver of your transportation courteous and prompt?

**Yes No**

Is there any way that we could improve your commute to and from the Lunch Club?

9. We are considering adding a fee to the transportation to and from the New Horizon center. Would you continue to attend the Lunch Club if a fee were added to the transportation?

**Yes No**

*Questions involving the meals provided by the Lunch Club*

10. Are you satisfied with the quality and variety of the meals you are served by the Lunch Club?

**Yes No**

How would you like the meals to be improved?

11. Do the meals provided by the Lunch Club meet your personal nutritional needs?

**Yes No**

If not, please tell us how we can best provide for you personally.

12. Are there any foods you would like to see that are not provided on the menu or are particularly rare?

**Yes No**

What are these foods? If we can, we will try to provide them on the menu.

*Questions involving the activities and services provided by the Lunch Club*

13. We are considering adding to the existing services we provide to the Lunch Club. Do you feel that you would benefit from any of the below activities?

Circle the relevant activities

Advice on health

Advice on dietary concerns

Exercise classes

Advice on how to manage your pension

Advice on benefits

Library visits

If none of these additional services appeal to you, do you have any suggestions on activities you would like to see?

14. We want to know what activities we provide are most popular in the Lunch Club. Do you participate in these activities?

Circle the relevant activities

Massages

Art and Crafts

Bingo

Card games  
Discussions  
Dominoes  
Exercise classes  
Manicures  
Quizzes  
Newspaper reading  
Scrabble

15. Were any aspects of these activities unsatisfactory?

**Yes No**

If yes, how can we improve them?

16. If we were to provide opportunities for further education would you be interested in taking part?

**Yes No**

If yes, what would you like these education activities to focus on?

17. Is there any other way that we can improve the Lunch Club for you?

*Thank you for taking part in this survey. The data found by this survey will be used to improve your experience with the Lunch Club.*

## Customer Focus Group Results

11 May, 2010

Attendance: Ian Corcoran, Robert Over, Andrew Withrow

### *Food*

The food at the Lunch Club did not have many complaints. Most of the patrons seemed satisfied at the very least. Some of the complaints however were there are too many peas and perhaps a greater variety of foods. Other than that, most of the comments about the food were positive, such as the chef will make food to your needs or desires, or that they are willing to do whatever is needed to make your food however you want it.

### *Transport*

The transport to and from the Lunch Club has several faults, however most of these are unavoidable and minor, especially since the service is free. The major complaint is that the driver can be late (although this was repeatedly stated to not be his fault). This causes problems when trying to get to the shops, and sometimes means that they cannot get to the shops. The transport also forgot to pick up a patron for two days this week, which does not happen often according to the patrons.

### *Activities*

The activities are very well liked, and there were few complaints about any of the existing activities, but this is not to say there were none. One of the major complaints was that heard was exercise being useless and not well liked. Also they was a request for there to be more pre-lunch activities and for the lunch club to try and run longer than the 3 hours to currently runs. There were also some suggestions, such as which activities were more widely enjoyed, and possible things to add to the current repertoire. One of the activities that was enjoyed was the pension talks which can be very useful to the members. There was a request for more music related things, such as dances, dances to watch, and singers or musicians, specifically from the '30s to '60s era. This was a very popular idea and there were no complaints about it. They also wanted to see more movies or perhaps even trips to the cinema every now and again. One thing that they all seemed to think was lacking was a change in pace for various holidays, for example there was a suggestion that the Lunch Club could help everyone with their Christmas shopping. Perhaps the biggest thing that the patrons all wanted was day trips. People clearly wanted to go on the occasional day trip to, say, a park or a beach to just be able to get outside and enjoy the fresh air.

## Case studies

### Freindship Club case study

May 13<sup>th</sup>, 2010. 1:45 – 2:15pm

Attendance: Ian Corcoran, Robert Over, Andrew Withrow

- 11 members in attendance
  - Average is 13
  - Drop in membership due to recent deaths/hospitalization
- Group meets to socialize and play bingo
- £1.75 admittance, goes towards prizes and food
- Additional money buys extra bingo cards
- Prizes for winning cards come from a common pot
- weekly biscuit raffle
- 4 years running
- 2 hours a week, every Thursday
- Shares several members with Lunch Club for Older Persons
- Ages range from 55 and up
- Open to everyone, but only women in attendance
- Has special parties for the holidays
- Run by members of club who voluntarily manage
- All live within walking distance

### *Questions to answer*

- How does this help our group examine the lunch club from a different angle?

This case study gives our team a different angle with which to examine the social aspect of the Commonsides Trust's Lunch Club. By having an organization to study that has a different set of priorities than the Commonsides Trust, we are able to compare the effectiveness of the social activities run in the Lunch Club.

- How does this advance our group towards our final goal?

With a better appreciation of the various aspects of the Lunch Club we can aid it in a more efficient way. Through examining the Friendship Club we can see another Club that has dealt with similar issues as the Lunch Club, yet has been able to keep a consistent member basis for over 4 years. This advances our understanding of the desires of customers of elder care services

- Is there anything we can take from our observations and use it to better the Lunch Club?

The Friendship Club runs a very successful social gathering. As far as we can see, they increase the stakes in their Bingo games which encourages members to actively participate and stay focused. We could look into implementing a prize system in the activities, like Bingo or Dominoes, which the Lunch Club organizes after meals.

### **Age Concern Merton case study**

May 17<sup>th</sup>, 2010

Attendance: Ian Corcoran, Robert Over, Andrew Withrow

- Recently merged with another group to form Age UK
- 15 paid staff
  - 45 Volunteers
  - Always looking for more volunteers
- Provide services to the elderly
  - Insurance help
  - Funeral plans
  - Bills
  - Assistance with shopping
- Yearly “Celebrating Age Festival”
  - Various activities like tap dancing and crochet
  - Courses to learn new technology
  - Walks
  - Outings
- 60 years old
- 9am-1pm Monday to Thursday
- Ages range from 50 and up

### *Questions to answer*

- How does this help our group examine the lunch club from a different angle?

This case study allows us to observe a larger group which is further down in development from the Lunch Club. This gives us an angle that is unique in being the kind of association that the Lunch Club aims to be.

- How does this advance our group towards our final goal?

With a better understanding of what the Lunch Club envisions in its future, we can assist it to reach that point faster. Through examining the Age Concern Merton we look at another group

that has dealt with some of the same issues that are coming up in the Lunch Club and perhaps use these ideas to make the Lunch Club better

- Is there anything we can take from our observations and use it to better the Lunch Club?

Although Age Concern Merton is radically different from the Lunch Club, it has a number of activities that could be implemented in the Lunch Club, as well as being much larger than the Lunch Club. The Age Concern Merton offers a large variety of services from selling insurance to helping with shopping to group outings to help its members. The Lunch Club could try to offer some of these services to start to widen its current variety of activities.

## Interviews

### Interview Transcript with Lynne Bainbridge

May 18, 2010 2:30PM

*Attendance: Lynne Bainbridge, Ian Corcoran, Robert Over, Andrew Withrow*

The point of this interview is to provide a view into the way that these programs work. We also will use this to help provide context. With this context, we will be able to more accurately assist the Lunch Club.

1. Introductions Discussed who we are and what we plan to do. Also what we have done so far. Informed our goal to her. Did we go from what the customer wants and work back from that?
2. How does Age Concern remain cost effective? To be perfectly honest, it's the same as any business. Same kind of outgoings, personal budgets, versus the income coming in. For every member of staff which does X will actually increase the service by being a volunteer etc. May need equipment and so on and so forth, but they are cheaper than a paid member of staff. 330 Age Concerns across the country. Makes it so they can work together when necessary, for example, can we all make a deal together for photocopiers? Etc. Usually charities start with small goal and small budget. Then they grow continually until eventually they need to start running like a business, they are run with business laws and health laws, and so on and so forth.
  - a. What does the Merton Council think of the value for money of Age Concern? We don't always have to prove to the council, have other sources of income. We use the same methods for the other sources however. Customers, not patrons etc. they are customers despite the fact that money may or may not cross hands. Ask how they like the services they are currently using. Compare these to the competitors that offer similar services. Fred may or may not have a shady background, whereas we do not, therefore we would be a better choice to our sources of income. Where's the gap in the market? How can we fill it? Same thing as a business.
  - b. How has Age Concern approached the need to justify its expenditures? See above.

- c. The Lunch Club run by Commonsense Trust is under a certain amount of pressure to prove that it is an essential program for the community of Mitcham. Can you suggest any way we can help communicate that to the Merton Council? You have to be smart by your thought processes. Personalization is the way we define personal care. They used to be beneficiaries, they told us what they needed, then we told them we would help them, and they didn't really have much say. Then they started looking at how they could put the customer at the front, so perhaps, could we get a daughter to wash my back instead of someone else? The stair lift would be nice, but is there somewhere else we could go for lunch on Sunday? Essentially, that is the direction that service is going. Say people are customers. It depends on what service you're selling. AT the moment, we deliver the only handyman service, unless you're in the handyman alliance system. So we say to the council, we are the only one who does the handyman service in the county. Why do people want to come here? Where is the nearest lunch club to here? Also people don't want to ride on a minibus for too long. If the next lunch club is 3 4 5 miles away, you don't want to spend too long trying to get them there. Areas of high deprivation and elder citizens are good areas to start from. These areas will likely need more support due to the less support they have in housing etc. Nearest lunch club with these services is 5 miles away, so that is much too far away. The next thing is they need to bridge the gap between the incredibly wealthy, and the very not wealthy. This is probably 20% of the Borough, but it takes up 80% of the resources. We don't want customers to be coming here with constant problems and things that would be costly. Crime, alcohol, GP things, will all be higher. To actually equal out these problems, we are able to help fill out forms, figure out security, go out shopping, etc, which will lower the resource cost. Better than bussing people down the road.
3. Would it be possible for you to clarify a few terms taken from the report; *Commissioning for Affordable and Sustainable Health and Social Care and Support in Merton*?
- a. Could you explain 'single access points' to us? A single access point comes from a document called Putting People First (Dec 08) Well worth reading. No one is going to disagree. Why should people have to phone 6 or 8 numbers to get what

they want? Why can't they just call 1 number? Councils put in call centers which basically takes the caller's complaints to someone who will help them with their problem.

- b. What is meant by 'self assessment' and how would it be done at a lunch club? We talked about personalization, the customer, etc. They will be guided through that journey with a self assessment questionnaire. The idea is to try and elicit from people exactly what it is that they want. They won't give straight answers when they contact the club, therefore it's meant to capture what it really is that you need. They are now calling it outcome setting, asking people to set up goals or outcomes. Example I want to go to the football match, but I need someone who can take me and I need a wheelchair, can you do that? Self assessment questionnaire from Merton is very poor. Many of them are very poor. Many of the questions are very standard and do not ask too specific questions.
  - c. What does a direct payment mean to elderly persons such as those who attend the Lunch Club run by the Commonsides Trust? People would be given a budget, but it wouldn't necessarily be in cash. At the moment people receive money to pay for care under 65 you get money for living with illness, plus you get some car that's adapted for you or something. After 65 it's called attendance allowance and they take away the car thing. Mostly for eating living washing etc. The problem with these is that they are very restrictive in how they can spend it. Direct payment can pay for a college course for a young person, only if the young person can help the older person go to say the swimming pool or something. Personal budgets are set up so someone can make a list of needs, then someone checks these needs to make sure they DO need everything on this list. They have to make sure to be careful about who will be delivering the service to them so that nothing can happen to abuse the elder person. The personal budget is calculated from the self assessment. The resource allocation formula takes all the personal goals that the person comes up with, crunches them all, and comes out with a number. One of the challenges is that the resource allocation formulas are not coming out in a very generous way, and the numbers are very low.
4. What are some examples of activities Age Concern provides for its patrons?

- a. How do these activities satisfy the basic needs of the elder citizens in the London Borough of Merton?
  - b. What activities do you have that involve the specific needs of people over the age of 70?
    - i. What programs do you have that involve specifically monitoring elderly people to ensure their lives are comfortable?
    - ii. What activities do you have that involve providing older persons with basic amenities such as shopping and gardening?
  - c. Specifically what type of activities do you provide that concern the needs of the general population rather than older persons and other more complicated needs?
    - i. What are some examples of activities do you have that are directed towards integrating older people into society?
    - ii. What neighborhood and community programs does Age Concern support?
    - iii. How do you integrate information and accessibility of services into your programs? Do you have any example of such programs?
5. How do you think the change in government will affect the current process of elderly care? Does not think there will be any change. The situation should stay fairly constant, however they will be twitching around the edges, vanity projects etc. will be cut or modified. One of the worries is that with an increasing number of elder people living in the Borough, and then the communities will need to spend more money to help them. Prevention is going to need much more funding.
- a. Are there any worries that you might have about this change?
    - i. Possibly ask about funding?
  - b. Are there any worries that smaller social services might disappear? No very few worries.
6. What does it mean to change from current practices to prevention and early intervention? In 1991 people decided to start talking about prevention of problems. If you ask older people, they don't want to be sitting at home being fed and washed, but they want to go out and do things.
- a. What does a major shift like this mean in practice?

- b. How will the Lunch Club be affected once it has shifted its direction? FACS (Fair Access to Care System) About 8 years ago, the government decided that social care was getting more expensive, etc. They decided to ration services, they drew a line and said above this we will pay for it, if you are under it, we will not pay for it, you go find your own way. There are only roughly 2,000 people who are above this line; there are 60,000 people old enough to meet these needs. This is a huge problem because the argument is that what would happen if the 2,000 joined the other 3,000? The fact is that by saying to them, we deal with X number of people a year, these are the areas we deal with them; these are the sort of people who, if we took our services away, would be knocking on your door and raising your costs. She would become all of your expense. By us helping her and providing her with these services, we are keeping her out of your budget. If there are people participating in a course that lowers cholesterol and weight and etc, then you will be saving money for the government. Say WHY you are preventative and WHY you deserve this money. The customer will have a smaller price on their head because of the things you've done to help them. Social, environmental, physical, mental, community, **one that I missed**.
- c. What polices would be most changed by the shift to prevention?
- d. How will early intervention effect the selection of applicants to the Lunch Club?
7. How do you monitor your services? Depends on the service. If someone is coming to us 6 times a week, we don't want to ask them how they feel about it every time they have a cup of tea. If we only see them every few months, we ask them every time since we won't see them for a while. Some services are monitored quarterly. Some people are interviewed one to one since they have visual impairments which would make filling out surveys difficult for them. Every 3 years, we send out questionnaires to every person that we know of regardless. It shows us the gaps in our programs so we know where to fix them, and also gives us information that can help gain more funding by proving things are working. Belly dancing is actually very popular since you only ever lift a toe or a heel, so you have both feet planted and still allows them to dance. It can also help to lessen the load on the lower back and it can improve the strength of the back and hip. It's also fun and sexy and makes old women feel much better by giving them their feeling of

sexiness back which makes them happier. They often have a smile on their face and they usually laugh about it. Think 5 years ahead, what sort of services will you want from us? Would you want a handyman service or a dating service? Maybe something for widows? A gay or lesbian sort of program? What do they need? It's quite common for them to not have told anyone they were gay or lesbian until their mother dies or something like that, so then they are often stranded and don't know where to start. Counseling? Health? Where can we start?

- a. We are trying to develop a better feedback system for the Commonsides and we were wondering how you monitor the satisfaction of your patrons?
  - b. Is this a bi-annual evaluation or a more frequent one?
8. Do you have colleagues or coworkers in other London Boroughs that wouldn't mind speaking with us on the same subjects? It costs huge amounts of money to run some of these programs and it's only going to be the ones with huge incomes or very dire needs who will have access to these sorts of programs. Most of the average job kind of people will move back to near their family so they have someone to be with. It's interesting to watch how other cultures are changing to fit these new categories. If you look at these communities of say, Africans or Asians or something, the people seem to be living very well, but then you realize that the mom, who would usually be home to help watch the mom, now has a job since it's the new century. The family life has kind of changed to a more western kind of living, and it leads to some very depressed elders. Most people say you know "oh if I was injured, just shoot me" If you talk to soldiers that would come back from Afghanistan, missing you know two or three limbs; they want to just go climb Mount Everest or something. You have to be over 50 to go, and people are having great times with this 'Celebrating Age'.

## Interview with Andy Hodge

May 20, 2010 1:15–1:45PM

*Attendance: Ian Corcoran, Andy Hodge, Robert Over, Andrew Withrow*

The point of this interview is to get a better perspective of the lunch club from the unique perspective of both a lunch club employee and a family member of a customer. We will use the answers collected to better understand what effects the lunch club has outside of its 11-2 running hours. Once we understand these effects, we will be able to turn this data into quantifiable data to help the local council understand why the lunch club is such a necessary program.

1. Introductions
2. Where would your mother be if she was not at the Lunch Club? He thinks that she actually would probably not be alive anymore. Husband died 4 years ago. Took a lot of persuading to get her to come down to the Lunch Club. She didn't want to come and join the lot of "old folk" We eventually got her down here, she's had a few close calls, but she's still going strong. If she was still alive and not in the club, she would probably be in a home or something. Care workers come in during the week morning and afternoon to help her at home. Help her take her medication, get ready for the day, get ready for bed, etc. One night she was found under the headboard of her bed, from hitting her head and being there all night. The Lunch Club is a vital service to her.
  - a. What benefits have you seen since she joined the club?
  - b. How has your mother's involvement in the lunch club affected yours and her life outside of the club? It has taken a lot of worry off of Andy. He knows where she will be from 10-2. She can be quite pushy and can be a little aggravating. It's very nice to know that she's being fed well and being brought here and they're taking good care of her. Even though she might not feed herself properly on the weekends, when she doesn't come into the club, she will get at least 5 good filling meals during the week.
3. What factors went into the decision to put your mother into the Lunch Club program, or did she place herself into the program? Purely because he knew of it. There was another club called Woodlands that we knew of, but that was where my father passed away, and this made him want to avoid it for an obvious reason. Eastways is another lunch club that he knew of, but frankly it was too far away and this club was much closer and happier.
  - a. Were there any other clubs you considered?

- b. Why did you end up choosing the lunch club?
- 4. How does your mother remain active outside of the lunch club? She doesn't. She sits there and watches TV between different naps. However, if you say goodbye when visiting her, she will ALWAYS get up from her chair and walk you to the door and say goodbye.
  - a. Are there any other programs she attends? She likes playing bingo very much, occasionally they hold exercise classes and she gets in on those. She also likes to dance with people when she gets the chance. She doesn't go upstairs or downstairs anymore, she has a two floor house, bathroom on the bottom floor, and bedrooms upstairs. She doesn't want to have to keep going up and down stairs to use the toilet, so she just lives on the bottom floor. They only just found out that if this is the case, someone living on one floor of a two floor house, then they can apply for a reduction in tax. Which is a very helpful bit of knowledge
  - b. Does she do activities on her own, such as go for a walk?
- 5. How would your life be affected if your mother was at home rather than attending the Lunch Club?
  - a. How happy would she be if she was at home, alone or otherwise?
  - b. How would she continue being social without the stimulation provided by the lunch club?
- 6. Does your mother have any special needs? Other than a walker no she doesn't need very much. Most of the usual things that old people need. She only just started needing medication two years ago, when she was 93.
  - a. Is the lunch club able to fulfill these needs?
  - b. Is this accomplished satisfactorily?
- 7. Being both the family member of a customer and an employee of the program, are there any other thoughts you have about the lunch club? It fulfills a very necessary role in the community. A vast majority of the customers consider it a vital role in their life. Without it, they would be shut ins, just living at home watching TV all day. He would like to see it bigger than it is; it used to be two sittings, with roughly 90 people a day being helped. However there have been staff cuts, and the town was the one running that back then. Also it was a daycare place as well so it was open MUCH longer. When the

day center closed, a lot of the higher needs people had to stop coming because there simply wasn't the care that they required. The town almost shut it down before the Commonsides stepped in to keep it running. Some people use it more as a social club, but that's fine, that is very helpful. Maybe we should start looking at some of the Croydon citizens since some of them actually live closer than some of the Merton customers. If Merton were to give a minibus license to someone, which is about 130 quid, then perhaps we would be able to get someone to pick up more people and on their own time. Eastways has a residential home that is right next to them, they don't run it, but they do have it located right there. Woodlands also has a home, but unlike Eastways, they run it. This obviously gives the two clubs more customers since many of them live directly next door. If we could bring back the day center kind of thing, we could seriously increase the care we provide, this would allow us to be open longer and get more people to be here. As of right now, a lot of these people, once the door shuts here at 2, they won't do anything until the bus picks them up again tomorrow morning. He would also like to see more trips for the customers here. They don't get to see very much do anything, some of them have family members which will take them to places on the weekends, but a lot of the others don't get a chance to go anywhere so the lunch club is most of what they see.

## Meeting with Simon Courage

Attendance: Ian Corcoran, Andrew Withrow, Simon Courage

June 4, 2010

His goal is to increase public value, a mixture of social, environmental, and financial outcomes. The clients produce the benefit, not him.

### Project Leader – Andrew

### Project Manager – Ian

The point of this is that Simon wants to offer us some framework for us to help with our project.

#### Framework 1: Analytical Framework

Think of using the analytical framework to organize the data, quantitative, but also qualitative data, as well. Ex: 86% of the lunch guests say they want more gravy (quantitative).

Example of “PESTLE”:

	<b>Forces</b> (acting from outside)	<b>Drivers</b> (acting from inside)
<b>Political</b>		
<b>Economic</b>		
<b>Social</b>		Is the ethnic makeup of the customers representative of the neighborhood? Say ethnic diets, like an Asian women wants Asian food (do we have the right equipment?)
<b>Technological</b>	Connectivity that exists through technology (kitchen equipment, the actual kitchen, etc.) Say something like the whole kitchen was built in 1990 and is now out of date and does not comply with rules	
<b>Legislative</b>		There is a new legislature that says ramps are needed.
<b>Environmental</b>		

Distill Key Issues out of the PESTLE chart. Something like major causes of death, economic recession, etc. Start with pile of data, put it into PESTLE, and then proceed to the key issues.

The list of key issues can be turned into a similar chart, like so:

	Opportunities	Threats	Strengths	Weaknesses
Issue #1 Kitchen	Missed this, sorry	Funding can disappear and will be left with expensive useless kitchen	Good ratio of ability to providing	Hedged in, they wouldn't be able to produce a lot more food for people in one kitchen.
Issue #2 Aging Pop.		Customers can possibly all die and leave us with no customers		
Issue #3				
Issue #4				

Once this has been done, then you need to move on to Arguments overall. When we do this section, we want something that says “On the one hand.....On the other hand.....Our conclusions are.....Keep this short though, it’s an overview if you will. You could stop at the conclusions. Say these are our recommendations; we collected the data and analyzed it. I wouldn’t bother trying to go into like a financial or economical base. Then you move on to, the plan!

### The Plan

The first thing I suggest you need to do is to decide on your vision. Your vision is a kind of short description of the world that you hope to bring about through what you are recommending. That should drive what you do during this project. Then you should propose your values from that vision. Say your values are respect for the elderly, providing them with the best food that you can. It’s about the hows if you will. If the value is, make as much money as possible, that’s fine, I don’t object to that. Provide a comfortable end of life atmosphere, could go under dignity. Keep it down to a reasonably small number, no more than 6 I would say. Out of that should flow a mission, or an aim. Henry the V is a great Shakespearean play to symbolize this. His dad dies and he changes from being a waster drunk kind of guy, into a very powerful king who has a vision to change England into a major imperial empire in Europe, his mission is to invade France. When someone in the lunch club is thinking should I do X or should I do Y, they should be thinking, how does it compare to our mission/aim. “You have to know which f’ing hill you’re taking before you can figure out how you’re going to take it.” You can then break that mission down into some objectives. Ideally, then for each of those, you would then say what you’re going to do (tasks). Put the “why do you have this objective” things into your argument, not the plan, so that it doesn’t muddle up what your plan is. This should be easier for you than some of the other areas we discussed. Make sure your tasks are more detailed and SMART (Specific Measurable Achievable Realistic Time-bound). That is the guts of the project really, the engine room if you will.

## Finance

Producing a financial case is sort of outside the scope of the project. We could, however say what the cost of our project recommendations is going to be, and where they could possibly get that funding from. Funding is really the bottom line most likely for the CCDT. The next 5 issues are probably optional for you, so I will be very brief about them.

## Compliance

Does it comply with the laws that exist? We have a health and safety act and things which can be very strong about the laws in kitchens for example, so you have to make sure they are being followed, but I don't really think this is very important for your project.

## Implementation

Who will be doing all of this? Who are the manager(s)? If there is no one to take this forward, then it won't happen. There is also the governance, Naomi is the manager, but the trustees are the ones who provide the governance. Check and balance kind of system. Don't need to go into great detail about this, but just like, do you think a sub-panel of the board should take a look at this every quarter or something.

## Monitoring

What data do you need to collect, and how, and how will it be disseminated to show the progress of this plan? How will you judge the success of the plan? Is there a risk that the changes will offend some of the older customers who have been coming for years? Stuff like that.

## Evaluation

Monitoring is the ongoing measurement of performance of the things that you said you would do. Evaluation is the measurement of performance after say 2 years. You could step back and say okay we did all of those, what the hell did it do? For example there was a case of someone setting up a plan to improve the skill level of employees, and they set up all the tasks and carried them out and stepped back to see what happened, and they found that despite everything going perfectly, nothing had changed. Evaluation is always after the fact; however it needs to be designed in at the beginning so that you know exactly what you should be evaluating when the time comes. We should definitely build in some sort of evaluation down the road, something maybe as simple as say Naomi filling out something like, did our data help, and did the CCDT get the contract?