Cockermouth Centre for the Third Age

A model for successful engagement between GPs and the Voluntary Sector
Cockermouth Centre for the Third Age

July 2011

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1 Foreword by Dr John Howarth

The Centre for Third Age, although still developing, has been an interesting experience in testing out how the Third sector can contribute to the future health economy and improve the lives of all older people. I was impressed by the lectures given by Prof John McKnight in Cumbria and could see the advantages of asset based community development. However it was during the Cockermouth floods that I witnessed the real strength of partnership working with volunteers and the agencies that supported them. With the changes within the health economy and the growing number of older people in society it is essential that we work in partnership to address health and wellbeing and encourage all to be as independent for as long as possible. I look forward to continuing this work and building on this initial pilot which has already attracted interest from a wide range of people.

2 Aim of this paper

This paper aims to bring together the learning that has emerged from the development of the Cockermouth Centre for the Third Age, not only as a physical centre but as a model for the engagement of GPs and health with the Third Sector. It is hoped that by sharing this model it can be replicated elsewhere. The paper will also share the learning and experience, both good and bad, of implementing this project. The paper is supported by the Department of Health’s Strategic Partners Programme which aims to influence and share with the Department of Health the impact of health and social care policy on different client groups. Age UK national is a Strategic Partner and Year three of this work focuses on working and engaging with GPs and GP commissioners as well as the NHS more broadly.

3 Introduction and setting the scene

The development of the centre in Cockermouth both as a concept and a project was heavily influenced by local events but also by wider changes in attitudes and approaches to health and social care as well as new agendas brought into play following the election of the new government in May 2010.

The Department of Health consultation, “The Case for Change” described the social care system as ‘the activities, services and relationships that help people to be independent, active and healthy – as well as able to participate in and contribute to society – throughout their lives’. This reinforced the idea that older people should have access to the support and services they need to live their lives to the full.
This description suggested that in order to fulfil this vision approaches needed to go beyond traditional health and social care services and encompass a broader range of support to enable people to:

- live independently
- stay healthy and recover quickly from illness
- have as much control over their own lives as possible
- live with, or look after, their family
- participate as active and equal citizens
- have the best possible quality of life.

The government has since placed increasing emphasis on commissioning from third sector providers. There was recognition that the voluntary sector could provide increased choice and value for money that could be more closely tailored to the needs of the local community. However this could not be achieved without effective links between the third sector, health and social care.

Third Sector organisations in West Cumbria have recognised the need for increased partnership working for some time in order to improve social care outcomes for older people and have piloted a number of initiatives focusing on this in line with the prevention agenda. This has included information and consultation sessions held in GP surgeries, production of information resources to increase awareness of the range of activities and services available, and signposting and referral to appropriate support through partnership working within the sector and with statutory services. Although this has been successful to a certain degree there has always been a sense that this work could be taken forward with the development of the right model and in Cockermouth the local context provided a unique opportunity to do this.

Cockermouth itself is a historic market town with a population of approximately 8000 people. The CA13 area is also predominantly rural with areas of relative local affluence as a result of Sellafield being a leading employer and industry in the area but also deprivation with the largest brown field site in the North West region. The three GP practices on location at the hospital next to the centre cover or include part of 16 parishes and 34 villages. As a result the centre serves a diverse area.

Unprecedented flooding in the CA13 area required community action at a new level to rebuild the communities of affected areas. The floods drew attention to the strength and capability of the Third Sector and demonstrated some of the groups and skills that already existed as community assets. The flooding seriously affected a number of local GP surgeries located in the town resulting in them being re-located originally as a temporary measure to the Cottage Hospital. This transformed the site into a hub for health care in the community
with two GP surgeries and the existing cottage hospital services. At the same time wider changes were also occurring within Health and Social care. Cockermouth is a pilot site for integrated Health and Social Care provision and a chosen area for Allerdale Borough Council to develop its sub locality approach. It is also a pilot site for the devolution of locality budgets and operations within the local authority. GPs now have control over the health budget and how it is spent in their locality. These GPs face a unique challenge in Cockermouth now and in the future. People in the CA13 area have a higher life expectancy than both the Cumbrian and national averages. The population of over 85s in Cockermouth will more than double in the next 20 years and our dementia cases will increase by 130%. There was therefore a sense that the health service and the local community needed to act now to prepare for these challenges.

Prior to the floods, discussions regarding a new health centre were already in progress and in June 2010 plans for a new health centre were well under way. A consultant was appointed to consider alternatives for the old hospital premises. One idea was a centre to support the Third Sector. At the invitation of the Director of Public Health, John McKnight fired people’s imagination with the concept of Asset Based Community Development (ABCD). The concept struck a chord with local health professionals who had experienced first-hand the response of the Third Sector to the floods. A meeting of interested parties was convened and the idea of a Centre for the Third Age began to emerge. A Management Consultant/Project Manager was employed by the NHS to run the project.

4 Development of the concept

A similar concept had already been established at Cockermouth School with the Health Practice focused on health issues for young people. There were also opportunities emerging to work with other leaders in ‘Working Age Adults’ or ‘Mid Life’ provision. The concept of the Centre for the Third Age fits readily with these two initiatives. The concept was that these three strands of work could be brought together sharing a common core, similar visions and objectives whilst developing specialist approaches for their age group. Their work would interact as shown in Diagram 1.
The diagram presents a citizen centric concept with prevention and promoting independence as the priority, access to specialist agencies in a timely and appropriate manner and clear ways of moving seamlessly between all parties. The centre is therefore part of a wider initiative with the overarching objective of improving the health and wellbeing of people in Cockermouth. It enables focus to be maintained on the balance between what people desire and the constraints of national policy and guidance.

It is also closely related to the concept of ‘Big Society’ which aims to “give citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want” (Building the Big Society- Cabinet Office). The development of the centre therefore is to be directed by the community and its citizens. Asset Based Community Development (ABCD) was the original basis on which the development of the centre was to take place and a community based asset map was completed in order to identify what assets the CA13 community had to offer.
4.1 ‘The physical centre’

The ‘physical centre’ refers to the actual bricks and mortar or the infrastructure that houses the Cockermouth Centre for the Third Age. The drivers for the development of the physical centre were pragmatic. The accommodation available was a redundant building at the hospital, previously used to house the matron. Age UK was also in need of office accommodation in the Cockermouth area and was therefore willing to refurbish the building and allocate staff time to set up the office.

The centre currently consists of two rooms:

- **Room 1** is the hub of the centre; it houses the information point, is staffed and is where the referral and signposting processes take place.
- **Room 2** is a bookable room available to third sector organisations.

The physical location of the centre, next to GP surgeries, appears to have been beneficial in establishing the necessary links and relationships with health professionals. It is easily accessible by nurses and GPs and acts as a focal point for referrals and exchange of information. If there is a problem on the ward the nurses have an identifiable contact that is a representative of the third sector. This also provides them with a central point of contact to receive feedback on the referrals they have made. Its location also provides a unique opportunity to access potential new clients. Combined, the GP surgeries located on site serve a population of approximately 6000 over 55 year olds in the CA13 area. The GPs have contact with approximately 3000 patients in a year (not including repeat visits). The hospital deals with 300 admissions per year.

4.2 ‘The virtual centre’

The centre will also have an online presence which will be a ‘virtual centre’ to match the ‘physical centre’. This will include searchable and relevant sources of advice on local services for local older people which encourages people to seek and provide help on a mutual basis; achieved largely by research (local and hands-on), also through improved design and presentation. The ‘Slivers of Time’ project is fully integrated with the Virtual Centre. This project uses innovative software that will allow volunteers to manage their volunteering online. The Virtual Centre will be an exemplar Asset Based Community Development project. Projects to date have been physical/paper based and the virtual approach is ground-breaking for this methodology.
5 Marketing and communication

Marketing both the concept of the centre and the services it offers was an important aspect of the development of the project. A comprehensive marketing plan for the centre is still being developed. In its current draft form it is based on a commercial marketing plan in the sense that the centre and what it offers is indeed a product to ‘sell’ albeit not for commercial gain.

All marketing around the centre is focused on the CA13 area with initial materials aimed at ensuring those in the local community understood what the centre was and what its aims were. It was also decided that it was important to create a separate a brand and identity for the Centre from the NHS. For this purpose information leaflets were completed that were available as soon as the office was staffed (Appendices 1 and 2). The plan identifies that there are 3 main groups that the centre needs to be marketed to. This includes the 6000 people over 55 served by the GP practices, the local community (including voluntary groups, clubs and societies and local businesses) as well as health and social care professionals.

Ensuring that local community clubs, groups, societies and businesses were aware of the centre was crucial if it was to be seen as a community resource. As the centre is a focus for activities, contacts were made with relevant groups so that information on these would be available in the centre. Local businesses were encouraged to offer discounts or offers to older people in return for having information about their business in the centre, encouraging a mutually beneficial relationship.

Inviting the community into the centre through organised events has also been an important way of encouraging the idea that the centre is part of the community and can potentially offer something for everyone. The launch was the first key event of this type and over 300 invitations were sent out to representatives of the key groups discussed above. In preparation for the event it was decided that some of the budget allocated to marketing would be used to produce promotional materials such as ‘post it’ notes, mugs and re-usable shopping bags. This was done with the aim of getting the name of the centre and in fact the centre as a brand out into the CA13 area. Following on from this a number of other events have been held to allow people to keep up to date with the progress of the centre and inform people of new initiatives. Where possible the centre has linked into campaigns and awareness events held by partner organisations such as Age UK Falls week. Again this has helped to promote the partnership working that the centre supports and integration with the community.
6 Addressing the barriers

The two main barriers that the centre hoped to address were barriers preventing improved partnership working with health, and barriers preventing more effective collaboration between third sector organisations. The third sector has worked on projects with health in the past but this work has often been hampered by misconceptions about the third sector, a lack of awareness of services on offer among health professionals and also problems with processes. In the past referral processes have not been used by GPs and they have found the feedback on the impact their referral has had on patients insufficient. These factors combined with time pressures and an ineffectual referral system have all contributed to unwillingness among health professionals to refer patients to the third sector.

6.1 GP referral and engaging with health

Third sector organisations in Cumbria have sought improved links and working relationships with health with the aim of increasing the number of referrals from health to third sector organisations and their services. The physical location of the centre next to three GP surgeries has been beneficial in achieving this. The centre has provided a focal point for the exchange of information, referrals and signposting.

A key focus of the project has been to develop a streamlined referral system that would encourage referrals and ensure GPs had faith in the system and received good quality feedback on how it was working for their patients.

The current system being piloted goes back to basics with a single form (Appendix 3) that is quick and easy to complete. GPs can pass on the details of the patient and record what they think the C3A can help with. The form is now on every GP’s desk on the site. This is a low cost system using a form that can be adapted or amended to accommodate changes in services available, or changes in what patients need. Diagram 2 shows how the referral system currently works.
Diagram 2  C3A referral process

GPs  Health Professionals  Other

Centre for the 3rd Age

STAGE 1

Telephone and/or Visit and PIPP Case
Establish need / want and further information, create PIPP paperwork and input on Charity Log

STAGE 2

Referral to PIPP Worker
If more complex case that requires action.

Referral to other Age UK Service:
Befriending, Communities Action Project, MoneyWise, APHS, Macmillan, NESTA

Referral to other Organisation / Agency
Alzheimer’s, Cruise, West Cumbria Carers

Referral for Volunteering
Opportunities for volunteering with Age UK projects / services, other organisations services or local community projects looking for volunteers
The end goal is to have an electronic ‘one click’ referral system for the statutory sector to refer patients and carers to appropriate community and third sector support (especially for GPs in their consulting rooms). This should also help to ensure the Third Sector receives referrals at more appropriate stages in patients’ pathways allowing them to offer services more effectively:

- There have been 73 referrals from GPs in the first six months. Before the centre there were only 2 or 3 per quarter so this demonstrates a significant improvement.
- 5 people who would not have been part of the routine hospital aftercare service with more complex cases have been supported.
- 83 people have been identified by the lead older peoples’ nurse specialist
- Within the GP practices there is now a better understanding of the benefits that can occur from C3A intervention which will be seen on a rolling basis.

Work is still on-going to progress this and it is hoped that the referral system can be integrated with a review that is taking place of the GPs’ IT system with the aim of integrating the information systems for all three GP surgeries.

### 6.2 Partnership working within the Third Sector

The centre has also encouraged more collaborative and partnership working between third sector organisations in the CA13 area. A small room is available in the centre that is regularly used by other local organisations including the Alzheimer’s Society, Cruse bereavement and The Stroke Association. The use of the room to these organisations is free in order to encourage the development of the centre as a community resource. These organisations are already using the centre to deliver mutually compatible services. This potential of this initiative has been demonstrated by the success of the Stroke Association’s support group. They now have so many new members that they are no longer able to use the room and are seeking new accommodation for their group. As well as supporting the development of groups the room has also proved to be a valuable resource for private interviews. For many voluntary groups a private, non-threatening space in a convenient location can be difficult to find to conduct assessments and to provide one to one support.

There is also a role emerging for the centre as a supporter of volunteering in the CA13 community. This is under-developed in Cockermouth, except for defined special interest groups. The Centre has a significant role to play in terms of maximising resources and achieving wellbeing in later life and is also a way to utilise the assets available in the community. The centre is already supporting volunteering through a number of projects including ‘Slivers of Time’. By allowing members of the community to manage their volunteering activity in a
more independent way it will support the sustainability, quality and quantity of volunteering in the CA13 area. Age UK West Cumbria has good links with the secondary school for intergenerational volunteering. A new project is currently being run from the centre involving volunteers from the school’s sixth form centre. They are supporting older people to develop their IT skills in their own home. A team of volunteers is also being established to support the information and resource function of the centre. These groups of volunteers will pilot the online volunteering system before it is expanded as a database and offered to other organisations in the CA13 area. A more flexible and independent way of managing volunteers ties in with the ‘Big Society’ concept. It fosters the idea that citizenship and community action should be led by the people in the community themselves rather than by a particular organisation.

6.3 Engaging with commissioners and service providers in a new way

One of the key concepts of the centre was that there should be ‘bottom up’ service design. This means that older people in all their diversity, their carers and supporters should be able to actively engage with commissioners and service delivery agencies in all sectors. As part of a project run by Age UK West Cumbria, funded by NESTA (National Endowment for Science, Technology and the Arts), a Third Age Social Innovation Cooperative (TASIC) has been set up. This group is made up of volunteers in the ‘third age’ i.e. over 50 and the volunteers lead the direction of this work themselves. The TASIC group brought an important dimension to the project, demonstrating a real commitment to the involvement of older people in the development of the centre itself and the services it provides. The concept of the TASIC group and its outcomes and outputs are outlined in diagram 3.
Diagram 3 Third Age Social Innovation Co-operative

**Key assumptions:**
- Appetite to boost social capital
- Strong relationship with commissioners
- Commissioners and providers will appreciate wider benefits
- OP want to do more but don’t know how
- Older people with appropriate skills want to engage
- Access to older people with skills to deliver
- Co-op model will inspire and engage users and commissioners
- Stakeholders want reciprocal engagement with older people

**Long term impacts**
- Reduce dependency on public services through user empowerment and resilience
- Public service recognised by people as fit for purpose for the service users
- There is demand for the model based on evidence based practice
- Social return on investment

**Outcomes**
- Commissioners positively and proactively seeking engagement
- Sustainable co-operative engaged in service provision
- Social capital of participants is increased
- Model success stimulates interest from stakeholders and media
- Demonstrable influence on commissioners plans

**Outputs**
- Commissioners are involving older people in design and delivery
- Age proofing
- Wider recognition: media, awards, publications
- Social capital: number of volunteers around the area, involvement of third sector agencies
- Improved confidence and wellbeing through engagement: skills audit confidentiality, health and wellbeing scoring
- Volunteer database

**Interventions (project team)**
- Marketing
- Networking
- Knowledge bank/management
- Brokerage
- Empowerment
- Awareness raising

**Interventions (older people)**
- Co-operative
- Ownership
- Team building
- Research
- Developing roles
- Attending events

**Entry points**
- Catching people as they leave the workplace, or are about to leave
- Existing volunteers wishing to extend involvement
- Employee volunteer schemes
- Community activists

**Target customers**
- Service providers
- Younger older people who have left work recently
- Retirees moving to West Cumbria
- Third sector organisations

**Stakeholders**
- Public sector commissioners
- Big housing associations
- Active citizens
- Younger older people
- Community groups

**Problems**
- Commissioners have a problem in effectively engaging older people in the design and development of services
- Lack of appropriate opportunities for older people with skills and experience to co-produce public services with the commissioners
7 Cost/benefit and sustainability

As an innovative project the NHS was willing to devote resources to properly evaluate the whole system benefits. In the current climate the NHS was also looking for solutions to the potential challenges posed by the demographic in this area, i.e. the ageing population, as well as a solution to budget pressures.

We are still working through developing a comprehensive cost-benefit analysis but early indications are that it is very much in line with the analysis undertaken for the Partnerships for Older People Projects reported by DOH in January 2010. This highlighted that meeting older people’s needs with a preventative approach can create efficiencies. This equates to an approximate saving of £2.20 for every £1 spent on prevention in emergency bed days and £1.40 on every £1 spent on prevention for primary care services.

We consider that the involvement of the asset based volunteering approach will demonstrate further cost savings.

7.1 Financial support  (1 October 2010 to 30 September 2011)

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution from joint funded health and social care promoting independence project</td>
<td>£13,000</td>
</tr>
<tr>
<td>Contribution from Lottery funded community development project</td>
<td>£10,000</td>
</tr>
<tr>
<td>Contribution from Cockermouth flood funds</td>
<td>£ 8,000</td>
</tr>
<tr>
<td>Nominet Trust grant</td>
<td>£25,000</td>
</tr>
<tr>
<td>Contribution from Slivers of time grant</td>
<td>£10,000</td>
</tr>
<tr>
<td>Local newspaper</td>
<td>£ 400</td>
</tr>
<tr>
<td>Contribution from Age UK West Cumbria</td>
<td>£9,000</td>
</tr>
</tbody>
</table>

This has enabled

- 1 x centre coordinator NJC 14
- 2 x 0.5 community development workers NJC 18/20
- 1 x 0.4 Project Development Officer NJC 18
- 1 x 0.2 IT Support Officer NJC 18
- 1 x 0.1 Chief Officer
Funding support also bought ICT equipment and licences, paid for marketing, specialist input and items related to individual projects e.g. community venue hire. In addition the PCT funded a management consultant for 6 months to consider a future for the old community hospital site of which some time was allocated to support for this project.

Case studies of referrals that have been dealt with by the centre have already begun to demonstrate the potential cost/benefit to GPs and the health service in a wider sense. Interventions as a result of the referrals to C3A have achieved the following key outcomes as identified in the short case studies below.

**Supported discharge from hospital**
Mrs B suffered a stroke some time ago and has been able to remain independent in her own home supported by her daughter. However, she fell and was admitted to Cockermouth Community hospital. This brought into focus the need to review every aspect of her care to support her and her daughter. The multi-agency assessment highlighted the need for maximising income advice, minor aids and adaptations to her home, a cleaning service, a care alarm and access to social activity. All was arranged through C3A relieving other agencies of low level work. Mrs B will now have on-going support to ensure she is settling back into home and everything is in place.

**Increased social engagement**
GPs and other health workers became aware that a significant need of their clients was social interaction and that by achieving this, calls being made on health professionals might reduce. The C3A worker visited people in their own homes and soon realised that what they needed was somewhere to socialise that was in a safe, friendly environment with opportunities to chat, have partners for games e.g. scrabble, and to organise trips and treats. A social group has been established which meets Thursday afternoons. 21 people have signed up as members and the group has an average attendance of 14. The local paper has given a small grant to help towards activities. The centre officer is now developing a dementia peer support group as a way of addressing another identified need.

**Support to access benefits and increased income**
Mr T came into the centre with his council tax bill at lunch time. He was unshaven, looked tired, had a small bruise on his face and had not eaten that day. He was upset and incoherent. The centre volunteer made him a drink, gave him a sandwich and chatted to him. What he really wanted to do was sell his home and move back to his family some 95 miles away. The outcome was that home help services were organised which included support to shop, his income increased and bills sorted. His family were not very supportive so options were discussed about relocation locally. He has had support during the sale and purchase of property, to pack up his home and is already enjoying social activity with people in his new complex. His health has improved as has his general wellbeing.
The aim is for the Centre to become viable and sustainable in its own right as a social enterprise. There will however be a certain reliance on the NHS as it will hopefully purchase its services. The project relies on an element of the NHS taking a positive attitude. Service development will need to fit with the commissioning plans of the NHS or the GPs as well as with what is needed from the centre by the CA13 community and what the community wants the centre to be.

8 Issues, problems and obstacles

A pragmatic approach to the development of the centre has been taken from the outset and this has in many ways been beneficial but this has also caused some problems.

This has especially been the case in relation to the governance of the centre. Initial development of the centre was carried out primarily by the NHS and Age UK West Cumbria. The NHS provided funding for the project and the physical building and Age UK West Cumbria as an organisation was supporting most aspects of the project by directly contributing resources, especially in terms of staff time and expertise. The consequence of this has been that it is primarily the NHS and Age UK West Cumbria that are in a position to make decisions that may influence the development of the centre. The centre therefore is inextricably linked to the financial and political circumstances of the two organisations and is less like an independent entity owned by the community itself. However the involvement of these two organisations in the initial development of the centre was necessary in order to get the project off the ground and the NHS/Age UK West Cumbria partnership does stand as an example of the collaborative and partnership working between the Third Sector and health the centre is trying to encourage. In order to deal with this issue, work is on-going to develop and finalise the governance of the centre. The steering group which is made up of key stakeholders is likely to be a key aspect of the governance.

The pragmatic nature of the drivers for the initial development of the project meant that Asset Based Community Development as a concept was often less of a focus. The location of the centre for example was very much pragmatic. As a result the facilities available are not necessarily fit for purpose. The accommodation does not provide much scope for further growth or development of the centre. The town centre is also some distance away and the Derwent House practice still remains located in town.
9 Rolling out the model

The model and concept for the centre is still embryonic but work but has attracted considerable interest as a potential way forward. Some work has already begun to trial aspects of the concept in other areas. There is currently a particular focus on introducing the GP referral model to other GP practices. So far, forms have been developed in order to support implementation of key aspects of the concepts and models in operation in Cockermouth, and a practical guide is being produced alongside this paper.

Copies of this guide can be obtained from contacting:

Kristen Stephenson  
Age UK West Cumbria  
Old Customs House  
West Strand  
Whitehaven  
CA28 7LR  
Tel: 01946 68997  
Email: kristen.stephenson@ageukwestcumbria.org.uk

10 Key team members

This list does not aim to acknowledge all those involved in the centre but instead identifies key personnel involved in the project who will be able to direct enquiries to others involved where appropriate.

- Dr John Howarth, GP
- Dr Simon Desert, GP
- Mary Bradley, Chief Executive Age UK West Cumbria
- Peter Ward, Locality Manager North & West Cumbria, Alzheimer's Society
- Wendy Watson, Churches Together
- Clare Poulter, Initial management consultant/Project Manager (now retired from the project)

If you would like to contact any of the above personnel about the project please contact Kristen Stephenson using the details given above.
11 Appendices

Appendix 1 - Centre for the Third Age information leaflet

What is The Centre for the Third Age?
The Centre is here to improve the well being of older people in and around Cockermouth. It is a resource for the community, in particular to help you find the information, help and advice that you may need.

Where is it?
Opposite the ward entrance to The Cottage Hospital, Isel Road, Cockermouth, CA13 9HT.

Is it part of the NHS?
No, although the NHS is supporting us and your doctor or other healthcare professional may refer you or suggest you drop in for help and advice. The Centre is not just for people who are ill – for example, we can provide information about a wide range of activities, groups, clubs and societies in the area; and our new volunteering project could uncover new and rewarding uses for your skills and talents whatever your age!

When is it open?
The Centre is open Monday – Friday from 9am - 1pm.

So pop in for a cup of tea and a chat!

During the afternoon we visit people at home, hold information sessions and organise social groups in the area. Please contact the Centre for more information: Tel: 01900 828393 (24hr answer machine) Email: cockermouth@ageukwestcumbria.org.uk www.cockermouth.org/C3A

In the Centre various organisations hold support and advice sessions, including Age UK West Cumbria, Alzheimer’s Society, Cruse, Hospice at Home, and West Cumbria Carers. You can make an appointment with them directly or by contacting the Centre.

We look forward to seeing you soon!
Appendix 2 - ‘What is Centre for the Third Age?’ leaflet

Cockermouth Centre for the Third Age

People in the area served by Cockermouth GPs already have a higher life expectancy than both the Cumbrian and national averages. The population of over 85s in Cockermouth will more than double in the next 20 years and our dementia cases will increase by 130%.

Cockermouth itself is a vibrant community that has responded magnificently to the immediate crisis of the floods. How will it respond to the longer term challenge of an ageing population?

The thinking behind a ‘Centre for the Third Age’ is to do something NOW to be ready to meet that challenge. But that ‘something’ is still to be defined—by people in Cockermouth and the surrounding parishes.

The NHS is making some resource available to start things off - because the demographic pressures will hit the health economy hard. One clear goal is to improve the health of older people. Already we have had conversations with people in other statutory bodies and with the third sector. A Steering Group has been set up, currently comprising the local GPs, Age UK, Alzheimers Society, Churches Together, the League of Friends of the Hospital and the University of the Third Age. You can follow our progress on a ‘blog’ at www.centreforthirdage.blogspot.com or contact Clare Poulter on 07770 730338 or clare.poulter@cumbriapct.nhs.uk

One of the first things which will be visible is a project we are calling ‘Centre for the Third Age Mark 1’ which will provide a drop-in and information facility at the hospital. This will be what most people would think of as a ‘centre’ - a physical place in a building. One idea is that when the new hospital is built we might adapt and use the old building as a bigger and better Centre. Or it could be that the ‘centre’ of the future is entirely virtual and exists only in cyberspace. The common theme is to bring together the assets in the community to respond effectively to a new era in the life of the town and villages, with an older population. The Centre for the Third Age will be about what people can give to enrich that new era, as well as what they may need to receive.

The greatest challenge is that it needs to be robust and financially sustainable, so we are thinking about perhaps creating a social enterprise which pays its way by providing facilities and services and ploughs any profit back into the community.

Underlying everything we do is a philosophy that our future is in our own hands. Organisations like those listed above can facilitate and help, but if this becomes a ‘top down’ project it will fail when the money runs out or priorities change. And we will all be the losers if we allow it to fail. The ‘project’ is in very early days, and more than ever ideas and inputs are welcome so please get in touch. This is an agenda that matters to everyone in Cockermouth.

July 2010
Appendix 3 - GP referral form

Referral to the Centre for Third Age

| Name: | .......................................................... |
| Address: | .................................................................. |
| Telephone: | .......................................................... |
| D.O.B | .................................................................. |
| Has consented to referral [ ] | |
| Name of Referrer: | ........................................... Position: | ........................................... |
| Date: | ....................... |

| General Advice & Information Please tick | Support for Activities at Home Please tick |
| Help at Home | Support for ‘Befriending’ |
| Handyperson Scheme | Support for Dementia |
| Nail Cutting | Support for Falls Prevention |
| Benefits Advice | Support for Stroke |
| Equipment for Daily Living | Support for Bereavement |
| Low-level Nutrition Needs | Support for Hospital Discharge |
| Social Diary | Support for Prevention of Admission |
| Supported access to internet | Support for Carers |
| Volunteering | Support for Activities & Exercise |

To the PATIENT/CLIENT OR CARER:

- This form can be handed in at Reception

OR

- You can take it directly to the Centre for Third Age
  Cockermouth Hospital, Iscol Road, Cockermouth CA13 9HT

- Telephone: 01900 828393

- Email: cockermouth@ageukwestcumbria.org.uk
Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Age Concern England (registered charity number 261794) and Help the Aged (registered charity number 272786), and their trading and other associated companies merged on 1 April 2009. Together they have formed the Age UK Group, dedicated to improving the lives of people in later life. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI and Age Cymru. ID9213