

### COMMISSIONING STRATEGY FOR OLDER PEOPLE 2004 –07

#### PURPOSE

This strategy will outline the steps West Berkshire Council, in collaboration with its partners in the NHS community and the independent social care sector, will take to deliver services for older people that are fit to meet current and future challenges.

The strategy has three main objectives:-

- **To explain the need for change** – National and Local priorities, a Needs Assessment and its implications and the mapping of Current Services.
- To describe a proposed model of re-provision for older peoples services – **the Commissioning Objectives**
- To outline the steps that need to be taken to achieve the proposed model – **the Commissioning Action Plan**

#### WHAT IS COMMISSIONING?

Commissioning is the process through which local authorities and the NHS obtain the best services possible for local people by specifying, securing and monitoring services at a strategic level.

Care management is the process of meeting the individuals' needs through assessment, care provision and review of services provided

#### NATIONAL PRIORITIES

These are fully stated in the following documents:-

- Health Act 1999
- NHS Plan – 2000
- Carers and Disabled Children Act – 2000
- National Service Framework for Older People-2001
- Wanless report – Addressing Health Inequalities - 2002
- Improvement, Expansion and Reform – Planning and Priorities Guidance 2003-06
- Delayed Discharge Act – 2003
- National Standards and Planning Framework 2004
- NHS Improvement Plan – 2004

It is not necessary to summarise each of the initiatives but it is possible to identify some broad messages. It is clear that the government expects social care and health agencies to:-

- Promote independence
- Prevent dependency
- Ensure quality
- Promote quality of life and well being
- Increase choice and autonomy
- Provide information
- Promote consistency
- Provide person centred services
- Develop integrated working

- Protect vulnerable older people
- Support carers

### **Promote independence**

A key priority for older people is to remain in their own homes as long as possible and to retain choice and control. The factors that contribute to helping older people to stay independent are wide ranging; housing, income, transport, learning, leisure, community safety and health. The task for social care is to broaden the range of services and choice of services for older people to be supported in their homes thus shifting the focus of demand away from institutional care to self reliance, sometimes with support within the home. The joint health and social care intermediate care services are key; providing timely discharge from hospital and rehabilitation in a variety of settings to ensure the older person regains their maximum potential to live independently. Choice of housing eg extra care, disabled facilities grants in the home, intensive home care packages and access to social networks contribute further to this agenda.

### **Prevent dependency**

Many older people do not come within the umbrella of social care services due to the high eligibility for services, poor access to low-level support and a degree of stigma attached to accepting support. If older people are identified at an earlier stage and support services put in then their ability to maintain themselves is enhanced. There is growing evidence of the cost-effectiveness of an active ageing and preventative approach; older people who undertake gentle exercise as part of a falls prevention programme have fewer falls, providing a befriending scheme reduces social isolation and provides mental stimulation, accompanying an older person home after hospital discharge helps them settle after a period in hospital. Therefore we need to extend our range of preventative services and refocus prevention as mainstream within our partnership working.

### **Ensure quality**

Staff training, induction and performance management are the means to ensure we have a competent and skilled workforce that is valued by older people and their families. The performance framework of indicators that measure good practice is also monitored monthly by managers and their teams. This framework also gives the Council a guide as to how it is performing against other comparator Councils.

Service quality is ensured through a range of measures. User feedback is key to ensuring high standards and is sought through questionnaires, user representatives, forums. Carers views are similarly sought as additional direct feedback about how we provide our services.

### **Promote quality of life and well being**

The policy debate is beginning to broaden from the traditional focus on ill health and frailty in old age to encompassing an agenda which is about promoting quality of life and well being, addressing ageism, recognising older people as equal citizens in society and valuing the contribution older people can make in their communities ie a shift from welfare to well being. Public services still, by and large, focus on vulnerable older people in times of crisis (in West Berkshire that is 11% of the older people population) rather than an approach that enables the wider population to remain as independent as possible and live their lives to the full. Social care through the establishment of an Older Persons Partnership Board that links to the Local Strategic Partnership can contribute to this wider agenda for older people say their lives are much more than about health and social care. Transport, housing, leisure services, money, companionship and community are all as important as appropriate health and social care services when they are needed.

### **Increase Choice and Autonomy**

As part of our work to modernise service delivery we recognise the need to respond to the government's agenda to extend choice in public sector services. Service users and carers are involved in service design and delivery to ensure the range of services being developed meet their needs. Direct Payments are given a new emphasis with DOH funding in partnership with a voluntary sector provider to expand the scheme. Services are being redesigned or created to provide a range for the individual to make choices.

A task of the Welfare Benefits team is to address the under-claiming of income which older people are entitled to, enabling more choice and control.

### **Provide information**

Information is key to older people making considered and informed decisions to take up opportunities that promote wellbeing and self reliance. Information needs to be readily accessible, up to date and cover the range of issues that are central to older peoples' lives. Not only must it include services but activities and opportunities for older people. In West Berkshire this information exists but in a variety of formats and locations. The task is to collate and make it accessible, using IT, Patient Information Point at the West Berkshire Community Hospital, voluntary sector and Council publications.

### **Consistency**

It is vital to ensure that older people have fair access to a range of health and social care resources wherever they happen to live. Fair access and consistency of resource provision should therefore result in the eradication of the so called 'post code lottery'. It should also ensure that there are fair resources for the conditions which most affect older people such as the access to effective drugs for Alzheimer's Disease. The 'Fair Access to Care Services – 2003' was introduced as a means of setting national eligibility criteria to ensure consistency and fair access. The 2003 Thames Valley Health Authority Continuing Care guidance sets eligibility criteria for individuals to apply for NHS funding to meet health care needs.

### **Providing Person Centred Care**

The modernisation agenda for health and social care agencies emphasises the need to move from large monolithic organisations where 'one size fits all' to a system that puts the person and their carers at the very centre of the process. The implementation of the Single Assessment Process will mean that every older person who needs it should receive a one-stop assessment service and have their own care plan. Services provided following assessment should be responsive and flexible, enabling older people and their carers to make individual choices about their own care.

### **Integrated working**

The Health Act 1999, particularly Section 31, contains the mechanisms, known as flexibilities, that remove the legal barriers to health and social care working in an integrated manner. Thus individuals whose needs span both health and social care provision can have their needs met in the most effective and cost efficient way. Additionally, access to grant monies is becoming dependent on organisations operating with pooled budgets under Section 31 of this Act.

### **Protection of Vulnerable People**

The 'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse was published in 2001. This was as a result of growing recognition and concern about the abuse of vulnerable adults. However there

is often a thin line between promoting independence and protecting those who are vulnerable. Agencies must work with older people who have been mistreated to make informed and appropriate decisions.

### **Support to carers**

Government guidance proposes giving as much support as possible to the high number of carers in the country that provide informal care for people that otherwise would place a greater demand on health and social care agencies. The duties of Local Authorities are enshrined in the following:-

- Carers (Recognition and Services ) Act 1995, Policy and Practice Guidance  
This entitles all carers who are providing 'regular and substantial care' to have an assessment of their needs when the needs of the person they are looking after are being assessed or reviewed.
- Carers and Disabled Children Act 2000  
This gives carers who provide a substantial amount of care on a regular basis the right to an assessment of their ability to provide care, even if the person they are caring for refuses an assessment. This Act also enables local authorities to provide carers with services to meet their own needs, including the provision of Direct Payments in lieu of services

## **LOCAL FACTORS**

### **West Berkshire Council Corporate Plan**

The Council attaches considerable importance to social care as demonstrated by one of its key corporate priorities:-

*'Promoting independence for older people and people with disabilities'*

Further the Corporate plan includes other priorities ie the development of social inclusion, pathways to employment, transport and an equalities strategy that are all pertinent to older people.

The Council will ensure that these agendas include a focus on the health and well being of older people to ensure their specific needs are met within the broader agenda of service provision.

### **Local Public Service Agreement (PSA)**

The Council has negotiated a PSA with the Office of the Deputy Prime Minister, which will run from June 2003 to March 2006. This requires the Council to meet 'stretched targets' in 12 national indicators of performance. The indicator for Older Peoples Services is :-

*'By March 2006, West Berkshire Council will increase those supported to live intensively at home to 30% of the total of those being supported at home or in residential care'.*

To achieve this target, performance will be measured in the following areas:-

- *the number of older people receiving intensive home care*
- *the number of admissions to residential or nursing homes*
- *the number of individuals in an 'acute' hospital bed whose discharge is delayed*

For the Council to achieve this target will mean a significant shift in resources away from traditional forms of service such as residential care to alternative services which have support in the home as their primary focus.

Further, the Council's Environmental PSA is linked to home insulation and home safety activity, which will achieve significant benefits for older people.

### **Cost Effectiveness**

Under the Local Government Act 1999, all local authorities have been charged with statutory duty of Best Value, which requires them to produce continuous improvement in services and to deliver those services by the most effective, economical and efficient means available. In pursuing this regime of Best Value, Councils are expected to apply the following standards:-

- **Consult:** councils are under a duty to consult with local people and other stakeholders in determining the optimum balance of quality and cost and to check levels of satisfaction with current services **and**
- **Challenge:** councils must exercise a challenge to the current means of providing services **and**
- **Compare:** councils must compare their own methods of acquiring delivery of services with those employed by other agencies both statutory and in the independent sector **and**
- **Compete:** where it is appropriate to deliver Best Value, councils must subject their own services to competition.

Further, actions taken following the Gershon review will realise further efficiencies across the Council.

### **Partnership with Health**

West Berkshire Council is a member of a multi agency Partnership across the West of Berkshire and is committed to working with its partners on common issues. The NHS targets associated with waiting times within the acute hospital, and the need to modernise services to meet this challenge have been embraced by all partners. In particular the Emergency Care Network and Long Term Care Collaborative with their focus on admission prevention and support in the community are generating systems redesign across the health and social care economy which the Council is fully involved with.

The Council is presently exploring with Newbury and Reading PCTs the option of a Care Trust and further Health Act flexibilities eg secondment of Reading PCT community health care staff to establish joint health and social care teams based around clusters of GP surgeries. The outcome of the Care Trust discussions will be confirmed by 2006, but continues to be developed.

### **Balance of Care Group**

In 2004, this group conducted research into the role of the Council's directly provided residential care to older people. Amongst its key findings were:

- there are significant numbers who could continue to live at home with appropriate support and assistance, and thereby avoid admission into a care home; especially those needing only some assistance with the activities of daily living, and those without mental health problems
- 'extra care' was seen as more appropriate and a higher quality choice for many people, including those with mild to moderate levels of dementia.

### Local Social Care Market

The lack of affordable housing, accessibility, transport, low unemployment, shortage of key workers does impact on the Councils ability to recruit staff for direct service provision and to commission services externally. Thus new schemes are slow to start due to recruitment difficulties and purchasing care to meet demand is difficult due to lack of capacity. Care home provision, in particular for elderly mental health is a particular issue for this Council, though action is being taken to address this. Domiciliary care providers do not generally provide specialist care to meet the increasing demands of dementia care, rehabilitation or complex health and social care needs.

### Performance Indicators

The Council has been improving its performance against the national targets as assessed by the Council for Social Care Improvement (CSCI). Any strategic change in direction must ensure we continue on our upward trajectory.

Performance Indicators	2002/3 rating	2003/4 rating	better or worse
Admissions of older people to residential or nursing care (C26)	●●●●	●●●●●	Better
Intensive Home Care (C28)	●●●	●●●	Same
Older People helped to live at home (C32)	●●	●●●	Better
Delayed discharges for older people (D41)	●●	●●●	Better
Items of equipment costing less than £1000 delivered within 7 working days (D38)	●●●●●	replaced by D54	Same
percentage of items of equipment and adaptations delivered within 7 days (D54)	N/A	●●●●●	Same
Ethnicity of older people receiving assessment (E47)	●●	●●	Same
Ethnicity of older people receiving services following an assessment	●●●●●	Not banded	

(Ratings: ●●●●● - significantly above average to ● - significantly below average)

### Summary

In summary the Council has through its Corporate Plan and Public Service Agreement and its substantial new investment in older peoples services demonstrated its commitment to maintaining older people in their own homes, This is further demonstrated through the performance indicators as an overall improvement in the numbers we support at home, move quickly from a hospital setting and who are intensively supported at home. However the

Balance of Care group research indicates that more can be achieved to further this target by widening the range and level of services as an alternative to residential care and also meeting the special needs of older people.

## **NEEDS ASSESSMENT**

### **Demographic Trends**

The total current West Berkshire population is 143,965 (based on 2002 mid-year estimates from the Office of National Statistics)

	<b>2004</b>	<b>2009</b>	<b>2014</b>
Aged 65 - 74	10,600	12,100	15,200
Aged 75 - 84	6,800	7,000	7,700
Aged 85 and over	2,400	2,900	3,100
Total	19,800	22,000	26,00

Further population data – see Appendix 1

The national demographic trends forecast consistent growth in the numbers of older people, such that the total population over 65 in West Berkshire is forecast to grow by over 50% in the coming 30 years, to nearly 30,000 by 2031. The over 85 population alone will increase from 2,400 to 3,100 in the next 10 years.

This rising older population is reflected in rising number of older people receiving a service from Community Care:

<b>Date</b>	<b>No. of 65+receiving a service</b>
March 2001	976
March 2002	1,212
March 2003	1,521
March 2004	2,036

More significantly still, the increase in those aged 85 and over is much greater. Here, the forecast growth is around 3% per year, so that by 2014 there are predicted to be over 3,000 people aged 85 and over in West Berkshire. Community Care is already highly involved in supporting this age group, who, for example, make up nearly 40% of our Home Care service users.

What this means for the Council is that:-

- on the basis we provide to 11% of the over 65 our service users will increase from 2,036 to 2,860 - an increase of 40% (824 users)
- on the basis that 40% of our service users are over 85, the numbers will increase from 960 to 1,240 – an increase of 29% (280 users)

### **Ethnicity**

West Berkshire has a relatively small number of people from minority ethnic backgrounds, at 2.6% of the whole population (all age groups). Within those aged 65 and over, this falls to 0.77%, or 148 residents, as at the 2001 Census.

When analysing our services, the number of older people from minority ethnic backgrounds receiving an assessment was slightly less than the proportion in the whole population; whereas

those receiving a service following an assessment were slightly more than the proportion in the whole population. What is demonstrated that older people from minority ethnic backgrounds are not accessing our services as expected but once assessed they do receive the appropriate service.

No single minority community is present in significant numbers, with a pattern of small numbers of individuals from many diverse backgrounds across much of West Berkshire.

### **Mental Health**

#### **Depression**

It is estimated that between 10-16% of the over 65+ will have depression. This equates to a range between 1900 and 3,100 people

#### **Dementia**

The under-recording of the presence of dementia poses a significant difficulty in understanding its prevalence in West Berkshire. Using the Alzheimers Society figures for the prevalence of dementia nationally and applying them to West Berkshire, would give an expected 1,500 cases amongst over 65s today rising to 1,900 by 2010

### **Physical Health**

Life expectancy in West Berkshire is 78 years for men and 81 years for women; both above the national average. The Census questions which asked people to assess their own health both show West Berkshire people as healthier than the national average, with only 5.5% saying their health was 'not good' (against a national average of 9.2%); and 12.4% reporting a limiting long-term illness (against a national average of 18.2%)

The Census also tells us that 11.58% of households in West Berkshire comprises of one pensioner living alone (national average is 14.4%); and that 4.17% of households are without central heating (national average is 8.5%).

Looking at mortality rates, mortality from coronary heart disease in people aged 65 to 74 is lower in West Berkshire than the Berkshire, regional or national averages. Similarly, mortality from strokes in people aged 65 to 74 is lower.

Mortality from accidents in people aged 65 and over shows a different trend. West Berkshire's figures are the same as the national average, and higher than the regional (south-east) average, although they are lower than the Berkshire average.

Accidental falls are the leading cause of death in the over 75s. Falls account for 20% of orthopaedic admissions, with an average bed stay of 30 days. Previous falls account for 40% of moves to a care home; people who have fallen once are at high risk of falling again.

### **Access to services**

West Berkshire covers over half the total geographical area of the county of Berkshire, covering scattered rural communities and with its urban centre in Newbury, as well as the two smaller towns of Thatcham and Hungerford.

Against an overall picture of comparative 'wealth', within the DETR 2000 Indices of Deprivation statistics, ten out of the 31 wards of West Berkshire have been identified as within the 20%



most deprived in the country with regard to geographical access to services. The indicators measure access to post office, food shops, GP surgeries and primary schools.

Following ward boundary changes, 14 of the 30 wards in West Berkshire are within the Office of the Deputy Prime Minister's (OPDM) definition of 'sparsely populated', with two (Kintbury and Downlands) qualifying as 'super sparse'. More than 1,100 people over 65 live in these two wards, 128 over 85.

The availability of public transport is such that, without access to private transport, much of the population of West Berkshire would be effectively isolated from the services that may be available to them, but which are based in the urban centre of Newbury.

### **The Local Market**

West Berkshire shares in the overall affluence of the South-East. It is home to a number of well-known national and international companies. A strong industrial base, characterised by new technology industries with a strong service sector and some manufacturing and wholesale organisations, combine to give West Berkshire one of the lowest unemployment rates in the country at less than 1%.

Housing prices are high and the supply of affordable housing, particularly for key workers cannot keep pace with demand.

### **Summary**

The most significant feature of this analysis is the increase in the over 85 population over the next 10 years who represent 40% of our service users. The prevalence of dementia and lack of identification of depression in older age will also affect demand for services. Additionally providing services across the district and staff recruitment, will be a further challenge to meeting the needs of older people.

### **CURRENT SERVICES**

#### **Services directly provided by West Berkshire Council**

Service	Total
Domiciliary care services	1600 hours per week
Long stay – residential care, Elderly frail Dementia care	45 38
Short stay – residential care	4
Day services – elderly frail	429 day places per week
Day services – specialist dementia care	48 day places per week
Intermediate care – residential beds	6 (13 by April 2005)
Intermediate care – community rehabilitation	20 places per day

## West Berkshire Commissioning Teams

**Care Management Teams for Older People:** two teams, based in Theale and Newbury including social workers, occupational therapists, community care officers, business support. The teams provide assessment, service provision and support to older people and their families.

**Reviewing Team:** this team provides annual reviews for older people receiving a service to ensure their needs are being appropriately met.

**Community Care Enquiry Centre:** based at Theale this team provides a single point of referral to social care services.

**Intermediate Care Services** based at Walnut Close Residential Home, Thatcham. This is a multi-disciplinary team of social workers, occupational therapists, community care offices, district nurse, residential care workers and physiotherapists provided in partnership with the Council and Newbury and Community PCT and managed by a jointly appointed manager.

**Crisis Response Team:** attend older people or their carers who are experiencing significant difficulties and support with appropriate services and prevent admission into care home or hospital.

**Community Reablement Team:** providing rehabilitation to older people on discharge from hospital or to prevent admission

**Hospital Discharge Team:** assessment of older peoples who are in hospital to ensure safe and timely discharge.

### Voluntary Service commissioned by West Berkshire Council

West Berkshire purchases a range of services from the voluntary sector, through grant payments which are underpinned by partnership agreements which set out service standards.

Voluntary Organisation	Service provided
Age Concern	Home from Hospital
Anchor Staying Put	Small Repairs and Adaptations
Alzheimers society	Carers training and education
Newbury Crossroads	Domiciliary Sitting Service
Newbury Crossroads	24/7 carers crisis line
Kingsley	Direct Payments support
Reading Crossroads	younger people with dementia day service

### Service commissioned through the independent sector

These services are commissioned on either a block contract (usually running for 3 years) or spot (individual) basis.

Service	Total
Nursing homes – long stay; <ul style="list-style-type: none"><li>• Elderly frail</li><li>• Elderly mental health</li></ul>	118 beds 28 beds
Residential homes – long stay; <ul style="list-style-type: none"><li>• Elderly frail</li><li>• Elderly mental health</li></ul>	58 11
Nursing homes – respite; <ul style="list-style-type: none"><li>• Elderly frail</li><li>• Elderly mental health</li></ul>	2 2
Residential homes – respite; <ul style="list-style-type: none"><li>• Elderly frail</li></ul>	5
Domiciliary care; block contracts	2350 hours per week
Domiciliary care; spot purchase	3306 hours per week

### Services provided by the local NHS

#### Newbury and Community PCT and Reading PCT

The PCTs either directly or through hosting arrangements provide a range of community health services; district nursing, speech and language therapy, physiotherapy, occupational therapy, community hospital medical and intermediate care beds, podiatry, continence, dietetics.

#### Services commissioned by the local NHS

The PCTs commission specialist mental health services for older people from Berkshire Health Care Trust.

- memory clinic – supported by primary care, voluntary sector
- outpatient clinics – for functional and organic mental illness
- community health team – OT, nurses, support workers, staff grade doctor, psychologist, speech and language therapist

Acute NHS hospital care is commissioned from 4 local hospitals; Royal Berkshire and Battle, Great Western, North Hampshire and Oxford Radcliffe.

### SUMMARY OF THE NEED TO CHANGE

#### Implications of the Needs Assessment

The generally high affluence of the region and of West Berkshire can mask pockets of real deprivation and exclusion. The District does have communities with individuals and families who experience particular difficulties as a consequence of being poor within a generally wealthy region.

Housing is of critical concern with accommodation costs consistently among the highest in the country. This has resulted in a shortage of affordable homes for local people, including key

public and private sector workers, near to where they work. Sufficient and affordable housing in rural areas is also a major concern, often resulting in young adults unable to buy or rent accommodation in areas where they grew up.

The low numbers of people from a black and minority ethnic group makes the provision of culturally sensitive care more difficult.

The wide geographical area of the District and the dispersed nature of much of the population makes access to services difficult and service delivery relatively expensive.

Low unemployment makes staff recruitment problematic, particularly in services such as home care and residential care.

West Berkshire has an ageing population. Among older people, the biggest proportional increase in West Berkshire has been in the 85+ age group which has increased by about one-third since the 1991 census, to a total of 2,301 people in the 2001 census. With a rise of 29% in this age group forecast over the next ten years, by 2011 the total West Berkshire population over 85 years of age will be nearly 3,000.

### **Impact on Community Care and Housing Services**

These demographic changes will place additional pressures on Community Care and Housing services to ensure a range of supports are accessible and available where people live. For isolated rural communities this may mean additional transport links to services and the increased availability and use of broadband and other ICT technologies to provide local access to information about community care, housing and other Council services. Increased need for home adaptations or more specialised accommodation geared to allowing as much independence as possible while supporting changing abilities is also likely.

What we do know is that to meet the increasing needs of the older people of West Berkshire in the same 'traditional' means of service provision will imply increasing our present capacity:-

<b>Service</b>	<b>Number of clients 2004</b>	<b>Demographic effect to 2009</b>	<b>Number of clients 2009</b>
<b>Directly managed homes</b>	82	17	99
<b>Independent residential homes</b>	104	22	126
<b>Independent nursing home</b>	147	31	178
<b>Intensive home care</b>	185	38	223
<b>TOTAL</b>	<b>518</b>	<b>108</b>	<b>626</b>

(Balance of Care group – 2004)

To increase services in this way to meet demographic change, the recurring costs to West Berkshire Council would increase by over £1 million per annum.

The Balance of Care research further indicated that significant numbers could have stayed at home with appropriate support and assistance. Other research indicates that older people would prefer to stay in their own home; severe dementia, continence issues and isolation are

the major critical risk issues that result in admission to care. Alternatives such as 'extra care' sheltered housing and home based care packages can provide both cheaper and more appropriate care and housing.

More fundamental is the evidence that the majority of older people will remain 'disability free' to a greater age, particularly in an area of high health status as West Berkshire and thus a shift from a crisis intervention service provision to maintaining independence, health and well being should be central to our new ways of working.

For West Berkshire the dilemma is that whilst we recognise that low levels of support are effective in keeping people independent longer our eligibility criteria has had the effect of withdrawing such support, concentrating resources only on a few (11%) in greatest need. The consequence being that this may have led to more rather than less demand for intensive care as fragile but sustainable arrangements with informal carers collapse or the individual is so isolated that remaining at home is not a positive option.

Therefore our strategy needs to be to broaden the range and extent of community services, working in partnership with other agencies and make prevention a mainstream activity to prevent dependency and support carers.

## **COMMISSIONING OBJECTIVES – 2004-07**

### **Changing the focus of services**

In order to achieve change and respond to the above issues raised from the needs assessment and its impact on Community Care and Housing we intend to:-

- 1. Work with older people and partners; public, voluntary and private to eliminate gaps and improve access to service provision**
- 2. Provide a more proactive approach in identifying vulnerable older people and enabling informed choices to maintain autonomy and to prevent problems arising**
- 3. Increase and develop a broader range of community care services while decreasing the proportion of spend on residential care**
- 4. In partnership, develop preventative and early intervention services aimed at maintaining health, well being and independence**
- 5. Support carers with more substantial resources**

### **What outcomes do Older People want?**

The United Nations *Principles for Older People* emphasise the importance of independence, participation, care, self fulfilment and dignity as we age. The ADSS building on these principles proposed the following outcomes:-

- **Living longer and healthier lives** – including protection from abuse and exploitation
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning
- **Further opportunities for employment** – more older people having access to work

- **Reduced poverty** – elimination of poverty in older age and greater financial independence
- **More independence and interdependence** – relationships based on reciprocity rather than dependence
- **Better informed** – increased access to information and advice so that older people can take action for themselves
- **More involved in decision making** – fully able to influence the development of key policy areas
- **Greater choice and autonomy** – more choice and control over the services provided to them
- **no discrimination** – barriers, stereotyping and other types of discrimination against older people confronted and stopped

Achieving these outcomes as far as possible must be the basis to our commissioning plan.

## Commissioning Plan

### 1. Work with older people and partners; public, voluntary and private to eliminate gaps and improve access to service provision

**Involving older people** – *to have a stronger voice in initiatives that affect their lives* – recognising that we need to start with older peoples own ideas of what makes life worth living.

Engaging with older people requires a number of measures including making contact with older people using a range of routes, building capacity so that older people feel confident to operate as equal partners and finding ways to maintain commitment and enthusiasm over time. WBC has established some methods to involve older people but more is required.

The establishment of an *Older Peoples Partnership Board* will enable older people to be fully involved right from the start in setting the agenda and ensuring their views are given priority. Standards can be set to ensure their involvement is meaningful; agreeing the numbers of older people included, how they are supported and resourced, their scope to influence outcomes their involvement in the whole process. This Board will link to the wide range of groups; parish planning, forums, clubs where the needs of older people are identified and also to the West Berkshire Local Strategic Partnership that is addressing such issues as transport, housing, safer communities

**Partnerships with Health** – *to work together to simplify the service users' experience.*

At a strategic level WBC and Newbury and Community PCT (NCPCT) and Reading PCT (RPCT) are members of the West of Berkshire Partnership of 3 Councils and 3 PCTS with the NHS acute Trusts to take an overview of the priorities within the health and social care economy and to work together where it is mutually beneficial.

Locally Newbury and Community PCT and WBC Community Care and Housing have established a joint commissioning group to co-ordinate local planning and the flexible use of different funding streams to achieve joint service delivery. The intention is *to align commissioning across both organisations* in order to provide increased co-ordination, focus and authority on the planning and commissioning of new and current services. Both organisations will increasingly look to commission services across the complete pathway of care to enhance the delivery of a range of services that match the level of care and setting with need and in so

doing maintain people at home as far as possible, thus reducing the reliance on 'institutional care' (acute hospital and care home).

A *pooled budget* for NHS continuing care, registered nursing care contribution and the Councils budget for independent care homes would exemplify the above principle, ensuring a strong basis for contractual negotiations, seamless service provision for the older person and care funded in the appropriate setting.

Operationally, *the joint Intermediate Care Services will be further expanded* to ensure older people with mental health problems can access services and that the individual receives a range of health and social care services from a single source. A pooled budget will be established to support this integration.

This principle will be further developed through the Council's steps to *establish care managers in primary care surgeries* offering a one-stop shop for a wider range of services.

The *single assessment process* and better care co-ordination with home based care records will be progressed as they are key to improved the patient's experience of service delivery from health and social care agencies.

### **Working with the voluntary sector**

WBC and NCPCT has established a compact with the voluntary sector confirming how it will work with local agencies. Locally we will support agencies as they come under new rules and regulations and encourage and resource them to provide a wider range of services to extend care and support to older people and their carers.

### **Working with other Councils and the NHS– to develop the independent market.**

Working with neighbouring local authorities and Trusts we will:

- encourage new providers
- support existing providers
- combine purchasing power
- work with providers to support a sustainable private sector
- get as close as we can to paying a fair rate for services

### **Partnerships with the independent sector**

Block contracts will be sought and current contract monitored to *enhance capacity and consistency* of service provision from both care home and domiciliary care providers. WBC in partnership with Airways Housing and Craegmoor Care will develop a 60 bed care home for older people with mental health problems in Newbury by December 2005.

## **2. Provide a proactive approach to the identification of vulnerable older people**

### **Identification of vulnerable older people**

Frail elderly people who have more than one chronic disease will have complex health and social care needs and are twice as likely to be admitted into hospital and their length of stay there is disproportionately longer. 10% of patients account for 55% of overall inpatient days. The management of these individuals needs to be far more proactive to anticipate need and prevent problems arising.

Care managers will be based in each surgery, working with NHS colleagues to *identify high risk older people*. Evidence suggests that many are not known to District Nurses or care managers

until crisis. New policy guidance from the Department of Health is now highlighting a new emphasis on changing patterns of care from a secondary to primary setting and the increasing use of self-care and preventative approaches.

Social care will work to develop similarly this proactive approach, setting in place care services *to help people avoid hospital admission* but more importantly *enabling the older person to retain control and prevent crisis arising*.

### **Informed Choice**

This requires *timely information and advice* to be available to make sensible choices. Actions to be taken will include joint working with the Patient Advice and Liaison Service (PALS) and the Patient Information Point at West Berkshire Community Hospital, establishing advocacy services, providing information and advice at all service access points.

### **Improve Choice for Older People**

*Direct Payments* offer older people further control to older people over their social care needs and how they will be met. It will also allow the PCT to commission joint packages of social care and community-based health care in partnership with patients, as part of an overall strategy for improving choice in social care services. This concept of self management has its parallel with the NHS target of establishing the Expert Patient Programme in every PCT by 2006 enabling thousands of patients to take greater control of their own health and lives. *Self assessment* by both service user and carer will be encouraged to ensure an accurate assessment of the individuals needs

By widening the range of services provided both variety and care provider we will further improve choice.

### **Income Maximisation**

It is self evident that older people who have sufficient independent resources of their own are in a much better position to make decisions and choices about their lives than those dependent upon accessing state benefits, or who have limited resources. We will ensure through developing our Welfare Benefits team and linking with the Department of Works and Pensions that we *maximise the income* of an increasing number of older people.

## **3. Increase and develop a broader range of community care services while decreasing the proportion spent on residential care**

This objective is important in terms of offering choice to older people living at home, as well as addressing a key performance target of *increasing the number of people intensively supported in their own home* (10 hours and 6 or more visits per week)

West Berkshire's PSA target is to move from 185 to 241 by March 2006 and also to maintain its low level of patients inappropriately delayed in an acute hospital.

Actions will be taken in the following areas to achieve this objective:-

- modernising day service provision
- increase 'extra care' sheltered housing and other housing options
- develop specialist domiciliary care services
- increase the numbers of high intensity domiciliary care service users



- jointly develop service provision for older people with mental health problems with the Berkshire Health Care Trust
- enhance intermediate care services
- disinvestment in residential care

### **Modernising day service provision**

The recent integration of specialist day services for dementia managed by St Johns with WBC day services provides the opportunity to extend the range of day services in an equitable way across West Berkshire and to provide for older people with both mild, moderate and severe dementia.

Increased joint working with BHCT, using WBC day service provision will further extend their reach of services across the area; community outreach, assessment, 1:1 support and carer respite.

The day services at Walnut Close Residential Home where the Intermediate Care Services are based will be extended to offer day rehabilitation.

Joint working with the voluntary services to support the establishment of social and recreational activities for older people will be encouraged and joint working with other Council services to develop opportunities for leisure, lifelong learning.

### **Increase 'extra care' sheltered housing and other housing options**

The Council is presently working with Airways Housing to establish *8 flats with 24/7 care on site* and additional individual care packages to support older people with high care needs as an alternative to residential care. Smart technology, utilising alarms and sensors to identify risks to the individual are also installed. As the Smart Technology advances, we will seek to utilise it in the individuals home in addition to sheltered housing schemes.

The Council will seek other opportunities to develop this housing option with registered social landlords as schemes are modernised or rebuilt. The Council through Section 106 will ensure further housing developments consider the needs of older people and attractive alternative housing options are provided. WBC Housing will also work with private landlords to ensure safe and high quality housing provision. The Councils overall strategy being to broaden the range of housing and support options both in mainstream and specialist housing, across tenures to support independence in older age.

The Council will also address the needs of the 90% of older people, owner occupiers or renters in ordinary housing, rather than the sheltered schemes. Many are income-poor, even though they have a capital asset in the form of equity in their home:

- The Disabled Facilities Grant will be streamlined to ensure complex housing adaptations are completed earlier, enabling independence and home based care.
- The Council grant aids Anchor Staying Put to provide care and repair schemes to older people which offer a high quality service at subsidised rates. These services will continue as they provide a reliable and highly valued service to older people who have to maintain their homes.
- The Council grants the Home Renovation Scheme which can be used to improve housing in poor condition and can be accessed by older people.

## **Develop Specialist Domiciliary Care services**

In order to deliver a high quality service that can meet the needs of an increasing number of individuals living at home with substantial and/or complex needs the Council needs to increase its own Home Care capacity and recruit and retain staff. To do this it will:-

- Complete the service improvement programme within its Home Care services with targets to improve the working conditions of staff and provide a high quality and reliable service to service users.
- Continue our recruitment campaign to achieve an increased pool of staff
- Establish a new employment contract which will provide opportunities for staff to specialise in the areas of reablement, enhanced social/health care, dementia care, and crisis support.

At the same time we will continue *to block contract with independent providers* to secure capacity and consistency of high quality care to provide basic personal care. *Spot contracting* will additionally be used to meet further demands.

At present the Council provides 30% of the domiciliary care market. Through ongoing recruitment over a 5 year period we aim to achieve 50%.

Strategically therefore our intention is *to maintain a mixed market of both inhouse and independent provision* thus safeguarding the market. Independent provision will provide the basic personal care to frail elderly. In house will develop specialist care provision to support our strategic aims of promoting independence, intensive support to the most vulnerable both physically and mentally and a rapid response to those that reach crisis, whether user or carer. Whilst the cost of this service may be higher, what it will provide is high quality specialist care, that is valued by our service users, and meet the increasing complexity of needs of the most frail and vulnerable.

## **Increase the number of high intensive domiciliary care users**

The Councils Public Service Agreement target is to achieve a target of 241 service users supported in their own home with 6 visits and over 10 hours of care per week. This recognises the need of many *older people with substantial care needs* wishing to remain in their own home and supports the Councils strategic aim of moving away from institutional care.

The Council has invested substantial new resources in the home care budget and the NHS delayed discharge funding has further contributed to assisting in this target.

The care managers based in primary care and the joint working with Advanced Primary Nurses funded by the NHS to proactively identify older people with chronic conditions requiring support to prevent emergency admissions to hospital will also assist in achieving positive outcomes for older people and the PSA target.

How we commission services in sheltered housing schemes where often there are several agencies going into one development requires streamlining to ensure we gain efficiencies and appropriate care provision.

### **Jointly develop service provision for older people with mental health problems**

The PCTs in West of Berkshire are supporting the strategy *to reduce the numbers of acute beds* at Prospect Park and invest in community services. For West Berkshire this will mean joint working with both PCTs and the specialist provider BHCT to develop a range of community based services. The detail is identified in the West Berkshire and PCTs Investment Strategy for Older People with mental health problems. The key features being:

- Memory Clinic - enhance the staffing, including a GP with special interest
- Community Outreach
- Home Treatment Team
- Weekend Service
- Enhanced access to services during the week
- Development of initiatives within WBC day services
- Willows Edge – widen services provided within this care home

The home care service as it specialises to provide home based support to older people with mental health needs will also link closely with the above.

The Council will evaluate the roles of the care managers working with the BHCT community staff and appoint specialist staff within Intermediate Care so individuals with mild/moderate levels of dementia can access these rehabilitation services. BHCT is working with the Council to support the development of extra care housing for people with dementia needs.

The Council and PCTs will explore the opportunities to develop generic home care assistants that can work across the health and social care economy, particularly to support those with complex health and social care needs.

### **Enhance Intermediate Care Services**

The Council with the PCT has developed a range of services that provide crisis response, rehabilitation both residential, hospital and home based and hospital discharge to all adults. These services are accessed via a single point of access based at Walnut Close Residential home.

Further service developments will include:-

- further residential rehabilitation – 7 beds
- 18/7 access to the single point of access to support patient hospital discharges
- day rehabilitation
- further therapy provision on the rehab ward at West Berkshire Community Hospital
- specialist stroke provision
- specialist mental health input to enable older people with dementia to access the services
- specialist home carers in rehabilitation

Walnut Close residential home to be renamed Walnut Close Care Centre to reflect the diversity of services being provided from this central point.

### **Use of Residential Care**

The Council will block contract 50 care home beds, both residential and nursing, in a new development in Newbury, due for completion in 2007. This is as a direct result of the lack of local provision for specialist nursing care. The Council will review the need for its present level

of residential care for dementia care provided at Willows Edge and Waring House provision due to this development and its strategy to keep more people at home.

The NHS funding accessed through NHS Continuing Care has also resulted in more individuals staying at home with substantial health needs.

*The guiding principle being that no older person should be admitted into residential care unless they have first accessed appropriate intermediate care services to ensure that people who could remain living independently at home are supported to do so.*

#### **4. In partnership with Health, develop preventative and early intervention services aimed at maintaining health, wellbeing and independence**

The Council and PCTs are supportive of a shift of focus from crisis support for vulnerable older people to a much more pro-active approach to support the wider older population to live full, active and independent lives for as long as possible. To achieve this we will:-

- refocus prevention as mainstream; it is what older people want, it is central to addressing current health inequalities in the older population, there is growing evidence of the cost-effectiveness of an active ageing and preventative approach eg falls prevention programmes, walking for health groups
- rethink our approach to service delivery; the balance of services needs to move towards those that offer 'a little bit of help' – central to quality of life issues eg self help initiatives, parish planning initiatives, home improvement services
- develop a neighbourhood approach; older people providing help to other older people, inter-generational work in schools, good neighbours, befriending schemes

#### **Develop opportunities with Supporting People funding**

The Supporting People (SP) funding is to provide housing related support to any adult that is assessed as requiring assistance. The total funding for older people in 2004/05 is £1,392,000 which is higher than the proportion nationally spent on older peoples services.

- there are 32 Supporting People funded, rented sheltered housing schemes in West Berkshire including the development of extra care in Newbury. However, Community Care and Housing only provide home care services to 12% of these residents
- 103 household units of visiting support for older people, providing low level practical support
- Anchor Staying Put, home improvement agency is supported
- 4 alarm services are supported
- a contract with Call Us that provides 50hrs of skilled support workers and supervision to older people with mental health problems

The Supporting People strategy, if resources are available will concentrate on the following key areas;

- supporting the joint commissioning with Health for short term rehabilitative services (Intermediate Care)

- move towards more preventative services regardless of tenure using peripatetic and domestic support services
- developing extra care sheltered housing, monitoring demand for such services and where they should be located. (likely to be more in the Newbury/Thatcham area with smaller but significant demand in East and West of the district)
- where sheltered housing does not progress to offering extra-care then ensuring older people receive SP support which is based on an assessment of need and not tied only to sheltered housing but reaching out to the wider community.

## **5. Support Carers with more substantial resources**

The Council will continue to develop services to meet Carers stated needs. Most people wish to be able to care for others close to them, but can be left unsupported, juggling conflicting priorities of work, children and care until they are unable to continue caring or lead unacceptably restricted lives themselves.

The recently updated Carers Plan, developed with the NHS, Princess Royal Trust and Carers outlines the actions to be taken to support Carers. Carers will review the services funded by the Carers Grant and make recommendations for new schemes with the increase of grant expected in 2005. Their priorities are:

- increase in respite provision – both in the home and care home
- 24/7 access to support in the time of crisis
- crisis support and timely service provision
- Carers identification card
- Training in practical skills and information on health issues
- Access to and understanding of Direct Payments
- Comprehensive and timely information
- recognition as a Carer and the demands of this role
- Assessment of their needs as a Carer

## **PERFORMANCE MONITORING**

The Commissioning Strategy Action Plan 2004-07 (Appendix 1) will be monitored through the Older Peoples Strategy Group to ensure service developments are progressed and to monitor and review the quality of services. Through its links to older peoples groups we can ensure the voice of older people is heard with regard to developments within health and social care services. The establishment of the Older Peoples Partnership Board will be the mechanism to monitor developments that sit outside the traditional provision of the agencies.

### **Monitoring of Social Care Services**

The DOH Performance Assessment Framework includes measurements of all adult services eg numbers of people helped to live at home, numbers of carers assessments completed. These indicators are used by the Commission for Social Care Inspection to monitor our performance against the national standards.

Performance information across the whole of Community Care and Housing is summarised each spring and autumn in the Delivery and Improvement Statement that is submitted to CSCI. They also conduct an annual review meeting of our performance.

## Monitoring of Commissioned Services

Monitoring of externally provided services is carried out by several means:

- CC&H Accreditation and Monitoring team
- CC&H Contract and Service Review team
- Service Reviews undertaken by Supporting People team
- CSCI
- Community Care and Housing Select Committee
- Carers review of service funded by the Carers Grant

## FINANCIAL IMPLICATIONS

The Council currently invests significant revenue funding within its older peoples services providing or commissioning a number of services. In order to ensure continuity of services, the safety and security of the service users, the proposals outlined within this strategy will require to be implemented on a phased basis over a number of years.

In order to ensure that service developments can proceed it is essential that a financial model is developed that addresses the revenue implications of the proposals.

The current revenue investment envelope for older peoples' service provision 2004-05 is as follows:

	Nursing £	Residential £	Day care £	Domiciliary Care £
WBC	0	1,560,000	1,200,000	1,675,000
Independent	2,450,000	1,364,000	24,000	2,222,000

In order to move to the service reconfigurations outlined in this document we will need to consider the following issues:-

- these developments need to be implemented over a 3-5 year timescale and thus a medium term plan of investment and movement of resources need to be developed to support the proposals
- new service developments will take time to implement and during implementation time and the transfer of new services, there may be a period of dual running.
- as stated, there are projections for an increase in the older persons populations. We will need to ensure there is adequate capacity to cater for the increased demand for services
- the need to ensure that any proposals do not impinge on the Council's ability to achieve its PSA targets, to ensure the Council benefits from the financial rewards attached to these targets
- the need to ensure that the Council continues to achieve its Performance Indicators and its upward trajectory and new initiatives do not deflect from achieving these targets

### **Investment Strategy**

The proposals outlined will need to be found within existing levels of investment in older peoples services. In order for this to be achievable, there will need to be some strategic shifts of resources between services provided for older people.

The table below indicates the present percentage of investment in services and the proposed shift; with resources moving to day services and domiciliary care in the home (much of it specialist provision), a reduction in residential care for the elderly and a slight increase in nursing care provision to acknowledge that this demand will continue due to demographics.

<b>Investment % of total</b>	<b>Residential</b>	<b>Nursing</b>	<b>Day Services</b>	<b>Domiciliary Services</b>	<b>Care Management</b>
2004	24%	20%	10%	32%	14%
2007	20%	20%	11%	35%	14%
2009	16%	21%	12%	37%	14%