

SERVICES FOR OLDER PEOPLE COMMISSIONING PLAN 2003/4 - 2005/6

SUMMARY

1. Strategy

Adult Care Services strategy is to strengthen the range of community based services to better support older people and their carers in their own homes. We will seek to develop services which promote independence, and offer choice and flexibility. We will need to ensure our services are appropriate for older people from black and ethnic minority communities. This will involve strengthening a wide range of home support and preventative services. We will also ensure we can meet the need for care home services when support at home is no longer possible.

To achieve this we will be working with partner organisations to improve services for older people within the context provided by the NHS Plan, the National Service Framework (8 standards) and the County Councils Best Value promises. A Best Value Review of service for older people will also be reporting in 2003/4.

2. Demography

- 156,444 people in Hertfordshire are aged 65+, which is 15.1% of the population. 73,347 are aged 75+. The biggest users of adult care services are aged 75+.
- Between 2000 and 2010 the Herts population 75+ is projected to increase by 12%. Projections for those aged 85+ are less reliable, but over the same period the increase is expected to be 20%. Looking further ahead, between 2011 and 2021 the 75+ population is expected to increase by 15%.
- The projected increase of people aged 75+ varies considerably across the county, from -2.5% in Hertsmere to +23.7% in South East Herts. For those aged 85+ the range is 8% in North Herts/Stevenage to 31% in St Albans

3. Home Support

3.1 Home Support - Home Care

Adult Care Services arranges home care for just over 5,000 older people aged 65+. Approximately, 80% of the service is provided by 17 organisations in the form of block contracts. We plan to strengthen the home care service in a number of ways. Firstly, more hours will be available to take account of demographic changes. The introduction of new eligibility criteria (part of the Fair Access to Care Initiative, FACS) will make the service available to more older people. The service will also play a greater role in rehabilitation, extra care housing, support to older people with mental health problems, and intermediate care. The service will also be increasingly available in the form of Direct Payments.

Demography increase

We plan to increase home care commissioned hours by approximately 2% per annum to reflect demographic change. Distribution across county will reflect demand, but particular consideration to be given to areas where a lower number of over 75s are receiving home care or where there is difficulty in meeting needs, eg rural areas. We estimate that this will benefit an additional 128 older people each year if care packages average 5 hours per week. Allowance will be made for a shift to direct payments for some clients. If 10% of new clients due to demographic change receive direct payments (or substitute for existing clients moving to direct payments) then we should reduce the 2% additional hours to 1.8%.

	2003/4	2004/5	2005/6
Increase in hours	33,300	66,600	99,900
Cost	£366,000	£732,000	£1,098,000
Additional clients @ 5 hours per client per week	128	256	384

3.2 Home Support - Eligibility Changes

Changes to eligibility criteria are likely to mean that more older people cross the threshold and are eligible for services. This is likely to result in more lower level packages of home care. 15,000 hours would provide 288 people with 1 hour of home care per week. Home care will not be the only service available to meet new demands. Additional demand due to this fact should level out.

	2003/4	2004/5	2005/6
Increase in hours	15,000	20,000	20,000
Cost	£165,000	£220,000	£220,000
No. of client benefiting at 1 hour per week	288	380	380

3.3 Home Support - Rehabilitation

In recent years, home care has been tightly commissioned in terms of time and task. We now plan to develop and extend the service, so that it can help people to do things for themselves and therefore become more independent.

We propose to pilot a scheme in St Albans which will involve Home Carers providing enablement or low level rehabilitation to help older people regain skills and abilities in every day living tasks. The intention is to test out the service and the financial consequences with a view to roll out across the country depending on success.

In the first instance, additional resources will be needed to offer a rehabilitation home care service though over time the investment in rehabilitation should reduce or delay the need for intensive home care.

	2003/4	2004/5	2005/6
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Increase in hours	15,000	30,000	45,000
Cost	£165,000	£330,000	£495,000
No. of clients benefiting	150	300	450

3.4 Home Support - Extra Care Housing

Extra Care Housing offers the opportunity for people with relatively high needs to maintain their independence as a tenant in an Extra Care Housing Scheme. It can offer flexible support and delay or avoid the move to residential care. Research within Adult Care Services suggests that about one quarter of older people could avoid moving into residential care if extra care housing provision was available.

Our commissioning objective is to bring at least 60 places into use in 2003/4 with a further 40 in each of the two subsequent years. The areas developed first will be dependent on available accommodation in Districts, but if possible, we should aim to put some provision in place in Districts where affordable residential care placements are scarce. Our objective is to work with District Councils to make extra care tenancies available across the county.

Home Care support needs to be put in place as extra care housing comes on stream. Places will open in Welwyn Hatfield, Broxbourne and Borehamwood in 2003/4 followed by developments in other areas.

	2003/4	2004/5	2005/6
Increase in hours	38,000	60,000	82,000
Cost	£418,000	£660,000	£902,000
No. of new clients per year	60	40	40

Sheltered Housing

The new supporting people arrangements mean that all sheltered housing schemes for the elderly will be reviewed in the next year and consideration will then be given to whether there is a need to change or enhance existing provision in any way to best meet needs.

3.5 Home Support - EMI Home Care

One of the main findings of the Best Value Review of Mental Health Services for Older People was that people were being placed in residential care homes because of the lack of specialist community services. In recent years, Adult Care Services have provided funds to strengthen the support worker service of Community Mental Health Teams within Hertfordshire Partnership Trust, and respite services arranged by the Alzheimers Society.

It is the aim of the Adult Care Services Department to support more elderly mentally frail people at home for longer. This should mean that more resources are spent on home care for this group and less on residential care - or at a point in time this rise in demand for residential placements will be less steep. More home care will need to be commissioned to deliver this objective. The precise number of hours, transfer of cost and distribution of requirement is yet to be identified. As needs are firmed up, specialist services will be commissioned.

Other Home Support

In addition to home care, there is a range of other services that can support people in staying in their own homes. Our aim is to increase the volume and variety of such services we commission, as well as improving information, to allow access to other services not directly provided or funded by the County Council.

3.6 Home Support - Equipment

In 2001/2 Adult Care Services provided 25,184 items of equipment to 7,029 clients, 80% of whom are estimated to be 65 years and over (excludes equipment provided by the Sensory Services Team). The provision of equipment has risen significantly in recent years and there are consequential pressures on budgets. The increase has come about through supporting ever more frail clients in the community, moving and handling requirements, and the greater availability of information and advice about equipment.

The Council and its NHS partners have a target that 50% more people will benefit from equipment by April 2004. We also need to improve delivery times to meet Government targets.

Plans are being developed to integrate the Adult Care Services Community Equipment Service with the Health Equipment Service and to offer easier access to equipment and streamline the delivery process. Changes to eligibility criteria (FACS) mean that more people will be eligible for services and many are likely to require simple equipment.

It is therefore expected that trends showing year on year increases in the provision of equipment will continue over the next 3 years. In 2003-4 Adult Care Services plan to increase the budget for equipment and delivery infrastructure by £500,000 a 50% increase. In 2004-5 we will launch the Integrated Service and review the Social Care contribution in the light of 2003-4 performance and activity.

Action:-

2003/4	2004/5	2005/6
Increase budget for equipment and delivery infrastructure by £500,000 (50% increase)	Launch of Integrated Equipment Service for Health and Social Care. Review Social Care budget contribution in light of 2003/4 performance and activity.	Monitor and Review budget and activity. Consider service pressures in setting budget.

There will also be joint investment in warehousing and computer system.

3.7 Home Support - Adaptations

Adult Care Services is currently piloting projects in Dacorum and Stevenage whereby OT's and PA's are based within the District Council Housing Teams. The objective is to streamline the adaptation process, and reduce the lengthy waits for adaptations that exists in some areas. Early indications are positive.

We plan to extend these projects which fund additional occupational therapists and professional assistants once existing projects have been evaluated.

3.8 Home Support - General Preventative Services

Adult Care Services provides funding support to a number of voluntary organisations which provide preventative service for older people such as visiting, hospital discharge support, carers support, respite care, and services to black and ethnic minorities . Voluntary Organisations such as Age Concern and the Alzheimer's Society are supporting over 1,800 older people as a result of this funding.

Adult Care Services is keen to develop more preventative services with voluntary organisations to avoid the need for older people having to contact the statutory services. A recent example has been the provision of simple bathing equipment by Hertfordshire Action on Disability. Other types of services that may reduce demand on home care include shopping, and handyman services.

Our objective is to commission a range of service to meet low level needs and help people retain their independence. Some of these services have been and will be commissioned from the voluntary sector and for others we may look to some commercial providers.

Action:-

2003/4	2004/5	2005/6
<p>- Most existing agreements with the voluntary sector have been renewed.</p> <p>- £300,000 new resources devoted to additional voluntary sector preventative services.</p> <p>£500,000 available to commission cleaning, gardening and shopping services, best options for commissioning currently being considered.</p>	<p>Review coverage and success achieved in 2003/4 and seek to target any new resources to fill geographical and service gaps.</p> <p>Consider supporting voluntary sector to create infrastructure in areas less well served for older people</p>	<p>Review, evaluate and refine.</p> <p>Again, commission to fill gaps.</p>

3.9 Home Support - Day Care

Day Care Services are provided to approximately 1600 older people in Hertfordshire. (These figures include day service provided by HCC, and purchased from independent providers such as Quantum Care, Runwood and Age Concern).

Day Care services are targeted at those in greatest need and to provide support to carers. Day services provided by Age concern tend to be for the more able older person. The numbers of day care places has remained fairly constant in recent years. There are concerns about occupancy levels and the availability of transport in some areas.

Following Best Value Reviews of services for older people with a mental health problem and all other older people, new service models are being developed. Much of this work is about reshaping in-house provision, but we aim to work with Primary Care Trusts to develop the role of day care in delivering therapy, rehabilitation and intermediate care. Work is being planned in St Albans, Berkhamstead, and Ware.

3.10 Home Support - Respite Care

A number of respite care beds are purchased through block contracts with Quantum Care and Runwood. Our objective is to ensure we make full use of these beds to support clients and their carers in staying in their own homes. We aim to use more "rolling respite" so there are regular planned stays for some clients. We will also be analysing the extent to which we need to commission specialist respite services for older people with a mental health problem or with significant nursing requirements.

3.11 Home Support - Direct Payments

The scheme was revised in 2002/3 and greater flexibilities are being introduced, along with specialist support staff. The aim is to improve take up by over 300 people over the next three years, including significant increases to the number of older people on the scheme. Additional resources will be allocated to Direct Payments over the next three years, some of which will be transferred from other service areas.

2003/4	2004/5	2005/6
£300,000 additional resources	£200,000 additional resources.	£100,000 additional resources.

4 Residential & Nursing Care

Demand for care home beds is rising with demographic change. A more than proportionate increase in the 85+ age group means the need for placements in nursing beds is growing faster than for residential beds, as needs rise and people are maintained at home for longer. In addition, the proportion of beds available at HCC rates varies from area to area. There is a need to commission block contracted placements in excess of any required increase in beds needed, in order to replace spot purchased places, which offer no certainty regarding future affordability. We need to look at increasing the number of block contracts in existing homes, and ways in which we can commission new beds in areas of greatest need. In short, there is a need to address rising demand and higher needs and the availability, affordability and certainty of placements.

Given the demographic profile, which suggests a 1.2% per annum increase in over 65s, but with a disproportionate increase in over 85s, there is a need to commission around 60 more places per year, even allowing for the development of alternative forms of care. Where possible, these additional places should be sought, in the areas where there is currently least provision. In addition to this need, further placements will be required to address the existing waiting list for placements. Although commissioning should focus on the areas where there is the greatest difficulty obtaining beds, there is also the need to look at this against potential opportunities, as sometimes beds in a neighbouring area will assist in addressing identified shortfalls.

Information about population, affordable beds and waiting lists indicates that the greatest need for additional beds is in South East Herts, Dacorum, Welwyn Hatfield and North Herts and Stevenage, although waiting list data indicates there may also be some need in the St Albans area.

The table overleaf (Appendix 1) suggests targets for commissioning additional beds which take into account the data referred to above, as well as the known opportunities for increasing bed numbers. There will be a need to review prices each year, in the light of care standards and other cost pressures from providers to ensure success in delivering the commissioning plan.

The delivery of the targets set out in the table would involve the following:

- Increase of 58 in the number of beds purchased from Quantum Care from 2003/4
- Opening of 20 nursing beds in Western House replacement
- Work with North Herts & Stevenage, Royston, Buntingford & Bishop's Stortford and Welwyn Hatfield PCTs to include new care home beds for block contract to the County Council in plans to develop Community Hospitals and other facilities.

Estimate -	North Herts & Stevenage	20 nursing beds
	RBBS	10 nursing beds
	Welwyn Hatfield	10 residential beds

- Procurement of 2 new homes - one in Dacorum and one in SE Herts. Our aim would be to work with the PCTs in these areas to see if joint projects would offer win : win solutions.
- Block contracts, for 10 and 15 beds respectively, in 2 homes due to open in 2004 and 2005 - this would need to be negotiated with the provider, but interest has been expressed in doing business with us.

5 Intermediate Care

The development of a range of intermediate care services is something to which ACS and the PCTs in Hertfordshire are committed. Intermediate care can take many forms - it may be bed based or community based and may aim to prevent admission to hospital or facilitate discharge and offer rehabilitation. A range of services is currently in place and many of the services identified above will contribute to the delivery of intermediate care, eg day care and rehabilitative home care. We are working with PCTs who have prepared intermediate care strategies and the following outlines our commissioning intention in this area for the next 3 years - though as this is a new service area it will be subject to constant review.

Specifically in 2003-4 Adult Care Service will further strengthen the resources to Health and Social Care Co-ordinators to help prevent avoidable admission to acute hospitals, and strengthen the social work support to people in hospital particularly in terms of support outside office hours.

We will also:

continue to work with independent providers to look at conversion of some residential placements to provide intermediate care and also to consider enhanced short-term services to reduce long-term needs in care homes.

Work with PCTs to look at options for including jointly commissioned intermediate care alongside development plans for residential/nursing/ hospital places.

Continue to monitor community based intermediate care schemes.

Develop rehabilitative day care model - potential pilots in Berkhamsted, St Albans, and Ware.

2003/4	2004/5	2005/6
£100,000 additional resources to Health and Social Care Coordinators to commission services to prevent admission	20 Intermediate Care beds open at the new Western House, Ware	
£200,000 to strengthen hospital social work service outside office hours		

APPENDIX 1 Planned increases to existing block contracts and block contracts for new provision:

	Dacorum	Hertsmere	SE Herts	St Albans	Stev/North Herts	Wat/3Riv	Wel/Hat	Herts. Borders	TOTAL
Current affordable residential beds per 1,000 75+	32	43	26	40	36	39	17	n/a	34
Residential									
2003/4		6	8	8	17	3	16		58
2004/5	10						15		25
2005/6			30						30
Estimated affordable residential beds per 1,000 75+ if plans achieved	32	44	29	38	35	39	21		
Current affordable nursing beds per 1,000 75+	5.2	6.4	2.4	8.3	6.5	6.4	19.2	n/a	
Nursing									
2003/4					10				10
2004/5	20		20					10	50
2005/6			30		20	15			65
Estimated affordable nursing beds per 1,000 75+ if plans achieved	7.0	6.5	6.0	7.7	8.2	7.5	18.4		

This is in addition to the negotiation of block contracts to replace existing spot provision and secure current levels of access to placements.