

COMMISSIONING STRATEGY FOR OLDER PEOPLE

2003/4 – 2005/6

1. Executive Summary

1.1 Context

This report sets out a strategy for the future commissioning of services for older people in Hertfordshire 2003/4 – 2005/6. Adult Care Services is 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.

Progress is monitored through performance indicators as set out in the Performance Assessment Framework, and by inspection.

1.2 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

1.3 Vision

- 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

1.4 Home Support - Home Care

- In September 2001 HCC was arranging home care for 5,100 older people aged 65+, amounting to 1.859m hours per annum, 80% of the service is provided by 17 organisations in the form of block contracts.

- The numbers of older people receiving home care fell by approximately 8% between September 1998 and September 2002, although the amount of contact hours provided remained more or less the same. This reflects the growing intensity of the service with more time being allocated to a smaller number of clients. In the years prior to 1998, a bigger decrease had occurred in the number of home care users due to pressures on resources followed by the need to tighten eligibility criteria.
- In the next three years, ACS plans to strengthen home care in a number of ways. Firstly, by providing this service to more older people to take account of demographic changes. The introduction of the new eligibility criteria which is being introduced as part of the Fair Access to Care Initiative (FACS) will also 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.
- The current age profile of Home Care clients suggests that the service would need to expand by 1-2% or 50-100 clients each year (or 19-38,000 hours p.a.) simply to stand still in demographic terms. In order to meet anticipated service development and demographic pressures the service may need to expand by approx 5.5% p.a.. This would enable an additional 400 approx. older people to receive home care packages of 5hours per week for a year.

1.5 Home Support Equipment and Adaptations

- 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.
- Plans are being developed to integrate the 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.
- There is a Govt. target to increase the numbers of people who receive 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 contributions in the light of 2003-4 performance and activity.
- ACS has piloted 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. Outcomes were positive, and this initiative will be extended to other areas.
- Joint work with Health is continuing on O T development.

- A strategy to strengthen Care and Repair/Staying Put services is being prepared as part of the work taking place around "Supporting People"

1.6 Home Support - Extra Care Housing

- Extra Care Housing is an essential component of the spectrum of care services and can offer flexible support within a person's own home and delay or avoid the move to residential care. Research with ACS suggests that about one quarter of older people could avoid moving into residential care if extra care housing provision was available.
- Adult Care Service plans to establish 60 new extra care places in 2003-4 and we hope to provide a further 40 in each of the two subsequent years. The areas developed first will be dependent on available accommodation in the Districts, but if possible we will aim to put some provision in place in Districts where affordable residential care placements are scarce.
- To support this development, some of the additional home care hours identified in 1.4 above will be put in place as new places come on stream. We anticipate that an increase of 38,000 home care hours or 2% will be targeted at extra care.
- These plans will only succeed with the active participation and support of the District Council as part of their wider housing strategy. Discussions are taking place with all Districts.

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.

1.7 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.
- Questions also remain about the future direction of day care services. We want to continue to provide a long-term social/personal care service as well as providing a break to carers, but should the service do more to support short-term rehabilitation and intermediate care? These issues are likely to be raised as part of the Older Person's Services Best Value Review.
- 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.

1.8 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.
- In 2003/4 Adult Care Services will provide £300k plan to increase funding support for preventative service for older people following the publication of in the prospectus "Funding and Support 2003/04. In addition during 2003-4 a further £500,000 is being made available to commission cleaning, gardening and shopping services. In 2004-5 we will review 2003-4 performance and activity and target any new resources to fill geographical and service gaps. We will also consider supporting voluntary organisations to create and strengthen infrastructure in areas less well served for older people.

1.9 Home Support - 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 care home, hospital or facilitate discharge and offer rehabilitation. A range of services are currently in place and many of the services identified above will contribute to the delivery of intermediate care, e.g. day care and rehabilitative home care.
- Further intermediate care developments are being planned in each PCT and there are plans to develop quadrant wide strategies. ACS would aspire to develop sufficient bed and community based provision to ensure that intermediate care is an effective service to prevent hospital and care home admission, and support hospital discharge. In 2001/2 ACS made 1,238 care home placements of which 685 were direct from hospital.
- 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 support outside office hours.

1.10 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.

- In 2003-4 and as part of Best Value Review, Adult Care Services 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 overtime the investment in rehabilitation should reduce or delay the need for intensive home care.

1.11 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.

1.12 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 mental health problem or significant nursing requirements.

1.13 Care Homes - Residential and Nursing Care Services

- As at the end of March 2002, HCC was funding approx 3,274 older people in R/N care, of whom 87.5% are funded in R/N homes in Herts., the rest are funded in homes outside the county. Compared with other authorities, ACS funds fewer older people in care homes.
- The numbers of people funded by Social Services in residential and nursing home care increased by 23% over the four year period 1997/8 to 2001/2002, i.e. at nearly 6% a year.
- The market analysis reports very high occupancy levels (95%+) in the residential and nursing care sectors. There are approximately 6,394 nursing and residential beds in the county, and ACS are purchasing 51% of these places. The lack of vacancies at HCC rates is a serious concern in most parts of the county. Recent announcements of homes closing will make the situation worse.

- Based on the predicted changes to the 75+ population, HCC will need to increase the numbers funded in R/N care by about 2% per annum or 60 people per year to stand still in demographic terms. In order to meet the needs of those currently on the waiting list, the percentage increase in numbers funded may need to be higher.
- 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.
- In 2003-4 Adult Care Services will increase by 58 the number of beds purchased from Quantum Care. There will also be opening of 20 nursing beds in Ware. Additionally, work is underway to secure addition places through block contracts following the increase to fee levels. Discussion are underway with PCT's to develop new care home places as part of plans to develop Community Hospitals and other facilities.

2. Commissioning Strategy - Context

- 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 that 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.
- We will achieve this by working with partner organisations to improve services 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 Older Peoples' service will also report in 2003/4.
- Progress is monitored through performance indicators as set out in the Performance Assessment Framework, and by inspection.

2.1 Demography

In Hertfordshire, there are 156,444 people aged 65+ who make up 15.1% of the total population. There are 73,347 aged 75+ and 18,957 aged 85+. We are awaiting further Census analysis to update information on the number of black and ethnic minority older people. This is expected by Feb 2003.

Between 2000 and 2010, 75+ population will increase by 12%, and the 85+ population will increase by 20%.

The 75+ projection accords with previous projections, however the 85+ projection is leaves, 20% not 30% as previously projected in 1996.

More precise demographic information from the Census is just becoming available. This shows the 2001 75+ population in Herts to be very close to that predicted in the 2000 projection, but the Census 85+ figure is slightly lower than the 2000 projection. Projections based on the Census will not be available or another year or so.

Area population projections for people aged 75+, and 85+ between 2000-2010 are set out below (Source 2000 Sub National Projections)

DISTRICT	PEOPLE AGED 75+ % CHANGE +/- 2000- 2010	PEOPLE AGED 85+ % CHANGE +/- 2000- 2010
Dacorum	15	24
Hertsmere	-2.5	13.6
North Herts/Steve	6.5	8.1
South East Herts	23.7	23.5
St Albans	16.7	30.8
Watford/Three Rivers	7.6	12
Welwyn Hatfield	13.5	22.2
Total	12	20

The 10 year population projections of people aged 75+ show that the increase will be 10% across the county. The range is -2.5 in Hertsmere to 23.7% in South East Herts.

For those aged 85+, the county projection is for an increase of 20%, with the range being between 8.1% in North Herts and Stevenage and 30.8% in St Albans.

3. Commissioning Strategy -Home Support

Home Support arranged by Adult Care Services covers a wide range of service

- Home Care
- Day Care
- Equipment and Adaptations
- Extra Care Housing
- General Preventative Services
- Intermediate Care
- Respite Care
- Rehabilitation

Core information and an outline of commissioning objectives for each of these services is set out below.

3.1 Home Support -Home Care

ACS arranges home care for approximately 5,100 older people aged 65+, amounting to 1.859m hours per annum. Around 25% of the home care hours purchased are provided by Leonard Cheshire, and since June 2001, 80% of the remaining hours purchased or 64% of the total hours purchased are provided by 16 agencies under block contracts.

The new block contracts give greater certainty of provision right across the county by giving agencies guarantees of business and the ability to plan staff accordingly. Each block contractor has committed to provide up to a maximum number of hours, and figures from April 2002 show that we are purchasing only 78.4% of this level. Although there is capacity in the market to expand home care provision, some shortage of provision exists in the more rural parts of some areas, - e.g. South East Herts.

The numbers of older people receiving home care in Hertfordshire reduced significantly during the period 1996 - 2002. The reduction was greatest in the period 1996-1998 following the introduction of new eligibility criteria, and more recently the numbers have stabilised.

Number of Older People Receiving Home Care

	<i>Sept 96</i>	<i>Sept 97</i>	<i>Sept 98</i>	<i>Sept 99</i>	<i>Sept '00</i>	<i>Sept '01</i>
Numbers of people 65+ receiving home care	7475	7506	5517	5217	5382	5074

Source Home Care Survey

Home Care Prevalence Rates

The prevalence of home care per 1000 clients aged 75 and over has been also been reducing.

September 1996	98
September 1997	90
September 1998	66
September 1999	61
September 2000	60
September 2001	59

Source Home Care Survey

The reduction in actual numbers receiving home care was part of a strategy to target home care services at those in most need, and therefore the service became more intensive. However, the number of contact hours provided to older people did also reduce over the period.

Contact hours for people aged 65+

<i>Sept 1996</i>	<i>Sept 1997</i>	<i>Sept 1998</i>	<i>Sept 1999</i>	<i>Sept 2000</i>	<i>Sept 2001</i>
42,157	47,461	35,835	35,265	35,200	35,745

Source Home Care Survey

Over the period, average intensity has increased from 6.3 to 7.0 hours per client. However, if we provided the number of contact hours to the clients in Sept 01 as in 1996, they would receive an average 8.3 hours. However, the ability to commission pop-in home care, i.e. fifteen minute slots, means that more home care can be delivered from the same no. of contact hours.

Age of Home Care Clients

Age	%Older Home Care Clients
65 - 74	14
75 - 84	38
85+	48
	100

Area Profile of numbers of people funded for Home Care per 1000 75+.

(Sept 2001)

	No. 75+ receiving Home Care	% Area 75+ receiving Home Care
Dacorum	561	5.8
Hertsmere	411	5.2
South East Herts	832	6.2
St Albans	509	5.7
Stevenage/North Herts	862	6.2
Watford 3-Rivers	754	6.4
Welwyn/Hatfield	777	5.3
TOTAL	4340	5.9

For Home Care, the prevalence ranges from 5.2 in Hertsmere to 6.4% in Watford. The county figure is 5.9%.

3.1.2 Home Care - Where are we now?

- Restrictive Eligibility Criteria - targeted at those in greatest need.
- Responding to ever earlier and frailer hospital discharge cases.
- A more intensive service available at more times during the day
- New Contracting arrangements, greater emphasis on block contracting
- Dedicated commissioning(DCO)'s
- More commissioning of time specific care packages
- Greater emphasis on standards monitoring and service quality
- Being provided to a smaller proportion of older people(largest decrease took place 1996-1998)
- Budget pressures -year on year demand outstripping resources (currently small waiting lists)
- Service not really seen as preventative or rehabilitative.

- Service can be inflexible at health/social interface e.g. with District Nurses.
- Pressure to become more involved in intermediate care
- Difficulties commissioning service in rural areas
- Carer double ups – moving and handling issues leading to greater costs
- Concerns re quality of care provided, extent of carers training
- Need for a more trained/specialist service for older people with mental health problems

3.1.3 Home Care -Where do we want to be?

- need to increase coverage and intensity to achieve higher P.I score.
- dealing with those on waiting list and strengthening the service in rural areas
- a more preventative service available to more older people
- a more rehabilitative service which actively promotes independence.
- a service more closely integrated with nursing services for people whose needs straddle the health/social care boundary, i.e. being discharged home from hospital
- a service better able to meet needs of older people with mental frailties
- more of the service available in the form of direct payments.
- a service which supports the development of the extra care housing strategy.

In order to stand still in demographic terms the number of home care hours purchased will need to increase by approximately 2% p.a. over the next 10 years. However to achieve where we want to be, will require significantly increasing the amount of home care we purchase for a number of years. We need to assume an increase of 3.5% p.a in addition to increases due to demography over the next three years.

A service level increase of 5.5% amounts to approximately 106,000 additional home care hours per annum. This would enable another 450 older people to receive 5 hours of home care per week for a year. However, rather than simply apply a general increase to the home care service, developments in the following area are planned:

Home Care Demographic Change	A 2% increase or 38,000 home care hours to reflect demographic changes 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%.
Home Care Rehab	An extra 15,000 hours to enable 150 older people to receive 1-2 hours home care rehab 5 days a week for 10weeks.
Extra Care Housing	To provide an extra 38,000 home care hours to support service development expansion to 60 clients.
Revised Eligibility Criteria FACS	An extra 15,000 home care hours would provide approximately 290 people with 1 hour of home care per week.

3.2 Home Support - Equipment and Adaptation

In 2001/2 Adult Care Service provided 17,253 items of equipment to 7,029 older people and people with a physical disability. These figures exclude items of equipment provided by the Sensory Disability Team.

The number of items of equipment that have been provided has risen significantly in recent years, and there have been consequential pressures on the budget.

2000/2001		2001/2002		est. 2002/2003	
Orders	Items of Equipment	Orders	Items of Equipment	Orders	Items of Equipment
10,518	14,534	17,253	25,184	18,953	35,440

Information available for 2002/3 indicates that the provision of equipment will have increased by 40% from the year before, which was 45% above the previous year.

3.2.1 Strategy for Equipment

The policy requirements as set down in the NHS Plan and the NSF Older People are to achieve.

- An integrated community equipment service across health and social services by March 2004
- 50% more individuals (of all ages and disability to benefit from equipment by March 2004
- Any one needing equipment should have it within a week.

Additionally there is the Performance Indicator D38 which monitors the % of items of equipment and adaptation costing less than £1000 delivered within 3 weeks.

Hertfordshire currently scores 83% which is below the comparable average on the indicator. The Hertfordshire score under reports the true situation as many clients are receiving equipment direct from OT's whereas the P.I's measures time taken to refill the O.T. store (this issue is soon to be addressed).

In order to meet various the requirements for the delivery and organisation of equipment services, a Project Manager has been appointed (jointly funded) by Health and Adult Care Services. She will lead on the work of integrating the service and pooling the budget. A proposal for integration is currently out for consultation.

We are carefully monitoring the numbers of people receiving a service and items of equipment that are delivered. We are also improving collection and recycling rates. Other measures to strengthen equipment services include:

- Additional resources committed to purchase recyclable bath equipment and electric riser chairs
- Additional resources to purchase health equipment. (Pressure relieving mattress and community care beds) to support hospital discharge.
- Hospital O.T's can prescribe ACS equipment.
- Technicians are being trained to provide equipment for minor adaptations.

- Easier access to simple bathing equipment is being achieved through partnership working with Hertfordshire Action on Disability.
- Easier access to equipment is being achieved through development of resource centres across the County.
- Increased supply of wheelchair trays to support independence

3.2.2 To implement the strategy for equipment, it is likely that additional investment in equipment items and delivery arrangements will be needed. Recent years have seen significant percentage increases in items of equipment issued, e.g. 45% between 2001/2 and 2002/3. With the introduction of the new eligibility criteria and the range of new measures being introduced future increases in provision are likely.. ACS plan to increase the budget in 2003-4 for equipment and delivery infrastructure by £500,000 (50% increase). There is also joint investment in warehousing and computer systems.

In 2004-5 we plan to launch the Integrated Equipment Service.

3.2.3 Home Support -Adaptations

Each year ACS are involved with District Council colleagues in the arranging of major housing adaptations to enable disabled people to live more independently at home. This process is largely handled through the Disabled Facilities Grant.

In order to speed up the "adaptations" process, pilot projects have been established in Dacorum and Stevenage whereby ACS has funded additional OT and P.A. staff. These staff are based with the Housing and Environmental Health team in the District Council. This should achieve better co-ordination, communication and progress chasing of the work in hand. There is considerable interest in expanding the scheme into other areas and this will be considered once pilot results have been evaluated.

3.2.4 Occupational Therapy- Joint work with Health / Care and Repair and Staying Put Services

Strategies for both these areas are being progressed.

3.3 Home Support -Extra Care Housing

Although Housing is primarily the responsibility of the District Councils, ACS works closely with District partners to ensure that where necessary support arrangements are in place and working effectively. Many older people benefit from the sheltered housing provision that exists across the county.

Extra Care is a form of sheltered housing, and is as an essential component of the spectrum of care services. Purpose built or specially adapted accommodation with dedicated (on-site) care can offer older people flexible support within their "own" home and delay or avoid the need to move to residential care.

Research within Adult Care Services suggests that 20-30% of people needing residential care could be supported in residential care.

There are comparatively few extra care housing units in Herts. In partnership with District Councils and RSL's. ACS is planning to significantly increase the number of extra care units that are available.

An outline strategy has been drawn up, and a service model has been developed. Discussions are taking place with all District Councils about the possibility of new development, or the refurbishment of existing sheltered schemes as "extra care".

In 2003/4 there are plans to have 60 new places available, mainly in Broxbourne and Welwyn/Hatfield. It is planned to have increases of 40 places each year over the next few years. A summary of current progress is set out below.

The home care resource required to support the developing extra care schemes is being identified as schemes approach completion. An extra 38,000 home care hours has been identified for 2003-4.

District Council	Outline Plans for Extra Care Housing
Broxbourne	Likely 25 places in Emmanuel and Wormley Court by March 2003
Hertsmere	40 places in new scheme Fountain Court by July 2003
Watford	Planning meetings taking place regarding Regency Court.
North Herts	Discussions taking place around strengthening existing sheltered schemes to establish as "extra care". Likely 40 more places.
Welwyn/Hatfield	Existing sheltered scheme at Chilton Green now offering 10 extra care places
St Albans	Planning meetings taking place. One scheme identified. Possible 18 places
Stevenage	Discussions taking place around strengthening existing sheltered schemes to establish an "extra care" but likely 14 more A service level increase of (2% and 4%) 6% amounts to 114,000 additional home care hours per annum. This would enable another 450 older people to receive 5hours of home care per week for a year. If service continued to be strengthened by this amount then as well as the benefits to clients, HCC would also be likely to achieve better PI scores in terms of supporting people at home , and intensive home care packages. places at Silkin Court .
East Herts	Planning meetings taking place. New scheme agreed currently at tendering stage
Dacorum	Planning meetings taking place
Three Rivers	Planning meetings taking place

3.4 Sheltered Housing

The new "Supporting People" arrangements means 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 - Day Care

Adult Care Services provides day care to approximately 1600 older people. This can be in a HCC centre (specifically for older people or in a multi-purpose centre) in a residential home from Quantum Care or Runwood Homes as part of a block contract, or provided by the voluntary sector e.g. Age Concern Herts, or Age Concern Dacorum..

Information on the availability of HCC and residential home based day care in each Adult Care Services Area is as follows: The table does not include Voluntary sector day care information.

Area/Centre	Type of Centre	No.older People or Places per Days of Week
Dacorum		
High View	R	24 x 5. 12 x 2
Greenhills	DC E/PD	27
Berkhamsted	DC E	82
Hertsmere		
Borehamwood	MPC	22
Mayfair Lodge	R	10 x 7
The Mead	R	10 x 7
Heath House (Bushey Dist)	R	10 x 7, 20 x 5
South East Herts		
Bishops House	MPC	78
Beane River	R	10 x 5
Belmont	R	15 x 6
Broxbourne	DC EPD	132
Buntingford	DC EPD	31
Marsh Lane	DC EPD	84
North Herts/Stevenage		
Stevenage	DC EPD	22
Nightingale	MPC	38
Kennedy Gardens	DC EPC	75
Wisden Court	R	25 x 7
Minsden	R	10 x 5 (Asian Elders)
Richard Cox	R	12 x 5
St Albans		
Fosse House	R	10 x 4, 15 x 2
Willow Court	R	10 x 5
Jubilee	DC EPD	68
Watford/Three Rivers		
Victoria	R	25 x 7
Courtlands	R	15 x 5
Meresworth	R	10 x 5
Pinewood	R	14 x 5
Northwick	MPC	79
Welwyn/Hatfield		
Greenacres	R	15 x 6
Hyde Valley	R	8 x 7

KEY :	R =	Residential Home	24 x 5 = 24 places for 5 days a week
	MPC =	Multi Purpose Centre For multiple client group	27 = There are 27 older clients
	DC EPD =	Day Centre mostly for older people and people with physical disability	NB : All DC and MPC do have a small number of older people who with a learning disability who have not been included in figures above.

3.5.1 The number of people attending day care and the availability of provision has remained fairly stable in recent years. The service is primarily intended to support carers and offer personal care and social contact. Attendance levels overall are fairly good but vary across the county. Concern around the availability and costs of transport remain. So do the length of time some clients spend on transport and how then reduces the time actually spent at the centre.

The Best Value Review of Services to People with Physical and Sensory Disability has recommended that a number of day centres across the county develop into "resource centres" offering information, equipment, rehabilitation and working more closely with health colleagues.

Similar issues are being raised by the Best Value Review for older people in respect of day centres for older people. Should day centres play a greater role in the intermediate care, i.e. short term attendance offering rehabilitation, therapy, and equipment, as well as continuing to provide a model which offers longer term attendance, personal care and support for carers.

Other concerns include the need to offer a day service to older people with functional mental health problem, and the need to effectively support the 100 or so older people with learning difficulties who currently attend day centres.

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.

3.6 Home Support – General Preventative Service

ACS works in partnership with many voluntary organisations across the county to strengthen preventative and other support services for older people and their carers.

Major contracts have been drawn up with the following organisations in respect of services indicated below. Other smaller organisations receive varying levels of funding to support local services.

Organisation	Services	Older People Receiving a Service
Age Concern Herts	Visiting, Advocacy, Hospital Discharge Carer Support, Day Care	1,200+approx
Hertfordshire Action on Disability	Easier Living Exhibition, Mobile Equipment Service, Bathing Assessment	6,700 visitors to fixed and mobile exhibitions
Age Concern Dacorum	Day Care, Hospital Discharge, Carers Support	400 approx
Alzheimer's Society	Carers Support, Respite, Befriending	250 approx
Herts Hearing Advisory Service	Equipment exhibition, Befrienders, Technical Support	7,000 visitors to exhibition, visited at home.

ACS is now looking to increase the level of general and preventative services provided by voluntary organisations. Additional funding has been identified for 2003/4 and is being taken forward by two initiatives.

Firstly, a prospectus "Funding and Support 2003/4 has been produced by HCC. Voluntary organisations were invited to bid for funds to develop new preventative services, including those that address the needs of black and ethnic minority older people. A total of £300k has been awarded to organisations to develop new services.

Secondly, a total of £500,000 has been made available to commission cleaning, gardening and shopping services. Best options for commissioning are currently being considered. In future years we will target any new resources to fill geographical and service gaps. We will also consider supporting the infrastructure of organisations in areas or from communities less well served for older people.

3.7 Home Support -Intermediate Care

The development of intermediate care services is a key aspect of the NHS Plan and the National Service Framework for Older People, and each PCT has to achieve increased provision within a national target. Adult Care Services is working with PCTs to strengthen the full range of intermediate care services including multi disciplinary community teams which focus on admission prevention and supported discharge, as well as step down beds in care homes and NHS provision.

In recent years ACS have created the post of Health and Social Care Coordinator (HSCC) There are 11.5 HSCC posts across the county. Most are based with community nursing or intermediate care teams, and respond rapidly to referrals from GP's and other professionals to commission care services to prevent hospital admission.

Additionally ACS have provided funding support to the prevention of admission and supported discharge teams in East and North Herts, and to the numbers of occupational therapy, physiotherapy and rehabilitation assistant posts in the community rehabilitation teams across Herts.

Details of new Intermediate Care Schemes are set out below:

PCT	New or Planned Intermediate Care Scheme (Funding)
S E Herts	<p>8 beds at Western House PCT/ACS</p> <p>Tendering for new Continuing Care/Intermediate Care service to replace Western House 60 beds. PCT/ACS</p> <p>I C Community Team (PCT/ACS) based in Wel/Hat HSCC x 2 (ACS)</p>
	<p>I.C Community Team (Community Team at Bishops Stortford. (PCT/ACS)</p> <p>I.C Community Team at Royston. (PCT/ACS)</p> <p>Prevention of Admissions beds. St. George's Court (2). Nevetts (1). PCT HSCC (ACS)</p>
Welwyn/Hatfield	<p>I.C. Community Team (PCT/ACS).</p> <p>2.1 C beds at QVM Hospital (PCT/ACS).</p> <p>Falls project (PCT).</p> <p>SW at Admissions Ward. (ACS)</p> <p>HSCC (ACS)</p> <p>Additional beds at QVM and Danesbury?? (PCT)</p>
North Herts, Stevenage	<p>I.C. Community Team (PCT/ACS).</p> <p>8 I.C. beds at Bulwer Lytton (PCT/ACS).</p> <p>GP for Intermediate Care (PCT).</p> <p>HSCC (ACS) x2</p> <p>Additional beds at Hitchin Hospital 1 (PCT)</p>
Dacorum	<p>8 I.C. beds at Felden Croft (ACS).</p> <p>HSCC Rapid Response (PCT/ACS).</p> <p>SW at A & E Hemel (ACS)</p> <p>10 Respite beds - High View. (ACS)</p> <p>Community Rehabilitation Service (PCT/ACS)</p> <p>3 I.C beds at Gossoms End (PCT).Possible shift to hospital at home</p> <p>Hospital at Home (PCT).</p> <p>HSCC 1.5 (ACS)</p> <p>Gossoms End 20 beds Elderly Care</p> <p>District Nursing Team support to residential homes</p>
Hertsmere	<p>I.C community Team generic assistants, home finder, S/worker,OT's.(PCT/ACS).</p> <p>I.C. Beds at Potters Bar Hospital(21 beds) plus 24 long term rehab beds.</p> <p>Community Rehabilitation Service (PCT/ACS)</p> <p>HSCC (ACS)</p>
St Albans	<p>Hospital at Home (PCT).</p> <p>HSCC Rapid response (ACS/PCT).</p> <p>Community Rehabilitation Service (ACS/PCT)</p> <p>I.C. beds at St Albans City Hospital 6 bed assessment unit at Langton and Sopwell 8 beds Wards. (PCT)</p> <p>1C. Beds at Harpenden Memorial 20 beds.</p> <p>1.5 HSCC (ACS)</p> <p>Day Hospital</p>

Watford/Three Rivers	Hospital at Home. HSCC Rapid Response (PCT/ACS). Community Rehabilitation Service (ACS/PCT). S.W at A & E Watford General (ACS). I.C. beds at Windmill and Langley. (PCT) HSCC x2 (ACS)
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Future PCT proposals are being set out in SAFF proposals for 2003/4. It is unclear at present, which of these will receive funding priority.

ACS plans to continue to work in partnership with the PCT's and the Hospital Trusts to strengthen both community and bed based intermediate care schemes. For ACS, the target group for intermediate care services are those older people who could be prevented from needing care home provision. (In 2001/2 685 of 1238 care home admissions were direct from hospital.) Similarly many older people returning home from hospital could achieve greater independence and require less home care if intermediate care services were available. The target for ACS is to have sufficient intermediate care resources in each PCT area to achieve reduced levels of care home admissions, and to promote independence for those returning home.

In 2003-4 Adult Care Services plan to strengthen intermediate Care Services in three specific areas.

Firstly, and part of the Best Value Review of Older People we will be carrying out a pilot of an "enabling" home care service in the St Albans Area. It is planned that specially trained home carers working under the direction of an Occupational Therapist will meet a person's needs home care, but will do so in a way that enables the person to become more independent and to be able to do things for themselves. 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 overtime the investment in rehabilitation should reduce or delay the need for intensive home care.

Secondly, the level of funding resource available to Health and Social Care Co-ordinators will increase to enable them to meet additional demands in efforts to prevent unnecessary admission to acute hospitals.

Thirdly, we will provide additional resources to strengthen the social work support to people in hospital, particularly in terms of support outside office hours.

3.8 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.

3.9 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.

4. Residential/Nursing Home Care

4.1 Introduction

As of end of March 2002, 3,274 clients were being funded in residential and nursing care. There are a further 100 or so clients who are being funded temporarily by ACS whilst their property is being sold. Currently 87.5% are funded in R/N homes in Herts., the rest are funded in homes outside the county

1,238 placements were made during 2001/2, broken down into 685 placements direct from hospital, 429 placements from the community, and 124 people who were already in homes, but who needed financial help.

In July 2002 the market analysis provided information on the 157 in county homes. 3 care homes declined to take part in the market analysis. The 157 homes provide 6394 beds. Beds not purchased by ACS are occupied by self-funders, people funded by other L/A's or HA's.

The extent to which the 157 homes offer places at ACS contract rates is shown in the table below

Contract and top-up rate	July 2002 No of Homes
Accept Contract rate	67 (of these homes 43 have the option to charge a top up)
Do not accept contract rate	57
Block contract residential Quantum Care and Runwood	30
Block contracts nursing	3
	157 homes

Through its block contracts ACS purchases 1174 residential care beds and 144 nursing care beds, 50 of which are outside the county.

4.2 Numbers funded in Residential and Nursing Home Care as at 31st March 1998-2002

	<i>97/8</i>	<i>98/9</i>	<i>99/0</i>	<i>00/01</i>	<i>00/02</i>
Residential Homes	1868	2053	2285	2311	2367
Nursing Homes	794	816	840	874	907
Total	2662	2869	3125	3185	3274
per 1000 65+	17.5	18.7	20.2	20.0	

Source 97/8-99/0 info from Researched Information, 00/01, 01/02 – from Finance Unit

- numbers funded in residential care rose by approximately 200 between 1997 and 1998, and by 250 between 1999 and 2000, annual increases of 7.8% and 8.9% respectively. Between 99/0 and 2000/1 the increase was approximately 1.9%, and between 00/01 and ½ it was 2.8%. The increase in numbers funded over the four year period amounted to 23%
- Currently 72% of funded residents are in residential care and 28% in nursing. This balance has remained fairly stable over the last 5 years.
- The annual changes in numbers funded in residential and nursing care are not simply based on need. They also reflect the availability of funding, and availability of affordable beds. The relatively higher percentage increases in 1998/9 and 1999/2000 when compared to 2000/1 are explained by increased budget for residential and nursing home care to reduce waiting lists in hospital and community, and also placements made from NHS Winter Pressures monies.
- Information on how the waiting list has varied over the period.. Currently there are approximately 355 who are on a monitoring list indicating they will need R&N care in the near future.

Placements into Residential and Nursing Home Care

	97/8 est	98/9	99/0	2000/01	2001/2
Community	366	461	553	457	429
Hospital	528	545	740	662	685
Former self funding	107	128	150	133	124
Total	1001	1134	1443	1252	1238

Source Finance Unit/Research and Information

Placements directly from hospital.

Over the 4 years, the proportion of total placements into R/N care from hospital have been 53%, 48%, 51%, 53% and 55% respectively. However when former self-funders are excluded (these are people already in homes whose funding has run out (the figures are 59%, 54%, 57%, 59% and 62%).

4.3 Care Home Placements - Where are we now?

Recent years have seen funding of people in R/N care increase at faster rate than demographic changes. There are also currently 355 (Aug. 2002) on waiting list (approx 60% in hospital others at home receiving home care). Demand seems to be outstripping budget. However the lack of places at HCC rates, and the fact that many people are being supported at home with home care is restricting the numbers that are being funded in care homes.

The market analysis is showing very few vacancies in beds for older people. Currently we fund 3,385 (incl. legal charge) out of the 6,394 beds), - remaining beds are purchased by self funders, other local authorities or health. Of the 157 homes in the county, we have block contracts with 33, of the remainder 67 accept our contract rate, but 43 of these have the option to charge a top up. Factors affecting the market include

- Providers' increasing costs
- Providers' difficulties with recruitment and retention of staff
- Governmental targets for improving standards in care homes
- Demand for places from people able to afford private rate.
- Homes closing as owners sell off sites for domestic residential market.

There can be difficulties in finding nursing and residential beds, particularly EMI places, due to lack of beds and homes charging above HCC rates. Patients waiting for care home places are a concern in most hospitals. Client/family desire for preferred choice of home is being countered by lack of beds at HCC rates, low vacancy rates, and the pressure for fast discharge

We block contract for residential care with Quantum and Runwood (for approx 60% of residential beds purchased). We block contract with 4 nursing homes (1 outside the county) for approximately 12% of beds purchased.

Our standard rates compare well with surrounding counties, but are less than South Cambridge, and are less than some London Boroughs, who buy beds in Herts at these higher rates (denying places to Herts residents or subsidising the home which can in turn offer some places at HCC rates.)

Free nursing care for state funded clients will be introduced in April 2003. Resources will flow from ACS to PCT's. ACS will need to revise the pricing structure for care home fees to take account of free nursing rates.

There are concerns that people are being placed in R/N care because of pressure for early hospital discharge, the lack of flexible community services, intermediate care, and extra care housing.

4.4 Age Profile of Clients funded in Residential and Nursing Home Care

The Age profile of clients funded in residential and nursing home care as at 31st March 2000 was:

<i>Age Band</i>	<i>Nursing</i>	<i>Residential</i>	<i>Total</i>
65 - 74	12%	8%	9%
75 - 84	38%	35%	36%
85 +	50%	58%	56%
	100%	100%	100%

Management Information Unit

4.5 Length of Stay in Residential and Nursing Home

The average length of stay from date of first entering residential and nursing accommodation is shown below. Analysis suggests that length of stay is increasing.

Placements ending during financial year	Total length of stay
1997/8	17 months
1998/9	20 months
1999/2000	20.5 months
April - September 2000	20.7 months
Average	19.7 months

Source Finance Unit

(NB. In 200 we received information from a PSSRU national longitudinal study into publicly funded admission to residential and nursing home care. Of the 2500 older people in the sample 250 were from Hertfordshire. The report included the conclusion that Hertfordshire patients can expect to remain in care 17 months after admission.)

4.6 Types of Care provided to clients funded in Residential and Nursing Home Care

The types of care provided to clients over the last three years is as follows:

	<i>31 March 1999</i>	<i>31 March 2000</i>	<i>31 March 2001</i>
Residential Care			
- Standard Needs	13	11	10
- Higher Needs	47	47	46
- MPE	11	15	18
Nursing Care	29	27	27
	100%	100%	100%

Source Social Services Finance Unit

The type of care provided appears to show continued reduction in Standard Needs care and an increase in MPE care.

4.7 District Profile of numbers of people funded in residential and nursing home care.

(July 2002)

	<i>Nursing Home</i>		<i>Residential Home</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Broxbourne	49	0.9	128	2.4	177	3.3
East Herts	106	1.3	192	2.4	298	3.7
North Herts	135	1.5	279	3.1	414	4.5
Stevenage	67	1.4	176	3.7	244	5.1
Welwyn/Hatfield	122	1.6	244	3.1	366	4.7
Dacorum	101	1.0	298	3.1	399	4.2
Hertsmere	77	1.0	243	3.1	320	4.1
St Albans	101	1.1	270	3.0	371	4.1
Three Rivers	48	0.7	227	3.4	275	4.1
Watford	46	0.9	177	3.5	223	4.4
Total	852	1.2	2234	3.0	3086	4.2

Source Research and Information District Comparison.

For **residential and nursing home care**, the percentage of people funded per ranges from 3.3 in Broxbourne, to 5.1 in Stevenage. The county figure is 4.2.

For **residential care** the range is 2.4 in Broxbourne and East Herts to 3.7 in Watford. The county figure is 3.0

For **nursing care** the range is from 0.7 in Three Rivers to 1.6 in Welwyn Hatfield. The county figure is 1.2.

What else emerges from the figures?

- most districts operate on or close to the average when residential and nursing care information is combined. However Stevenage, Welwyn-Hatfield and North Herts are all 10% or more above the average.
- Stevenage funds most people in R/N care approximately 25% above average.
- Welwyn Hatfield, funds 33% more people in Nursing Homes than the average, whilst being average for residential care
- Both Three Rivers and Watford fund less people in Nursing homes but are above average for residential care.
- Broxbourne funds significantly less people in both residential and nursing home care than the average. Broxbourne borders East Herts, which also funds significantly less people in residential care than the average, although the numbers funded in nursing care are average.

4.8 Availability of Residential Nursing Homes at HCC Rates

The tables below provides information on the availability of places at HCC rates.

	Residential Beds		Nursing Beds		Total beds	
	No.	% at HCC rates	No.	% at HCC rates	No.	% at HCC rates
Dacorum	640	49	90	57	730	50
Hertsmere	565	60	280	20	845	46
South E Herts	581	60	255	13	836	49
St Albans	547	66	260	29	807	54
Steve/N Herts	847	59	507	18	1354	43
Watford /3 R.	916	50	376	20	1292	41
Wel/Hat	360	38	170	88	530	54
Total	4456	55	1938	27	6394	47

* 3 homes did not supply details.

The table above shows the number of residential and nursing home beds in each Area, and the percentage of these beds that are available at HCC 's rates. The proportion accepting our rates range from 41% in Watford to 54% in St Albans and Wel/Hat. The county figure is 47%.

Beds at HCC Rates per 1000 75+

	Residential Beds		Nursing Beds		Total beds	
	No. beds at HCC rates	per 1000 75+	No. beds at HCC rates	per 1000 75+	No. beds at HCC rates	per 1000 75+
Dacorum	311	32	51	5	362	37
Hertsmere	337	43	51	7	388	49

South E Herts	351	26	32	2	383	29
St Albans	360	40	74	8	434	48
Steve/N Herts	497	36	90	7	587	43
Watford /3 R.	460	39	75	6	535	46
Wel/Hat	138	18	150	19	288	37
Total	2454	34	523	7	2977	41

The table above shows the number of beds at HCC rates that are potentially availability in each area, and how this compares to the number of people aged 75+. The figures range from 29% in South East Herts to 49 in Hertsmere. The county figure is 41.

One would expect the Areas with the lower percentages of beds at HCC rates to have greatest difficulty in finding care home places. The Area which appears to be worst off in terms of places at HCC rates is South East Herts, which is considerably under the average for both residential and nursing places. Welwyn /Hatfield has much lower affordable residential beds, but higher than average affordable nursing beds.

4.9 Future demand for Care Home Places

Predicting the numbers of people that will require Social Services funding in care homes is difficult. Many factors, other than population increases of older people, are involved, e.g. improvements to health, longer life expectancy, growth of single person households, less family carers, availability of community services.

These factors pull in different directions and it is difficult to know what conclusions to draw. It may therefore be sensible to base future demand predictions on the increase we know are going to take place in the older persons population.

Population projections indicate that over the next 10 years the numbers of people aged 75+ in the county will increase by 10%. However, the current age profile of people in R/N care shows that 55% of residents are aged 85+, with some evidence that this percentage is rising. This suggests will may need to increase the numbers funded by between 1-2% or 33-66 people a year. However, in order to meet the needs of those currently on the waiting list, the percentage increase in numbers funded could be as much as 4% over the next 3 years. (5% in Year 1 falling to 3% in Year 3).

If we assume that HCC will need to fund at least an extra 60 people approx. each year over the next three years, then there is a need for a considerable expansion in the care home provision in Hertfordshire. Over the next 10 years we would need to have a number of new homes opening, or additional places becoming available at HCC rates. The location of new developments should try and match those areas of the county where population may increase the greatest, where provision is most sparse, and/ or where there are fewer places at HCC rates.

The area with the highest increase in the numbers of people aged 75+ is S E Herts 23.7%, followed by St Albans 16.7%, Dacorum 15% and Wel/Hat 13.5%. These areas also have the highest projected increases of the 85+ age group. Of these Areas, S E Herts particularly, and Dacorum and Wel/Hat already have under average numbers of care home places at HCC

rates, suggesting that they should be the areas where efforts are concentrated to try and establish increased provision.

4.10 Residential and Nursing Care -Where do we want to be?

We want to

- have much lower numbers on the waiting list for care home funding
- increase choice by enabling greater availability of R/N care at HCC rates, - possibly through greater block contracting and increased prices
- working in partnership with PCT's to develop intermediate care/nursing home services such as Western House replacement.
- provide develop/invest in alternatives to delay or avoid the need for R & N admission, e.g. services such as intermediate care and extra care housing

In order to standstill in demographic terms (approx 2% p.a. increase) we need to fund another 60 people (approx) annum. To achieve where we want to be, we may need to increase the numbers of older people funded in R/N care at a higher rate than warranted by the population increase. However the need for care home places may reduce as investment in community services takes effect.

In order to be able to find places for people needing care home provision we need to take urgent steps to secure more provision at HCC rates. The table below 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.

Specifically, for 2003-4 ACS has significantly increased the price it will pay for care home provision. We are also offering a 1% additional increase for homes who are prepared to block contract with us. Indications are that a number of new block contracts will be secured in this way.

We have agreed with Quantum Care that an additional 58 places are to be made available at HCC rates. Discussions are underway with providers for block contracts in respect of a new homes opening in 2004-2005.

We are working with North Herts and Stevenage, Royston, Buntingford , Bishops Stortford and Welwyn Hatfield PCT's to include new care home beds for block contract to the County Council plan to develop Community Hospitals and other facilities estimate.

North Herts and Stevenage	-	20 Nursing Beds
RBBS	-	10 Nursing Beds
Welwyn-Hatfield	-	10 Residential Beds

In addition and in order to meet likely future demand, we are considering the procurement of two new homes, - one in Dacorum and one in S E Herts. Our aim

would be to work with the PCT's in these areas to see if joint projects would offer win : win solutions.

4.11 Respite Services

A total of 72 respite care beds are purchased through block contracts with Quantum Care and Runwood.

<u>District Team</u>	Name of Home	No of beds	Beds per district
Dacorum	Highview Lodge	2	5
Dacorum	Mountbatten	3	
Hertsmere	Heath House	2	10
Hertsmere	Mayfair Lodge	3	
Hertsmere	The Mead	5	
SE Herts	Ashwood	2	12
SE Herts	Beane River View	2	
SE Herts	Belmont View	3	
SE Herts	Elmhurst	2	
SE Herts	Fourfields	2	
SE Herts	Nevetts	1	
St Albans	Fosse House	2	8
St Albans	Jane Campbell	2	
St Albans	Vesta Lodge	2	
St Albans	Willow Court	2	
Stevenage/Nherts	Minsden	2	18
Stevenage/Nherts	Newhaven	2	
Stevenage/Nherts	Providence Court	5	
Stevenage/Nherts	Wisden Court	9	
Watford/3Rivers	Courtlands Lodge	4	15
Watford/3Rivers	Greenbanks	2	
Watford/3Rivers	Margaret House	2	
Watford/3Rivers	Meresworth	3	
Watford/3Rivers	Pinewood Lodge	2	
Watford/3Rivers	The Fairway	2	
Welwyn/Hatfield	Greenacres	2	4
Welwyn/Hatfield	Hyde Valley	2	
		72 beds	72

Monitoring data shows that vacancy rates average over 30%. Our objective is to ensure we make better 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, and streamline and simplify the booking system. 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.

5 Black and Ethnic Minority Older People

Background

The 1991 census information suggested in Hertfordshire there are about 3,415 black and minority ethnic elders between the ages of 55-85+. This picture is broadly in line with the national average. The 2001 and census would show a marked increase in those numbers. The largest concentrations of ethnic minority communities are in the Watford and North Herts areas.

Specific Services

There are very few resources available in Hertfordshire specifically to meet the cultural needs of ethnic minority communities. A recent mapping exercise, found one Italian Residential/Nursing Home in S W Herts, and a Residential Home - Minsden in North Herts, that offers Day Care and respite to Asian Elders, and there are also Jewish Homes. We also arrange services in specialist provision outside the county, mainly in adjoining London Boroughs of Barnet and Harrow.

There are also a number of community based/voluntary organisations, some funded by Adult Care Services which provide services to black and minority older people.

In Hemel Hempstead Age Concern provides luncheon Club facilities for Asian Elders two days per week.

In Watford and Three Rivers, Watford Asian Community Care provide luncheon and respite to Asian Elders. TACEP provides a similar service to African Caribbean Elders in Watford.

In North Herts, the African Caribbean Luncheon Club operates one day a week. In St. Albans there is a similar club for Italians and Chinese elders.

Age Concern also provides a number of facilities in North Herts and Broxbourne.

Service Development

Adult Care Services plans to do more to ensure our services are appropriate for older people from black and ethnic minority communities. A sub group of the Hertfordshire Older Person's Steering group has been leading on work on ethnic elders, and a strategy document will be available later in the year.

In 2003/4, Adult Care Services will be providing additional funding to Watford Asian Community Care to strengthen the management of existing services, and the development of new ones. We will also be providing resources to St. Albans Minority Ethnic Forum, and the Harrow and Edgware Jewish Day Centre. We also hope to build on the lessons learnt from the Minsden experience to enable us to develop a wider range of resources in residential homes, focussing initially on the Watford area where need has been identified.

The luncheon club developments are being developed as basis for informal day care services mainly to support carers. These groups can work with care-workers to support disabled members, the groups meeting cultural and linguistic needs, the care-workers providing the care as directed. This mitigates the lack of care staff from the relevant backgrounds.

Further work is taking place with Age Concern to extend the provision into areas and communities not covered at present.

Also, and as mentioned earlier is the work of the Home Care Quality Monitoring Officers who making home visits to research the needs of ethnic minority home care users, about their experience of home care and other adult care and health care services.

6 Carers

In Hertfordshire, a multi-agency Carers Strategy has been in place for a number of years. The Strategy was designed to incorporate all the main headlines raised in consultations with carers, the Carers' Topic Group, the Hertfordshire Carers' Strategy Group (carers and professionals from a range of agencies) the *Black and Minority Ethnic Carers' Forum* and by *Listening to Carers Days* etc

There has been considerable investment in services to support carers using Carers grant and Partnership Grant. This has covered, promoting a wide range of Carers breaks, Home-based Respite Services, Carer Support and Training. Carers Grant has also been used flexibly to help front line staff provide innovative solutions where needed. Flexibility in the Carers Grant is being used to support carers through the Carers Services Pilot aimed at carers of users who refuse assessment/services and carers in situations where low level practical help can make a critical difference to sustainability of the caring role.

Adult Care Services has also established organisational arrangements to be better able to provide an effective and co-ordinated response to carers. There is a lead Area Manager (Carers), and a lead Team Manager and Carers Co-ordinator in each area. Regular meetings take place with Carers in Herts, and the Policy Manager Users and Carers. A programme of training in carers' assessment and good practice has been provided to all assessment staff, jointly with the PCTs.

The Carers Strategy is reviewed and updated annually.

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.