

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH
SCRUTINY COMMITTEE**

THURSDAY 17 JUNE 2004 at 10.00 AM

Agenda Item No.

1

**SERVICES FOR OLDER PEOPLE COMMISSIONING PLAN 2003/4 – 2005/6
Progress Report and Best Value Review Updates**

Report of the Director of Adult Care Services

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1. Purpose of Report

- 1.1 To provide members with a progress report on the Commissioning Plan for Older People which now incorporates recommendations arising from the Best Value Reviews

The Plan was discussed with members of the "Capacity " Topic group during June and July 2003 and a progress report was discussed at the December 2003 Scrutiny Committee.

Members are asked to note the progress that has been made and to comment on any aspect of the Plan.

2. Summary

- 2.1 The Commissioning Plan sets out Adult Care Services proposals to strengthen the range of home support and preventative services, to promote independence and better support older people and their carers in their own homes. It also sets out plans to meet the need for care home services when support at home is no longer possible.

The Plan incorporates key actions arising out of recent Best Value Reviews of Mental Health, Physical Disability and Older People's Services and the work that is underway to develop service capacity in the light of the introduction of Delayed Transfers of Care Reimbursement.

Underpinning the plan is joint work with our Health and Housing Partners to deliver more joined-up services. This has taken major steps forward with the introduction of Single Assessment from April 2004, the creation of an integrated equipment service, and the decision to create integrated specialist mental health teams for older people from April 2005.

Since December 2003, there have been a range of service developments, including:

- an expansion of Extra Care Housing;
- new Handyperson schemes and Home Improvement Agencies;
- more intermediate care services;
- more older people using Direct Payments;
- increased take-up of respite care;
- more older people receiving an enabling home care service;
- the opening of a “smart” exhibition home for older people with dementia;
- an expansion of the home care service for older people with dementia.

We continue to work in partnership with voluntary organisations and have made more funding available to strengthen “preventative” services, to maintain independence and delay the point of time when statutory help will be required.

Through the introduction of our “Home Support” initiative, we are enabling local E/PD teams to achieve sensible and creative solutions to people’s difficulties. We have devolved monies to enable them to purchase flexible one off services, which can better meet needs than ongoing services.

In the care home sector, we continue to have capacity pressures although are managing to achieve timely discharge from hospital for those who require this form of care. We are working closely with existing providers and PCT colleagues to see if we can access additional capacity, either within our existing contracts, through new block contracts or by new arrangements. Pricing increases above the rate of inflation and further incentives for nursing home providers who wish to block contract, have helped increase capacity. We have introduced a new booking system for respite care which has increased bed occupancy and we are working on a system for accrediting providers of dementia care. New block contracts for nursing care have been agreed and with a number of PCTs we plan to develop joint intermediate care and care home options.

From January 2004, Reimbursement for Delayed Transfers of Care in Acute Hospitals was introduced and fines of £120 per day are payable for patients who are the responsibility of the local authority. Considerable effort has been expended by our Hospital Social work Teams to ensure the numbers chargeable remain at a very low level. We have agreed pooled budget arrangements with Hospital Trusts and PCTs, whereby money paid in fines will be reinvested to develop intermediate care capacity to prevent future delays in leaving hospital.

Strategies and Action Plans for Carers’ Services and for Older People from Black and Ethnic Minority Communities are in place. These are being reported separately to Scrutiny Committee.

Adult Care Services is also undertaking a “Staffing Review “ and is consulting on proposals for the future organisation and operation of E&PD Teams to reduce waiting times for assessment and actual provision of services to clients.

3. Conclusion

- 3.1 Adult Care Services is making good progress in implementing proposals agreed in the Best Value Reviews and set out in the Commissioning Plan. There are increasing numbers of people being supported at home and a greater range of services available offering choice and promoting independence.

The availability of affordable care home placements and home care capacity still remains a risk. However, we are implementing an increasing range of measures to address this. We continue to work jointly with the Independent sector and Health and Housing partners to seek integrated solutions to meet needs.

The Scrutiny Committee is asked to note the progress that has been made and invited to comment on the contents of this report.

Background

1. A brief summary of the principles behind the Commissioning Plan and Best Value Reviews

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. This will involve strengthening a wide range of home support and preventative services. We will also seek to ensure we can meet the need for care home services when support at home is no longer possible.

The Best Value Review for Older People's Services resulted in 5 key recommendations:

1. To test through a pilot project the feasibility of providing an "enabling" home care service where home care users will be assisted in regaining their independence by improving their ability to carry out everyday tasks.
2. To test through a pilot project the feasibility of giving current home care users more choice and control over the type and timing of the services they receive while remaining within existing budgets.
3. To evaluate the effectiveness of existing ACS funded bed-based intermediate care services in improving client independence so that the most effective approaches could be identified and adopted.
4. To develop a common countywide information strategy as part of the strengthening of countywide partnership arrangements and establish a network of local ACS champions to drive forward the information agenda.
5. To strengthen existing partnership arrangements between health, county, district and the voluntary sectors.

The Best Value Review of Mental Health Services for Older People resulted in a total of 19 recommendations, the key aims being to support more elderly mentally frail people at home for longer and create specialist mental health teams for older people.

The Best Value Review of Physical Disability and Sensory Services resulted in 4 key recommendations:

1. To develop a countywide network of information and resources for people of all ages who have a physical disability or sensory loss.
2. To improve the partnership arrangements with the countywide Sensory Disability Team and develop a seamless sensory service which will enhance current provision.

3. Improve the quality of existing service provision for people with a physical disability e.g. Home Care, increased use of Direct Payments, Equipment, etc.
4. To develop an overall strategy to drive forward the above improvements and provide the groundwork for greater integration with Health.

Throughout this report key indicators of required change over the period 2003 – 2006 have been shown to demonstrate progress to date and the targets set for the future.

2. Numbers of older people and their need for services

- 156,444 people in Hertfordshire are aged 65+, which is 15.1% of the population. 73,347 are aged 75+. (Census 2001) The largest user group of adult care services are aged 75+.
- Between 2000 and 2010 the Hertfordshire population of 75+ is projected to increase by 12% and between 2011 and 2021 by 15%.
- Examples of services arranged by Adult Care Services:

Home care for 5,853 older people aged 65+
 Residential care for 2,200 older people aged 65+
 Nursing care for 939 older people aged 65+
 Day Care for 1,600 older people aged 65+
 Equipment - 44,000 items delivered over the last year to 14,126 clients
 Extra care housing – 77 places now occupied
 Respite care - 72 block contract respite care beds

3. Eligibility Changes

- 3.1 The new eligibility framework for Adult Care Services “ Fair Access to Care” has now been in place for over a year. A new public information leaflet was issued and widely distributed.
- 3.2 The impact of the framework on the services being provided has been one of gradual change. We expect this to continue in 2004/5. A major development programme has helped staff to adopt the principles of fair access in their assessment and care planning. They now place greater emphasis on preventative and rehabilitative needs and seek more creative and flexible solutions for service users. This process has been assisted by the “Home Support initiative,” which has involved devolving budgets of £20,000 to each of the seven Area Teams, enabling them to directly purchase more innovative and flexible care solutions.
- 3.3 Already there is an increase in the provision of practical support and equipment to those that meet the eligibility criteria and with the increasing number of clients now undergoing the single assessment process we expect the level of referrals to increase over the year ahead.

4. Home Support – Home Care

- 4.1 The 2003 Home Care Survey indicated that 5,853 older people were in receipt of home care services. This represents a 5% increase in service users when compared with the equivalent period the previous year. For 2004/5 we expect to see an increase in the number of home care users and the number of hours purchased, both to meet rising demand due to demographic change and to further strengthen the development of community based services. For 2004/5 the home care budget has been increased to fund the equivalent of 100,000 more hours of service per annum, or a service for 400 more clients based on 5 hours per client per week. We are also considering proposals around “Emergency Support Teams” and “Specific Care Group focused Services.”
- 4.2 New service developments such as enabling home care in St Albans (see section 5), and home care for people with dementia (see section 7), are now established. In addition, we are drawing up proposals for the development of a rapid response service to respond to people being discharged from hospital. This is already in place in S E Herts and North Herts and Stevenage, and began in Watford with the main provider on April 19 2004.
- 4.3 In most areas, home care agencies have been able to deliver the extra capacity that has been required. There has been a steady increase against the block contracted hours – we are now at 98% of the guaranteed minimum hours. This time last year it was 87%.
- 4.4 If demand continues to increase as predicted then capacity will become stretched over a wider area. It is proving increasingly difficult for agencies to recruit carers when there are alternative employers paying similar or higher amounts for arguably less stressful work. Because of the need to encourage new care workers into the service, the fees paid to Home Care Providers for 2004/5 were set at 2% above inflation.
- 4.5 A rigorous approval and inspection system is in place to ensure that the agencies the county council use meet a range of standards covering the quality of care they provide. Our contract officers make both announced and unannounced inspections to check that the agencies continue to meet the standards set. Our Quality Monitoring Officers visit service users to obtain feedback about the service they receive and then link with both the E&PD Area Teams and Contracts Unit.
- 4.6 Two years ago an electronic monitoring system was introduced in partnership with home care agencies, to check that they spent the agreed time with the client which provided better information about service delivery and enabled the savings in hours to be reinvested in services to clients. Electronic monitoring also facilitates more flexible services by providing clarity about what is actually delivered rather than what is originally requested by commissioners. All block providers are now using a system. The 16 block providers are also raising invoices and management information based on electronically gathered data. We have now rolled this out with all our “spot” providers who have more than 25 service users, or who provide specialist care. The Audit Commission has commended our system as an example of best practice and used it in its joint review toolkit.

Key Performance Indicators

LPSA 452 – People helped to live at home – Older People aged 65 and over
Source: From returns and grants to Voluntary Organisations data

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
9613	10,485	12,150	12,868	12,937

5. Home Support - Rehabilitation

- 5.1 One of the recommendations of the Best Value Review was for Adult Care Services to develop a more 'enabling' home care service. This has been tested in a pilot scheme in St Albans since September 2003. This involves training Home Carers in rehabilitation skills, so that the home care service they deliver can be done in a way which promotes independence and enables older people to regain skills and abilities in every day living tasks. A part-time Occupational Therapist has been recruited to support the scheme.
- 5.2 Prior to joining the pilot, each person will have been assessed for their abilities in everyday living skills. The home care service that they would ordinarily (if not on pilot) have received is also noted. The user will also have agreed personal goals or targets with their occupational therapist. Users are normally on the pilot for six weeks. After that, their abilities are reassessed, a note made of whether goals were achieved and a new home care package put in place.
- 5.3 Home Carers from Sage Care have received training on rehabilitation and enablement and have been working with up to six clients at any one time. So far approximately 30 clients have been on the pilot. Early results from the evaluation are positive and all but one client has shown an improvement in their abilities - particularly in the areas of domestic and physical functioning and 5 clients have not needed an on-going home care package.
- 5.4 The evaluation will follow people up after a period of three and six months to check their well-being. A key issue will be the extent to which the project can demonstrate longer term reductions to the costs of a home care package, savings which could be invested in further rehabilitation or other home support services. If the pilot proves successful we plan to roll out across the county.

Key Performance Indicators

LPSA 325 – The number of clients benefiting from rehabilitative services involving social care input

Source: Data from a variety of Rehabilitative Schemes

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
New	1,105	1,295	1,485	1,535

6. Home Support - Extra Care Housing

- 6.1 In recent years, Adult Care Services has been working in partnership with District Councils and Housing providers to expand provision of extra care housing across the county. 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. Research within Adult Care Services suggests that one quarter of older people could avoid moving into residential care if extra care housing provision backed by Home Care Support was available.
- 6.2 In 2003/4, services came on stream at the units shown below. Initially 77 Extra Care units were achieved, but this has now increased to 86, as other flats in the available accommodation have become vacant.

Welwyn	-	Chilton Green	-	15 places
Cheshunt	-	Emmanuel Lodge	-	26 places
Borehamwood	-	Fountain Court	-	45 places

6.3 New Build Schemes

Location: Welwyn

A bid application for grant funding from the Housing Corporation for a specialist 10 flat Extra Care Scheme and 6 intermediate care bungalows has been successful. This was a joint partnership bid with Welwyn & Hatfield PCT, Adult Care Services and Welwyn Garden City Housing Association. It is in its early stages of development and will take approximately 2 years to develop.

Location: Bishop's Stortford

A purpose built 24 flat Extra Care scheme is being built in partnership with Granta Housing Association, East Herts District Council & Adult Care Services. This scheme has started on site and is due for completion in June 2005

Remodelled existing sheltered Schemes

There are a number of schemes that are in the later stages of remodelling:

Stevenage	-	Silkin Court	20
Watford	-	Rutland Lodge	15
Dacorum	-	Evelyn Sharp House	12

It is envisaged that these schemes will come on line during this financial year 2004/05 with other development opportunities being explored.

Key Performance Indicators

LPSA 444 – Extra Care Housing

The number of extra care flats provided

Source: ACS/District Council data

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
New	77	120	200	400

7. Supporting People in Hertfordshire

7.1 Supporting People Programme went live on 1 April 2003 and is now under way with **66** service reviews completed. Work has commenced on preparing the Supporting People Strategy which will be the commissioning plan for the programme and will inform all future funding decisions for the programme. The present budget for Supporting People is in excess of £22m, presently committed to funding a range of supported housing services across 17 client groups, including supported accommodation for older people. Home Improvement Agencies, are also covered by supporting people funding.

7.2 The majority of Supporting People services for older people are 'traditional' sheltered housing schemes run by district housing authorities and housing associations. There are presently recorded **11,623** units of accommodation, which are commissioned through contracts valued at **£7,672,844**. The unit costs for sheltered accommodation are relatively low compared to other client groups with higher support needs. These services make a vital contribution to maintaining older peoples independence and ensuring that they can live in their own home for longer, and without the need for them to move into residential care.

The service review programme provides an opportunity to assess

- the relevance of the service to the Supporting People strategy (is it helping the partners to achieve their priorities)
- the quality of the service (does it help clients achieve/maintain independence)
- is it value for money
- **should the service be re modelled to improve outcomes for partners and service users**

This final point is where the resource of sheltered housing can be directed and remodelled to consider other services which can be delivered through sheltered housing which will maximise the resource available. By 'adding on services' to the existing support, many older people can be maintained at home without the need for more costly intervention from ACS or Health. The sheltered housing resource in Hertfordshire, in the main will already have the technology installed which forms the basis for 'assistive technology' to be added, and thus maximise the use of monitoring individuals well-being remotely, backed up by on site or peripatetic warden services.

The present development of Extra Care Housing services builds on the resource readily available in Hertfordshire, other options and services now need consideration and development if the existing resource is to be maximised with Hertfordshire. This will be incorporated into the strategic planning for Supporting People.

. 8 Home Support - EMI Home Care

- 8.1 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. Our aim is to support more elderly, mentally frail people at home for longer. In order to support this work, Adult Care Services have agreed to jointly fund a one-year post of Joint Commissioning Manager EMI with PCTs in East and North Hertfordshire. The post holder will have a countywide remit for Adult Care Services and will initially focus on a review of day care services and strengthening services in the community.
- 8.2 A specialist home care service for older people with dementia is up and running in Dacorum and currently 9 clients are receiving this service. Carers from Leonard Cheshire have received specific training and are providing a service to older people. Further training is planned and it is intended to develop the service across the county.
- 8.3 Work has taken place with Dacorum Borough Council and the Tunstall Company, to demonstrate latest technology in a SMART show house in Berkhamsted. This house exhibits the range of new technology available to support older people with dementia to remain living in their own homes for longer.
- 8.4 We are continuing to prepare for the establishment of integrated community mental health teams for older people from April 2005 in line with Standard 7 of the National Service Framework. Consultation on this is taking place as part of the wider EPD staffing review. Work with PCTs and HPT is also continuing on the development of agreed protocols for the treatment of dementia and depression.
- 8.5 Services to provide community support to people with early onset dementia are established in Dacorum and have now been extended into St. Albans - currently 13 clients are supported by this service. Schemes have more recently become operational in Watford and Three Rivers, North Herts /Stevenage and Welwyn /Hatfield. We are also investigating the possibility of providing in-county specialist long and short stay residential placements - as currently this provision is only available at some distance from Hertfordshire.

9. Home Support – Equipment

- 9.1 The Hertfordshire Equipment Service (HES), which provides integrated health and social care equipment, was established on April 1 2004. It is a combination of the old Home Ability Service and the two Hertfordshire Community Health Equipment Services and operates from a central base at Mount Pleasant, Hatfield. There has been a substantial increase in HES budget from all stakeholders (HCC and the eight Hertfordshire Primary Care Trusts).
- 9.2 In 2003/4 over 44,000 items of equipment were provided to 14,126 clients. Equipment was provided through the Home Ability Service, Occupational Therapists, the Sensory Services Team, or through arrangements with Hertfordshire Action on Disability. The provision of equipment has risen significantly in recent years as a result of supporting ever more frail clients in the community, moving and handling requirements and the greater availability of information and advice about equipment.
- 9.3 The Council and its NHS partners are planning increased investment in Equipment services to meet demand and to achieve new performance targets requiring delivery lead times being reduced from 21 days to 7 days.
- 9.4 In order to improve public accessibility to basic equipment and allow direct access from Client Services, an Adult Care Services Occupational Therapist (OT) has been seconded to Hertfordshire Action on Disability to carry out assessments for equipment for people able to visit the equipment exhibition. A range of basic equipment, including sensory equipment, can now be accessed through a number of Adult Care Services Physical Disability and Multi Purpose Day Centres, e.g. Borehamwood, Marsh Lane, Greenhills and Stevenage.
- 9.5 In addition to HAD, the newly created Hertfordshire Equipment Service is also carrying out assessments and providing equipment to clients. A programme of 'functional assessment' training is being undertaken by staff to enable non-OT staff to be able to assess for and prescribe basic equipment. Four technicians have been trained to assess for grab rails and basic equipment, so that referrals can go direct to the equipment service from Customer Service Centre, rather than through EPD teams.

Key Performance Indicators

BV56 – Percentage of items of equipment delivered within 7 working days

Source: Data – Number of items of equipment delivered within 7 working days

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
New	75%	96%	100%	100%

Assumptions

National target: all items of equipment must be delivered within 7 working days by December 2004

Equipment services delivered 85% of items within 7 working days in March 2004.

If delivery improves by 1% or 2% per month, to reach 100% by December 2004-05 target must be less than 100%

Dept of Health have acknowledged that top performance will actually be slightly less than 100% due to technical difficulties, and will set performance bands accordingly.

10. Home Support - Adaptations

- 10.1 The success of projects in 2003 in Dacorum and Stevenage whereby OTs and Professional Assistants (PAs) were based within the District Council Housing Teams resulting in faster case throughput and a reduction in time taken to complete adaptations.
- 10.2 We have now extended this more integrated way of dealing with “adaptation work” across the county and considerable progress has been made. In seven out of ten District / Borough Council Areas there is a named PA to act as progress chaser, undertake assessments and make recommendations for non-complex adaptations, such as showers and stairlifts. Five Areas have named OTs and four more are working to recruit OTs. to work within this specialist Housing role.
- 10.3 As part of the implementation of “Supporting People,” there is a requirement to develop Home Improvement Agencies’ capacity within the county. Home Improvement Agencies play a key role in supporting work on Disabled Facilities Grants and Repairs Grants. Joint work is taking place with District Councils and Voluntary Organisations to take this strategy forward across the county. A total of £120k investment monies was allocated in 2003/4, and a further £60k in 2004/5 to support this work. Additionally, Adult Care Services Supporting People have been successful in obtaining a grant from the Office of the Deputy Prime Minister that will jointly fund the establishment of a Home Improvement Agency with Hertsmere Borough Council. The main purpose of a HIA service is to enable older people to stay independent in their own home for as long as they wish to do so. Traditionally, the key issues have been keeping the home in good repair so it is a healthy environment to live in and to make appropriate adaptations, which meet people’s changing needs. The service assists vulnerable people in managing their home so it can meet their needs and be a safe and comfortable environment to live in.

The service compliments other agencies such as home care, befriending, district nursing, social services etc. by ensuring that the home is an appropriate place for care and support to be given.

It is a highly preventative service where safety, health and mental wellbeing are major benefits.

In the past HIA services have been seen in some areas as a housing issue predominantly, however, the importance of taking holistic approach to an older person within their chosen environment has ensured that the key agencies who commission HIA services in the future will be a partnership between health, social services, housing/environmental health and supporting people.

11. Home Support - General Preventative Services

11.1 Adult Care Services provides funding support to a large number of voluntary organisations, which provide a preventative service for older people such as befriending, hospital discharge support, carers support and respite care. Voluntary Organisations such as Age Concern and the Alzheimer's Society are supporting about 3,000 older people as a result of this funding. More recently, we have funded a number of specific services for black and ethnic minority older people.

11.2 For 2004/5 we continue to develop and strengthen preventative services. We will strive for greater equity and consistency of these services across the county. Approximately £100k new funding, was allocated to voluntary organisations who applied for funding to deliver services in line with the priorities that were set out in the 2004/5 Prospectus for Funding and Support of the Voluntary sector. New services include:

- Support for 10 –3 clubs in East Herts,
- Support for groups of people needing sensory services, e.g. Herts Society for the Blind
- Home Share Schemes in Welwyn Hatfield
- Day/Outreach services for black & minority ethnic service users in Welwyn Hatfield and Watford
- EMI Day Care in Dacorum
- Day Care in Stevenage
- Equipment provision

11.3 In addition to the funding set out above, a further £560k has been made available to develop a number of specific initiatives. This includes :

- £140k – allocated to “devolved Home Support”. Each of the 7 Area Teams has been allocated £20k for one-off flexible solutions for individual assessed needs and should be used to promote alternatives to other, more expensive, “off the shelf services”
- £180k – allocated for establishment of countywide “HandyPerson” schemes. See 11.4 below

- £240k – allocated to “central Home Support” budget to support the further development of Preventative services. We are investigating a number of other service options which research suggest are effective and have a proven track record elsewhere. The process to be managed and co-ordinated by the temporary appointment of a Home Support Project Manager.

11.4 Another key aspect of Adult Care Services preventative strategy is to establish Handyperson schemes around the county in partnership with district councils, voluntary organisations and PCTs. It is planned that by August, 8 out of 10 District Councils will have a handyman scheme in operation. These schemes are jointly funded by Adult Care Services, District Councils, Health PCTs & Police.

The service offers a one-stop call for Security measures, Handyman tasks and the fitting of Smoke Detectors. It will also be a useful cross referral route in identifying vulnerable older people who may benefit from other agency intervention. It will also offer a hospital discharge service in respect of moving furniture about the accommodation to allow for the ability to live at home, e.g. taking doors off hinges to allow for access, fitting grab rails in cases of emergency and any other remedial work that would facilitate discharge.

11.5 A recommendation arising from all Best Value Reviews was the need to improve and co-ordinate information services across the statutory and voluntary sectors. The Disability Information Project Group including representatives of the major voluntary organisations has met to progress this. The Group has commissioned a Project worker to carry out a review of the current sources of information, the degree of integration and co-ordination, and make recommendations for the future.

Key Performance Indicators

LPSA 323 – The number of clients benefiting from voluntary sector preventative services funded by the County.

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
New	2,885	3,000	3,200	3,500

12. Home Support - Day Care

12.1 Adult Care Services provides Day Care to approximately 1600 older people in either directly managed centres, or in provision purchased from Quantum Care or Runwood. These day care services are targeted at those in greatest need and also provide support to carers. Adult Care Services also funds day services provided by the Voluntary Sector, including Age Concern. These services tend to be for frail older people who retain some independence and rely a great deal on volunteers. Whilst the numbers of Adult Care Services day care places has remained fairly constant in recent years, there has been an increase in voluntary run provision funded by ACS.

- 12.2 In line with the recommendations of the Physical Disability and Sensory Service Best Value Review, Adult Care Services is pursuing plans to enable some of its day centres to operate as Resource Centres. Resource Centres provide day care enabling Carers to receive a break as well as information on a range of services and equipment. People can also receive basic functional assessments, advice from an occupational therapist and try out or purchase equipment. Users can access computer terminals with high contrast, large key keyboards, magnification screens, large mice and voice recognition software and can use the web to make contact with organisations and support groups worldwide – two Day Centres (Stevenage and Greenhills in Hemel Hempstead) have opened up new resource centres. Two others, Marsh Lane in Ware and Jubilee in St Albans are due to be reprovided and will then become resource centres.
- 12.3 All other Adult Care Services Day Centres, including those which are multi-purpose, are embracing those aspects of the resource centre model which are appropriate to their locality. This is likely to include basic equipment and providing information. Borehamwood Multi purpose day centre launched its resource centre in April 2004. Nightingale House in Hitchin is being developed to provide equipment, advice and assessment services, as well as providing intermediate care facilities which will enhance rehabilitation.
- 12.4 A joint review of day services for older people with mental health problems is being discussed with PCTs following the recruitment of an EMI Joint Commissioning Manager.

13. Home Support - Respite Care

- 13.1 In 2004/5 we are keen to promote even greater take up of the 72 residential respite care beds, which 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.
- 13.2 A new electronic system has been established for booking short stay beds. There is an instant view on Connect '24/7' 365 days of the year, of all vacancies across 27 homes in Hertfordshire and an on-line request form for immediate booking via the Booking System Administrator by e-mail
- 13.3 The booking of rolling respite through a twelve month period to support service users and carers has been simplified. We are also considering plans to enable users and carers to be able to directly book respite stays.
- 13.4 There are now 7 block contracted Nursing beds for short stay care, spread across 4 homes, including 4 beds for Prevention of Avoidable Hospital Admissions. These beds will also feature on the electronic system.
- 13.5 The statistics indicate that occupancy rates have risen from 55% at the start of 2003/04 to currently achieving 70% occupancy.
- 13.6 An ISO 9002 inspection in November 2003 involving external inspectors concluded that the system is as an excellent example of streamlined service provision.

14. Home Support - Direct Payments

- 14.1 The scheme was revised in 2002/3 and greater flexibilities have been introduced. 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.
- 14.2 Two social workers have been seconded to promote Direct Payments in the department with a primary role to improve awareness and understanding of the scheme and its benefits. They can also advise on complicated cases.
- 14.3 There were 92 Direct Payments in March 2003 and by 31st March 2004 this figure had risen to 167, of whom 24 are older people. We anticipate that during 2004/5 this figure will continue to rise as the two secondees are working closely with staff in each of the areas and across all care groups.
- 14.4 Direct Payment workshops and individual training sessions have been arranged for all teams, both on a basic and more complex level. Training has now been increased to provide specialist training to Mental Health workers. The training has led to staff being much more aware of Direct Payments and as they gain more confidence in this area of work it is having a springboard effect.

Key Performance Indicators

BV201 – Direct Payments

People receiving Direct Payments

Adults and older people receiving Direct Payments

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
98	167	260	350	440

15. Residential & Nursing Care

- 15.1 At the end of March 2004, Adult Care Services had placed 1,447 people and was funding 3,139 older people in residential and nursing home care (figures exclude legal charge and property disregard cases). The numbers placed have increased from 1420 the previous year. Our plan for 2004/5 remains to support people in their own homes wherever possible, but to ensure there are care home places available for those that need them.
- 15.2 Our market analysis of the care home sector continues to highlight very high, i.e. occupancy levels of 96% in homes in the county, and there has been a net loss of approximately 100 beds in the last year. At the end of March 2004, there were 166 people in hospital or in the community needing a care home place. For 2004/5, the aim will be to secure and maintain sufficient service capacity and the budget will enable us to fund an additional 128 clients throughout the year.

- 15.3 Over the last two years, the County Council has given above inflation increases for all elderly care placements in order to maintain and increase the number of affordable beds. Additionally, in 2003/4, an extra one per cent was offered to 14 nursing home providers willing to agree block contracts. For 2004/5 the County Council has offered 5% for residential homes and 6% for nursing homes. For those nursing homes that agreed to a block contract, a further 2% has been awarded, making a total of 8%.
- 15.4 An extra 58 Quantum Care residential care home beds are now available to Adult Care Services under the block contract. We have agreed to purchase at least 73% of Quantum's beds. Discussions are taking place with Quantum to explore possibility of purchasing even more places under the block contract in 2004/05.
- 15.5 The Quantum Care contract is due to expire in 2007. Approval has now been gained from Cabinet to extend the contract for 3 years until 2010. This extension takes into account the whole spectrum of care services available and those being planned for the future, including services that are or will be provided by partner agencies, the NHS and will allow further work on replacing homes to be pursued with Quantum Care.
- 15.6 Work is underway with Quantum Care to provide for the replacement of Newhaven (Stevenage), Minsden (Hitchin), Jane Campbell (St Albans) and Freeman House (Letchworth). New developments will increase overall capacity in the county.
- 15.7 There is ongoing work to secure more nursing home places through block contracts. We have now secured block contracts with 14 Nursing Homes covering nearly 230 places - homes with contracts for 10 or more beds shown below.

Alexandra House	Hemel	60 beds
Birchville Court	Bushey	39
The Clarence	Harpenden	10
Capwell Grange	Luton	50
Foxholes	Hitchin	25
St Mary's	Luton	14
Ashview	Ware	10
Sydenham House	Harlow	10
Benslow	Hitchin	10

We now have block contracts for approximately 25% of nursing care beds. Discussions with other homes are underway. We are also establishing an intranet database for all block-contracted beds to monitor provision and maximise occupancy.

- 15.8 We continue to meet with residential and nursing home providers about possible developments in the county and to discuss possible ways the county council could encourage such developments. Where we do become aware of any new developments, we are proactive in seeing whether the owners are interested in entering into a contract with the County Council.

15.9 We are planning to introduce a system of accrediting providers who offer dementia care in residential homes. By paying a higher weekly rate to accredited providers, we hope to improve quality standards in this sector and encourage greater capacity. We are trialling the system in 4 homes.

16. Intermediate Care (Delayed Transfer of Care from Acute Hospitals)

- 16.1 The development of a range of intermediate care services is something to which Adult Care Services and the PCTs in Hertfordshire are committed. Joint developments have focused on the need to prevent inappropriate hospital admission and facilitate timely hospital discharge. The introduction of Reimbursement from January 2004 which involves fining Local Authorities (in Hertfordshire's case £120 per day) for patients whose discharge has been delayed and who are blocking acute hospital beds has given this work added impetus.
- 16.2 Joint work with PCTs and Hospital Trusts has taken place over the last year to prepare for Reimbursement. Adult Care Services appointed a County Reimbursement Manager and agreed processes and forms with NHS colleagues. Adult Care Services have received £2.018m this year and will receive a similar amount in 2005/6, to increase capacity to reduce delayed transfers of care. So far, and as a result of increased staffing investment, hard work and the emergence of greater care choices, the numbers of patients for whom a fine had to be paid is lower than anticipated. This is particularly the case in East and North Herts.
- 16.3 Adult Care Services has also agreed a Section 31 Agreement with the 8 PCTs and Hospital Trusts to reinvest fines paid to Trusts in order to develop service capacity. Already Adult Care Services have strengthened the Hospital Social Work and Homefinder service in the hospitals. Other planned developments are:
- Provision of assessment/slow stream rehab beds to give older people an improved chance of regaining independence after an acute episode and/or to enable older people and their carers to make better long-term decisions. This should reduce the number of people admitted to residential and nursing care. Developments at Queen Victoria Hospital Welwyn, Windmill House Bushey and Potters Bar.
 - More intermediate care at home/ increased enablement support at home. This should provide safer discharge arrangements and improve prevention of admission
 - Additional resource for supporting Older People with Mental Health problems who occupy acute hospital beds.
 - Increased options to prevent admission/supporting paramedics/A&E initiatives/monitoring revolving door patients.
 - Investment in under-occupied sheltered housing to provide extra care service and intermediate care.

16.4 Adult Care Services are participating in the national “Innovation Forum,” through which the Government are working closely with “10 excellent” councils to develop new ways of delivering services. In Hertfordshire, the focus is on achieving a 20% reduction in emergency bed days in Acute Hospitals for people aged 75+ over the next three years. 5 PCTs and 3 Acute Hospital Trusts, as well as the University of Hertfordshire are involved and a joint managerial appointment with Hertsmere PCT has been made to steer this work.

16.5 Other Intermediate Care Developments.

a) Trinity Site Ware – Westgate Development

A joint development between the County Council and South East Herts PCT will result in a purpose designed, nursing home offering 105 beds on the Trinity site in Ware. The service is scheduled to open in summer 2005. Adult Care Services and the PCT will contract for 75 beds as follows:

- 20 intermediate care beds
- 20 continuing care places (replacing unsuitable wards at Western House)
- 15 nursing beds for people with dementia
- 20 nursing care
- day care places.

b) Welwyn /Hatfield PCT Queen Victoria Memorial site.

The proposed joint development with Welwyn Hatfield PCT for ten residential care beds has now become a proposal to develop intermediate care bungalows on the hospital site, plus a small extra care housing development. (See 6.3)

c) Princess Alexandra Hospital

An agreement has been reached with Harlow PCT for a one year block contract to purchase ten intermediate care beds at Sydenham House to reduce numbers of delayed transfers of care in Princess Alexandra Hospital. Additional places can be purchased on a spot contracted basis as and when required.

d) Joint work in PCTs

Discussions are continuing to take place with North Herts /Stevenage and Royston Buntingford and Bishops Stortford PCT's around joint developments on NHS or County Council sites. The aim is to strengthen care home and intermediate care capacity. It is envisaged that each scheme would lead to an increase of 20 nursing care home beds on each site. Earliest date for completion estimated to be 2006.

e) Quantum Care

Discussions are taking place with Quantum Care about the possible development of further intermediate care and assessment beds in their existing homes.

f) Dacorum Borough Council

We are working on a feasibility project with the Borough Council and the PCT to develop intermediate care units at existing sheltered housing complexes in Hemel Hempstead. Adaptations could be carried out at 6 properties to create 16 Intermediate Care units.

g) HSCCs

Plans are being drawn up at local PCT level to strengthen role of the Health and Social Care Coordinators (HSCC) and promote the development of integrated community based intermediate care teams. This follows a successful one- day workshop in October involving both Health & Social Care staff.

h) Existing Services

Adult Care Services continues to fund Intermediate Care services at Western House (Ware), Bulwer Lytton (Knebworth), Highview Lodge (Dacorum) and Victoria and Elizabeth Court (Stevenage).

Key Performance Indicators

LPSA L443 – Clients benefiting from Intermediate Care

The number of clients benefiting from intermediate care

		BEST VALUE PERFORMANCE PLAN		
Return 31 March 2003	Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
New	2,200	2,300	2,400	2,500

17. Older People from Black and Ethnic Minority Communities

17.1 Scrutiny Committee considered this issue in October 2003. Since then, Adult Care Services have finalised the Service Strategy and Action Plan for older people from black and ethnic minority communities. To launch the Strategy and meet requirements around the Race Relations Amendment Act 2000, Adult Care Services have been holding a series of workshops “Diversity into Practice” for staff to increase awareness of cultural needs and issues and improve practice in this area.

17.2 Broadly, the strategy aims to:

- Strengthen work at a local level to reach out and engage with the communities in each area. This needs to be supported by departmental and countywide consultation initiatives.
- Provide information and support to communities to enable them to be able to engage effectively with statutory services.
- Respond to the needs of individuals and local communities in terms of service development, including flexible service provision.
- Ensure that the needs identified are built into service commissioning plans.

17.3 Specifically, in 2004/5, Adult Care Services plans to develop preventative services in these communities by:

- Strengthening day care services in Dacorum
- Providing day care and outreach support in Welwyn/Hatfield
- Providing additional lunch club services in Hertsmere and infrastructure support to Watford Asian Community Care
- Providing support for Voluntary workers for the Italian and Polish communities in North Herts.

We will also be consulting with the local community in Watford over the establishment of a short and long stay residential care service.

18. Carers Strategy

18.1 In Hertfordshire, a multi agency Carers' Strategy has been in place since 1996. 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.

Recent key achievements include:

- In 2004/5 for the first time a target for PCTs to meet in relation to carers has become part of the performance management of PCTs by the Strategic Health Authority
- Closer working with the NHS on carers' issues is also evidenced by local multi-agency carers' strategy groups by PCT area and work on a joint commissioning strategy for carers

- Investment of Carers Grant in new and more flexible breaks services for carers has continued to increase. In 2002-03 (last figures available), £1.1m was spent on providing 2,512 carers with 19,152 breaks of varying types. In 2004-05 Adult Care Services has planned for a spend of just under £2m
- Carers' Services have now been rolled-out across the county. Some 250 carers accessed these flexible practical services in 2003-04, mainly through direct payments following their carers' assessment and the model was short-listed for a community care award
- The new Black and Minority Ethnic Users and Carers Involvement Worker funded by Practice Development Programme and Carers Grant started in January 2004. Lessons are already being learnt around how to improve the cultural competence of our service
- Work training staff in carers assessments across Adult Care Services, and forums where practitioners can discuss practice issues are now proving successful for the first time, as at September 2003, carers were as satisfied with their assessments as users (92% of those identifying themselves as carers on Having Your Say forms felt assessments had understood their needs and concerns)

The future for Carers

- The year 2005-06 is the last year of the Carers Grant after which we expect to receive funding as part of our mainstream allocation. There will also be the most significant increase in funds available to date. Carers' Topic Group and the Multi-Agency Carers' Strategy group will be involved in the design of draft priorities for consultation in July prior to inclusion in the Voluntary Sector Prospectus on 20 August 2004.

Key Performance Indicators

L217 – Carer assessments

The number of informal carers receiving an assessment as a % of the total number of clients and carers receiving assessments

		BEST VALUE PERFORMANCE PLAN		
Key Return 31 March 2003	Key Return 31 March 2004	31 March 2005	31 March 2006	31 March 2007
3,224	3,626	4,000	4,500	5,000

19. Access to Services

Physical access to our services has been taken into account, especially when older people start to use our newly created Resource Centres often in wheelchairs or using mobility aids. Methods of access e.g. ICT and translation of our leaflets and guidance has also been examined to ensure equality for all groups of older people and financial assessments take into account the ability of service users to access their required services.

In terms of promotion of work undertaken by both voluntary and community organisations, the report and actions taken sets out our clear agenda to enhance and support these vital services through increased funding of their work.

20. Financial Implications

The purchasing budget for elderly care services (excl. in-house elderly services, specialist services, and assessment and care management) for 2004/5 is £78.359m (source Adult Care Services Budget Booklet page 7).

Provision has been made in the 2004/5 budget for the additional service developments as set out in the sections of this updated Commissioning Plan.

We are conscious that last year owing to a shortage of capacity in the residential care market, not all of the funding for residential care was used and that this situation contributed to the overspends in the home care sector. As stated above, for each service area we are actively seeking to generate additional capacity to meet peoples needs with the appropriate form of care.