

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH
SCRUTINY COMMITTEE**

WEDNESDAY 3 DECEMBER 2003 AT 10.00 A.M.

Agenda Item No.

2

**SERVICES FOR OLDER PEOPLE COMMISSIONING PLAN 2003/4 – 2005/6
Progress Report.**

(shown as "CARE HOMES CAPACITY TOPIC GROUP - UPDATE REPORT" on your agenda)

Report of the Director of Adult Care Services

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1. Purpose of Report

The Commissioning Plan for Older People was drawn up in March 2003. It set out Adult Care Services' plans to develop a range of services to help meet the needs of vulnerable older people. The plan has been circulated widely to colleagues in the statutory and independent sectors.

The Plan was discussed with members on the "Capacity " Topic group during June and July 2003. It was then agreed that in December, Scrutiny Committee would receive a report on the progress in implementing the Plan.

The Scrutiny Committee is asked to note the progress that has been made, and to comment on any aspect of the Plan.

2. Summary

The Commissioning Plan sets out Adult Care Services costed proposals to strengthen the range of community based services to better support older people, and their carers, in their own homes. This involves investment in additional home support and preventative services. It also sets out plans to meet the need for care home services when support at home is no longer possible.

The introduction of new eligibility criteria for services, in line with 'fair access to care' has led to a rise in the number of referrals to the department. As a result we are providing home care to 500 more older people. The number of older people benefiting from services that we are funding in the voluntary sector has also increased.

There have been a range of service developments, including an expansion of Extra Care Housing, more people using Direct Payments, Respite care, enhanced equipment services and two new resource centres for people with physical disabilities, as well as pilot projects providing 'enabling' home care and a specialist home care service for people with dementia.

In the care home sector, we continue to have capacity pressures. 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. 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. A consultant is currently reviewing our pricing strategy in the light of demand and market forces in order to produce recommendations that will help us address the pressures being experienced in this sector.

From January 2004 Reimbursement will be introduced, and local authorities will pay fines for patients who are agreed to being classified as 'delayed transfers of care'. Adult Care Services is currently discussing a pooled budget arrangement with Hospital Trusts and PCTs, whereby money paid in fines would 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.

3. Conclusion

Adult Care Services is making good progress in implementing proposals set out in the Commissioning Plan. There are increasing numbers of people being supported at home and expansion of services to promote independence.

The availability of care home placements and home care capacity still remains a risk, however we continue our joint work with the independent sector and Health partners to develop capacity, facilitate hospital discharge and prevent hospital admissions.

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

Background

1. A brief summary of the principles behind the Commissioning Plan

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 seek to ensure we can meet the need for care home services when support at home is no longer possible.

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+. The biggest users of adult care services are aged 75+.
- Between 2000 and 2010 the Herts population 75+ is projected to increase by 12% and between 2011 and 2021 by 15%.
- Adult Care Services arranges home care for just over 5,000 older people aged 65+.

3. Eligibility Changes

- 3.1 Changes to eligibility criteria means that more older people cross the threshold and become eligible for services. We expect the effect of this will result in more lower level packages of home care with the additional demand levelling out over time. Action taken to implement the new criteria and early impact includes the following:-
- 3.2 Training on implementing the new eligibility criteria has been provided to all staff.
- 3.3 A new public information leaflet was issued and widely distributed.
- 3.4 EPD staff are increasing by adopting creative, and often simple solutions to planning care packages, especially now that we are able to arrange some low-level help with practical tasks where this has a clear role in reducing risks to the service user's independence, or where it directly supports carers in their caring role.
- 3.5 The increase in the number of items of equipment that are being issued is partly a result of changes to the eligibility criteria.

4. Progress on Home Support Services

- 4.1 We planned to increase home care hours purchased and number of hours purchased, both to meet rising demand due to demographic change and to deal with the expected rise in demand for low level services due to changes to the eligibility threshold resulting from implementation of Fair Access to Care. We increased the budget by £531,000 to purchase 48,300 more hours and estimated that we would deliver services to 416 more people based on 128 receiving 5 hours per week on average and 288 receiving 1 hour per week on average.

- 4.2 Monitoring information shows that we have approximately 500 more older people receiving home care compared with equivalent period last year, almost a 10% increase.
- 4.3 In addition to Service developments such as enabling home care and home care for people with dementia, we are drawing up proposals for the development of a rapid response service to respond to people being discharged from hospital.
- 4.4 In all but a small number of 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 over 93% of the guaranteed minimum hours. This time last year it was 83%.
- 4.5 We are currently working with Home Care agencies to establish a rapid response home care service for people being discharged from hospital or to prevent admission.
- 4.6 We operate a rigorous approval and inspection system to ensure that the agencies we use meet a range of standards covering the quality of care they provide. Our contract officers make both announced and unannounced inspections to check the agencies continue to meet the standards we set. Two years ago we introduced an electronic monitoring system, used in partnership with home care agencies, to check that they spent the agreed time with the client. The Audit Commission has commended our system and recommended it to other authorities.
- 4.7 If demand continues to increase, then capacity will become more 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 .

5. Home Support - Rehabilitation

- 5.1 In order to promote and sustain independence, we planned to develop more 'enabling' home care services. A pilot scheme is underway in St Albans that involves Home Carers providing low level rehabilitation and enabling older people regain skills and abilities in every day living tasks. We plan to test out the service and the financial consequences with a view to roll out across the country depending on success.
- 5.2 A part- time Occupational Therapist has been recruited to support the scheme. Home Carers from Sage Care have received training on rehabilitation and enablement.
- 5.3 In preparation and to monitor the success of the scheme each person's goals and targets are recorded as well as any subsequent changes can be made to the home care package as a result of the client becoming more independent. 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.

6. Home Support - Extra Care Housing

6.1 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 about one quarter of older people could avoid moving into residential care if extra care housing provision was available. We planned to bring at least 60 places into use in 2003/04 backed by Home Care Support.

6.2 A total of 77 Extra Care units have been achieved in three schemes with discussions are at various stages with Dacorum, Watford, Stevenage, East Herts, and North Herts district councils:

Welwyn	-	Chilton Green	-	14
Cheshunt	-	Emmanuel Lodge	-	18
Borehamwood	-	Fountain Court	-	45

6.3 A bid application has been made to the Extra Care Housing Fund for Capital money to develop a new build 10 flat extra care scheme and 6 intermediate care bungalows has been submitted jointly with Welwyn & Hatfield PCT, ACS and Welwyn Garden City Housing Association. If successful this will be on line at the end of 2005.

7. Home Support - EMI Home Care

7.1 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.

7.2 The specialist home care service for older people with dementia is up and running in Dacorum. 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.

7.3 Work is also taking place with Dacorum District Council and the Tunstall company to develop a show house which exhibits the range of new technology available to support older people with dementia to remain living in their own homes for longer.

7.4 Work is continuing to prepare for the establishment of integrated community mental health teams for older people from April 2005. A report setting out the proposed model of service is to be drawn up by January 2004. Work is also continuing on the development of agreed protocols for the treatment of dementia and depression.

7.5 Services to provide community support to people with early onset dementia are established in Dacorum and have now been extended into St. Albans, and Watford and Three Rivers. Developments are also being discussed with colleagues in North Herts /Stevenage and Welwyn /Hatfield.

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

8. Home Support - Equipment

8.1 In 2001/2 Adult Care Services provided 25,184 items of equipment to 7,029 clients, 80 per cent of whom were 65 years and over. The provision of equipment has risen significantly in recent years. In 2002/03 32,000 pieces of equipment were delivered - a 25% increase over previous year. The increase has come about through supporting ever more frail clients in the community, moving and handling requirements, and the greater availability of information and advice about equipment.

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

8.2 A new integrated health and social care equipment service will be in place for April 2004, increasing the percentage of items of equipment within 7 working days.

8.3 The Equipment budget has been increased by £500,000 in accordance with the Plan. Investment has been targeted on initiatives to facilitate hospital discharges or prevent admission and therefore reduce delayed transfers of care, as well as initiatives to improve delivery times.

8.4 In order to improve public accessibility to basic equipment, an Adult Care Services Occupational Therapist 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 the Adult Care Services Physical Disability and Multi Purpose Day Centres.

8.5 The programme of 'functional assessment' training is being continued 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.

9. Home Support - Adaptations

9.1 The success of projects in Dacorum and Stevenage whereby occupational therapists and professional assistants are based within the District Council Housing Teams has resulted in more worker throughput and a reduction in time taken to complete adaptations.

- 9.2 We are now extending this Integrated Adaptations Service across the county by January 2004, in those teams where staffing levels are sufficient for this development. Progress on the new service is being monitored monthly.
- 9.3 Those teams with OT vacancies will implement the service in phases for example with named progress chasers based in the Housing Improvement Agency, or a named OT and PA for adaptations services who are based in the local EPD team, until recruitment allows transfer into the district council or Home Improvement Agency.
- 9.4 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 has been allocated to support this work. The expansion of these services will lead to improved service delivery to benefit the service user.

10. Home Support - General Preventative Services

- 10.1 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.
- 10.2 £300k was allocated to develop new preventative services provided by Voluntary Sector for older people. *Details set out in 2003/4 Prospectus for Funding and Support of the Voluntary sector. New services include:*
- *Support for day centres, day clubs,*
 - *Support for black and ethnic minority communities*
 - *Hospital Discharge, Handyperson, Carer Support schemes.*
- 10.3 The deadline for applications from voluntary sector for 2004/5 for funding and support is December 2003. Priorities for funding include preventative services for older people that offer practical support in the home, and also, sensory services for people who are deaf, hard of hearing or visually impaired.
- 10.4 £500k has been made available to develop innovative, flexible and preventative services in each EPD area team. This initiative is being linked to the Practice Development Programme. Advice and guidance on possible areas of service development has been produced, and a Steering Group established to monitor progress. A new post of Community Development Manager has been established to project manage this initiative and work with Area Managers to ensure money is spent effectively. Information from the initiative will inform future commissioning. So far, each Area Team has been allocated £20k to spend on low level support, a total of £140,000. In addition, a sum of £120k has been set aside to support Handyperson schemes (see 9.4).

A development programme is currently being discussed with Home Improvement agencies who have the expertise and experience of developing and managing schemes. The aim is to establish Handyperson schemes around the county in partnership with district councils, voluntary organisations and PCT's to form a robust network of schemes that will support the prevention agenda and the Hospital discharge scenarios.

Remaining resources will be allocated as opportunities are identified.

11. Home Support - Day Care

- 11.1 Day Care Services are provided to approximately 1600 older people in Hertfordshire. Day Care services are targeted at those in greatest need and to provide support to carers. Some of the day services provided by the Voluntary Sector, including Age Concern, tend to be for the more able older person. The numbers of day care places has remained fairly constant in recent years.
- 11.2 Two Adult Care Services Day Centres (Stevenage and Greenhills in Hemel Hempstead) have opened up new resource centres. Resource Centres are here to help users find out what they can do for themselves and make daily living easier, more comfortable and more rewarding. As well as benefiting from customary day care and respite services, people can receive basic functional assessments, advice from an occupational therapist, access to equipment. Using computer terminals with high contrast, large key keyboards, magnification screens, large mice and voice recognition software, can use the web to make contact with organisations and support groups worldwide. Two others, Marsh Lane in Ware and Jubilee in St Albans are due to be reprovided so that they can also become resource centres.
- 11.3 All other ACS 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.
- 11.4 A joint review of day services for older people with mental health problems is being discussed with PCTs.

12. Home Support - Respite Care

- 12.1 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.
- 12.2 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 for 63 block contracted short-stay beds across 27 homes in Hertfordshire and an on-line request form for immediate booking via the Booking System Administrator by e-mail
- 12.3 The booking of rolling respite through a twelve month period to support service users and carers has been simplified.

- 12.4 From 1 December 2004 there will be three short-stay Nursing Care beds available on the system
- 12.5 The preliminary statistics indicate an occupancy rate of 74.5 per cent over all of the beds on the system for the month of October. November to date currently 75 per cent.
- 12.6 An ISO inspection has concluded that the system is as an excellent example of streamlined service provision.

13. Home Support - Direct Payments

- 13.1 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.
- 13.2 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.
- 13.3 There were 92 Direct Payments in March and this increased to 129 in September. During this period (March to September) there were 51 new direct payment episodes.
- 13.4 Direct Payment workshops and individual training sessions are timetabled for all teams, and are being organised in conjunction with the Practice Development Programme

14. Residential & Nursing Care

- 14.1 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.
- 14.2 For 2003/4 the County Council gave an above inflation increase for all elderly care. An extra one per cent was offered for nursing care block contracts. Rates paid by the county council for residential and nursing care compare reasonably with neighbouring authorities in most cases. However within Hertfordshire, as is the case nationally, care home providers continue to lobby for significant increases to the rates paid.
- 14.3 There continue to be high occupancy levels in Hertfordshire homes, and the difficulty in finding beds is a factor in why people have to remain in hospital as delayed transfer of care. Adult Care Services have commissioned a Consultant from "Care and Health" to make recommendations around pricing strategies to address this. The report will be available in December 2003.

- 14.4 In accordance with the Commissioning Plan, an extra 58 Quantum Care residential care home beds are now available to Adult Care Services under the block contract. We now have agreed to purchase at least 73% of Quantum's beds. Discussions are taking place with Quantum to explore possibility of purchasing more places under the block contract in 2004/05.
- 14.5 Work is underway with Quantum Care to provide for the replacement of Newhaven (Stevenage) and Minsden (Hitchin). New developments will increase overall capacity in county
- 14.6 There is ongoing work to secure more nursing home places through block contracts. Block contracts with 12 Nursing Homes have been agreed covering over 200 places, representing about 1 in 5 of purchased nursing care beds. Discussions with other homes are underway.
- 14.7 Block contracted Nursing beds now include six short stay beds.
- 14.8 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 like lead to an increase of 20 nursing care home beds on each site. Earliest date for completion estimated to be 2006.
- 14.9 The proposed joint development with Welwyn Hatfield PCT for ten residential care beds has now become a proposal to develop intermediate care and extra care housing. (see 9)
- 14.10 The joint development with South East Herts for 20 additional nursing care beds, as part of Western House replacement, will now come into effect in 2005.
- 14.11 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 contracting with us.

15. Intermediate Care

- 15.1 The development of a range of intermediate care services is something to which ACS and the PCTs in Hertfordshire are committed. Intermediate care can take many forms – it may be bed based or community based and may aim to prevent admission to hospital or facilitate discharge and offer rehabilitation.
- 15.2 Intermediate Care developments have been focussed on the need to prevent inappropriate hospital admission and facilitate timely hospital discharge, particularly in the light of the Government's plans to fine Local Authorities (in Hertfordshire's case, £120 per day) for patients whose discharge has been delayed and who are blocking acute hospital beds.

- 15.3 Reimbursement (Cross Charging) will be introduced from January 2004 with shadow arrangements in place from October 2003. Joint work with PCTs and Hospital Trusts has been taking place over the last year to prepare for implementation. Adult Care Services have appointed a County Reimbursement Manager.
- 15.4 Adult Care Services will receive £1.012m in the first year and £2m approximately in the following two years to increase capacity to reduce delayed transfers of care. An analysis of Adult Care Services potential liability using figures from 5 September to 24 October suggests an annual payment of £1.481m.
- 15.5 Adult Care Services is seeking agreement from 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. Additional priorities emerging from the work undertaken in the last few months 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
 - More intermediate care at home/increased enablement support at home. This should provide safer discharge arrangements and improve prevention of admission
 - Additional resource for discharge planning/integrated discharge teams
 - Increased options to prevent admission/supporting paramedics/A&E initiatives/monitoring revolving door patients and/or 85+
 - More nursing and residential care places
- 15.6 An agreement has been reached with Harlow PCT for a one year block contract to purchase ten intermediate care beds to reduce numbers of delayed transfers of care in Princess Alexandra Hospital. Additional places can be purchased on a spot contracted basis.
- 15.7 Discussions taking place with Quantum Care about the possible development of further intermediate care and assessment beds.
- 15.8 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 one day workshop in October.
- 15.9 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).

16. Older People from Black and Ethnic Minority Communities

16.1 Scrutiny Committee in October 2003 considered this specific strategy and action plan for older people from black and ethnic minority communities. The priorities are 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. Carers Strategy

17.1 In Hertfordshire, a multi agency Carers Strategy has been in place for a number of years. 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.

17.2 Following on the success of the Carers' Services Pilot, where low level practical help can make a critical difference to sustainability of the caring role, these services are now available across the County.

17.3 A new post is being established to ensure that the needs of Black & Minority users and carers and their experience actively inform Adult Care Services practice. This will be focusing mainly on the needs of people with physical disability or sensory loss.

17.4 A report setting out a Joint Commissioning Strategy for Carers is being prepared for the March 2004 meeting of Scrutiny committee.

18. Financial Implications

Provision was made in the 2003/04 budget for additional domiciliary and residential care in accordance with the Commissioning Plan. Owing to a shortage of capacity in the residential care market, not all of these resources have been used. Work is currently being undertaken to identify actions to address this situation.

In accordance with the strategy, there has been an increase in the number of home care cases. Indeed, a significant number of additional clients were added at the end of the previous financial year and the full year cost of this has been borne in 2003/04. This combined with the home care requirements for clients who cannot be placed in residential care explains the significant overspend we are currently

experiencing on our home care budget. This will be addressed by the actions taken to address capacity for residential care coupled with increasing the home care budget further in 2004/05