Business Case for Older People's Services

1. Introduction

In response to Herefordshire Council's Joint Review by the Social Services Inspectorate, the National Service Framework for Older People¹ and the acknowledged low funding base for older people's services within Herefordshire, this document is a business case for the future policy framework within which the Social Care and Strategic Housing Directorate alongside its partners will approach Older People's Services.

The following information will illustrate Herefordshire Council's present position recognising the areas where it needs to improve. It will set out how the Directorate intends to improve its service provision through its current resources and propose how the above challenges may be met through additional funding, adopting new approaches and developing current good practice.

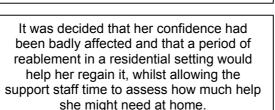
2. Care pathways

Care Pathways are examples of what happens when people need help when in difficulties. Here are some examples of how the systems for delivering care can help or hinder peoples' recovery from those difficulties. This demonstrates how we as a service provider can make a real difference to the lives of Older People through developing the services that we provide.

Mrs J had a fall at home and was admitted to A&E with a suspected fracture in her replacement hip. This was confirmed, and she spent time in hospital.

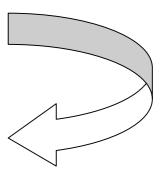


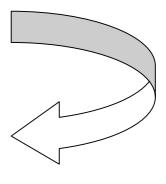
Whilst there, she had a multi disciplinary assessment, with social worker, physiotherapist, occupational therapist, and discharge nurse.



Mrs J had 3 weeks at Hillside, and went home with a small package of care, which she stopped after a month, feeling happy and confident again.

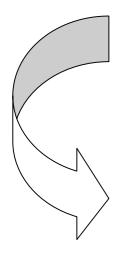






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¹ Department of Health



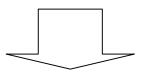
Mr C had a fall at home and was rushed to A&E with a suspected heart attack



He was the main carer for his wife, who had arthritis and short-term memory problems. Their agency home carer tried to alert a duty social worker, who was only available later in the afternoon



The carer stayed with Mrs C until the duty worker arrived hours later. It was clear that Mrs C would need substantial help to remain at home without her husband. The worker spent 2 hours trying to get a package together, but no agency could take on the work. Family could not offer support



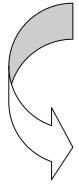
By 6pm the social worker got Mrs C to agree to go into respite care, to keep her safe



Two hours later Mrs C was admitted to the only respite bed available across the other side of the county.



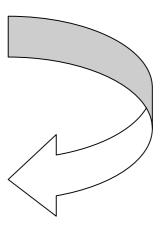
Meanwhile, Mr C recovered from his heart attack and was ready for discharge. Because of communication difficulties in the hospital, a discharge plan had not been organised, and the social worker could not find a care package, which would support both he and his wife in time for the discharge notice.



Social Care received a fine for "bed blocking" of £300 for the 3 days it took to organise a bed for Mr C, to get him out of hospital



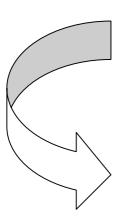
There were no reablement beds for a month, and so he went into respite care in Hereford



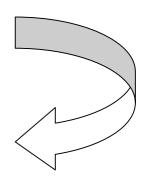
Mr C's children made an official complaint that it was impossible to visit both parents at different sides of the county



Following this period away from his caring role, Mr C became convinced he could not manage on his own any more, nor care for his wife, and asked for permanent residential care for himself, supported by his children



Meanwhile, Mrs C's memory deteriorated and her mild confusion became much worse. Her GP refused to send her for a psychiatric assessment, saying that she needed to be in a nursing home



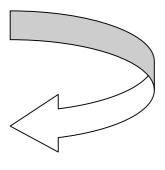
The social worker now had the task of trying to rebuild two peoples' confidence and salvage their lives together, against an increasingly hostile family and medical background. This could have been avoided if the systems were robust enough and sufficient resources were available

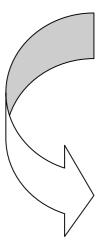


Mrs J had a fall at home and went into A&E with a suspected broken arm.



There was bruising but no fracture, but she was referred for a community care assessment. She declined social work help, but did have a question about her benefit levels





Mrs J was put in touch with services developed under the Local Public services Agreement:

- Welfare rights advice she claimed an extra £24 per week, which was backdated
- Occupational therapist, who advised her about safety within her home
- Falls clinic she learnt how to avoid future falls and to be more confident in her body
- Visual impairment clinic, where early glaucoma was diagnosed



Mrs J bought new, safer, carpets with her back dated benefits, joined an exercise class, and a club for visually impaired people



3.0 National context

Services for Older People are driven on a national level by a number of different factors, which must be used to shape policy direction locally. The following issues should act as a guide.

1. National service framework for Older People

Published in 2001, the National Service Framework for Older People provides clear national standards for the provision of care, treatment and services. The following should be pivotal in the development of Older People's Services.

2. Rooting out age discrimination

Social services will not use age in their eligibility criteria

3. Person-centred care

NHS and social care services treat older people as individuals and enable them to make choices about their own care.

4. Intermediate care

Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence.

5. General hospital care

6. Stroke

People who are thought to have had a stroke should have access to diagnostic services, be treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.

7. Falls

The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people.

8. Mental health in older people

Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.

9. The promotion of health and active life in older age

The health and well being of older people is promoted through a coordinated programme of action led by the NHS with support from councils.

10. "All our Tomorrows, Inverting the triangle of care"

This document was launched at the Social Care Conference, October 2003. This joint discussion paper details the progress made so far in building better services for older people and sets out a positive vision for the future. (appendix 2)

4.0 Targets set by the Audit Commission

The following indicators are the ones pertaining to Older People's Services, which are used to assess Social Services Departments under the Performance Assessment Framework. This is based on 2001/2002 outcomes.

The 2002/03 indicators will not be published until later this year.

Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Of households receiving intensive home care and supported residents the percentage receiving intensive home care	B11	12.5%	22.7%	8	A A
Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	B12	£392.3	£419.3	@	AAA
Average gross weekly expenditure per person on supporting older people in residential and nursing care	B13	£325.3	£350.0	۳	AAAA
Average gross hourly cost for home help/care	B17	£18.5	£11.9	8	**
Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over	C26	82.4	109.4	©	AAAA
Households receiving homecare per 1000 population	C28	3.6	9.9	8	**
Older people helped to live at home per 1,000 population aged 65 or over	C32	82.6	84.7	(2)	**
Admissions to hospital of people aged 75 or over due to hypothermia or injury caused by a fall per 1,000 head of population aged 75 or over	C33	24.7	20.8	•	AAA
The percentage of survey respondents asked "Arranging or receiving help or services: Did you get the help quickly after a decision was made to provide services?" answering "yes"	D36	73.0%	83.3%	@	AAA

Indicator	Ref	Herefordshire Council	England Average	Performance	Blobs
Percentage of single adults and older people going into residential and nursing care who were allocated single rooms	D37	83.0%	90.0%	⊗	**
Percentage of items of equipment costing less than £1000 delivered within 3 weeks	D38	88.7%	90.0%	@	AAA
Percentage of adults and older people receiving a statement of their needs and how they will be met	D39	66.1%	83.7%	8	*
Adult and older clients receiving a review as a percentage of those receiving a service	D40	25.4%	47.3%	8	**
The number of informal carers receiving an assessment as a percentage of the total number of clients and carers receiving assessments	D42	6.5	23.4	⊗	**
The percentage of new clients during the year for whom length of time from first contact to first service was more than six weeks	D43	4.1%	33.8%	©	AAAA
The percentage of survey respondents asked "Assessing your needs: Did social services staff take note of any important matters relating to your race, culture or religion?" answering "yes"	E46	31.6%	39.3%	⊗	
The number of assessments of older service users per 1,000 population aged 65 or over	E49	66.1	112.74	8	**

Indicator	Ref	Herefordshire Council	England Average	Performance	
The percentage of assessments which lead to service being provided	E50	69.8%	68.2%	©	****

© - Performance - Better than England Average

⊕- Performance= Same as England Average

😂 - Performance= Worse than England Average

(B12, B13 and B17 assume that lower spending and higher cost indicates worse performance)

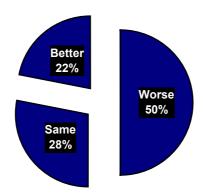
Investigate Urgently

Ask questions about performance

Acceptable but possible room for improvement

Good
Wery good

Using only the above indicators, the following chart is a crude snapshot of our performance in comparison to the England Average:



5.0 Timescales for delivering services

Central Government recognise Older People as a key focus when implementing service change.

The National Priorities and Planning framework 2003/2006 set strategic targets for Older People as increasing the number of individuals supported at home to 30% of the total supported by Social Services at home or in residential care, by March 2006.

In addition, by December 2004 all assessments of Older People must begin within 48 hours of first contact with Social Services and be completed within 4 weeks. All services must be provided within 4 weeks and equipment should be provided within 7 working days.

This provides a challenging backdrop to development work around Older People's Services.

6.0 Delays to the system

Herefordshire's aim is "to ensure that Older People and all those connected with their care are able to access high quality and cost effective services that are conveniently located, available at appropriate times, enable independent living and offer choice."²

To translate this into service delivery terms this means that there is a need to reduce the number of people going into care early by increasing the level of service provision that is available at home. At present there is a shortage of provision in the external homecare sector and pressures on the budget for homecare services, which lead to delays in people receiving packages of care.

When there is an identified need for residential or nursing care patients are transferred from Herefordshire Hospital Trust to a community hospital. Once in a community hospital in order to ensure sufficient capacity in HHT for those who need acute care, it can be several weeks before funding can be released for their transfer on to be arranged. This leads to a relatively high number of delayed discharges, which led to the Joint Review Team referring to Older People's Services as "Seriously under pressure".³

Delays are sufficiently important in Herefordshire for the involvement of the national Change Agent Team in an advice visit and report. In addition, the Primary Care Trust has contributed to joint investment in service provision and helping with delays. The Primary Care Trust and Hereford Hospitals Trust have raised their extreme concerns about the position formally with the Council. It is therefore imperative that we take off the pressure in this area so that we can concentrate on developments, which provide for the "right care, right place, right time."

7.0 Service User and Carer Expectations

The 1995 Carers (recognition and services) Act was a major step in recognising the legal status of carers and awarding them new rights. People providing regular and substantial care now have the power to ask for an assessment of their ability to care when the person that they care for is being assessed for community care services. The needs of the carer must also be considered when care services for an individual are being provided, particularly when discharging an older person from hospital. This is important work, which demands time and skill.

Direction from Central Government tells us that Service User trends look towards the development of a home care model "People generally want to live in their own homes if they can, and admission to institutional care (whether in

² Report to Cabinet 19th June 2003 "Business case for investment in services for Older People"

³ A report of the Joint Review of Social Services in Herefordshire Council

hospital or in residential care or nursing homes) can lead to lower self-confidence and a decline in activity."4

Furthermore, it has been realised that services that suit the provider rather than the user are often the least effective ones. "If people are not getting the service that would most suit them, and the cost to local taxpayers is higher than it should be, then everyone is losing." Therefore the development of services that can be individually tailored to user needs should be the aim.

8.0 Changing demand

On a national level, a number of changes in demand are predicted as impacting upon the balance between residential homecare and extra care housing⁵.

- Demography
- Increase in the number of people over the age of 75
- Reduction in numbers of young people
- Changing patterns of informal care
- Changes in health of people over the age of 75
- Split and reconstituted families leading to diffuse responsibility
- Changing expectations of older people

These factors relate directly to Herefordshire as evidence on local drivers included further on in this document highlight.

9.0 Choice Directives

Policy direction from central Government focuses heavily on the issue of choice for service users.⁶

Within the NHS, movement towards greater choice has already commenced with targets around elective surgery being set. Within Social Care the availability of Direct Payments instead of a traditional Care Package is increasing. These early signs and the current consultation mean that the issue of user involvement and choice is one that must be central to all policy development.

Guidance published in early October requires councils to ensure sufficient choice of care home places at the Council's usual cost must be made available. "Top-ups" (ie: where a third party contributes towards the cost of care) of fees should be rare if there are sufficient places at the usual cost. Currently it is more likely than not that a third party top up will be required for a nursing home place. ⁷ In 2003/04 there are currently 271 service users paying third party top-ups. The full year cost of these contributions is £240, 000.

⁴ "Modernising Social Services Promoting independence, Improving protection, Raising standards" White Paper, November 1998

⁵ "The developing role of Local Authorities" A presentation by David Behan President of Association of Directors of Social Services

⁶ "Fair for all- Choice, responsiveness and equity in Social Care and the NHS. A National Consultation." The Department of Health

⁷ Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992

10.0 Emphasis on commissioning by Local Authorities

The lack of a commissioning strategy was pointed out during the Joint Review and has been noted as an area for improvement. In order to provide a range of services, which respond to the assessed needs of local population and offer choice to the individual, a robust commissioning strategy is required.

11.0 Local Drivers

Although the agenda for policy development is set nationally, when shaping Herefordshire's future framework, consideration of the local context is imperative.

1) Joint Review

The work of Herefordshire Council's Social Care and Strategic Housing Directorate was reviewed by the Social Service's Inspectorate between October and December 2002. It was concluded that some people are being served well and there are promising prospects for improvement.

This judgement affirms that the Organisation is moving in the right direction with regard to Social Care, however its ability to continue to do so is dependent upon the outcome of this business case.

The need to prioritise the development of Older People's services is summarised in the Joint Review report thus⁸:

"For Older People, there is insufficient intermediate care and home support provision to assist people in remaining at home or return home from hospital. Along with funding problems, this is seriously affecting the Authority's capacity to provide for people ready to leave hospital and is affecting relations with Health. The Authority needs to urgently review the level of funding committed to this service area and push ahead with planned changes to the service that will help to resolve the identified service deficiencies. These changes include investment in intermediate care services in partnership with Health, and reshaping the home support service to provide better-focussed support in partnership with the independent sector."

2) Population Projections

Information about Herefordshire's demography indicates that service planning for Older People must take into account a sharp increase in service demand over the next decade. It is imperative that these necessities are taken into account when considering this business case.

At present, Herefordshire has more citizens over the age of 65 than the national average. Nationally 16% of the population are aged 65 plus. In Herefordshire this is **19.2%**. Nationally the number of people aged over 65 will grow by 10% by 2011. In Herefordshire, it is predicted to grow by **27%**.

⁸ "A report of the Joint Review of Social Services in Herefordshire Council"

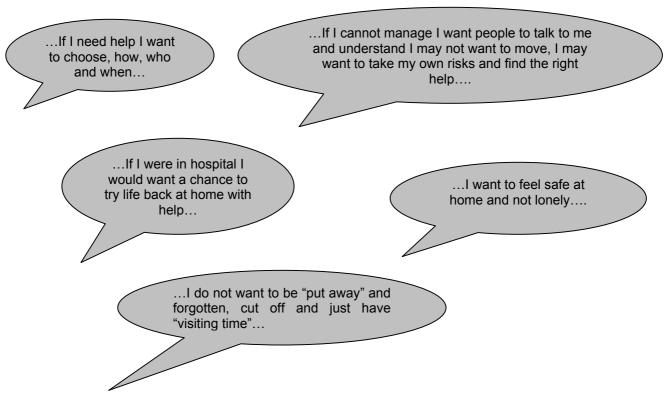
⁹ 2001 Census statistics (Crown Copyright)

¹⁰ Herefordshire Council Research Team

This has huge implications for Older People's services. At present **46%** of people aged over 65 consider that they have poor health or limiting long-term illness. ¹¹ There will be an additional **4,500** individuals over the age of 65 with poor health or limiting long-term illness. Based on the current demands for services, this means that numbers of older people supported by the authority could potentially rise by 30%.

3) Local opinions and feedback from public/service users

The wishes voiced by Older People in a range of consultations are summarised as:



As part of the Joint Review a postal survey was undertaken with service users in Herefordshire. Out of the all the authorities that have been reviewed to date Herefordshire came out in the lower quartile in five areas:

- Note being taken of illness or disability
- Involvement in deciding what help or service should be given
- Written details of the help or services that would be provided for them
- Being told how to complain
- Satisfaction with the way that a complaint is handled

Reviewers also interviewed groups of users and carers. General satisfaction was noted although the reviewers observed that the groups had "low expectations" and accepted "that resource constraints limit service delivery".

¹¹ 2001 Census statistics (Crown Copyright)

Presentations were made to the Carers Best Value Review Group, which highlighted many of the concerns felt by carers about Social Care provision.

4) Housing Needs User Survey

In 1999, consultation was undertaken to ascertain the over 55s views on Health and Housing in Herefordshire. Results indicated that the most important issue for older people was that they retained their independence, mostly by being able to stay in their own home.

Further to this, in August 2001 a group of older delegates at the Tenant Participation Advisory Service for England drew up a charter of Older People's Housing Rights. The main points of which were:

- A home for life
- Self contained housing with no shared facilities
- Prompt adaptations when necessary
- A secure home and neighbouring environment
- Safe, simple to operate features
- Care and repair services that are easy to take up

Within the Shadow Supporting People Strategy 2003/2004 four areas for Older People were identified as having a high priority:

- 1. Services that promote independence
- 2. Services that prevent premature breakdown of health
- 3. Service that provide Security
- 4. Support that reduces isolation

It is acknowledged that Herefordshire Council is already moving in this direction through planning on extra-care housing and the work that is being done by the Supporting People Team. However this progress must be sustained via wider policy development and the allocation of specific resources accordingly.

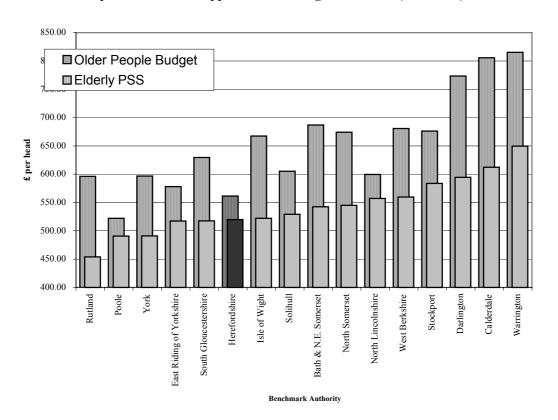
5) Performance Indicators

In comparison to the England Average Herefordshire's performance requires improvement. Further analysis of the locality shows that Herefordshire Council performs poorly in comparison to other authorities with similar benchmarking profiles

The Government's annual settlement through the Personal Social Services (PSS) block of the Formula Spending Share (FSS) (the new funding regime from 2003/04) assessed Herefordshire, in comparison with its benchmark authorities, as shown in the table below. This demonstrates that Herefordshire remains to be one of the poorly funded authorities for the over 65's.

Although additional investment was made in older peoples services in 2003/04, a comparison of older peoples budget still shows that Herefordshire in one of the lowest spending authorities.

Elderly PSS FSS -v- Older People Budget per household & supported resident aged 65 & over (2003/2004)



5. Budgetary resource

The budget for Older People's Services (which includes older people with mental health needs) is as follows:

Net Expenditure	£11,789,000
Grants	£ 2,409,000
Income	£ 4,410,000
Gross Expenditure	£18,608,000

There are service and financial risks linked to this service area.

These are:

- Free Nursing Care
- Fairer charging
- Residential Allowances
- Preserved Rights Grants
- Delayed discharges and waiting for access to service
- Supporting People grant income
- Workforce availability
- Care home fees
- Fines

12.0 Extra money

The Joint Review highlights the under-funding of Older Peoples' Services:

"The Social Care and Strategic Housing Directorate currently faces a serious financial situation that threatens its capacity to respond to assessed needs and also puts pressure on its relationship with health. The service most affected is that for older people, where there are waits for the release of funding in order to leave hospital. The Directorate has taken tight control of resources and has put a recovery plan in place, and together these measures are reducing the level of overspending. However, the authority should address the budget pressures within the Directorate, particularly in services for older people. It also needs to review its system of devolved resource management in order to encourage the development of wider financial responsibility by frontline staff and first-line managers"

The national and local information shows clearly that older peoples services are under pressure at present, and that the demands upon the service will increase with a rapidly ageing population and tighter government targets. It is imperative that Older Peoples Services are equipped to deal with increasing demand in order to apply for extra government funding and to serve the people of Herefordshire as they would want.

With both national and local drivers taken into account, it is possible to identify the areas in which Herefordshire Council needs to concentrate its policy objectives and development.

13.0 Service Improvement Strategy

The performance in relation to Older People's assessment, review information for performance assessment and commissioning and contracting has been described as deficient.

While improved practice can to some extent be achieved within existing resources, the new targets for timely and quality assessments and the local standards for service mean that additional resources will be needed to achieve service improvement.

In addition, the imperatives of speeding up the processes to enable no delays in the system and obtaining as much income as possible, require resourcing. This "screening" function is part of the assessment service and needs a skilled customer focussed approach.

Currently there are unacceptable delays in our processes and we need to resource the following areas in order to reach an acceptable standard.

Assessment	
5 Assessment Officers	£132,000
Customer service	
2 Customer service officers	£32,000
Review	
3 Reviewing Officers	£79,000
Performance Support	
4 Performance Support Officers	£59,000
Financial Assessment	
2 Financial Assessors	£34,000
Total	£336,000

14.0 Commissioning Strategy

The services for older people need to develop in range and choice and at a level which is cost effective.

The direction of travel is clear. Home support and supported or Extra Care housing, alongside carer support, intermediate care and longer term nursing care.

The widest possible partnership is needed to achieve this. This means that extra value has to be realised across the Council, the Primary Care Trust, the voluntary and independent sector.

There are already some excellent examples of such partnerships in Herefordshire:

- Hillside Intermediate Care Service, Hereford
- Kington Community Care Centre
- STARRS, Leominster (short term re-ablement)
- Home Improvement Agency/Anchor Staying Put, Herefordshire

There are partnership plans to be realised:

- SHAW and the Council partnership
- Across Herefordshire residential homes and future service development
- Extra Care housing partnership
- Extra Care Charitable Trust, the Council and a Registered Social Landlord
- Supporting People
- Home Care developments
- Direct Payments, in partnership with Herefordshire Centre for Independent Living
- Voluntary Sector COMPACT the Herefordshire Community Care Alliance and its' priorities will be strengthened by a partnership COMPACT with Health and Social Care. The sector generally is financially fragile but will be sustained by strategic agreements for change and long term service contracts.

In order to meet the aspirations of older people and the needs predicted, it will be necessary to develop the services further:

Service: Intensive home care					
Target/change: 30	% of Care should be	e at home by 2006			
	Investment over the next 4 years				
Year 1 Year 2 Year 3 Year 4					
£350,000	£350,000	£350,000	£350,000		

Service: Re-ablement support at home						
Target/change:	Have	re-ablement	at	home	available	throughout
Herefordshire by	2006					_
	Investment over the next 4 years					
Year 1 Year 2 Year 3 Year 4						
Within existing resources due to Homecare Best Value Improvement Plan						

Service: The right workforce and training and development					
Target/change: To	Target/change: To achieve a more qualified workforce				
	Investment over the next 4 years				
Year 1 Year 2 Year 3 Year 4					
£20,000	£20,000 £20,000 £20,000 £20,000				

Service: Sustainable fees for the care home sector							
Target/change: requirements	Reasonable	Care	Home	Costs	and	new	guidance
Investment over the next 4 years							
Year 1	Year 1 Year 2 Year 3 Year 4						ear 4
£570,000	£300,00	00	£2	00,000			/

Service: Community equipment/adaptations/alarms/care and repair					
Target/change: Support people to stay at home or return home quickly					
	Investment over the next 4 years				
Year 1 Year 2 Year 3 Year 4					
£150,000 £150,000 £150,000					

Service: Carers support services					
Target/change: To	Target/change: To sustain and develop more support for carers				
Investment over the next 4 years					
Year 1 Year 2 Year 3 Year 4					
Within existing resources					

Service: Staff to ensure the change and development happens					
Target/change: Strategic commissioning performance to ensure all the other					
changes					
	Investment over the next 4 years				
1 project manager £31,000					
1 commissioning manager £30,000					
1 contract monitor	ing officer	£30,000			
Year 1	Year 2	Year 3	Year 4		
£91,000	/	1	/		

Service: Stabilising and co-ordinating the voluntary sector			
Target/change: Maximise the voluntary sector contribution to older people			
Investment: within existing resources			
Investment over the next 4 years			
Year 1	Year 2	Year 3	Year 4
Within existing resources			

Service : Contribute to easier access and information sources for older people			
Target/change: Have a prompt information and screening service			
Investment over the next 4 years			
Year 1 Year 2 Year 3 Year 4			
Already indicated in customer service on service improvement			

Service: Extra Care housing			
Target/change: 100 units of extra care housing with identified revenue care			
support			
Investment over the next 4 years			
Year 1	Year 2	Year 3	Year 4
1	£150,000	1	1

Service: Responsive services 24/7			
Target/change: More responsive, easier accessible, out of hours service			
Investment over the next 4 years			
Year 1	Year 2	Year 3	Year 4
£50,000	£25,000	/	1

Service: Improve care pathways with NHS and other partners			
Target/change: To improve access and assessment			
Investment over the next 4 years			
Year 1 Year 2 Year 3 Year 4			
Already indicated in service improvement			

15. Supporting Best Value

The service performance improvement and development outlined, based on need analysis, makes it necessary to identify resources to ensure it happens for local older people. This is inclusive of Older People with Mental Health Needs for service improvement and service development.

The Council needs to be satisfied that all efficiencies are implemented and existing resources make the best contribution possible to the investment needed.

As illustrated in the above tables, it is expected that changing the focus of existing resources will contribute 34% in 2004/05 toward the future improvement and development.

The performance improvement requires £336,000 for assessment, performance support staff.

The service development requires £1,231,000 for the development of the range of services, sustaining care availability, developing the workforce and supporting/ensuring the development in 2004/05.

In future years to sustain this level of service, additional further investment of £2,235,000 is required. This is a three to four year plan of building the services to the right standard and range.