

Hertfordshire County Council Adult Care Services

Commissioning Strategy for Older People 2008 -2012

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1. Introduction

1.1 Vision

Hertfordshire's older population is growing, expectations are changing and significantly, people want to have more control over their own lives and how their needs are met. Hertfordshire County Council Adult Care Services (ACS) is committed to working with Hertfordshire Primary Care Trusts (PCTs) and other partners to improve the care, support and health of older people in the county.

We recognise that older people and their families want to know where they can go for advice and help. They want the support and care they receive to be of a high standard, to improve their quality of life, and to promote their independence. They want a broad range of services to address social inclusion as well as delivering sensitive personal care for those in most need. Older People want to be treated as individuals, with respect and dignity.

This strategy sets out what ACS wants to achieve for older people in Hertfordshire. It is based on what older people and their carers have told us they want and need. It maps the "direction of travel" for care, support and preventative services from ACS over the next 5 years. It sets out "where we are now," and "where we want to be in the future."

Over the next five years we will continue to ask people for their views on what we should be doing, and whether the services they receive are what are needed.

1.2 Principles

The strategy is based upon the following key principles:

- More control, choice and a greater voice for older people and their carers about how their needs are met.
- Flexible and innovative services in local communities, tackling inequalities and improving access and information
- High quality and specialist support services to support people in their own homes or in care homes if remaining at home is no longer possible.
- More prevention and early intervention services
- Services which promote independence, improve health and quality of life.
- Integrated services reducing the barriers between health and social care and engage fully with colleagues in the Independent and Voluntary Sectors in achieving a co-ordinated and effective service

1.3 Strategy

Over the next five years ACS in partnership with the PCTs will continue to strengthen and develop services to enable older people and their carers to live healthy and independent lives. We will commission services that:

- Offer greater control, choice and flexibility to older people and their carers.
- Promote independence.
- Respect the dignity and cultural needs of those that are receiving them
- Offer better support to older people and their carers wanting to stay in their own homes.
- Meet the need for care home services when support at home is no longer possible

Within ACS, the future commissioning of services will be underpinned by the development of self directed support and making this a reality through individual budgets, and direct payments.

Currently ACS spend approximately £94m on purchasing services for older people and their carers – this is mostly on residential and nursing care, and home care. We recognise that the introduction of individual budgets will bring about a major change in how these funds are used, as people will have a much greater say in how their needs are met. We will track expenditure against the type of service provided and review annually what older people want to buy with their individual budgets. This information will point the direction of future service commissioning.

Together with the PCTS we are committed to a more joined up approach, both in terms of the requirement to produce a Public Health needs assessment and also a greater integration of community services. To achieve our strategy, and support the work of other agencies, we are committed to work closely with our partners in the district councils and the independent private and voluntary sector.

The strategy provides continuity with and builds on what has gone on in the past. It also links in with strategies on Physical Disability and Sensory needs. Importantly, it places greater emphasis on giving individuals and carers greater say and control over the care and support that they need.

The strategy takes account of feedback from older people and their carers, and a number of key policy documents.

- Health and Social Care White Paper, “Our Health, Our Care, Our Say”
- Hertfordshire County Council corporate challenges
- Investing in Your Health – Strategic direction for health services in Hertfordshire
- Delivering quality health care for Hertfordshire
- Adult Care Services Plan
- “A Sustainable Community Strategy Hertfordshire 2021 - a brighter future” Draft Nov 2007

2. Support from Adult Care Services - what do Older People and their Carers want?

Older people have told us through consultation and on "Have your say" questionnaires that they want a much bigger say over the services they receive, and to be involved in the planning of services.

Older People want

*More control and say over the services they receive, and the services that are needed
To be respected and listened to
A seamless journey through health and social care
A partnership approach to care, respecting the persons view, confidentiality, - not services taking over*

*To be able to say what you want from a home carer, and choice of times when you want them to visit
Services which help people get back on their feet after a hospital stay
Specialist services when needed
Quick and easy access to equipment
Help with major adaptations*

Easy access to information, and being able to contact someone who can help you

*A broad range of services available in localities, including voluntary and preventative services Handyperson, Advice, Advocacy, Home Care, Befriending, Day Care, Hospital Discharge,
Opportunities to get help and support without having to rely on statutory agencies.*

ACS is responding by.....

*Increasing the number of older people with Direct Payments and working on how we introduce Individual budgets
Developing new services such as Telecare, Extra Care Housing, Enabling Home Care
Planning to meet future needs for residential and nursing care and extra care housing
Introducing a new model for Home Care services
Working with the Voluntary sector to ensure there is a wide range of preventative services including, advocacy, befriending, hospital discharge, handyperson, and day care and carers support across the county
Jointly commissioning specialist services for older people with mental health problems, equipment services, and intermediate care.
Strategic work with District Councils on Meals on Wheels and Supporting People*

Support for Older People from Black and Minority Ethnic Communities

A service strategy for Older People from Black and Minority Ethnic Communities was drawn up by ACS in 2004. The launch was linked with the implementation of the Race Relations Amendment Act 2000, and a series of workshops “Diversity into Practice” for staff, to increase awareness of cultural needs and issues and improve practice in this area.

Since then, ACS has continued to engage with community organisations to improve access and information and develop “preventative” services which address social isolation and health promotion. We have also employed a Black and Minority Ethnic Users and Carers Involvement Worker to support ACS to better engage with service users/carers from BME backgrounds and use their feedback to improve the cultural competence of our service. Examples of this include the development of a Cultural Competence Toolkit for Homecare providers that incorporates the views of Users and Carers. This followed a report into the views of BME users of direct payments which highlighted concerns around some existing services. The fact that older people from BME communities in Hertfordshire are more likely to use direct payments suggests that individual budgets may also be a more appropriate way of meeting needs.

Other developments include:

Outreach, Day Care and Carer support to the Asian community in Watford, North Herts and Welwyn Hatfield.

Luncheon Club services for communities in the Watford, Hertsmere and St Albans areas.

Providing support for Voluntary workers for the Italian and Polish communities in North Herts and Italian community in Broxbourne.

Plans for the future – we will

Continue to increase awareness of cultural needs and issues and improve practice in this area.

Ensure that future service commissioning takes account of the needs of BME communities and undertake appropriate impact assessments.

Continue to engage with community organisations to improve access and information and develop “preventative” services which address social isolation and health promotion.

Support for Carers

Developing support for carers, and expanding services which provide breaks to carers is a central plank of ACS activity, and underpins work in all service areas. This was acknowledged in 2006 with the awarding of Beacon status.

A multi agency Carers' Strategy has been in place since 1996. It is reviewed annually and is based on achieving the seven key outcomes for carers as identified by the Department of Health. The strategy will be reviewed in 2008 to take account of the soon to be published National Carers Strategy, and targets within the Local Area Agreement.

The current Carers Strategy and implementation plan sets out 20 key "strategic themes" and how each is being taken forward. The themes are:

Recognition of carers role	Training and Support	Information
Time off	Emotional Support	Financial (employment)
Financial Security	A Voice	Quality Services
Equity – access/ support	Health	Management Info
Emergency Services	Leisure	Customer Care
Transport	Housing	Carers as Trainers
Commissioning services	Carers Learning	

We continue to promote and explore individual and customised ways of meeting needs. Home Support and Carers Grant can fund alternative, customised or additional services to meet assessed needs, and to enable the service user to remain in the community, and the carer to continue in their caring role. They assist in delivering choice and flexibility for users and carers, following an assessment of needs.

Examples of the sorts of services that could be funded from these monies are:

Cookers, Vacuum Cleaner, Washer /Dryer, Microwave, Curtains and Bedding
Transport/ Taxi, Rubbish Removal, Blitz cleans, Collection of old Furniture, Removals.
Driving Lessons where the cared for used to drive and the carer needs to learn to sustain the caring role, Holiday/ break for the carer, funding a leisure pursuit for a carer.

Plans for the future – we will

Implement agreed actions to achieve 20 "strategic themes" as set out in the Carers Strategy

Review existing Carers Strategy in light of National Strategy for Carers

Provide more breaks for carers by offering flexible support, and develop innovative services such as offering carers help in an emergency.

Achieve LAA targets for carers.

3. Demographic Context

In the UK, life expectancy at age 65 has reached its highest level ever for both men and women. Men aged 65 could expect to live a further 16.9 years and women a further 19.7 years if mortality rates remained the same as they were in 2004.

Life expectancy at birth is also at its highest level for both males and females. Boys and girls born in the UK could expect on average to live to 76.9 years and 81.3 years of age respectively.

Within Hertfordshire, the overall population will grow from 1,057,300 in 2006 to an estimated 1,113,100 by 2016. This is an overall increase of just 5.3%. However, within this total, people aged 65 plus will increase from 161,400 in 2006 to 189,700 in 2016, an increase of 17.5%.

The very old will grow the most significantly. The numbers aged 85 plus will rise from 21400 in 2006 to 29000 in 2016, an increase of 35.5%, or by an average 760 people a year for the next 10 years. For those aged 75+ the numbers in 2006 of 79,700 will increase by just over 14% to 91,100 by 2016.

The projections for individual District Council areas are shown below:-

District	People aged 65+ % Change 2006-2016	People aged 75+ % Change 2006-2016	People aged 85+ % Change 2006-2016
Broxbourne	22	24	43
Dacorum	15	9	39
Hertsmere	17	5	22
North Herts	22	19	36
Stevenage	13	11	50
East Herts	28	28	46
St Albans	18	15	36
Three Rivers	17	15	36
Watford	13	8	21
Welwyn Hatfield	7	6	30
Total	17.5	14	35.5

For those aged 75 and over, there are marked differences between numbers of males and females, - 77% are female.

Older people living alone are potentially more likely to need support than those who living with a spouse or younger relative. For people aged 75 and over - 43% live alone.

The common causes of mortality include cancers, coronary heart disease, strokes, pneumonia and a small percentage due to accidents. Whilst most of the mortality rates are near or below the national average and generally decreasing since the early 90's, mortality rates for accidents is higher than the national average (especially for females)

and slowly increasing. The mortality rates following fractured neck of femur are also above the national average, especially in females, with the highest in west Hertfordshire.

One in five people over 80 has a form of dementia, and one in twenty over 65 has a form of dementia. The prevalence increases with age. The other major mental health condition associated with older people is depression, and between 10 and 16% of those over 65 develop clinical depression.

The 2001 Census identified that of Hertfordshire's total population, 6.3% were from non white ethnic groups, and 4.9% of the population are from white non-British communities, such as Italian, Polish, and Irish.

Approximately 3,000 people from non-white ethnic communities, and 7,900 from white non-British communities, are over 65 years of age. This represents 1.87% and 5% of the total population aged 65 years or older. Both these percentages will rise as there are greater numbers in the younger age categories.

Another key demographic factor is the increasing proportion of older people who own their own homes. It is estimated that, whereas in 2005 48% owned their own home that by 2015 this will have risen to 69%. As a result, fewer older people will be reliant on the Local Authority to fund their care.

Of all the demographic factors it is the steep increase in the numbers of people aged 80 or more, and the fact that many of these will suffer from dementia that is of greatest significance to those commissioning services in the future.

4. Prevention and Wellbeing.

The health of Hertfordshire's residents is generally good with life expectancy above average. ACS and the PCTs are committed to work with our partners to address health inequality in areas and groups with less good health outcomes. Our priorities reflect key public health issues – preventing hypertension, smoking cessation, accident and falls prevention, influenza immunisation, and healthy lifestyles through diet and exercise and key issues affecting health and wellbeing – housing, avoidance of hospital admissions and good rehabilitation services. These priorities and specific targets are set out in the Local Area Agreement "Healthier Communities and Older People" strand of the Local Area Agreement, and further details are set out in the Health Promotion Strategy for Older People in Hertfordshire Draft Nov 2007.

The new LAA to start in 2008 will focus will be on achieving and maintaining health rather than treating ill health and its consequences. Within the current LAA there are target levels of physical activity in the over 45s and this area will be further developed within the next LAA to focus on areas and communities with health inequalities.

New services for older people are being developed, for example case management. This is provided through community matrons and other community staff e.g. physiotherapists, occupational therapists and specialist nurses, in some parts of the County. It is intended to roll out this model County wide. The case manager holds a caseload of people, usually with one or more Long Term Condition, who are at risk of repeated hospital admission or use of other intensive health services. The objective is to maintain good health and intervene with early support or treatment if deterioration occurs.

GP practices provide preventative services through GPs, practice nurses and community nurses e.g. regular health checks, vaccination. These checks and assessments are recorded by the practice for vulnerable groups and those with specific long term conditions and are monitored and measured through the Quality and Outcomes Framework.

Specialist nursing and therapy staff provide support in the community to patient groups with Long Term Conditions e.g. Diabetes, COPD, Parkinson's Disease, Multiple Sclerosis. The majority of these patients are older people. The Expert Patients Programme provides self management advice and training for people with Long Term Conditions.

Plans for the future – we will

Hold consultation workshops and events with older people in 2008 to gather feedback on current services, and on what is needed for the future.

Work together with the PCT on finalising the Health Promotion Strategy for Older People Monitor progress on achieving Health Promotion priorities, and targets for the LAA

“Preventative” social support services”

Another major component of this work is the joint work with voluntary and community organisation and the investment in “preventative” social support services. These services are a vital form of support for many thousands of older people across the county, and help to maintain independence, social inclusion, and delay or avoid the need for more statutory interventions. They play an important role in health promotion, supporting socially excluded groups and other vulnerable people and achieving healthier lifestyles.

An extensive range of services are provided, such as.

Day Care, 10 -3, Lunch clubs and Social Groups
Befriending, Visiting and Telephone contact services
Support schemes to help people being discharged from hospital
Support for Carers
Respite Care
Advocacy and Information, and Advice
Handyperson schemes

ACS works closely with a large number of organisations to deliver these services. Some operate countywide and some are local. Among those supported are:

Age Concern Hertfordshire
Alzheimers Society
Pohwer
Herts Hearing Advisory Services

Age Concern Dacorum
Carers in Herts,
Hertfordshire Action on Disability
Herts Society for the Blind.

We work closely with a number of organisations to improve access to services and to ensure appropriate services are available to the Black and Ethnic Minority community. Among those supported are:

Watford Asian Community Care
Watford Muslim Project
Watford African Caribbean Association.
Age Concern services in North Herts, Dacorum, Welwyn Hatfield and Broxbourne

We work closely with specialist organisations such as Headway, Parkinson's Society and local groups of people with sensory service needs.

Plans for the future – we will:

Continue to work with community and voluntary organisations, including Black and Minority Ethnic groups to support them in providing services for older people.

Review our investment in “preventative” services to ensure they are providing value for money, are effective and continue to meet need.

We will develop measures for evaluating the outcomes and effectiveness of “preventative” services.

As user choice dictates, we will review gaps in services and where resources allow, commission new services.

5. Self Directed Support - Individual Budgets and Direct Payments.

Self directed support is a key part of government guidance and policy, notably set out in the White Paper “Our Health, Our Care, Our Say.” ACS is already doing a lot of work to promote and explore individual and customised ways of meeting needs, through direct payments, home support and carers grant payments. We are now preparing for the introduction of individual budgets. ACS and the PCTs also intend to pilot inclusion of costs of health related services within the individual budget model.

Individual Budgets

Individual budgets provide a way in which people can exert more control over the care they need. In essence, an individual budget is an amount of money allocated to meet someone's assessed need, with which the person can make choices about how their needs can be met. The key principles are transparency of resources- people know what money is available, and choice about how the money is spent. The budget can be taken in a direct payment or ACS could use it to arrange the service in accordance with the choices made by the person concerned.

ACS has commissioned work to make individual budgets a reality for everyone. We are currently looking at how self assessment, self directed support plans and ways in which individual needs can be expressed in budgets which a person would control.

We will be piloting individual budgets for older people from October 2007 in Stevenage and Watford and plan to introduce more widely from April 2008.

Direct Payments

The Direct Payments service has been established for ten years. Direct payments enable people to receive monies direct from ACS to arrange their care. It gives people greater choice and flexibility in how they purchase their care, and the service can be better tailored to meet needs.

The numbers of people using direct payments has increased significantly in recent years. ACS now supports 667 people who pay for their care using Direct Payments, - 134 are older people. A review of twenty direct payment users from the Black and Minority Ethnic community found that many preferred the service to traditional home care because of the better ways their cultural needs were met.

From 1 April 2007, the Leonard Cheshire Direct Payments Support scheme assumed responsibility for providing continuing direct payments support to all Adult Care Services clients and will also begin to provide support to clients in Children, Schools and Families. The service provides advice on advertising, recruitment and contractual arrangements for personal assistants.

Two permanent staff are now employed to provide advice and support to staff in setting up Direct Payments and a third member of staff is on secondment from Mental Health service (Hertfordshire Partnership NHS Foundation Trust) to raise awareness among staff who work with working age adults and older people with mental health problems.

Direct Payment workshops and individual training sessions are ongoing, Direct Payments now forms part of our staff induction programme.

Plans for the future – we will:

Report on the findings of the piloting of individual budgets for older people which began in Stevenage and Watford in October 2007.

Introduce individual budgets more widely from April 2008 so that they are available countywide by 2008/9

Expand the number of people using Direct Payments. (The Local Area Agreement has a target of increasing the total number to 1,070 by 2009.)

Pilot inclusion of costs of health related services within the individual budget model.

6. Support at Home

6.1 Home Care

Approximately 7,593 people receive a home care service in Hertfordshire. Help is increasingly provided for personal care, washing, dressing, and support for family carers. About 85% of clients are aged 65 and above, and 40% are aged 85 or over. Results from a recent survey, found that there were 31 clients aged over 100, and the oldest was 106.

Over a year, approximately 2.284 million client contact hours are provided.

85% of home care is provided through block contracts with 17 Agencies. The remainder is spot purchased from 30 different agencies.

Over the four years since 2002, the numbers of people receiving home care has risen by approximately 22%. Numbers rose each year between 2002 and 2005, however, there was a slight fall in overall numbers between 2005 and 2006. This will be monitored carefully to see if it is part of a general trend

Year	Total Numbers of People receiving Home Care
2006	7,593
2005	7,792
2004	7,147
2003	6,539
2002	6,218

It is likely that growing demographic and other pressures will continue on this service.

Recent developments include:

The “New Model of Care for Home Care was introduced in 2005/6. The aim was to modernise and improve the delivery of home care by providing a service that is responsive to people’s needs, flexible, and helps people to be more independent. The new model was piloted in four Agencies in four different areas.

The new model had two main differences from the existing service.

Firstly, it introduced the concept of “Intake.” In the pilots, each Agency established a home care intake team of experienced care staff. These staff provide care for the first 7 – 10 days of the service, and help establish the most appropriate support to meet person’s ongoing needs. At the end of the intake period, the provider produces an outcome based care plan in consultation with the service user and the ACS care manager.

Secondly, it introduced the concept of “Enablement” After intake, some service users’ move on to the enablement service. The aim of Enablement was to help a home care user maintain or regain skills in everyday living to remain as independent as possible. Occupational Therapists are working with the service user and the home care workers to support this work.

The new model continues to operate within the four early adopter agencies and has recently been extended to the countywide home care contract. Further extension is planned to all block contract agencies in 2008. ACS in partnership with the Home Care Agencies has produced a training programme to support implementation of the new model and have successfully bid to the Bedfordshire, Hertfordshire and Luton Workforce Development Consortium to fund this.

Alongside the work on the new model, ACS are planning the development of other "specialist" home care services. Work is continuing on the establishment of a countywide service for people with dementia, and discussions are continuing with Children Schools and Families, Mental Health, Drugs and Alcohol and Learning Disability services around specialist services.

It is imperative that the service we commission is of a high quality, and meets the needs of our vulnerable service users. There are a range of different and complimentary processes that have been established to help us monitor quality and take action when needed. These are undertaken by contracts officers, and Service Finders. We also have Quality Monitoring Officers and a Black and Minority Ethnic Involvement worker, who visit users in their own homes to find out what they feel about the service they receive.

Plans for the future – we will:

Ensure there is sufficient home care capacity to meet need across the county and finalise the work of the tender of the remaining 16 block contracts by April 2008. Continue with the development of Intake, Enablement, and Dementia home care services

Promote the introduction of individual budgets and monitor the impact on home care contracts.

Continue to support the new countywide contract agreement

Work with Home Care Agencies to strengthen quality monitoring, customer care and quality assurance systems

Engage better with Service users in Quality Monitoring, eg. Establishment of Home Care User forums

Strengthen ways to ensure needs of BME Service Users are met, eg other developments like cultural toolkit for Home Care Agencies.

Establish electronic and critical time monitoring within the home care service.

6.2 Intermediate Care

The development of a range of intermediate care services is a core priority for ACS and the PCTs in Hertfordshire. Cancers, coronary heart disease, strokes contribute significantly to morbidity, and hence to the need for intermediate care services. Accidents

and falls and early dementia also make up a significant number of people receiving intermediate care services.

A countywide forum for commissioning Intermediate Care has been formed with ACS and PCTs membership, and a "Framework for Intermediate Care Commissioning Draft 6 Nov 2007 has been drawn up. This work is linked to the Older People's Accommodation Programme, the Acute Services Review for Hertfordshire, and the Supporting People Programme. The Intermediate Care Forum reports to the Executive Group for Healthy Communities and Older People.

Within the PCTs, Practice based commissioning groups will commission services based on local need, within the overall countywide framework for Intermediate Care. This is linked to the shift of care from acute hospital sites to local general hospitals and community hospitals. It is planned to develop more 'step up' services where older people can be assessed and treated locally to where they live, as well as sufficient capacity for 'step down' from acute hospital services. Step down services will provide time for recovery to the best physical ability achievable before decisions on longer term care are made.

Joint developments have focused on the need to prevent inappropriate hospital admission and facilitate timely hospital discharge. In South East Herts, joint work between ACS, the PCT and a private provider, led to the opening of Westgate House, a 109 place home offering intermediate care, continuing and nursing care, as part of the replacement of a former NHS facility. Similar plans have been discussed in other parts of the county.

ACS has invested in Intermediate Care services across Hertfordshire. Health and Social Care Co-ordinators are based in Locality Teams and Social Workers work alongside health colleagues at hospitals. Additionally, ACS has made significant investments in community based PCT Intermediate Care schemes and Therapy support services in North and East, and West Herts PCTs.

There are strong incentives to work in partnership on this, and future plans for intermediate care will link with the ACS Accommodation for frail older people strategy - see 7.3 below. Targets within the Local Area Agreement include increasing the number of older people who benefit from Intermediate Care, and reducing the number of older people who are admitted to hospital in an emergency and reduce their length of stay. Other LAA Intermediate Care targets are being amended, but are likely to cover rehabilitation and respite for older people with mental health problems and access for older people from black and minority ethnic communities.

Plans for the future – we will:

Finalise joint countywide strategy around intermediate care, linking with individual reviews of community hospitals and work determining the number of NHS continuing care beds needed.

Co-ordinate PCT intermediate care developments with ACS Accommodation strategy, and explore opportunities for integrated community based intermediate care services as part of the redevelopment of community hospital sites.

6.3 Older People with Dementia and other Mental Health problems

The prevalence of dementia increases with age, and whereas only 5% of people aged 65 and over are affected, this rises to 20% of those over 85. The other major mental health problems, - clinical depression and anxiety, affect between 10 -16% of those over 65.

Dementia is a progressive condition involving a decline in memory, communication and reasoning skills, and a gradual loss of skills needed to carry out daily activities. Symptoms become more severe over time. Older people with dementia and other mental health problems account for approximately 1 in 3 residential home placements, and 1 in 4 nursing home placements, and 1 in 8 home care packages arranged by Adult Care Services, although many more people develop dementia once in the homes. A new National Strategy for Dementia is to be launched in 2008.

Adult Care Services commissions a wide range of social care support services for older people with Mental Health problems – home care, residential / nursing beds, day care, respite, equipment and preventative services. This is done as part of the general commissioning of services for older people. Details are set out elsewhere in this strategy.

The Joint Commissioning Team (JCT) commissions health services from a range of providers including Hertfordshire Partnership Trust (HPFT) for this client group on behalf of the Primary Care Trusts. ACS works closely with the JCT and HPFT to plan the future strategy for this client group. It is a priority to develop and embed mechanisms to jointly plan and commission both health and social care services. A joint strategy document for Mental Health Services for Older people is in progress.

Recent developments include:

- Integrated Specialist Mental Health Teams for Older People.

- An integrated day service pilot between HPFT and ACS in East Herts

- The opening of a 10 place Extra Care Scheme for Older people with Dementia in Welwyn.

- The development of Dementia Home Care service,

- A community support services for younger people with dementia.

- The repatriation of health services from out-county providers to create better integrated assessment and patient centred management offering a choice of treatment and care options,

- Assistive technology and increased awareness of benefits for people with dementia, e.g. Smart house.

Plans for the future – we will:

- Respond to the recommendations and requirements of the National Dementia Strategy.

- Work with the JCT and PCTs to strengthen existing community services and develop new ways of supporting more older mentally frail people at home for longer and delay the need for residential or nursing home care.

Extend the availability of respite and day services in the community and in care homes and develop better equity across the county.

Design new services, or redesign existing services that make more efficient use of health and social care resources, e.g. day hospital and day services.

Extending the specialist home care service across the county to ensure that this service is available to those that need it

Develop early intervention and crisis response services

Continue to support carers

Ensure the accommodation needs of older mentally frail people for extra care housing, residential and nursing home services are met.

Work with providers to address workforce development issues

Ensure older people have access to the same range of services as younger adults
Maximise potential of working with voluntary sector colleagues in organisations such as Alzheimers Society and MIND

Develop and increase access for older people with a mental health illness to intermediate care services. Designing integrated care pathways across health and social care and providing a seamless service to users.

6.4 Equipment

The Hertfordshire Equipment Service (HES), which provides integrated health and social care equipment, was established on April 1st 2004. Funding for the service comes from the two Primary Care Trusts, Adult Care Services and Children School's and Families.

In 2005/06, over 58,000 items of equipment were provided to 18,000 people, - an increase of 14,000 items of equipment and 4,000 people from 2003/4. The move to early discharge from hospitals and promoting independence is resulting in more people being supported at home. This coupled with more stringent moving and handling legislation and a greater awareness of information and advice about equipment is increasing the demand on equipment.

New Key Performance Indicators (KPI) from the Dept. of Health requires HES to achieve 85% of its total annual deliveries to clients within 7 working days of the 'decision to deliver' being made. In 2006/07 HES surpassed this target and achieved an overall KPI of 88%. In addition to this achievement HES have also responded to a large number of urgent requests and delivered equipment within 24 hours to enable emergency discharges from hospitals.

ACS fund an Occupational Therapist (O.T.) who provides support, advice and mentoring to 4 specialised HES technicians, who are trained to undertake low level assessments on rails, basic toileting equipment and chair raisers. This maximises resources and speeds

up the process; eliminating the need for an assessment by an Occupational Therapist. These low level referrals are processed from the Customer Service Centre, directly to HES, thus eliminating the need to go via ACS teams. People are then assessed and the equipment fitted/supplied by the technician on the same visit.

The afore mentioned ACS funded O.T. also provides specialist advice to O.T.'s throughout the county in addition to evaluating equipment and new products. HES also employ a part time O.T. with specialist knowledge of children's equipment.

The Government is currently looking at a national transformation of the Community Equipment Service and is supporting a pilot scheme in the North West of England with a national transformation of the service being introduced over a three year transition period from October 2007.

Plans for the future- we will:

Carry out a review of our arrangements for providing equipment as part of the national transformation, including our arrangements with Hertfordshire Business Services, Hertfordshire Action on Disability, and Hertfordshire Hearing Advisory Services.

Extend the use of digital pens by Social Care O.T's to speed up the assessment and ordering process. These pens enable O.T's to complete an order form whilst at the person's home and then send the form electronically via their mobile phone straight to HES headquarters for processing.

Pilot an on-line catalogue, and on-line ordering is also due to be piloted within the next month, which will further improve the efficiency of the ordering process.

Further develop the direct payments scheme to offer clients a wider choice in purchasing equipment.

Develop an out of hours service to address equipment breakdowns during the week-ends and Bank Holidays, which may put the client at risk.

6.5 Meals on Wheels

Together with the District Councils, we are working to strengthen Meals on Wheels services in Hertfordshire, and promote better nutrition for older people. As part of this work we have established the social enterprise - Hertfordshire Community Meals, (HCM) which has been delivering the meals on wheels service in North Herts since October 2007. From April 2008, meals service users in Hertsmere, Stevenage, and Watford will also be receiving their meals from HCM.

Plans for the future we will:

Work in partnership with HCM and Stevenage, Watford, Hertsmere District Councils to establish new arrangements for delivering meals on wheels in these areas from April 2008.

Work in partnership with other District Councils to improve the quality and coverage of meals on wheels services in Hertfordshire.

6.6 Telecare

'Telecare' refers to any equipment which lets someone know that support is required. This has traditionally been in the form of pendant or pull cord alarms activated by vulnerable people linked to 24 hour community alarm call-centres.

ACS has received a Prevention Technology grant, which can be spent up to April 2009, to fund a range of new automatic detectors. These include detectors for smoke, gas, flood, temperature, carbon monoxide detectors, falls or fits. Movement sensors could also be used to raise concerns if someone has not gone to bed, or not gone into the kitchen during the day.

The new technology is being used in three ways in Hertfordshire: call-centre linked systems, resident carer alerts and telehealth.

Call-centre linked sensors will be provided as a result of a community care assessment; this service commenced in North Herts from March 07 and went countywide in August 07. Some district council community alarm services are also making some of the sensors available to people who wish to pay for them directly.

Resident carer alert systems can be used simply to link movement or door sensors to a pager carried by a carer in the same house or garden. Health and social care staff have been ordering these systems through the Herts Equipment Service across the county from May 07. These systems can give a carer the freedom to go out into the garden, or to sleep in another room.

Telehealth systems monitor health related data. Wristcare sensors are being piloted in Hertsmere intermediate care team. These allow nurses to view activity levels on a secure website, to monitor rehabilitation or detect deterioration. The device incorporates a user activated alarm linked to a call-centre.

Uptake

Where community alarm linked Telecare is established referrals are received at the rate of around 2 a week per 100,000 population.

Resident carer alerts are being installed in one to two properties per week across Herts. Wristcare devices are being used with around 8 new patients each month in Hertsmere.

Plans for the future – we will:

It is planned to have 2500 new users of Telecare by April 09. We will evaluate the initiative on an ongoing basis particularly taking account of user and carer feedback.

Evidence of reduced demand for other services will be used to support applications for mainstream funding beyond the grant period. Telehealth will be increasingly used to manage long term conditions, and reduce hospital bed days.

6.7 Home Support - Day Care

Adult Care Services provides over 2,200 contracted day care places each week, and approximately 1,500 older people attend. These day care services are targeted at those in greatest need and also provide support to carers. The aim is to support people to remain in their own homes and encourage mobility and independence

Provision is in either directly managed centres, or purchased from Quantum Care or Runwood. Three of our centres also operate as Resource Centres where there are drop-in facilities, assessment, and equipment services.

Within ACS Day Centres for older people, all service users have an individual support plan. There is a Quality Assurance system in place which includes an annual review involving users and carers and an improvement plan. We work closely with the Keep Fit Association who train staff to run gentle keep fit and exercise classes.

Over the last 12 months, all contracted day care services have been reviewed. We have looked at the people attending, places booked, and places attended. Our aim has been to ensure services are targeted appropriately, and that we have the right level of service in each area.

Plans for the future – we will:

Our plans are to ensure that day care services offer a flexible service and meet the needs of those who attend.

Develop services at the newly opened day services centre in Hertford. (October 2007)

We are working with Learning Disability colleagues to integrate older people with learning disabilities in our services

Reprovide day services at St. Albans, Berkhamsted and Tring, and review other day services for older people.

We will continue to work with our Health partners to ensure the best use of our centres, and currently involved with Hertfordshire Partnership Trust in the review of day hospital provision.

7 Supported Accommodation

7.1 Extra Care Housing

Extra care is a form of housing similar to sheltered schemes with self-contained accommodation together with some communal facilities. In an extra care scheme, instead of low level support traditionally provided by wardens in sheltered schemes, higher levels of care and support are provided on site by a designated team of care workers, who can be available 24 hrs a day.

Extra care means that people retain their own tenancy but that care services are delivered to ensure that they are able to remain safely in their own self-contained accommodation. Extra care housing increases the choice of care options available to older people and can avoid the need for people to move into residential care.

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. Often this involves remodelling existing sheltered schemes.

Currently there are 212 Extra Care places in the following schemes:

Chilton Green	- Welwyn Garden City -	22
Emmanuel Lodge	- Broxbourne -	19
Evelyn Sharp House	- Hemel Hempstead -	19
Fountain Court	- Borehamwood -	48
Rutland Lodge	- Watford -	19
Silkin Court	- Stevenage -	22
Vicerons Place	- Bishops Stortford -	25
Wormley Court	- Broxbourne -	14

Schemes for people with dementia

Mary Barfield	- Royston -	14
Swan Field Court	- Welwyn	10

Plans for the future – we will:

ACS plans to significantly increase the number of extra care places available by 2010 to ensure there is a range of care options in each locality. We will work with District Councils and Housing providers to achieve this.

A key part of our strategy is to commission less residential places and instead develop more extra care places. Details on this were set out in a report to Cabinet January 22 2007 “Accommodation for Frail Older People – Delivering Increased capacity and Choice”

This shift will be achieved by remodelling existing contracted residential provision to provide the increases needed. It is unlikely that the ‘remodelling’ approach alone will deliver sufficient provision to meet our needs. It is therefore proposed that we commission more proactively some extra care including larger, new build schemes as appropriate

We plan to have access to 783 extra care places by 2010

7.2 Supporting People in Hertfordshire

The Supporting People programme provides a range of supported housing services for older people as well as 16 other groups, and is detailed in the Hertfordshire Supporting People Strategy 2007 -2012.

For older people the Supporting People Programme primarily funds the following services:-

- Sheltered Housing Wardens
- Extra Care Housing Wardens
- Community Alarm Services
- Home Improvement Agencies

It is linked also to community alarm provision and this in turn relates to the wider 'telecare' development being led by ACS. It further relates to the development of more extra care housing – this is both an identified area of further need in the SP needs analysis as well as a key priority for ACS.

Sheltered Housing

Currently there are 11,425 homes receiving support from a warden service. 7,450 of these receive financial support from the Supporting People Programme - about 65% of the total. Most of the 11,425 homes are occupied, with occupancy levels across Districts and Boroughs ranging from 91% to 99%.

In 2006-2007, the Supporting People Programme spent in the region of £4.7m on housing-related support provided by the warden service. This is approximately a quarter of the total spend of the programme. A key priority for the future Supporting People programme is to review resources invested in sheltered housing and to ensure they are being used effectively. This work will need to bring together the various district council reviews of sheltered housing.

Community Alarms

Currently the Supporting People Programme funds 42 contracts with 18 providers of Community Alarms. There is considerable variety across the county in the availability and levels of response services. There is also considerable variation in charging arrangements and levels. Approximately 5,700 people have a Community Alarm funded by Supporting People. Additionally a similar number fund alarms themselves, often from the same providers as Supporting People.

The contract value funded by Supporting People for Community Alarms is approximately £1m or 5% of the total Programme budget.

Future work around community alarms is linked to the reviewing of sheltered housing and this in turn relates to the wider 'telecare' development being led by ACS.

Home Improvement Agencies

The Supporting People Programme, along with district councils, primary care trusts, Adult Care Services and the Fire and Rescue Service fund home improvement agencies in Hertfordshire to provide a range of services including supporting the Disabled Facilities Grant process and Handy Person Schemes.

Plans for the future – we will:

Over the next three years we plan to ensure that services provided from the Supporting People programme are more effective in enabling older people to remain in their own homes. Specifically, we will:

- Ensure we have right levels of sheltered housing and extra care housing across the county - there is a target to decommission levels of sheltered housing for older people by 10%,
- Review the role of the warden, and clarify the support that they can provide both for sheltered housing tenants and others, and explore other forms of housing related support including “floating support.”
- Ensure that the Community Alarm service is provided efficiently, - can it link to Telecare, - have the right people got it, - how does it link to other crisis services, - what is expected of mobile staff?
- Work with District Councils and Housing agencies to review role of Home Improvement Agencies and ensure there is consistency of provision across the county.

7.3 Residential & Nursing Care

ACS and PCTS priority remains to support people in their own homes wherever possible. However, we also need to have sufficient care home provision for those that need it. We also recognise that people in care homes have the right to high standards of care, and to be treated with dignity and respect.

At the end of March 2007, ACS was funding 3,139 older people in residential and nursing home care (figures exclude legal charge and property disregard cases). In the previous 12 months, ACS had placed 1,447 people in residential and nursing care. These numbers have remained constant over a number of years.

The most recent market analysis of the care home sector in Hertfordshire, showed that occupancy levels were very high, - 96%.

On occasion this has meant that a place is not always immediately available, or if available may not be in a persons preferred home. The biggest pressure is in finding places for people who need dementia residential care, and this can mean some people waiting in hospital beds longer than necessary.

ACS has block contracts in place with Quantum Care and Runwood for 60 % of its residential beds. Block contracts are in place for approximately 20% of nursing beds

purchased. We review the fees we pay for provision of care in light of market demand and supply pressures and pay premiums for block contracted beds and for residential homes and for residential dementia care beds to sustain capacity. We also pay an enhanced rate to homes who achieve dementia accreditation standards.

Plans for the future

We have set out our plans for ensuring there is sufficient affordable care home capacity over the next 4 years in the document “Accommodation for frail older people. Increasing capacity and choice.” This provides a District by District analysis of available provision, movements between areas, and what will be required by 2010.

Based on this analysis, it is estimated that an additional 619 places will be required by 2010 – 215 for frail elderly accommodation (residential or extra care), 140 residential dementia, 182 nursing and 82 nursing dementia.

In order to achieve this and to increase choice for older people, it is proposed to significantly increase the amount of extra care housing developed. This will mean that by 2010, there will be a total of 1833 places (1050 residential care home places and 783 extra care housing places) for frail older people, compared with a total in June 2005 of 1608 places (1475 residential and 133 extra care). Alongside this development, we will be securing additional capacity in nursing, nursing dementia and residential dementia provision, and provision for older people with functional mental health problems.

To achieve this, we will:

- Increase our commissioning of both care home provision and extra care housing. We will need to work closely with District Councils and existing and new Care Home providers to negotiate the model of provision that we need for the future.
- Conduct a market test of Care Providers to assess whether there is interest in entering into block contracts with ACS.
- Work alongside the Hertfordshire Care Providers Association, and CSCI to achieve higher standards of care, and address and improve workforce development.
- Work with Age Concern to strengthen and develop independent advocacy services in Care Homes.

7.4 Respite Care in Residential and Nursing Care Homes

Respite Care in Care Homes is a vital service in supporting people in their own homes and allowing carers to have a break. It is a key component in the Carers Strategy, and compliments other “breaks” services referred to Support for Carers section 2.2 above.

In 2006/7 Adult Care Services contracted for 63 residential respite beds - 13 Dementia Care respite care beds, 46 higher need respite care beds, and 4 beds which are either. Beds are mostly available in Quantum Care homes with a smaller number in Runwood homes.

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

The booking of rolling respite through a twelve month period to support service users and carers has been simplified.

A review of respite provision in 2006/7 looked at occupancy levels in the respite beds and considered whether we have got enough provision in the right places. Occupancy across the service averaged just under 70%. Trends suggest less use of beds from the physically frail, but higher use of dementia care beds. The review raised questions as to the number of beds that were needed, and whether levels would increase if provision was concentrated in fewer homes. The difficulties in finding nursing care respite and respite for younger people with dementia was also highlighted.

Plans for the future

ACS wants to ensure that there are sufficient levels of respite, - both residential and nursing, and for the physically frail and those with mental health problems. Account needs to be taken of reviews of respite services within HPFT.

We want to promote even greater take up, and more flexible use to support older people and their carers.

We have commissioned a further review of this service in 2007/8, and are currently meeting with older people to hear their views.

8. Adult Care Services Commissioning Priorities 2008 –2012

8.1 We will offer greater control, choice and flexibility to older people and their carers by

- Increasing the number of people using Direct Payments to reach our target of 1,070 by 2009, with further increases in subsequent years.
- Piloting the use of Individual Budgets in Watford and Stevenage, and providing this service countywide by end of March 2009.
- Piloting the inclusion of costs of health related services within individual budget model
- Provide more breaks for carers by offering flexible support, and develop innovative services such as offering carers help in an emergency.
- Review our Carers strategy in the light of the National Strategy for Carers, and meet LAA targets for supporting Carers

8.2 We will improve health and well being by.

- Reviewing services for older people and their carers when the National Strategy for Dementia is published.
- Working alongside the PCTs to improve intermediate care services and address health promotion priorities, and LAA targets including:
 - Preventing hypertension
 - Preventing accidents and falls
 - Influenza immunisation
 - Healthy Eating
 - Affordable warmth
 - Physical activity
 - Smoking cessation
 - Mental Health
- Continuing to work with community organisations, organisations of and representing older people, BME organisations to support health promotion and address social isolation amongst older people by supporting lunch and social clubs, visiting services, hospital discharge services.

8.3 We will offer better support to older people and their carers wanting to stay in their own homes by:

- Retendering the remaining 16 block contracts by April 2008 to ensure that there is sufficient home care capacity to meet need across the county.
- Providing an Enablement home care service to 250 new home care users each year. This target to be increased with the employment of additional Occupational Therapists.
- Offering individual budgets, and increasing the numbers of people on direct payments so that people can have greater control over how their care needs are met
- Engaging better with Service users and Home Care Agencies in Quality Monitoring, through the establishment of Home Care User forums
- Introducing improvements to the equipment service such as use of digital pens or ordering, an on-line catalogue, direct payments, an an out of hours service, and reviewing our arrangements with key partners in the Voluntary sector.
- Implementing plans to strengthen the meal on wheels services across the county by working closely with District Councils.
- Achieve 2,500 new users of Telecare by April 2009
- Reprovide day centres at St Albans, Berkhamstead and Letchworth
- Extending the availability of the Dementia Home care service to achieve a countywide service.
- Extending day and respite services for older people needing mental health services, as well as developing early intervention and crisis intervention services.

8.4 We will respect the dignity and cultural needs of those that are receiving services by:

- Strengthening ways to ensure needs of BME Service Users are met, through further developments like cultural toolkit for Home Care Agencies.
- Increase the number of older people with Mental Health needs, and from Black and Minority Ethnic communities benefiting from intermediate care.
- Continuing to engage with community organisations to improve access and information and develop services which address social isolation and health promotion

8.5 We will promote independence by

- Meeting our LAA targets to increase the number of older people benefiting from intermediate care through a joined up strategy with the PCTs.
- Developing and increasing access for older people with mental health difficulties to intermediate care services.
- Strengthening existing community services and developing new ways of supporting more older mentally frail people at home for longer and delay the need for residential or nursing home care.
- Extend the availability of the Enablement Home Care service across the county
- Ensure we have the right levels of sheltered housing across the county and ensure there are warden services to support this.
- Working with district Councils and housing agencies to review the role of Home Improvement Agencies and ensure there is consistency of provision across the county

8.6 We will meet the need for care home services when support at home is no longer possible by:

- Meeting the targets for care home provision in each District of Hertfordshire as set out in the strategy “Accommodation for frail older people. Increasing capacity and choice.”
- Working with District Councils and Housing providers to commission 783 extra care places by 2010, including larger, new build schemes as appropriate
- Ensuring the accommodation needs of older mentally frail people for appropriate housing are met, by securing additional capacity in nursing, nursing dementia and residential dementia provision, and provision for older people with functional mental health problems.

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