

# COMMITTED TO QUALITY – THE BUCKINGHAMSHIRE APPROACH TO BEST VALUE

## Service Plans 2001-2002

Name of Service Plan Area: OLDER PEOPLE

Service Plan Ref: SS5

### Part 1 Description of service

#### **Purpose of service**

To increase the proportion of people aged over 65 in Buckinghamshire living in the setting of their choice with a greater degree of independence, self confidence, self respect and dignity.

For some people, this aim will be achieved without County Council intervention, as the result of improving health and life expectancy. For others, their independence, safety or quality of life may be seriously undermined by their frailty or disability. The Council will organise services aimed at maintaining or restoring people's capacity to live safely in the setting of their choice, with necessary support. However, the Council wants to provide support to all of those people with greatest needs and this may limit its ability to meet fully an individual's preference.

The services will be shaped by what the law says and by the money the Council is able to provide. They are provided on the basis of an individual assessment of need involving the potential service user, their carers and appropriate professionals.

#### **What are the statutory parameters that regulate how the service operates?**

The major legislation is:

- NHS and Community Care Act 1990
- National Health Service Act 1977
- National Assistance Act 1948
- Carers (Recognition and Services) Act 1995
- Chronically Sick and Disabled Persons Act 1986
- Disability Discrimination Act 1995
- Health and Public Health Act 1986
- Health Act 1999

#### **County Council Policy Steer(s) relevant to the service**

- The Council must live within its means next year and over the medium term.
- All budget managers to deliver 2% efficiency savings.
- Social Services spend to not increase above the current 20.6% spending above SSA.
- Service Plan options to be delivered which:
  - show how core services can be delivered within the resources available;
  - indicate how best to respond to the developing Partnership expectations within the NHS.

## Supporting Policies directly related to Older People

We will:

- 6a) Provide for preventative help, rehabilitation and other care arrangements to enable older people to maintain their dignity and independence.
- 6e) Devise improvement plans that achieve service quality and efficiency targets.
- 6f) Proactively establish partnership arrangements with Health, Primary Care Groups and Primary Care Trusts, the voluntary sector and other key partners, to provide seamless “one stop” services for: Learning and Physical Disability, Mental Health and Older People clients.
- 6g) Work with the Health Authority to meet its responsibilities under the NHS plan and discuss its policies and performance in Buckinghamshire on a periodic basis.
- 6h) Evaluate unit costs to achieve best value and where feasible reduce costs to those of similar authorities.
- 6i) Put in place the necessary management information to enable the service to be managed as efficiently and effectively as possible.
- 6j) Develop policies that take into account the ability to pay and which support clients to claim all relevant state benefits, protecting the provision of care to those most in need.
- 6k) Develop and implement service strategies that reflect the resources allocated to Adult Care Services

## Show how required savings or growth for next year will be delivered

	£m
Current net budget	28,103
Spending pressures	1,626
Other growth items (specify)..... .....	
<b>Total</b>	<b><u>29,729</u></b>
Cash allocation	28,720
Gap (or Available Growth) - See Appendix 1	<u>-1,009</u>

<b>SOCIAL SERVICES</b>	<b>Gross Expenditure</b>	<b>Income</b>	<b>Budget for 2001/02</b>
<b>SERVICES FOR OLDER PEOPLE (including Older People Mental Health)</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Support Costs	3,115	-121	2,994
Residential Care	14,677	-7,846	6,831
Nursing Care	11,301	-5,249	6,052
Day Care	2,079	-589	1,490
Support at Home – Home Care	14,332	-3,358	10,974
Support at Home – Other	1,318	-939	380
<b>SERVICES FOR OLDER PEOPLE</b>	<b>46,822</b>	<b>-18,102</b>	<b>28,720</b>

### **Volume of service (2001/2)**

Number of customers/users  
**4846 (RAP)**

Number and location of sites

**5 resource Centres** all due to be formally owned by Heritage Care by February 2001:

- The Chestnuts, Aylesbury
- The Croft, Amersham
- Holmers house, High Wycombe
- Katherine Knapp, High Wycombe
- Swan House, Winslow

#### **3 day centres**

- Burnham Resource Centre
- Hartwell centre, Aylesbury
- Southern Day Serv (Holmers Hs)

#### **Volume of service (2001/2) continues.....**

#### **5 Home care bases**

- Aylesbury (The Chestnuts)
- Buckingham office (Buckingham)
- Chiltern home care (The Croft)
- Wycombe (Holmers Hse)
- Chiltern/Wycombe home care (Katharine Knapp)

#### **7 locations for care management teams**

- Amersham office & hospital
- Wycombe office & hospital
- Aylesbury office & hospital
- Lincoln Hse (Princes Risbro)

Number of staff (FTE)            929.22

## **Special Factors**

The National Service Framework for older people is due at the end of due in the Spring 2001. This will set standards for achievement for Health and Social Services.

The NHS Plan identifies provisional milestones and Key Targets for 2001/2002. The underpinning strategies aimed at achieving the vision and improving the overall experience of users from the NHS and Social care .

Wycombe General and Stoke Mandeville Hospitals had to close their emergency departments on occasions, due to lack of beds. Social Services need to be able to make timely assessment of need and arrangements for service provision in order that older people can be admitted to hospital as emergencies and discharged safely, without undue delay. Mid and South Bucks NHS Trusts and PCGs allocated Winter planning monies for Residential and Nursing Home placements. To assist with the Winter planning arrangements the DoH has allocated additional Promoting Independence grant of £722k to Social Services for the financial year 2001/2002 only. These monies are non-recurring.

The reprovisioning of the Resource Centres to an external provider Heritage Care will initially reduce availability. Redevelopment is planned for 1 April 2001 and will include intermediate care and extra care units.

The Fremantle Trust also has plans to redevelop their Care Homes to meet the National Standards fit for the future.

The National Guidance for Home Care charging is due soon.

Recruitment of Home Carers has led to unavailability in some areas

The introduction of 'patch' contracts will reduce the proportion of clients supported by more than one provider.

Clients with capital in excess of £18,500 will be subject to increased charges close to full cost.

First announced in the NHS Plan are changes to CRAG introduce the three month property disregard and the new capital limits effective 9 April 2001

## **Part 2 Performance of Service**

### **Current performance (in relation to 2000-01 Service Plan outcomes and targets)**

#### **Outcome 1: Star Rating \*\* - Increased responsiveness to older people's requests for early, preventative help, to maintain their independence**

- Since April 2000, it is anticipated there will be a total of 7010 enquiries to the Age Concern Benefits and Advice Line. A high proportion to date strictly fitted the prevention criteria. In the six month period April to September 2000, 365 queries were referred to Age Concern Advocacy and 843 were referred to Age Concern Befriending. By the year end a total of 670 referrals to the Age Concern at Home Benefits scheme will generate income of £5m.
- Delivery time of basic equipment has improved during the year. 85% of items of equipment costing less than £1000 was delivered in 3 weeks.
- Winter Planning measures are underway to alleviate unnecessary pressures on hospital admissions. Intermediate Care Schemes are developing in the South of the County, which will further reduce inappropriate admissions to hospital.

#### **Outcome 2: Star Rating \*\* - Increased use of new patterns of care that enable older people to regain their independence as far as possible through rapid and effective rehabilitation care. (ie people get high levels of care for short periods when they most need it, to recover ability and confidence and then need less care in the long term).**

- A total of 225 older people have received rehabilitation care packages since April 2000.
- The number of delayed discharges from hospital has decreased to an acceptable level. There is further room for improvement.
- The rapid response team in Wycombe has been fully developed and a similar service has also been fully developed in Aylesbury this year.
- The number of households receiving intensive home care for a period of six weeks followed by a lower level. It is anticipated the roll out of the rapid response scheme to Buckingham will reduce this number.

#### **Outcome 3: Star Rating \* - Increased availability and flexibility of appropriate short term breaks for carers to help carers to continue caring in circumstances where clients would otherwise lose their independence.**

- From April to September there were 27 carers supported by short term breaks from the Carers Grant. The Carers Grant is now fully spent and there is no way left to identify which respite is for client or carer
- Problems have been identified with data collection for the number of carer assessments corrective measure expected to be in place before the year end.
- An initial survey of carer needs was undertaken and there is on-going carer satisfaction monitoring.
- From April to November the Alzheimer's – Carer Support Worker (Dementia Specific) Aylesbury District, provided extensive support to 27 carers and minor support to 3. A carers support group has been established and there are 10 – 14 regular attendees. Within this period 277 telephone calls have been received from carers.

#### **Outcome 4: Star Rating \*\* - More diverse forms of accommodation and support for older, frail people to include Extra Care housing and short term "step down" beds within residential and nursing home provisions**

- A 'Step Down' one bed pilot has been set up at The Chestnuts Residential Home. Winter Pressure monies funded two further residential step down beds in Wycombe and a Nursing Home rehabilitation bed.
- A review of Extra Care Housing has commenced.
- Care is jointly provided by the Wycombe Team for Older People Therapy Service, Aylesbury Vale Intermediate Care Service and two new intermediate care teams in South Bucks.
- Joint Management of equipment investigated in specific review by an external consultant

**Outcome 5: Star Rating \*\* - Maintain the quality of services organised for clients**

- By November 2000 89% of packages were sole provider only.
- Resource Centres are transferring to Heritage Care .The rebuilding programme will bring them up to the new registration standards single rooms and en-suite facilities.
- The availability of single rooms is 80%.
- The unit cost of residential and nursing care in the context of the Buckinghamshire market is currently being investigated.

**Outcome 6: Star Rating \* - Prompt and professional assessments and reviews of care needs**

- Monitoring systems are being implemented to identify waiting time for assessments. Recording of assessments is a relatively new requirement and whilst improving is still incomplete.
- We are implementing improved recording arrangements for numbers of people receiving a statement of their needs.
- The number of clients receiving a review is being pursued through the RAP Project.
- A survey of users has been carried out based on customer satisfaction forms. 63% felt matters of race, culture or religion were noted. There will be two new PAF indicators relating to ethnicity required for 2001.

**Outcome 7: Star Rating \*\* - Reduced residential and nursing placements as needs change**

- The number of older people helped to live at home has increased and the number of those admitted to care homes has decreased. (PAF)

## FLAGSHIP PROJECTS FOR ADULT SOCIAL CARE SERVICES – OLDER PEOPLE

PROJECT OUTCOME (+ Links to Supporting Policies)	KEY STAGES	BY WHEN
1. The future development and delivery of services is jointly planned and delivered by the establishment of a Senior Partnership Board. (1c and 6f)	<ul style="list-style-type: none"> <li>• Clarify service aims for client stream</li> <li>• Undertake review of spending pressures for client stream</li> <li>• Client stream representation on Senior Partnership Board established</li> </ul>	October 2001
2. The effective scrutiny of health services is undertaken by Bucks County Council through a detailed framework as required by the National Health Service Plan. (6g)	<ul style="list-style-type: none"> <li>• Client group representation on scrutiny body</li> </ul>	March 2002
3. Performance management information requirements are understood and an IT Strategy has been agreed to deliver them. (6i)	<ul style="list-style-type: none"> <li>• Performance management requirements for client stream are established</li> </ul>	October 2001
4. The joint review of Social Services produces a fair and balanced report because of the Council's professional preparations. (6e)	<ul style="list-style-type: none"> <li>• Strengths and weaknesses of service performance are analysed</li> <li>• Strategies to address weaknesses are implemented</li> </ul>	August 2001
5. Service quality is maintained as a result of the measures taken to recruit and retain staff. (1b and 6e)	<ul style="list-style-type: none"> <li>• Additional funding is secured to support a policy of recruitment and retention</li> <li>• Staff recruitment and retention improves</li> </ul>	June 2001

THREE YEAR OUTCOME	MEASURE OR INDICATOR	PERFORMANCE 2000/1	TARGET 2001/2	TARGET 2004/5
1. Increased responsiveness to requests for early preventative help, to maintain independence	<p>1a % of people accessing the services provided through the prevention grant.(Local)</p> <p>1b % of items of equipment costing less than £1000delivered within three weeks. (BVPI 56)</p> <p>1c Reduce inappropriate emergency admissions of older people (over 75) to hospital based on residence in Buckinghamshire (interface A5)</p>	<p>1a 7010 enquiries</p> <p>1b 79.6%</p> <p>1c No baseline</p>	<p>1a 8061 enquiries</p> <p>1b 82%</p>	<p>It is anticipated the project will end in March 2002</p> <p>1b 86%</p>
2. Increase the use of new patterns of care that enable older people to regain their independence as far as possible through rapid and effective rehabilitation care. (ie provide high levels of care for short periods when they most need it)	<p>2a % of people receiving rehabilitation care packages in each district</p> <p>2b Number of intensive home care packages per 1000 population based on an annual survey (BVPI 53 &amp; PAFc28)</p> <p>2c Number of people helped to live at home (BVPI 54 C32)</p>	<p>2a 156</p> <p>2b 9.52</p> <p>2c 50</p>	<p>2a 234</p> <p>2b 9.52</p> <p>2c 57</p>	<p>2a 468</p> <p>2c 73.42</p>
3. Increased availability and flexibility of short term breaks for carers, to help carers to continue caring in circumstances where clients would otherwise lose their independence	<p>3a Number of carers assessments (D42)</p> <p>3b Carer survey.</p>	<p>3a New no data</p> <p>3b This will be carried out on a 6-monthly basis</p>	<p>3a</p> <p>3b</p>	<p>3a</p> <p>3b</p>



THREE YEAR OUTCOME	MEASURE OR INDICATOR	PERFORMANCE 2000/1	TARGET 2001/2	TARGET 2004/5
4. Develop more diverse forms of accommodation and a greater variety of provision to enhance opportunities for rehabilitation and independence for older, frail people	4a The number of step down/intermediate care beds.	4a 4	4a 24	4a 48
	4b The number of extra care units.	4b Nil	4b 36	4b 96
5. Maintain the quality of services organised for clients	5a Number of domicilliary packages provided by a single provider	5a 89%	5a 92%	5a 100%
	5b To achieve the national target for Home Carers to achieve their NVQ Level 2. 636 Home Carers employed	5b 80	5b increased according to number of trainers	5b National target 85% of the total number of Home Carers employed in 2005
	5c Proportion of residential accommodation inspected (C34)	5c 100%	5c 100%	5c 100%
	5d Availability of single rooms (D37)	5d 80%	5d 90% (In LPP)	5d 95%
	6a Waiting time for assessment to start.(RAP)	6a data not available	6a	6a
6. To identify and respond to changing needs professionally and promptly.	6b Proportion of people receiving a statement of their needs and how they will be met (D39 BPVI 58)	6b No figure provided in LPP	6b 85% (In LPP)	6b 92%
	6c Number of clients receiving a review (D40)	6c Data not reliable	6c anticipate 80%	6c 90%
	6d % of people who said matters of race culture or religion were noted(E46)	6d 63% Based on customer satisfaction survey	6d 65% (In LPP)	6d 72%
	6e ethnicity of adults receiving a service following assessment (E47 RAP)	6e data not available	6e	6e

<b>THREE YEAR OUTCOME</b>	<b>MEASURE OR INDICATOR</b>	<b>PERFORMANCE 2000/1</b>	<b>TARGET 2001/2</b>	<b>TARGET 2004/5</b>
7. Increased number of clients remaining in their own homes.	7a Number of admissions to residential and nursing home care aged 65 and over per 1000 population (C26 PAF)	7a 65.1	7a 65.1	7a 65.1
	7b Number of people helped to live at home aged 65 and over per 1000 population (PAF BVPI54 C32)	7b 50	7b 57	7b 73.42

### Part 3 For more information

#### **Associated County Council Business Plans, and links with other Service Plans or Statutory Plans**

- Joint Investment Plan for Older People Including Older people with Mental Health Problems, 2000/03
- Special Needs Housing Strategy
- Partnership Grant Action Plan
- Preventative Strategy 2001-2002
- Carers Action Plan
- Local Transport Plan
- Community Safety Plan
- Department of Health Training Plan
- Economic Development Action Plan
- Health Improvement Plan

#### **When is the service due for a Best Value Root and Branch Review?**

(If it has just been reviewed, a summary of the main findings should be attached.)

**Accountable Officer**

**Dwina Wheatley**

## APPENDIX 1

The gap will be covered by the following actions:

£'000

<b>Efficiency Savings</b>			
1.	Rationalise day centre provision	Review day centres in order to improve utilisation as recommended in Root and Branch Review. This is likely to involve the closure of one or two centres as well as developing services at other centres in order to improve their relevance to meeting current care needs.	-30
2.	Domiciliary care	Enhanced control of domiciliary care budgets including improved linkages between budgets for internal provision and those for external purchasing, and improved information management and recording systems and processes. This reduction assumes that the number of new clients entering service remains at the current level, but the number of clients ceasing to receive a service increases from the current level. This will need careful monitoring	-394
3.	Residential and nursing care	<p>1) Reduce the number of residential placements during 2001/02. This reflects the impact of intermediate care schemes and other 'modernisation' initiatives that help people to remain in their own homes.</p> <p>2) This reduction assumes that the number of new nursing care placements each month remains as in the current year, but that the number of clients leaving the service (dying) increases over the average seen so far in the current year. This will need careful monitoring. The current waiting list for placements will not be reduced.</p>	-80
4.	Review arrangements for the provision of meals	Volumes are dropping with consequential increases in unit costs. This leads to the need to review provision and contracting arrangements. A best value review starts in January. (Some home care time has already been successfully freed up by the introduction of a 7-day service from Slough).	-5
5.	Minor Works – cash freeze on non-pay budgets	Reduction in non-pay budgets in real terms which will need to be managed	-1
	<b>Total Efficiency Savings</b>		<b>-510</b>

	<b>Income Generation</b>			
6.	Review charges for non-residential care services	Savings shown are based on an increase of 4%, and includes all client groups	-57	
7.	Additional income generation based on ability to pay	A review of the charging policy to reflect ability to pay. This proposal would be subject to consultation	-300	
	<b>Total Income Generation</b>			<b>-357</b>

	<b>Savings to fund NHS Plan</b>			
	Domiciliary Care	1) The introduction of 'patch' contracts, which will reduce the proportion of clients supported by more than one provider and reduce costs. 2) Reduction in the size of new domiciliary packages	-142	
	<b>Total Savings to fund NHS Plan</b>			<b>-142</b>

**TOTAL SAVINGS**

**-1009**