

## **DUNDEE CITY COUNCIL**

**REPORT TO: Social Work Committee – 26th June 2006**

**REPORT ON: Older People Services**

**REPORT BY: Director of Social Work**

**REPORT NO: 418 - 2006**

### **1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to advise members of the Council's position with regard to its current and future capacity to meet the Scottish Executive's requirements in respect of waiting time initiatives and shifting the balance of care for older people towards home based services.

### **2.0 RECOMMENDATIONS**

It is recommended that: -

2.1 care at home services continue to be rebalanced incrementally towards intensive home care, using the mechanisms outlined in paragraph 6.9 (b) and 6.9 (d) below;

2.2 waiting lists and waiting times are kept under review by the Director of Social Work and the Committee be advised regularly of progress towards targets and on waiting times;

2.3 the Committee agrees to earmark additional community care monies of £1,798,000 for 2007/08 and beyond for investment in additional intensive home care packages and residential care;

2.4 the Director of Social Work is instructed to pursue with NHS Tayside the completion of a commissioning strategy as outlined in Appendix 1, and the release of resource to accompany redesign of NHS services.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 Implementing the proposals in this report will cost an additional £1,798,000 by 2007/08. This sum has been included in the 2007/08 Social Work revenue budget.

### **4.0 LOCAL AGENDA 21 IMPLICATIONS**

4.1 The recommendations in this report take account of the requirement to adjust the provision of services to meet with needs of an ageing population.

### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

5.1 The recommendations in this report will provide improved provision and framework for meeting the needs of the most vulnerable older people.

## 6.0 MAIN TEXT

The provision of services to older people is governed by the Council's responsibilities as set out in legislation, particularly the NHS and Community Care Act 1990.

### 6.1 Duty to Assess and Meet Need

The local authority has a statutory duty to assess the needs of those who may require social care services. When assessing a person's needs we can take our resources into account, since needs are not absolute but relative to those resources. Having assessed need, taking into account resources, the Council has a duty to meet the needs.

### 6.2 Recovery of Charges

The Council is entitled to recover charges from the service user, taking account of the service user's ability to pay. However, if we have assessed someone aged 65 or over as having a need for services that come within the definition of personal care we are not entitled to charge for those services.

### 6.3 Procedures Followed in the Assessment of Need

The Council adopted eligibility criteria for access to services in June 2002 (Implementation of Free Personal and Nursing Care: Eligibility Criteria for Community Care Services, Report No. 534-2002). The criteria explain the factors that influence how needs are assessed and met according to the type of service required.

People assessed as needing a service are prioritised and receive their services according to whether there is a high, medium or low need. In circumstances where there is a requirement for service that exceeds the resource availability they are further prioritised according to the time they await services.

When we have people awaiting services their circumstances are reviewed regularly and other procedures have been adopted to ensure the resources available are allocated as efficiently and effectively as possible.

Waiting times for services vary according to the type of service and are influenced by a range of factors which include the complexity of need (whether a new service is required), choice of individuals and families (whether a particular provider or location is being sought), urgency of need (if unexpected social care crisis has occurred) and other stakeholders' interests (for example reducing waiting times in hospitals)

### 6.4 Planning for Future Service Demands

In July 2003 the Health and Local Authority Forum agreed a joint commissioning framework for the delivery of services for older people (The Balance of Care and Service Development in Dundee: An Integrated Approach, Dundee City Council, Tayside NHS Board, Tayside Primary Care Trust, Tayside University Hospitals Trust, July 2003). This report concluded that in order to meet the demands of the increase in **very** old people with severe disability or severe dementia that will arise over the next 5 years (see Table 1), the NHS and the local authority should invest in care home placements, home care/community care and assessment and rehabilitation.

Table 1 Demographic change in Dundee older people population

	Dundee Population aged 85+	Cumulative % increase
2005	2,774	
2006	2,916	5.1%
2007	3,039	9.6%
2008	3,102	11.8%
2009	3,187	14.9%
2010	3,288	18.5%

Progress against this proposed investment was assessed in January 2006 when it was concluded that care home placement purchasing had proceeded as proposed; some development of housing with care had been achieved but not as much as proposed; the proposed increase in home care hours had been achieved overall and there had been an increase in intensive home care; respite care had not increased substantially, and there had been increased investment and activity in assessment. In addition, NHS continuing care and inpatient assessment was redesigned and delayed discharge targets were met. Proposals to develop step down or intermediate care were not met and whilst the local authority managed to achieve its investment targets, the health service could not release resources to provide additional community infrastructure because of requirements to meet improved standards and make efficiency savings.

#### 6.5 Dundee's Position in Comparison with Other Authorities

Work was undertaken in January 2006 to benchmark Dundee's position in comparison with five benchmark authorities and all Scotland. This comparison indicates that

- Dundee City Council's budget for older people is at a slightly higher rate than for Scotland as a whole, but at a lower rate than three of the benchmark authorities
- Dundee is purchasing or providing around the midpoint rate of care home places in relation to its comparator authorities and at the same level as the national rate
- During the six month census period in 2005 Dundee was funding new placements at the comparator midpoint level and at the same level as the national rate
- The average length of stay for long stay residents funded by Dundee in care homes is very similar to the position in Scotland as a whole, but is more varied in relation to comparator authorities
- Dundee has a significantly lower rate of home care hours than most of the comparator authorities and the national rate
- the rate of service users receiving 10+ hours of home care per week is very much lower than the national rate and compared with most of the comparator authorities

#### 6.6 Assessment of Performance

Performance in service delivery is assessed by the Accounts Commission through Audit Scotland performance indicators, the Joint Performance Information and Assessment Framework (JPIAF), the Scottish Commission for the Regulation of Care (SCRC) and the Social Work Inspection Agency (SWIA). In addition, the Council has its own Best Value framework to regulate the efficiency of its operation.

## Accounts Commission Performance Indicators

Table 2 below shows Dundee's performance over the last three years against one of the key performance indicators measured by the Accounts Commission

Table 2 Total home care hours provided

	2002/03	2003/04	2004/05
No. of hours per 1,000 pop'n	334.0*	262.6	395.7
Ranking across 32 Councils	not known	32nd	25th

\* The indicator for 2003/04 includes all adults; subsequent years cover adults aged 65+ only

This information demonstrates the position that emerged in the benchmark comparison with other authorities. There is an issue about the amount of home care provided - the City Council has remained in the lower quartile of indicators for most of this period. Although there has been an increase in activity it has not been sufficient to impact greatly on the overall position and this is unlikely to change when the 2005/06 performance is assessed.

## Hospital Waiting Times for Discharge

Dundee had 46 patients (36 older people) delayed discharges at 15 April. The target set by the Scottish Executive was 40 patients. The future targets for 06/07 is to reduce by 50% those patients delayed beyond six weeks and to reduce by 50% those patients awaiting in short stay beds. There are currently (at 15 May) 20 older people delayed beyond 6 weeks, 9 are waiting for residential placement and 5 for nursing home. Of the 5 people who are waiting for care at home, only one was delayed beyond 6 weeks.

## Joint Performance Information and Assessment Framework (JPIAF)

Target 10 of the JPIAF requires that local improvement targets set an objective of achieving intensive home care of at least 30% of long term care by 2008. This target has been in place for two financial years. Dundee's position has improved from 19% in 2004 to 22.6% in March 2006. This is some way short of the 30% national target and confirms the benchmark information - there is an insufficient amount of intensive home care available in Dundee, while residential and nursing care home placement levels are average.

## The Scottish Commission for the Regulation of Care (SCRC)

The SCRC inspected social care services in 2005. The inspection report indicated that there are quality services being provided by a motivated workforce. Service user and staff surveys were carried out as part of the inspection, and the returns from users and staff about the service were positive. All but one of the service users surveyed stated that they were happy with the service. Similarly, all but one service user felt that the staff had the knowledge, skills and training to meet their needs. All service users said that the staff behaved in a professional, polite and respectful manner.

## The Social Work Inspection Agency (SWIA)

Social work services have not yet been inspected in Dundee but SWIA have indicated their intention to undertake a joint health and social work inspection in October 2006 of older people's services across Tayside.

## Best Value Framework

Best Value reviews have been conducted on occupational therapy services and on sheltered housing. In addition, the Social Work Department instigated a service improvement process in home care to ensure that the system is running as efficiently as possible. This has led to revision of the system of recording, revision of rotas and redesign of the core system to improve the assessment and review of home care provision. There was a gain of 4,100 hours of home care (52%) between 2003/04 and 2005/06, which is largely attributable to these efficiency measures rather than to a substantial investment in home care.

### 6.7 The Core Issue for Dundee

The core issue for Dundee is that the resource invested in older people's services is insufficient to meet the current needs of its ageing population, as demonstrated by waiting lists for services and continuing delayed discharges.

Table 3 Nos. of older people awaiting community care services

	Feb 06	Mar 06	Apr 06	May 06	June 06
Care home placements	97	99	80	67	79
Care at home	158	142	150	182	145
Practical support	36	33	18	16	12

Table 4 Hours of Care at Home Awaited

Care at Home Hours	Feb 06	Mar 06	Apr 06	May 06	June 06
	877	800	845	1119	1139

The current position is that 151 people are awaiting 1230 hour of service. Of these people 31% are awaiting service of over 10 hours per week, (a total of 845 hours per week) and 69% are awaiting service of less than 10 hours per week, (a total of 350 hours per week). The majority of hours awaited are being awaited therefore by people who require more than 10 hours of service a week.

Included in the people awaiting service are a number who receive interim funding on a short term basis from the health service. This arrangement is designed to speed up discharge from hospital. It requires to be taken over by mainstream providers and funding.

At June 2006 21% (19 people) had been waiting less than 6 weeks and 79% (70 people) had been waiting more than 6 weeks. Although the majority of people waiting for a service at home have some service, those awaiting high levels of service are very vulnerable to arrangements breaking down.

Table 5 No of patients delayed in discharge from hospital

	Feb 06	Mar 06	Apr 06	May 06
All patients	80	66	46	58
Older people	67	56	36	45

The majority of people who are delayed are older people. The reasons they are delayed are because their assessment has not been completed, they are awaiting resources or are exercising choice.

There have been no older people delayed for choice reasons since July 2005. At any one time at least half the people waiting are awaiting for reasons of resource availability, either at home or in residential care.

In conclusion, there is a growing waiting list for home-based care and a steady waiting list for residential forms of care. The population is ageing, with associated problems of ill health and frailty, so this position is unlikely to improve.

## 6.8 Options for Future Service Provision

It is clear from the above that there is a need for service development, for the following reasons

- a. to meet need arising from demographic change
- b. to deal with delayed discharge
- c. to reduce waiting lists
- d. to change the balance of care to meet national and local targets

The issues that affect the future capacity for service development are:-

- The current pattern of resource allocation;
- The overall resource available for investment in future service delivery;
- The capacity to change the current pattern of service delivery away from residential forms of care towards providing more intensive forms of home based care.

## 6.9 Recommendations for Future Service Provisions:

It is recommended that members of the social work committee agree that;

- a) since maintaining the current pattern of resource allocation will result in a continued failure to meet targets and will mean increasing waiting lists for services and failure to meet delayed discharge targets, it is not sustainable. Intensive home care as a percentage of all long term care would not rise above 28% by 2008, still short of the 30% target. At the same time, care home placements would have to reduce by 15% by 2008 to remain within budget. It would be necessary to monitor the impact of this as it could result in more delayed discharges, and longer waiting lists for care home placements and free personal care funding depending upon the effectiveness of rehabilitation, access to intermediate care and the impact of other joint developments.
- b) rebalancing current expenditure between care homes and care at home alone, would not provide a satisfactory solution on its own.

The cost in 2006/07 of the average care home placement is £18,133. This is equivalent to approximately 21 hours per week of social care provision. It should therefore be possible to maintain at home, without incurring additional cost, individuals whose needs can be met within a package of up to 21 hours of social care support per week.

However, for this to succeed, individuals would have to have timely rehabilitation and access to the community health services they require. There would also have to be some reprioritisation of other services such as day care to provide a complete home care support package. This may result in the displacement of some people with lower level needs who would then receive reduced or no service. It is estimated that around fifteen people per year could be supported at home instead of in a care home, within existing resources. This would increase the percentage of intensive home care to 26.4%, still some way short of the 30% target.

- c) consideration should be given to increasing overall expenditure on home care and prioritising intensive home care whilst maintaining expenditure on residential care.

As part of the 2004 Spending Review, additional resources were allocated to local authorities for dealing with the increased number of older people, faster access to home care and supporting voluntary sector care providers. For 2007/08, the amount allocated to Dundee City Council, and included in the Social Work provisional revenue budget, is £1,798,000. Of this, £898,000 is needed to augment the budget for care home placements to maintain a minimum level of care home placements.

If the remaining £900,000 were to be earmarked to expand home care provision, this would allow approximately 865 additional hours per week of home care to be purchased or provided. If these hours were used to increase intensive home care, a minimum of 41 more people could receive intensive home care packages, and intensive home care as a proportion of all long-term care would rise from 24.8% to 27.7%.

To reach the 30% target, additional investment of £1,150,000 rather than £900,000 would be needed. To achieve this, resources would have to be found from other Council funds to augment the Social Work Department budget. Alternatively, the average intensive care package would have to be restricted to 10.9 hours to remain within the £900,000 investment and still meet the 30% target. This latter course of action is unlikely to be achievable in practice, given that most intensive care packages are for at least fourteen hours per week

- d) relying on redirecting expenditure away from low-level home care packages into intensive home care would not be a feasible option on its own.

To achieve the target via a shift from low level to intensive home care, at least 865 hours per week would have to move from low level to intensive packages. At present, the average low level care package is for 2.5 hours per week, with many receiving one hour per week. At least 350 people would therefore lose their low level service to achieve the target in this way.

This would have a severely detrimental effect on the preventative services that can help to sustain people at home for longer, thus propelling people into more expensive forms of care sooner. These small packages may also be the only formal care input into a care package provided by family and friends, but would cause the whole package to collapse if withdrawn. Therefore any shift between the two levels of care would have to be done in a careful and considered way, and could not be done quickly enough in the numbers required to meet the target.

## 6.10 Commissioning Strategy

In conclusion it is recommended that care at home services continue to be rebalanced incrementally towards intensive home care using the mechanisms outlined in paragraphs 6.9 (b) and 6.9 (d) above; that we earmark additional community care monies of £1,798,000 for 2007/08 and beyond for intensive home care packages and residential care.

In addition, it is recommended that waiting times and waiting lists are kept under review by the Director of Social Work and that Committee are advised regularly of progress towards targets and waiting times. This report focuses on the local authority's role in responding to the needs of older people, and takes no account of changes within the NHS in services for older people. It therefore covers only part of the whole system of older people service provision. To fully adapt to the change in the pattern of needs of older people and the implications of national policy like the NHS waiting times initiative, agreement is required with health on the elements, direction and tasks to be undertaken to complete a full commissioning strategy.

Taking account of the way services are designed at present, the elements of a commissioning strategy would be as set out in Appendix 1. These elements should be progressed regardless of which option Dundee City Council adopts for reshaping older people's services.

As noted in 6.4 above, NHS Tayside has not yet released resources to provide additional community infrastructure because of their requirements to meet improved standards and make efficiency savings. It is essential that future retraction and redesign of long-term hospital provision be accompanied by health service investment to provide community infrastructure as the local authority does not and will not have the resource to finance home care packages for this additional population.

## **7.0 CONSULTATION**

7.1 The Chief Executive, Depute Chief Executive (Support Services) and the Depute Chief Executive (Finance) have been consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

None.

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14<sup>th</sup> June 2006

<b>Elements of Commissioning Strategy</b>	
<b>Area of Service</b>	<b>Objective/Task</b>
NHS Continuing Care	Establish plan for reduction and remodelling of continuing care, with resources released for community health and social care services
NHS Intermediate Care	Develop costed business plan options
Care Homes	Improve quality with designated additional investment to implement the cost/quality approach and the revised core clause contract
	Maintain planned placement level until alternative services become available which will allow the redirection of expenditure to accommodation with care and intensive home care services
Sheltered Housing	Implementation plan to reflect the best value review
	Retain some low level support but review in line with demands and voids
Accommodation with Care	Plan the development of 100 new units, with consideration given to the cost of service, customising new builds and transferring resources from care home budgets for care and support services
Care at home	Shift the balance of care towards intensive support for people at home
Delayed Discharge (Hospital)	Plan to meet Delayed Discharge Targets - zero delayed discharges from 2008 (48 @ May 2006)
	Quantify required discharge flow and identify resource implications of zero target
Waiting List (Community)	Quantify required service allocation and identify resource implications of zero target
Respite/Short Breaks	Implement Local Improvement Target for respite/short breaks at home and away