

REPORT TO: DUNDEE CITY COUNCIL SOCIAL WORK COMMITTEE

REPORT ON: DEVELOPING COMMUNITY CARE SERVICES FOR OLDER PEOPLE IN DUNDEE

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 419-2000

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to make recommendations about how services for older people should be developed in the next three years based upon the investigation and review of the recalled Older People (Community Care) Working Group {OP(CC)WG} which met monthly between August 1999 and May 2000.

2.0 RECOMMENDATIONS

It is recommended that the Social Work Committee:-

2.1 notes the areas of enquiry that were covered by the Older People (Community Care) Working Group and the conclusions reached following the investigation of these areas of enquiry.

2.2 agrees the recommendations for action outlined in the report.

2.3 agrees that the Council continue to gradually reduce its residential provision for older people, redeploy staff and resources where appropriate and offer early retirement on a limited basis.

2.4 agrees the future investment strategy outlined in the report for the development of additional community care services and improvement of the remaining residential provision.

3.0 FINANCIAL IMPLICATIONS

3.1 The revenue costs of implementing the recommendations in this report will be contained within existing Social Work Department budgets. As developments are implemented, budgets will be reshaped to reflect the structure of the new services. Provision has been made in the capital programme for 2000/2001 and 2001/2002 to contribute to the costs of upgrading one residential unit, as recommended in 8.4.4.

4.0 LOCAL AGENDA 21 IMPLICATIONS

4.1 The standards are consistent with the principles and values expressed in the Agenda 21 programme.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 The development of the services outlined in this report will help maintain more older people in the community and empower them to participate more fully in the future service planning.

6.0 INTRODUCTION

6.1 The Older People (Community Care) Working Group was recalled against a background of major reform in the NHS; the introduction of a new Government's proposals for the reform of community care (Scottish Executive, 1998, Modernising Community Care: An Action Plan) and a proposed review of Tayside NHS services for older people.

The reasons for recalling the OPWG were to review social work resources against this background with the involvement of major stakeholders and ask the following questions:-

- *Are resources being used to best effect?*
- *Can resources be more effectively joined with NHS services?*
- *Can we improve health and community care services for older people in Dundee for the benefit of them and their carers?*

6.2 The remit of the Working Group was to develop *firm proposals for joint action* which were to be based upon the following areas of enquiry:-

- *joint working to provide intensive health and social care support to vulnerable older people in the community, in group care settings and in hospital*
- *housing provision for older people with community care needs*
- *how to improve the ways older people and carers experience the community care service system*
- *services for older people with mental health problems including those with dementia*

7.0 WORK COMPLETED BY OP(CC)WG

7.1 The OP(CC)WG undertook its work by participating in a range of investigative visits by members to different domestic and residential care settings, commissioning presentations on identified topics, attending a listening event at which older people gave their views about their experience of health and social care services and consulting with residential and nursing home care providers.

7.2 The investigation built upon the original work of the Dundee City Council all party Older People Working Group which reported on its recommendations in November 1997. (Social Work Department 1997, Older People Working Group, Dundee City Council) (Committee Report No 827/97 refers).

7.3 The OP(CC)WG was strengthened by the active participation of a broad range of members. The contribution of all participants was significant but the involvement of the Trade Unions and Health Service representatives was particularly useful in ensuring that workforce and interagency matters were covered thoroughly by the group. (Appendix 1, membership of OP(CC)WG).

7.4 The following principle underpinned all the work of the OP(CC)WG: *services will be planned for older people without creating an ageist context in which older people think they are perceived as a burden to the community, as redundant, or not worth investment of medical services. We will listen to older people; invest in helping them retain their health and independence; develop “elder-friendly” policies; develop recuperation and rehabilitation services following acute illness, provide opportunities for culture, leisure and recreation and maintain an infrastructure of social care support that provides for both their general and specific needs.*

7.5 The conclusions and recommendations of the OP(CC)WG are summarised below. They are organised according to the areas of enquiry set by the working group.

8.0 AREA OF ENQUIRY: *Joint working to provide intensive health and social care support to vulnerable older people in the community, in group care settings and in hospital and services for older people with mental health problems including dementia.*

8.1 The members of the OP(CC)WG heard evidence about the changing pattern of demand for residential and nursing home care, the reduction in continuing health care provided in hospital settings, about the emerging pattern of service delivery in home care settings and about the new regulatory framework for the registration and inspection of all care homes for adults that was being introduced by the Scottish Executive. Members of the

working group also heard about the increasing demand for services to meet the needs of older people with dementia and mental illness, about the concerns of service providers about current services and about the demands placed upon carers. The visits to different care settings were used to assess the quality of care and potential models for the future delivery of care services. A health led Older People's Implementation Group instigated work on the development of proposals for future models of service delivery and reported back to the OPWG.

8.2 Demographic and activity information

8.2.1 Population Trends

Table 1: Population Projections 1998-2016 Scotland and Dundee

Source: Population Projections Scotland (1998 Based), GRO (Scotland), 2000

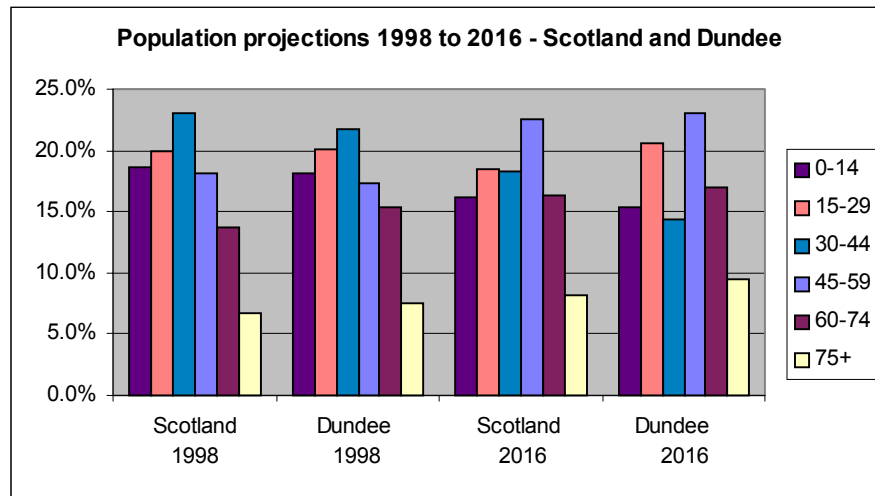
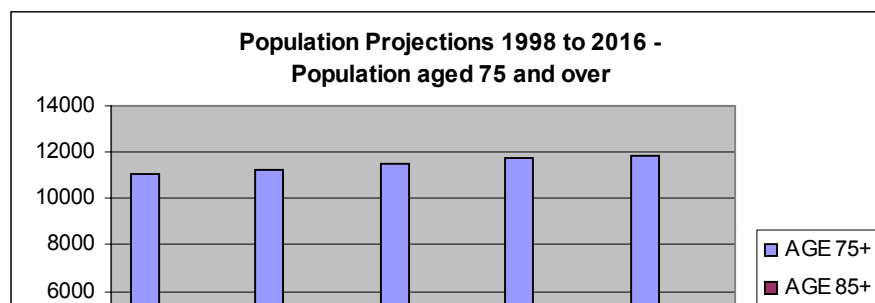


Table 2: Population Projections 1998-2016 Population Aged 75 and Over



Source: Population Projections Scotland (1998 Based), GRO (Scotland), 2000

Tables 1 and 2 above show that the percentage of Dundee's population aged over 45 will continue to be higher than the national average. The numbers of people in Dundee aged 75 and over also continues to rise, and is projected to constitute 9.6% of the population by 2016, nearly 12,000 people. It has also been estimated that by 2016 there will be over 1,000 people living in Dundee aged over 90. The tables also show that the number of people aged below 14 and between 30 and 44 will be lower than the national average by 2016.

8.2.2 Table 3: Number of Older People with Dementia in Dundee: 1998 Estimate

Age	Number of people	Dementia Prevalence rate (%)	Number of people with dementia
60-64	7,992	1.0%	80
65-69	7,749	1.6%	124
70-74	6,730	4.2%	283
75-79	5,353	6.1%	327
80-84	3,063	13.0%	398
85-90	1,839	21.8%	401
90+	764	33.7%	257
Total	33,490	-	1,870
Total over 75	11,019	-	1,383

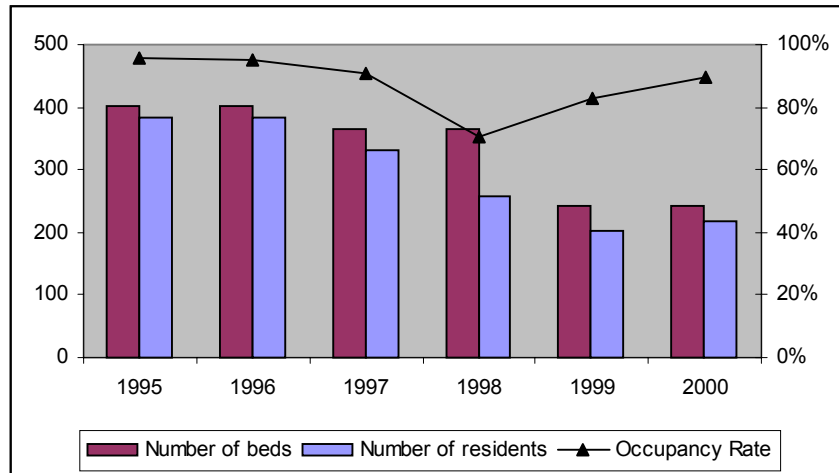
Sources: Prevalence - Study in Health Care Needs Assessment. Report no. 16, Melzer et al, 1994.
Population figures - from General Register Office (Scotland), 1998 Population estimates, Scotland.

Table 3 shows that prevalence of dementia increases dramatically with age. The ageing population of Dundee is therefore likely to lead to a corresponding increase in the number of people with dementia.

8.2.3 Supply and need for residential care

Table 4 below shows that the number of places in the local authority residential homes for Older People has reduced steadily over the last six years. The occupancy rate fell from 1995 to 1998, but since then more efficient use of local authority residential care resources is now evident, in that following the reduction in the number of beds, the remaining beds are being utilised at a higher occupancy rate.

Table 4: Occupancy Rate and Number of Beds in Local Authority Residential Units



Sources: Vacancy Monitoring Report- Residential Care Homes and Nursing Homes in Scotland, Community Care Statistics, Scottish Executive, 1999. Dundee City Council, Social Work Department, R1 Residential Establishments Return, Scottish Executive, 2000.

Waiting list information gathered tells us that most people wait for nursing home care, particularly nursing home care that is suitable for people with dementia and that client choice has a considerable impact on waiting times.

8.2.4 Home care provision

The intensity of service which the department offers to home care service users is expressed in terms of the average number of hours per week of service that is provided. There has been a steady increase in the percentage of service users receiving more than 10 hours per week. In 1998/99 the average percentage of clients receiving over 10 per week was 4.8% in 1999/2000 it was 6.0%. (Source: Departmental Monthly Information Dataset, 1999/2000)

8.3 Conclusions from the Evidence

8.3.1 From the information gathered through the investigations it has been concluded that:

- the anticipated Government's response to the report by the Royal Commission on Long Term Care (Royal Commission on Long Term Care, 1999 With Respect to Old Age: Long Term

Care - Rights and Responsibilities: The Stationery Office) could have a substantial impact on funding arrangements for long term care and also for the monitoring and evaluation of the provision of care in all settings

- there is a continuing need for some care to be provided to older people in residential settings, but the people who require this care have become more dependent, particularly in the Local Authority sector
- there is a continuing need for some continuous health care to be provided in a hospital setting, however, the current setting and scale is inappropriate and alternative provision should be found. The amount of care needed to be provided from a hospital setting will be defined in the Older People's Strategy being developed by Tayside Health Board
- there is a need to improve services in all residential, day and home settings for older people with mental health problems
- the current level of nursing home and residential provision that is registered to provide care for the needs of people with dementia and mental health problems does not meet the demand
- day care provision is not appropriately integrated between health and social care
- more social care provision is required
- good models of intensive home care have been developed - these models should be extended and kept under review
- more effective means are being developed to provide domestic assistance in peoples' own homes. Pilots are being conducted on the delivery of shopping and laundry which should be kept under review
- carers want more frequent breaks to be provided at home and in alternative settings and for a more adequate response to emergencies
- professionals and carers expressed satisfaction with special schemes to support early discharge from hospital (Early Supported Discharge Scheme) and to avoid unnecessary hospital admission (Combined Care at Home Scheme). It has been commented that these schemes have contributed to a reduction in delayed discharge from the Tayside University Hospitals NHS Trust
- there is a need for intermittent and emergency care to support carers
- more community services are required to meet the needs of older people with dementia
- the Older People Strategy being developed by Tayside Health Board should quantify the future need for continuing care, residential care and nursing home care
- resource release and bridging finance, from the NHS, will be essential to the success of this strategy and the implementation

of the Older People Strategy being developed by Tayside Health Board

- the independent sector feel constrained in the provision of care for people with dementia by resource (availability of trained staff) and cost (cost of providing specialised care)
- more training for social care and health staff providing services to those with dementia and mental health problems is required.
- careful attention should be paid to the systems of assessment, care management and care co-ordination that are in place to ensure that the processes are as effective, efficient and as speedy as possible. Evidence from the review of assessment and care management should assist with this.

8.4 **RECOMMENDATIONS FOR ACTION**

8.4.1 **Longstay Hospital to Community**

There should be a further shift in the balance of care from hospital to community. This shift should be supported by the development of enhanced community infrastructure.

It is recommended that the infrastructure should include:

- a) the development of a new model of day care that provides improved integration between health and social care services**
- b) the provision of dementia specific day care services**
- c) the enhancement of intensive home care services for people with dementia**

- d) augmented residential care with particular emphasis on providing intensive care for older people with dementia or mental health problems. An application should be made to the Government's Designed Health Care Initiative to support this development.**

8.4.2 Residential Care to the Community

The local authority should also continue to shift the balance of care from institutions to the community. It should remain a provider of residential care but work towards the target recommended by the first Older People Working Group. Particular attention should be paid to the increasing dependency of the residents, the requirement for respite and the needs of people with dementia. This re-provisioning should be done on the basis of phased developments and be accompanied by parallel developments in the community.

It is recommended that these parallel developments should be:

- a) the development of alternative services that provide more short breaks and more shared care arrangements**
- b) enhancement of night sitting services particularly for people with dementia**
- c) a partnership development to provide an alternative to hospital and nursing homes. Early work has started to plan such a unit to be a teaching unit and be a model of excellence for the development of standards for older people.**

It is recommended that gaps in service will be filled by:

- d) the preparation of detailed costings of a clear specification for the commissioning of residential and nursing home care for older people with dementia and mental health problems. This will be done in co-operation with representatives of the private and voluntary sector.**
- e) developing a local training consortium between health, social work and the independent sector to provide training to care for people with dementia. The development should draw on the current experience of joint dementia training between health and social work. An application should be made to the Government's Designed Health Care Initiative to support this development.**

8.4.3 Timescales

It is vital that disruption on a large scale should be avoided, but the number of local authority places should be reduced gradually with two units being phased out as part of this gradual reduction over the next two years. This first phase of the development should begin with a reduction of permanent local authority residential places with staff relocated in the residential or community sector and the residents relocated to other local authority or independent sector homes.

To assist the Director of Social Work in making a decision about which homes were suitable for withdrawal all the local authority homes were examined against identified criteria. The criteria were:

- peoples' preferences/choices
- location of unit
- number of vacancies
- costs and feasibility of upgrading units to current standards
- sustainability
- unit costs

Based upon the application of the above criteria, it was clear that Douglas House and St Leonards House were furthest from meeting the desired standards.

It is, therefore, recommended that

a) Douglas House be withdrawn from service during financial year 2000/2001 and St Leonards House after April 2001.

The Director of Social Work will provide each resident with a Charter of Rights (see Appendix 2) that ensures they are treated with dignity and respect throughout the process.

8.4.4 Future Investment Strategy

It was recognised by the working group that the phased withdrawal from local authority residential care should be supported by an investment strategy that continued the process of improving services to better meet the needs of older people. This reinvestment strategy should affect both residential and community care services.

Residential Care

Local authority residential care was considered for reinvestment on the basis of the same objective criteria that were applied to the withdrawal from residential care. Based upon this it is recommended that the renovation and refurbishment programme continues by upgrading the local authority residential unit, Craigie House, to provide more respite provision and accommodation that gives more privacy and improved amenity for the residents and staff. This renovation should take place during financial year 2000/2001.

It is, therefore, recommended that:

- a) Craigie House should be renovated and refurbished during financial years 2000/2001 and 2001/2002.**

The refurbishment of Craigie House is estimated to cost £1.1m. The above costs and phasing have been reflected in the Capital Budget 2000/01 and Financial Plan 2001-2003 which will be considered by the Policy and Resources Committee.

Community Care Services

The reduction in residential care will enable the home care service to be redeveloped to provide increased efficiency in the delivery of domestic assistance and enhanced care to those with high dependency needs.

It is recommended that this should be done by:

- a) acting on outcome of the pilots on provision of home care**
- b) extending intensive home care support and integrating the current model more fully with other areas of service delivery**
- c) conducting a joint review of the out of hours service between the local authority and primary health care**
- d) defining need, characteristics and criteria for social care services that ensure effective service delivery, that provide good information about the future need for services and that provide a sound basis for the production of public information about access to services.**
- e) expanding the Combined Care at Home Scheme and extending the Early Supported Discharge Scheme into**

weekends and to provide for the needs of older people with dementia

- f) developing jointly with health of emergency home care support for people with dementia.**

8.4.5 Assessment and Care Management

It is recommended that:

- a) Continuous improvement processes should be put in place for assessment, care management and care co-ordination systems.**

9.0 AREA OF ENQUIRY: *Housing Provision for Older People with Community Care Needs*

9.1 The members of the OPWG heard evidence about the demand and supply of housing for older people with community care needs, new forms of technology that are available to assist people in their homes and about the Government's policy initiatives on accommodation with support.

9.2 Service Provision Information

Table 5: Sheltered Housing in Dundee

Sector	Sheltered	Very Sheltered	Total
Dundee City Council	3,000	70	3,070
Housing Associations	1,200	66	1,266
Private Sector	114	Nil	114
Total	4,314	136	4,450

Source: Dundee City Council, Housing Department, Policy and Plans Section, 2000

The provision of very sheltered housing in Dundee has increased steadily since 1997 in response to demand. In 1997 there were just 49 very sheltered units in the City, this year there are 136 units, with another 30 in the pipeline.

9.3 From the information gathered by the working group it has been concluded that:

- although there is a very large supply of local authority sheltered housing not all of it adequately meets the needs of an increasingly frail population

- the locality of housing and community safety were very important determinants in the demand for housing for older people
- there are particular housing management issues, eg personal security, differing behaviours and maintaining tenancy conditions, that arise from the provision of sheltered housing for people with dementia
- other forms of equipment for example the community alarm had affected the demand for sheltered housing
- sheltered housing is a very important community resource which when used well significantly improved opportunities for social integration.

9.4 **Recommendations for Action**

- a) the communal facilities in lounges should be expanded or adapted to provide increased opportunities for social integration for older people in the surrounding community.**
- b) new technologies should be investigated further and a SMART housing pilot established in a Council property this financial year. The pilot should examine the potential to assist older people affected by mental impairment and/or physical disability.**
- c) Housing and Social Work should investigate the implications of the Government's new policy on the funding of accommodation with support. (Department of Environment, Transport and the Regions, 1999, Supporting People)**

10.0 AREA OF ENQUIRY: *How to Improve Ways Older People and Their Carers Experience the Community Care System*

10.1 The members of the working group heard evidence about the experiences of older people and their carers about community care system through the report back of a listening event that took place during the review, from their questioning of those providing evidence and from the conversations they had with service users and their carers during visits to services.

They heard that people wanted much clearer information about local services (a speedy response in urgent situations), a flexible response in particular with home care, that some services varied in quality and that this depended very much on particular key

workers, that suitable transport was key to their social integration and that loneliness was a very common problem.

The working group also received information from Trade Union representatives and had confirmation from this about the importance of training and standards to service quality and about the need of the workforce to be informed about changes, prepared for change and consulted about the impact of the change for them and those for whom they care professionally.

10.2 From the information gathered it has been concluded that:

- there is a need for improved information about the location of services and the rules governing access to them
- older people want to be more involved in the planning and delivery of services and more empowered about individual care interventions
- continued improvement should be sought in the assessment process for care and also for therapeutic services like occupational therapy, in particular duplication of assessment should be avoided
- staff development and training is key to the delivery of a quality service
- the workforce share and endorse the Council's concern to find ways of improving the quality of care for older people
- the workforce and providers will have to be prepared for the future changes to the regulation of care

10.3 **Recommendations for Action**

- a) The development of a Celebrate Age Network, a meaningful consultation forum for older people, should be supported by the local authority and health service to give a voice to older people in Dundee.**
- b) The local authority, the independent sector and the health service should integrate more closely their human resource strategies.**
- c) When the proposals from the current assessment and care management review are made in June they should be implemented.**
- d) The Occupational Therapy Best Value Review should be asked to make recommendations on the use of equipment,**

opportunities for improved joint working with health and the process of decision making about the provision of equipment and adaptations. A review process for Occupational Therapy decisions should be introduced within the Social Work Department.

11.0 STAFFING IMPLICATIONS

Given the actions proposed in this report, it is essential that all employees affected have the opportunity to discuss their future employment with a senior officer of the Social Work Department and a representative of the Personnel and Management Services Department. Arrangements will be put in place to ensure that meetings with individual employees are held as soon as possible. The Director of Social Work and the Director of Personnel and Management Services wish to emphasise that, while requests for early retirement will be considered sympathetically, the objective of the exercise will be to ensure that employees affected by the recommendations are redeployed to jobs in other Social Work settings. The OP(CC)WG discussed this important issue on a number of occasions and all parties agree that this exercise will be handled sensitively.

12.0 CONSULTATION

12.1 The Chief Executive, Director of Finance, Director of Personnel and Management Services and Director of Support Services have been consulted in the preparation of this report.

13.0 BACKGROUND PAPERS

13.1 No background papers, as defined by Section 50 (d) of the Local Government (Scotland) Act, 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

14.0 Signed

Date

Appendix 1

MEMBERS OF THE OLDER PEOPLE (COMMUNITY CARE) WORKING GROUP

1 Councillor Betty Ward, Convener of the Social Work Committee, City Chambers, 18 City Square, Dundee, Telephone 434971

- 2 Lord Provost Helen Wright, City Chambers, 18 City Square, Dundee, Telephone 434216
- 3 Councillor Jill Shimi, Labour Group, City Chambers, 18 City Square, Dundee, Telephone 434969
- 4 Councillor Elizabeth Fordyce, SNP Group, Floor 2, Podium Block, Tayside House, 28 Crichton Street, Dundee, Telephone 433437
- 5 Councillor John Corrigan, SNP Group, Floor 2, Podium Block, Tayside House, 28 Crichton Street, Dundee, Telephone 433742
- 6 Councillor Neil Powrie, Conservative Group, Floor 2, Podium Block, Tayside House, 28 Crichton Street, Dundee, Telephone 433052
- 7 Peter McKenna, Housing Support Services Manager, Housing Department, 1 Shore Terrace, Dundee, Telephone 434431
- 8 Marjory Stewart, Corporate Finance Manager, Finance Department, Floor 4, Tayside House, 28 Crichton Street, Dundee, Telephone 433555
- 9 Iain Martin, Personnel Manager, Personnel and Management Services Department, 8 City Square, Dundee, Telephone 434224
- 10 Laura Bannerman, Manager, Community Care, Social Work Department, Balmerino Road, Dundee, Telephone 438302
- 11 Susan Wilson, Clinical Director - Elderly and Rehabilitation Services Directorate, Tayside Primary Care NHS Trust, Royal Dundee Liff Hospital, Dundee, Telephone 423000
- 12 Dr Bob Rosbottom, Coldside Medical Practice, 129 Strathmartine Road, Dundee, Telephone 826724
- 13 Ann Young, 2 Ralston Road, Dundee, Telephone 775664
- 14 John Begley, GMB, Kimberly Buildings, 38 Whitehall Street, Dundee, DD1 4AF, Telephone 225491
- 15 Ann Bissett-Johnson, Home Manager, Balcarres Residential Home, 64 Albany Road, Broughty Ferry, Dundee, DD5 1NW, Telephone 739441
or
Carolyn McNiven, Regional Manager, Tamaris Scotland, c/o Rosebank Nursing Home, 79-85 Rosebank Street, Dundee, DD3 6PG, Telephone 202848

DUNDEE CITY COUNCIL - SOCIAL WORK DEPARTMENT

CHARTER OF RIGHTS FOR RESIDENTS

- 1 The Council has a responsibility to find everyone who has to move, alternative accommodation.**
- 2 Any cost involved in moving will be borne by the Council.**
- 3 Residents have the right to expect that they will be treated with dignity and respect throughout the period of closure.**
- 4 Residents have a right to be fully involved in any discussion about the move.**
- 5 Residents will be given choices of alternative accommodation and will have the right to express their preference after exploring the options offered.**
- 6 Residents will have the right to expect the highest standards of professional practice during the process of moving home.**
- 7 Residents will have the opportunity to visit alternative accommodation. (This may include overnight stays).**
- 8 Residents will be given reasonable time to consider proposals about alternative accommodation before making a decision.**
- 9 Residents will be reassured that there will be no loss of personal property and this will be protected during the move.**
- 10 Residents have the right to involve other people in the discussions about moving, for example friends, relatives and to seek independent advice.**

- 11 Residents who need assistance due to mental or physical frailty will have the right to an independent advocate of their choice.**
- 12 Residents have a right to expect that complaints will be heard, actioned and responded to.**
- 13 Residents have the right to review their decision even after moving to their new home and be offered other alternatives if required.**
- 14 Residents in homes which will not be closed, but who will be expected to welcome people to their home, have the right to be involved in the planning and preparation for prospective admissions.**