



Cyngor Bwrdeisdref Sirol

Blaenau Gwent

County Borough Council

**Living Independently In Blaenau
Gwent In The 21st Century**

**Commissioning Strategy For Older
People Aged 65 Plus
2006 – 2021**

October 2006

**SOCIAL
SERVICES**

COMMUNITY SERVICES DIRECTORATE

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1. INTRODUCTION

This fifteen year commissioning strategy has been formulated to achieve a number of goals:

- a) to respond to the express wishes of older people and their carers, meeting their changing needs and expectations
- b) to satisfy national standards and give full implementation to the National Service Framework for Older People and the WAG 10 year strategy for social care 'Fulfilled Lives, Supportive Communities', in partnership with the National Health Service
- c) to enable older people to live as independently as possible, as full and equal citizens of Blaenau Gwent and their local communities

The title of the strategy seeks to encapsulate our vision for the future 'Living Independently in Blaenau Gwent in the 21st Century'.

The wider corporate implications of these proposals for other Directorates are the subject of continuing discussion. The strategy will require close collaboration between all Directorates, so as to enable more older people to be supported in their own homes.

2. THE VISION FOR FUTURE SERVICE DELIVERY

The Community Plan sets out the key action areas for Blaenau Gwent, these include a commitment to work together to improve the health, social care and wellbeing of all people living and working in Blaenau Gwent.

Reflected in the Community plan are the 10-year aims of the Healthier Future strategy, which are:

- Access to more local and high quality services that are efficient, safe, timely and delivered in modern facilities;
- For individuals to live as independently as possible;
- All people are empowered to promote their own health and well-being.

The Social Services department has developed aims and objectives that are consistent with, and support, the overarching strategic aims of the Council, namely to:

- Maximise Independence
- Minimise Dependence
- Intervene Where Appropriate

By:

- Promoting independence
- Preventing dependence
- Protecting children and vulnerable adults
- Understanding what people want and need
- Managing our affairs
- Valuing our staff
- Promoting partnership
- Being clear about roles and responsibilities

Health plans and priorities also have a major influence on the development of the strategy, as social care provision and health care provision need to complement and support each other. The key health developments locally are:

- Clinical Futures – proposals for the reconfiguration of secondary hospital care in the pan Gwent area
- Blaenau Gwent 2010
- Primary Care Estates – proposals for the redesign of general practice arrangements

3. BACKGROUND

Local authorities are in the forefront of dealing with the implications of an ageing population and in re-defining their role and place within their local communities. This requires a fundamental change in attitude towards old age, moving away from the negative stereotypes of dependence and loss to a more positive appreciation of the knowledge, skill and experience, possessed by older people. These attributes equip them to make a significant contribution to the well-being of their local communities.

The Council has a leading role in promoting economic, social and environmental well-being within strategic partnership working. This strategy for older people's services is fully integrated with the Community Plan, the Health Social care and

Well Being Strategy and evolving joint commissioning strategies with Health partners.

The 'Living Independently in Blaenau Gwent in the 21st Century' project commenced in June 2005, and set out to:

- Develop a strategy for meeting the needs of vulnerable older people in Blaenau Gwent in the 21st century.
- Assess the level of need for vulnerable older people in Blaenau Gwent now and in the future.
- Research the range of options available to meet the assessed need.
- Consult extensively on the range of options.
- Achieve value for money and affordability.
- Confirm the future model of service.
- Where necessary to reconfigure existing services, including the Council's direct provision of residential care.

A multi-agency, partnership project board was established with representation from Blaenau Gwent County Borough Council, Blaenau Gwent LHB, Gwent Healthcare NHS Trust, Gwent Association of Voluntary Organisation (GAVO), and Age Concern to ensure a whole system approach to planning Blaenau Gwent's social services to meet the requirements of Making the Connections (2004) to work together as the "Welsh Public Service".

The project has consisted of five major components:

- A comprehensive needs analysis
- Research into best practice
- A participation stage to gather views from a wide range of stakeholders about the model of service delivery
- Preparation of a draft commissioning strategy proposals
- An extensive consultation process with all key stakeholders on those proposals

4. THE VISION FOR OLDER PEOPLE'S SERVICES

The analysis and research undertaken as part of the processes has constructed a clear vision for future service delivery. The vision contains a number of elements and these are set out below: -

1. A modern flexible and responsive service that enables older people to maximise their independence and live with appropriate support in their communities.
2. A 24-hour service, 365 days per year service.
3. A combination of borough-wide specialist services, combined with local services that reflect the 4 main communities of Blaenau Gwent - Abertillery, Brynmawr, Ebbw Vale and Tredegar.
4. A 'whole-system' approach with a range services for a range of needs and excellent links with healthcare providers, transport, housing and leisure services to ensure the best quality of life possible.
5. Complementary provision with Health, combining social care commissioning intentions with healthcare commissioning intentions, such as Tredegar 2008, Blaenau Gwent 2010, Clinical Futures and the Primary Care Estates Strategy.

6. Ensuring that 'Best Value' is achieved in service delivery, making sure that the people of Blaenau Gwent derive the most benefit from available resources.
7. Working with a range of partners from the planning stage.

5. DRIVERS FOR CHANGE

Over recent years there have been a number of developments both locally and nationally that have required a review of existing service provision, these include:

- The key strategic aims and core themes of the Council, including the aim for individuals to live as independently as possible with access to services that are local, high quality, efficient, safe, timely and delivered in modern facilities.
- Key national strategies such as 'Making the Connections', the 'Strategy for Older People in Wales', the 'National Service Framework for Older People' and 'Fulfilled Lives, Supportive Communities'. The intention is to promote health and social care policies which enable older people to live at home with appropriate support as long as is possible.
- The demographic pressures we face in the future, with increasing numbers of frail older people, many of who will require social care and health care.
- The need to adapt service provision to meet the changing expectations of older people in the future.
- The developing role of Health and Social Care partnerships to effectively plan a future "whole system" service for Blaenau Gwent. This approach will further develop the integration of Social Care and Health care, to provide a 'seamless' service and break down traditional boundaries and barriers between social care and health.
- The Joint Review of 2003 stipulated that Blaenau Gwent needed to develop, in partnership, a vision for a range of services to meet the needs of older people to live independently rather than in residential care, by reconfiguring provision of "traditional and often expensive" services.
- The findings of the Social Services Inspectorate for Wales Report on Adults Services (2005) that Blaenau Gwent places a high number of people in a care home setting whilst supporting a higher than average number of people in their own homes.
- The recommendations of an independent report (M Boyle, 2004) of older people's services in Blaenau Gwent, which include the need to develop a clear strategy and the need for the Council to 'start planning for the replacement of its existing homes'.
- An internal audit report, 'Residential Homes Options Appraisal' which recommends considering all options, deciding on any preferred option and 'encouraging "clients to stay in their own homes, where possible, rather than placing them in residential care"'.

This commissioning strategy responds to the above whilst recognising that a coherent range of services will only be established through a combination of joint and collaborative approaches that change the status quo.

In carrying through the programme of change, outlined in this report, the Social Services Department will place the emphasis on caring 'with' people instead of caring 'for' people. Social care provision being seen much more as an exercise in partnership, more fully utilising the resources of individuals themselves, their families and local communities as well as those of all the other care and mainstream services.

6. PROFILE OF BLAENAU GWENT'S OLDER CITIZENS

The strategy for future service development has to take full account of the projected demographic changes in the future. A needs analysis has been undertaken to try and assess likely levels of future demand (attached in full as appendix 1).

It is estimated that the number of people over 75 will rise by 22.5% over the next fifteen years. It is, therefore, imperative that the next few years are used to re-configure services before this population bulge requires support.

Table 1:

Population Projections, South East Wales, (area including Blaenau Gwent and nine other local authorities), by age group and year.

| Age groups | 2003 | 2006 | 2012 | 2016 | 2022 |
|-------------------|----------------|----------------|----------------|----------------|----------------|
| 45-64 years | 341,100 | 354,100 | 374,300 | 379,000 | 374,900 |
| 65-74 years | 118,600 | 120,100 | 137,100 | 151,000 | 153,200 |
| 75 and over | 107,100 | 109,300 | 115,400 | 122,600 | 144,400 |
| Total 65+ | 225,700 | 229,400 | 252,500 | 263,600 | 297,600 |
| All ages | 1,408,100 | 1,428,100 | 1,456,700 | 1,479,600 | 1,513,600 |

Source: <http://www.wales.gov.uk/keypubstatisticsforwales/content/publication/population/2005/sb40-2005/sb40-2005.pdf> (Accessed 30/3/06)

The Welsh Index of Multiple Deprivation (2005) comparisons show that people in Blaenau Gwent have a greater degree of disadvantage than in other areas of Wales and the UK, for example, twelve of the 47 Lower Level Super Output Areas were in the most deprived 10% in Wales. The impact of income and wealth on health is liable to mean that despite the decrease in heavy industry the older population of Blaenau Gwent will still have poorer than average health. Nationally, it is estimated that 25% more older people will be living alone by 2013 (Census).

While medical advances and improved standards of living are continuing to increase life expectancy, those same factors are combining to increase the period of time that people live in a state of ill-health, requiring higher levels of health and social care. This trend is evident from the national statistics for the last 20 years:

Table 2:

| | Females | | Males | |
|--------------------------|---------|---------|---------|---------|
| | 1981 | 2001 | 1981 | 2001 |
| Life expectancy | 76.8yrs | 80.4yrs | 71.9yrs | 75.7yrs |
| Time lived in ill-health | 10.1yrs | 11.6yrs | 6.5yrs | 8.7yrs |

Source: Office of National Statistics

A growing proportion of this ill-health in old age is attributable to dementia. Based on national estimates that 20% of people over 80 live with dementia, it can be estimated that there are over 1,000 Blaenau Gwent residents living with this condition now. (Population figures are based on Local Government Data Unit-Wales figures for 2005.)

As of March 2006, there were, in Blaenau Gwent, 2203 care packages open to adults, 1,805 service users aged 65 plus, 931 related to people aged over 80 years and 400 to those under 65 years of age.

7. FUTURE SERVICE PRIORITIES AND COMMISSIONING INTENTIONS

The needs analysis has identified the likely demographic pressures that have to be faced in the future. It also analysed current service provision, which has highlighted that there are some over provision as well as significant gaps.

In response to the above the service model proposed is based on some provision being **borough wide**, with services that respond to needs across the whole area, alongside services that are based in each of the **main communities**, providing core more local **community based services**.

Borough-wide services:

- The new District General Hospital being developed in Ebbw Vale
- A Hospital Discharge Team, facilitating hospital discharge
- Specialist health services, including regional hospital provision
- Specialist services – e.g. the mental health social work team and support for people with learning disabilities
- Intermediate Care facilities, where social care and health combine to prevent admission to hospital or institutional care and provide support enabling people to regain their independence
- Reablement services that support people to regain skills and confidence
- Specialist domiciliary care services, for example caring for those who are elderly mentally infirm
- Rapid response nursing services
- Supported living facilities (for people with dementia – linked to extra care)
- The SMART House, to demonstrate the benefits/possibilities from assistive technology
- Supporting People Floating Support Services that help people to keep their our accommodation

- Improved transport links, such as the new railway link, enabling older people to access mainstream services

Core Community-based Services

In each of the 4 main communities: Tredegar, Ebbw Vale, Brynmawr and Abertillery, the following services will be developed.

- Long term care:
 - Fewer older people being placed into institutional care, including standard residential care;
 - Less standard residential care places;
 - Increased availability of specialist residential and nursing care for those who are elderly mentally infirm;
- Housing
 - Development of Extra Care Sheltered Housing, supported by specialist personal care; mixed tenure & levels of need.
(There is potential to have some services for people with dementia included with the Extra Care, e.g. a linked dementia bungalow/unit)
 - General needs housing for older people (Sheltered accommodation)
- Assessment & Care Management/Social Work support
- Domiciliary Care with:
 - 24 hour/7 day/ 52 week domiciliary care service;
 - Increased specialism for those who are elderly mentally infirm;
 - Rapid response capability.
- Increased support for carers, including respite care;
- Low-level (preventative) support, addressing issues of social inclusion such as shopping, low-level maintenance (Care & Repair);
- Increased usage of assistive technology supported by personal care;
- Increased availability of personal aids and adaptations in people's own homes;
- Universal day opportunities for older people;
- Increased rehabilitative services
- Intermediate care provision.
- Extended links with voluntary sector support;
- Access to general services – leisure, libraries, etc supported by good transport links.

From all of the above aspirations there will be a limit to what can be achieved at any one time, therefore immediate priorities have been established.

Priority 1: Long Term Care

There is increasing evidence that the demand and need for standard residential care is reducing. This will mean that over time there will be increasing levels of resources tied up in building based services that have high unit costs. In addition the costs associated with maintaining these facilities are increasing and the cost associated with adaptation to meet regulatory standards are prohibitive. Therefore there is a need to move away from residential care and develop services that make a better use of resources and better meet needs. EMI residential care is an area where there is an undersupply and therefore provision will be developed/encouraged in this area.

For the Council's own homes there are significant challenges and consistent with the options appraisal some changes would be recommended now. This in effect means that we will need to consult on re-provision proposals, the process would be a gradual one, with vulnerable residents being offered alternative services.

We would also need to increase the amount of EMI residential & nursing care given to older people with the greatest needs, especially those suffering from severe dementia.

Commissioning Intentions:

- **To close four of the five Council run residential care homes, one as soon as practicable and reinvest the resources into alternative service provision.**
- **Reduce placements in standard residential care, from the current level of approximately 280 to 30.**

The closure of 4 Council run residential care homes would make approximately £2 million available in revenue resources to reinvest in alternative services.

In addition if standard residential placements in the independent sector reduced from 120 to 30 £1.2 million would be available in revenue resources to reinvest in alternative services.

- **The Directorate will seek to commission, jointly with Health, an increased number of placements in independent sector care homes with nursing, particularly for those suffering from advanced dementia. We expect EMI residential places to increase by 90, nursing EMI places by 98 and standard nursing places by 118.**

Priority 2: Domiciliary Care

As the provision of residential care is reduced, it will be necessary to expand significantly the range, volume and quality of services available to maintain people in their own homes by, moving resources from residential services to community provision. Domiciliary support services will, in future, be more sharply focused on promoting the capacity of older people to live independently.

The in-house home care service will be concentrated on more specialist provision. These will include a focus on dementia care and re-ablement programmes to reduce the longer-term need for domiciliary support. The service will be further developed to increase the range and flexibility of service provision; through seeking to adapt the times staff and services are available moving towards a 24/7 approach.

In addition we will seek to introduce 'Brokerage' arrangements to better match demand and supply, whilst also freeing up assessment and care management staff from some of these processes.

Supporting People monies will be used to the full to fund the prescribed support functions at all levels of need.

The commissioning framework for independent sector domiciliary care providers will be revised to focus on large-scale longer-term maintenance support and more block or cost

and volume contracts, moving away from such a reliance on spot contracts. We will also seek to attract more providers to facilitate increased choice, flexibility and value for money. In developing a more robust framework the Directorate will allow for more availability for Direct Payments.

Commissioning Intention:

- **Develop a night service, estimated costs of £236k**
- **Develop a Twilight Service, estimated costs of £133k, plus £100k in each of years 2 & 3, total eventual cost of £333k**
- **Develop a domiciliary support service for Extra Care Sheltered Housing, estimated costs based on 40 units with a third of low, medium and high care needs, estimated costs as pro rata for night service less travel, £250k**
- **Develop a reablement service, estimated costs of £65k.**
- **Expand the service to accommodate up to 400 additional service users, based on a mixed economy of care and increased use of both in –house and independent provision.**

Priority 3: Day Opportunities

To clearly distinguish between specialist social care day opportunities and generic day opportunities open to all citizens. The latter includes Lifelong Learning, and leisure activities, requiring the support and involvement of the Local Authority's Lifelong Learning and Leisure departments possibly with the support of voluntary and community groups. The former includes more specialist day care, which will be delivered by the Directorate, in conjunction with Health, on a personalised basis, aimed at restoring people's capacity for independent living.

Commissioning Intention: The Directorate will develop more opportunities for older people to access mainstream services, underpinned by an appropriate strategy on transport.

The Directorate will support voluntary and community groups to take on a lead role in providing a fuller range of day care opportunities for older people.

The Directorate wishes, with Health, to undertake a comprehensive re-design of the current day care provided by both agencies, focussed on rehabilitative support and day respite.

Priority 4: Assistive Technology

To collaborate with Housing and Health in providing a twenty-four hour support service to contain many more of the crises affecting older people without recourse to emergency decision-making and to exploit to the full the advances in assistive technology to keep older people safe and supported in their own homes.

Commissioning Intention: The Directorate will expand, with Housing, the range of support services offered by the Piper Community Alarm Service, backed up by rapid response services, capable of containing situations where no family carers are available.

The Directorate will take a corporate lead, with Health, in developing a strategy for increased investment in Assistive Technology (e.g. alarms, reminder and energy cut-off systems) with the aim of reducing the requirement for domiciliary visiting and diverting staff to where they are most needed, to meet the increased demand overall, for services.

Priority 5: Direct Payments

To facilitate independence and choice by giving many older people the opportunity to take charge of their own care and to influence wider service developments. This will require the availability of sufficient support mechanisms and also independently-provided facilities in the community, for example, domiciliary care.

Commissioning Intention: The Directorate will enhance its promotion of Direct Payments, increasing the budget allocation as necessary, by reducing directly provided services.

Priority 6: Housing

To combine the provision of social care services in collaboration with developments and plans contained in the housing strategy. Specifically to develop the provision of Extra Care Sheltered Housing as a partial alternative to standard residential care, as this is the clearly expressed preference of older people and their carers.

The provision may include special independent living facilities for older people with dementia. The potential of a 'Retirement Village' with up to 200 units of accommodation is not being prioritised as the local community focus of the population would not support such a model.

The suitability of existing housing, both public and private, will also be critical and opportunities to adapt and improve accommodation will be required, including for example disabled facilities grants and minor adaptations.

Commissioning Intention: The Directorate has collaborated with Housing colleagues to develop, in partnership with Linc Cymru a Registered Social Landlord, a bid to develop a forty unit ECSH scheme in 2008/09. The eventual aim is to develop up to four ECSH schemes in Blaenau Gwent.

Priority 7: Intermediate Care

To establish equitably across the Borough Special Care Centres that are the focal points for delivering services to older people with a higher and/or more complex level of needs. These Centres will offer a full range of residential and non-residential services for both short and longer term needs.

Commissioning Intention: The Directorate wishes to develop these Centres very much in partnership with Health, with the aim of jointly commissioning Intermediate Care and other services on both a residential and a community outreach basis. The Centres will, amongst other purposes, become the hub of services for older people with chronic health and other disadvantaging conditions, like dementia, who require intensive care management. The range and type of services offered by these Centres will vary according to the needs of the communities they serve.

These Centres will also act as the focal point for the support of carers, offering respite on a domiciliary and residential basis.

8. SHIFTING RESOURCES TO DELIVER THE NEW PRIORITIES

This proposed strategy assumes that the overall funding for adult services will be at least maintained at its present level over the next five years, but with resources being recycled and redirected. However this is assumed to be a minimum requirement because the demographic pressures predict significantly increasing demand and alternative provision will need to be developed.

It is essential that all resources are used to their best effect and in accordance with the wishes of older people themselves and their carers. The most significant way in which this will be achieved is in transferring resources from high cost residential care, especially that provided directly by the Council, to an expanded range of alternative services, particularly domiciliary support services, and as outlined in this strategy.

The achievement of these targets will be affected by the degree and pace of partnership working that is developed across the Directorates of the Council as well as with other commissioning and service-providing agencies.

Equally, all of the agencies will need to agree on, and resource a comprehensive Training and Workforce Development Strategy to equip staff from all sectors with the necessary skills.

9. IMPLEMENTATION OF THE STRATEGY

More detailed work on these commissioning intentions and resources will take place once the Council has agreed the strategy and overall funding.

The strategy is designed, over the fifteen-year period, to bring Blaenau Gwent up to the level of the best-performing local authorities in the country, as determined by the Performance Indicators and outcomes and feedback from service users, carers and staff.

The focus of all staff has to be on the definition of measurable outcomes, that are agreed with service users and their carers themselves, set out in care plans and service contracts and subject to systematic review.