

BEXLEY SOCIAL AND COMMUNITY SERVICES
COMMISSIONING STRATEGY – OLDER PEOPLE’S SERVICES

CONTENTS

1. Introduction
2. Strategic Context
3. Needs Analysis
4. Older People
 - 4.1 Purpose of Service
 - 4.2 Needs Analysis (Older People)
5. Commissioning and Contract Monitoring Arrangements
 - 5.1 Commissioning Principles
 - 5.2 Residential & Nursing Home Placements
 - 5.3 Respite and Day Care
 - 5.4 Day Centres
 - 5.6 Home Care
 - 5.7 Meals
 - 5.8 Voluntary Sector – Grant-Aided Services
6. Housing Services
7. Commissioning Intentions

Appendices

- I Core Services – 2002/03
- II JIP Modernisation Grant - Service Developments
- IIIA Population and Service Trends – 1999/2002
- IIIB Commissioning Intentions – 2001/04

Revised October 2002

1. INTRODUCTION TO ADULT COMMISSIONING STRATEGY

This Commissioning Strategy is produced to reflect the intentions of commissioners within the Bexley Commissioning and Social Care Division in purchasing services 2002/4 to support vulnerable adults and their carers living within Bexley Borough.

The strategy has been produced in discussion with Health and Independent Sector partners in order that it fits within the wider context of service provision to adults in Bexley and is consistent with both local conditions and intentions and national requirements.

Bexley has a strong background of partnership working and all service developments and strategic planning is passed through Health Partnership Groups with membership of Health, local authority and independent sector to Bexley Health Partnership Board, as well as to the various organisations' own executive management boards. All agencies have also been included in the formulation and implementation of Bexley's Health Improvement and Modernisation Plan.

Best Value Reviews on residential and home care services were completed in 1999, resulting on the transfer of those services via block contracts to two Independent Trusts in 2000. In addition, recommendations of the Best Value Review of Catering Services completed in 2000 resulted in the award of contract for Welfare Catering service for Meals on Wheels and freezer meals to Bexley Catering services with specified requirements for service improvements .

Best Value Reviews have also been completed for Learning Disability Services and Mental Health Services. A Best Value Review commenced in 2002 for Services for people with physical and sensory impairment, to be completed early 2003.

Since mid 2000, key projects have been progressed in line with the Government's agenda on Modernising Social Services, concentrating on four key areas relating to Mental Health Services, Learning Disability Services, services for adults with physical impairment and older people. This has resulted or will result in a number of changes in commissioning and provider arrangements as well as specific changes in service delivery that are detailed in the relevant Commissioning Strategy documents.

Bexley, in line with other local authorities, has produced its Charter for Better Care, Higher Standards. Joint Investment Plans are in place for older people and disabled people (Welfare to Work). The Joint Investment Plan for people with learning disabilities was reviewed in January 2002.

Direct Payments have been implemented in Bexley with people with physical impairment and higher dependency needs. Plans are being progressed to develop the scheme for people over 65 years, people with learning disabilities and those with a mental health diagnosis.

Bexley's Social Care Services are part of the Social and Community Services Directorate which includes Housing and Public Protection Services. As a consequence Social Services have been closely involved with Housing Services in the formulation of the Capital Commissioning Plan which reflects the requirements of adults in Bexley.

Although this Commissioning Strategy is intended to reflect intentions for adults services, it will include reference to the need for transitional provision for children's services.

2. STRATEGIC CONTEXT

As well as the earlier White Paper on **Modernising Social Services (Nov 1998)**, Bexley has been actively involved in responding to the principles and requirements of the **NHS Plan (July 2000)**. The Flexibilities in the **Health Act 1999** have enabled progress in pooling budgets and joint commissioning plans for all client areas.

Mental Health Services, taking into account the National Service Framework, local consultations and a Best Value Review, have been combined as a joint service provided by Oxleas NHS Trust. Lead commissioning arrangements were agreed with Bexley Primary Care Trust from a pooled budget under a Section 31 agreement which was implemented 1 May 2002.

Services for adults with learning disabilities are to progress further to more varied accommodation and care and promoting day occupation and employment through a developing path. This is in line with the recommendations of the Best Value Review and matches those of Valuing People. This is being progressed with Bexley Council as lead commissioner, a pooled budget and MCCH Society Ltd. as the new providers.

Older and disabled people's services are being developed by partnership arrangements between Health, Social Services and Housing and the independent sector to produce more integrated and efficient assessment, rehabilitation and support services. Changes are therefore planned in occupational therapy, grants and adaptations and assessment and care management in particular.

A key focus for developing integrated services has been through the acceptance by the Department of Health of Bexley Social Services and Bexley Primary Care Trust as a pilot Care Trust demonstration site. By incremental stages, services for older and disabled people are being initially aligned and then fully combined with community health services. This will bring together key staff and their skills currently working in the community with older or disabled people into one organisation, therefore maximising resources and reducing duplication to effect improved outcomes for those living in the community, including those leaving hospital.

All service development decisions are made through the Health Partnership Board, constituting Health, Social Services and Independent Voluntary Sector

executives, and implemented via Health Partnership Groups relating to the client groups.

In response to the requirements of **Fair Access to Care Services** we have identified steps to be taken to ensure compliance. **Quality on the Way?** has also resulted in auditing of current provision and drafting of a Joint Quality Assurance Strategy with children and families services within the Bexley Directorate of Social and Community Services. **Performance Assessment Frameworks** set out targets and requirements for all service provision.

April 2002 saw the formation of the **National Care Standards Commission** and we are working with the Commission and providers in implementing the **Care Standards Act 2000**.

National Service Frameworks for Mental Health and for Older People have implementation plans in Bexley and the White Paper **Valuing People (2001)** is guiding strategic development of services for people with learning disabilities.

A high profile has been given to the recommendations of **Building Capacity and Partnership in Care (Nov 2001)** and the planned expenditure using the Building Care Capacity Grant has a focus on the need to reduce the delayed transfer of patients with non-medical needs.

The **Health Improvement and Modernisation Plan (2002/3)** is in place following agreement across the Health, Local Authority and Voluntary sector. This defines the agreed priorities for commissioning and service development across agencies within Bexley and this commissioning strategy therefore reflects its direction.

Supporting People implementation is being progressed, current services have been mapped and the Shadow Strategy includes detailed examination and planning of provision from April 2003.

Overall, the philosophy of supporting people in the community and enhancing their independence forms a thread of all services commissioned and provided by Bexley, and the commissioning of good quality care in appropriate alternative provision for those who can no longer remain at home.

3. NEEDS ANALYSIS

Size of Population

Bexley is a London Borough bordering Greenwich and the River Thames in the North, Kent to the East and Bromley in the South. It has a population of around 218,000, with an increasing number of older people over 85 yrs. Although less deprived than the English average, higher levels of deprivation exist in the North and South extremities of the borough.

Bexley local authority boundaries are co-terminus with the Community Health commissioner and provider, Bexley Primary Care Trust. It previously shared its

Health Authority with Bromley and Greenwich, but from April 2002 is part of the new South East London Strategic Health Authority, with Lambeth, Lewisham and Southwark authorities.

Over the 20 year period for 1991 – 2011 it is predicted that there will have been a 53% increase in the population over 85 years, although the rate of increase slows to 9.8% for the period 2001 to 2011.

10% of the population in Bexley are disabled, (21,800) 36% of which are aged between 16-64 years (7,850). Approximately 870 of these adults require a high level of assistance in daily living activities.

Ethnicity

Estimates by the London Research Centre in 1999 suggested 8.7% of the Bexley population would be of the black and ethnic minority placements in 2001 (19,085 people) rising to 29,697 (13.5%) by 2011. Little variation is seen across age groups.

Health

Since April 2002 the Strategic Health Authority has covered Bexley along with Bromley, Greenwich, Southwark, Lambeth and Lewisham. Variations in health across the Borough mirror deprivation at a ward level, with greatest deprivation and ill health in the north of the Borough. Taking the Borough as a whole, death rates from all cancers are higher than England averages and death rates from premature coronary heart disease and stroke are similar or lower than England averages.

Crime

Bexley is a relatively safe area compared with other boroughs within Greater London, but some geographical areas have higher levels of crime and disorder. This is of particular concern in town centres and residential areas, where it impacts on vulnerable people as well as businesses.

There has also been an increasing number of cases of domestic violence brought to police attention in the past ten years.

4. OLDER PEOPLE

4.1 Purpose of Service

Services are planned and developments agreed in Bexley with reference to the Older People's Partnership Group, with membership for Health, Local Authority and Independent and Voluntary Sector. Their aim is to assess, support and provide care to older people in a way which maximises independence within the community. Where this is not possible or appropriate, services are commissioned in alternative settings

outside of the home to a high level of quality. Bexley's Joint Investment Plan 2001/02 focused on five development areas of:-

- Promoting Independence
- Assuring and improving standards of care
- Extending access to services
- Improving fairness in funding; and
- An overarching development of partnership working.

Current Service Provision

A wide range of services are provided to older people and their carers in their own homes including assessment and care management, social work, personal care, shopping and cleaning, occupational therapy, meals on wheels. Day and respite care provision is offered within voluntary sector day centres or residential and nursing homes. Longer term care is commissioned from registered residential or nursing homes for older people.

Complementary to these services are those provided by the acute and community health sector and plans are currently being prepared to integrate health and social care services to reduce duplication, improve effectiveness, efficiency and outcomes for older people and their carers.

4.2 Needs Analysis

This section uses figures relating to population and demand for services for older people up to March 2001. There are 36,000 residents of Bexley over 65 years, 16.7% of the population. Population projections suggest that the population of older people (aged 65 years and over) in Bexley will decrease by 1.6% between 1996 and 2001 and by 3.0% between 1996 and 2006. There will however be an increase of 10.5% and 13.7% respectively, in the population aged 85 and over during the same period.

Table 1. Population Projections in the 65+ age group in Bexley: 1991-2011

Age	1991	1996	2001	2006	2011	% change 1991-2011	% change 2001-2011
All ages	219443	219310	217006	219161	219978	+0.24	+1.37
65-69	9722	9265	9099	9026	9743	+0.22	+7.08
70-74	8100	8209	7886	7779	7708	-4.84	-2.26
75-79	6842	6437	6534	6362	6273	-8.32	-4.00
80-84	4635	4751	4574	4685	4582	-1.14	-0.17
85+	3045	3780	4237	4471	4652	+52.78	+9.79
Total 65+	32344	32442	32330	32323	32958	+1.90	+1.94

By the year 2011, it is predicted that the ethnic minority population will have grown by 29% in Bexley, accounting for about 8.9% of the total population (18,945). Within the 65 plus age group there will be a much higher increase, as shown in the table below.

Table 2. Projections of numbers of older people from ethnic minority communities in Bexley:1996-2011

	1996		2006		2011	
	No	%	No	%	No	%
Total ethnic minority population.	14,729	6.71	17,894	8.29	18,945	8.88
No.aged 65 plus	6.45	4.38	1,238	6.92	1,477	7.80

It is recognised that older people who live alone may become more ill or in need of personal or social care because of the absence of a carer or family member. This group is likely to be one of the most vulnerable. The 1991 Census showed that there were 12,155 people aged 60/65 or more, living alone in Bexley - 33% of all pensioners. The percentage living alone increases in line with age, and for those aged 85 or more, 58% live alone.

Numbers of older people with severe disability are increasing, although overall the total number of disabled people in Bexley is predicted to decline.

Dementia and depression are both features in older people which are frequently in addition to physical illness and social needs. From a census in 1996 it was predicted that there would be 2481 cases of dementia in people over 65 by 2001. It is difficult to ensure accuracy of actual figures due to variation and low levels of diagnosis of depression in particular.

In 2000/2001, 23,436 referrals were made to Bexley Social Services of which 8953 were older or disabled adults (excluding those adults under 65 with mental health diagnoses or adults with learning disabilities) and were assessed via screeners and Service Choice. 3,722 people required occupational therapy, 2,400 people were assessed as needing home care services.

610 people were referred to the Joint Assessment Panel for Residential and Nursing Home placements. 161 of these were admitted to conventional residential care, 85 people to EMI registered homes and 157 people to Nursing Homes.

**Table 3. Trends in demand for Social Services (All Adults) in Bexley:
1998/2001**

	1998/99	1999/2000	2000/01
Referrals to Social Services	21,473	23,484	23,436
Occupational Therapy	3,386	3,557	3,722
Home Care	2,286	2,300	2,400
JAP Applications	519	561	610
RCHE Placements	123	155	161
RCHE (EMI)	84	79	85
Nursing Homes	165	168	157
Nursing Homes (EMI)	43	38	51

Views of Older People and their Carers

Consultation exercises for the preparation of the 1999 Health Improvement Programme and of the Joint Investment Plan for Older People identified the following improvement areas as required:-

- A need for better quality information about health and social care services, especially in GP surgeries.
- An improvement in the attitudes of staff.
- A need to significantly improve follow up after hospital discharge for those patients needing ongoing support.
- Improved co-ordination between health and social care staff.
- Better long term monitoring and review of services.

It is recognised that responsibility for these areas are multi-agency. Bexley Social Services therefore intends to address these issues by the delivery of services via an integrated Health and Social Care model and in its commissioning and contract monitoring arrangements.

5. COMMISSIONING AND CONTRACT MONITORING ARRANGEMENTS

With changes in service delivery planned and underway, there is an increased need to develop commissioning methodology and contract monitoring, ensuring both appropriate quality and quantity of service to match both current and future needs of adults.

5.1 Commissioning Principles

The Commissioning of Services in Bexley, both in house and from outside providers will promote the following:-

- Prevention of deterioration and crises in older people by commissioning timely and appropriate services which balance support, rehabilitation and low dependency.
- Early intervention by assessing and commissioning services to achieve the above and to maximise independence at an early stage rather than creating early dependency on care services.
- Enabling older people to remain longer in the community rather than entering full-time residential or nursing care.
- Developing flexibility and variety in services commissioned which suit individuals needs in their own home.
- Accessing alternative provision as permanent residence which is not registered residential care, such as sheltered housing with additional individualised support to the older person.
- Maximise the combination of health and social care and intervention to ensure the older persons health and social care needs are met consistently and with least number of different providers.
- Home Care support that offers personal care at the times and intensity required to enable the older person to remain at home.
- Supplementary and specific services commissioned on a regular basis – such as for meals, social activities and housework.
- Services that meet the older persons ethnic and cultural needs in whatever setting they live.
- Increased recognition of the specialist requirements for older people with mental health difficulties such as dementia or depression to maximise effectiveness of care in the community.
- Ensure commissioning processes and contract monitoring make effective use and enhances capacity, with particular attention to supporting people at home and in ensuring people are not unnecessarily residing in hospital or other inappropriate settings which do not meet their care needs.

- A process which ensures review of service provision, commissioning requirements and trends, including consultation with current and future service users and their carers.

5.2 Commissioning of Residential and Nursing Home Placements Joint Assessment Panel

For older and disabled people, all applications for long term residential or nursing home care are completed by care managers or social workers following a full multi disciplinary assessment. The applications for older people are presented to a weekly Joint Assessment Panel, made up of representatives from the NHS Trusts of Queen Mary's Sidcup, Oxleas (Mental Health) and from the Primary Care Trust. The Panel is chaired by the Adult Commissioning Manager for Social Services and supported by a commissioning officer and administrative officer.

Commissioning of Placements

All applications agreed by the Joint Assessment Panel are allocated to a Commissioning Officer who, with the care manager/social worker liaises with the client and relatives to offer choice of placement. This is in either a KCHT home within the block contract or a chosen home which is either accredited by Bexley or is willing to apply for and meet Bexley's standards for this is if a Bexley contract accreditation is required.

Funding Arrangements

Where applicants have capital above £19,000 they will make private arrangements with the chosen home, with guidance offered by the Commissioning Officer.

If the applicant owns a property, but has capital of less than £19,000, Bexley will provide a 12 weeks contract under the Guidelines for Property Disregard. When the contract expires after twelve weeks, the new resident will agree a private contract with the home. Bexley Financial Assessments Section will offer a deferred payment agreement where a client does not immediately sell their property .

Those people who have funds of less than £19,000 and do not own a property are assisted to choose a home whose fees within the Council's financial limits, and supported financially by Bexley Council, to top up their assessed contribution. A long term Bexley Contract is also provided.

4 Week Review

Care managers or social workers review the client's placement at four weeks and submit the completed review to the commissioning team for confirmation of continuation of the placement. This includes those clients having a twelve week contract whilst their property is disregarded.

Annual Review

All adults in placements will receive an annual review carried out by a Review Officer within the Commissioning Team, to ensure continued appropriateness of placement.

Changing Needs

Should a residents' needs change necessitating a change in care between reviews, referral should be made to care management for re-assessment.

All other terms and conditions are detailed in the Individual Placement Contracts.

Contract Monitoring

Within the Commissioning Team, and reporting to the Head of Adult Commissioning and Quality Assurance are two contract compliance officers, one of whom monitors the block contracts and spot contracts of the larger providers. Contract Monitoring will include:

1. Monitoring visits
2. Spot checks
3. Monitoring of all complaints received direct by the Council and of those received by providers
4. Quality monitoring by a variety of methods
5. Monitoring and reporting of activity levels
6. Reporting of all the above for block contracts to regular contract monitoring meetings (currently 6 weekly with KCHT)
7. Reporting via Head of Adult Commissioning and Quality Assurance to Directorate Management Team and Cabinet.

Contract and Fee Negotiation

Contract and Fee negotiation for spot contracts will be led by the Adult Commissioning Manager, assisted by the Contract Compliance Officer, reporting to the Head of Adult Commissioning and Quality Assurance, and in turn to the Assistant Director of Social Services (Commissioning and Social Care).

With block contracts, the Head of Adult Commissioning and Quality Assurance will be directly involved.

Quality

Service level agreements and contracts will all contain requirements of quality standards specific to the service being commissioned and relevant to the client group.

5.3 Commissioning of Respite and Day Care Services

Applications for Residential and Nursing respite are assessed through the care management and Service Choice Process. Day care places are allocated, within the block contract, by the Adults Commissioning Team, measured against an agreed set of criteria. These contracts are monitored by the Contract Compliance Officer (Residential and Nursing Homes).

5.4 Day Centres

Day Centre places are allocated within a block contract after assessment by care management and the Service Choice process.

Monitoring is currently the responsibility of the Head of Physical Disability and Specialist Services.

5.5 Commissioning of Home Care

Block Contracts

The majority of Home care is commissioned via Service Choice and service level agreed and details passed to Care Partners Trust or Holistic Community Care Ltd for a service planning visit. Any variation in service level is reported back to Service Choice.

Contract Monitoring of Home Care

This is carried out by the Contract Compliance Officer (Domiciliary Services) and includes:

1. Direct monitoring of service provision by visits to clients.
2. Monitoring of all complaints received by the Council and by the provider.
3. Quality monitoring using various methods including spot checks.
4. Monitoring and reporting of activity levels.
5. Reporting of the above to regular contract monitoring meetings (currently monthly with CPT)
6. Reporting via Head of Adult Commissioning and Quality Assurance to Directorate Management Team and Cabinet.

Financial Monitoring

Is carried out by the Head of Finance (Social and Community Services) reporting to the Contract Monitoring Meetings and the Assistant Director of Social Services.

Spot Contracts

Home Care may also be commissioned as part of a complex care package by Care Management Team Leaders from accredited private agencies. This is done within spot contracts for individual clients.

Monitoring of Spot Contracts

This is carried out by Care Managers working with individual clients and are overseen by the Contract Compliance Officer (Domiciliary care).

5.6 Commissioning of Meals

Meals on Wheels and Freezer meals are commissioned via Service Choice and details passed to Care Plus Trust for service planning and passed direct by them to the provider.

Contract Monitoring

This is carried out by the Contract Compliance Officer (Domiciliary Services).

5.7 Commissioning and Monitoring of Contracts with the Voluntary Sector

Bexley Social Services has a variety of funding arrangements with the voluntary sector. These range from small grants to local community and voluntary groups, to funding agreements for specific services. The Social Services grants programme is comprised of a Community Chest (accessible throughout the year for small grants up to a maximum of £1,000), a number of annual grants allocated following a competitive application process and a small number of grants to organisations with staff, who are funded from their Social Services grant. In addition to this there are currently nine funding agreements, with eight voluntary organisations, supported by service specifications.

It is intended that every voluntary organisation with staff funded using their Social Services grant should move from grant aid to a funding agreement. The funding agreement sets out the resources to be allocated to the voluntary organisation concerned, including payment arrangements, mechanisms for addressing difficulties which may affect service delivery and includes a service specification that sets out service delivery arrangements, quality and quantity performance indicators and monitoring arrangements.

The monitoring arrangements are dependent on the level of resources involved. They vary from submitting a standard form setting out performance against agreed targets on a quarterly basis to quarterly monitoring meetings involving a Social Services contact officer (from the relevant service) and the Voluntary Sector Projects Officer.

The length of a funding agreement may vary from one to three years, although most are for three years, with an evaluation to enable twelve months notice to be provided as to future commissioning intentions. The evaluation will include consideration of the level of service provided against targets, value for money, quality of the service, including customer feedback and complaints monitoring. The aim of the evaluation is to identify whether a service continues to meet identified needs, whether it is performing effectively and represents value for money. Where identified, the evaluation will make recommendations on areas in which the service can be improved. Upon completion, the evaluation is submitted to the Management Committee of the voluntary organisation concerned for their comments, which are inserted into the document as a separate paragraph, and then submitted to the relevant Cabinet Member with a recommendation regarding future funding.

6. HOUSING SERVICES

The Council carried out a review of the demand for sheltered housing in 1997, which concluded that, based upon levels of demand and vacancy rates, the quantity of sheltered housing in the Borough should be able to meet demand. A more detailed review of sheltered accommodation will be carried out in 2003-04 in line with the Council's implementation plans for Supporting People. Recent evidence suggests that levels of dependency within sheltered housing in Bexley are increasing, thereby putting extra pressure of the sheltered housing coordinators and wardens providing support to tenants.

A key strand of the Council's strategy to promote independence is that of providing home renovation grants. Each year the Council's submits a bid for resources to the Government for subsidy to run the grants programme for disabled people to enable them to adapt their homes to meet their needs. As such the resources are limited to the extent to which the Council's bid is successful and can only be used for a specific purpose.

Development Activity

An innovative project has been launched at the Council's former respite care home, Wolsley House, through which Hexagon Housing Association and Care Partners Trust supports twelve elderly and disabled people, who would otherwise have had to go into residential care, in sheltered housing on the site where the Care Partners Trust has its main service base and will operate a complementary Carers' Centre. The success of the scheme in enabling older frail people to remain in their own homes will be evaluated, and models of care promoting independence developed.

Following the transfer of the Council's older peoples' homes, Kent Community Housing Trust is developing a 5 year development plan looking at reconfiguring the homes, possibly releasing some for other use, to ensure that all services are modern, flexible and offer appropriate packages of care support.

Service Pressures and Investment Needs

Despite the comparatively low usage of institutional care for older people in the Borough (compared to other boroughs), the current demand for nursing homes and residential care outstrips supply. Joint work with health partners and others will take place to ensure that needs are being appropriately met. The establishment of new Care Standards may have a significant impact on local provision and will need to be monitored closely.

The capital strategic focus for elderly people will be on:

- ensuring the development of residential establishments to meet new care standards, comply with the National Service Framework for Elderly People, and address trends in demands for residential and nursing home care;
- developing alternatives to residential care where possible
- more schemes similar to those described at Wolsey House.

7. COMMISSIONING INTENTIONS

7.1 Population and Service trends 1999 to 2002

Population trends and predictions indicate a decrease by 3% in numbers of people over 65 years from 1996 to 2011. Census figures are awaited to confirm this. However a 13.7% increase in the numbers of people over 85 years has been predicted over the same period.

This trend seems to be reflected in the number of services provided or commissioned by Bexley over the three year period examined to 2002. Complexity of needs, and therefore service requirements, has increased. This is thought to relate to a number of factors:

- The increasing age of people living at home and supported by community services
- With increasing age of people living at home, more complex packages of care are likely, as well as provision of equipment for daily living
- Older people who, having been supported with high levels of community care at home then require residential or nursing home care at a later age and with higher dependency needs
- Speedier assessment, treatment and discharge procedures in hospital resulting in older people being discharged home or on to alternative care at an earlier stage.

Referrals to Service Choice

There has been a steady increase in referrals to Service Choice via the screening process, from 8156 in 1999/2000 to 10054 in 2001/02. These figures include referrals for all community care assessments and services to be provided or commissioned.

Work with Bexley Primary Care Trust toward integrated health and social services for older and disabled people includes the consideration of improved systems for access to services and the streamlining of processes to reduce duplication, ensure consistency via Single Assessment and application of the Fair Access to Care guidelines in setting eligibility criteria. Resources will be maintained, training and information needs identified and account taken of an increasing need to address the requirements for out of hours response.

Community Social Work

This figure has also risen from 783 in 1999/2000 to 912 in 2001/02. A particular increase has been noted since early 2002, when the Social work teams were divided into longer term social work and a Rapid Response team, thus taking on in a more consolidated way crisis work and rapid assessment and support to people in Accident and Emergency hospital departments or in crisis at home.

It is intended to monitor and review the effectiveness of this service, particularly in its role in preventing unnecessary admissions to residential or hospital care and supporting people in crisis or needing longer term intervention within their own home.

It is intended that the Rapid Response team will continue to have additional resources, including staff, at times of particular high demand, such as with winter pressures or increased pressures on local hospital capacity or other services as identified through the Bexley Capacity Planning Group.

For commissioning purposes, the activity figures from April 2002 have been projected based on service trends recorded between 1999 and 2001 but taking into account the rise and therefore higher starting figure from early 2002 for reasons described above. (**Appendix IIIA**).

Rehabilitation Team - Occupational Therapy and Rehabilitation Assistants

Referrals to the Rehabilitation team increased by 5% between 1999/2000 (3557) and 2000/01 (3722), they fell back to nearer the 1998/9 figure at 3464 referrals in 2001/02.

If complexity is assumed for this purpose as being reflected in the allocation to an Occupational Therapist rather than a Rehabilitation Assistant, figures show that round 23% of all cases are dealt with by an Occupational Therapist. In the past 18 months however, in order to improve practice and reduce waiting times, a number of cases allocated to a Rehabilitation Assistant have been visited and assessed by an Occupational Therapist in order that the Rehabilitation Assistant

can then continue the main body of work – for instance in pursuing a bathroom adaptation. This has therefore become a continuous process with cases being jointly worked by Occupational Therapist and Rehabilitation Assistant but only being counted once as a referral to the Rehabilitation team. This replaced the practice of the Rehabilitation Assistant completing the initial work within their role and the client then having to wait for allocation to an Occupational Therapist for further more complex work.

For projection purposes from the date of this change of working practice, and therefore recording activity, the 1999 to 2001 activity figures in **Appendix IIIA** have been adjusted to provide a more reliable trend analysis.

A shadow arrangement is in preparation in which less complex daily living equipment , moving and handling equipment and training and the support to building and adaptation work funded by Disabled Facilities Grants will be provided by an Independent Trust which also offers Home Care services

Home Care Commissioned via Care Partners Trust or agency

The numbers of new people receiving services from Care Partners Trust has increased over the 3 year period from 1440 in 1999/2000 to 1714 in 2001/02. In addition the number of care packages commissioned from other independent agencies has remained within a range of 400 to 410 clients.

The lower banding of home care (the number of hours per week commissioned for each client) has reduced by 10% between 2000/01 to 2001/02, with an apparent increase by the same percentage within the higher bands of 4 and 5. This is regarded as a success of our existing strategy to support more people with higher needs in their own home. A significant number of people receive several visits a day, 7days a week. These visits may be from 15 minutes and above and their frequency ensures a regular contact supporting the client in personal and home tasks throughout the day, as well as providing essential monitoring of vulnerable people in the community.

The commissioning of Home Care is likely to require increasing response to the needs of people with high care needs, including that of short term intensive support for longer periods and short term overnight care to people at home in order to prevent emergency admission to hospital or residential care and where care can be appropriately and safely provided in the person's home. This type of service development will be dependent upon funding streams such as the Building Care Capacity Grant.

Preventative services which also encourage and facilitate independence are also seen to be important development areas for commissioning services, therefore slowing the pace of dependency in older people in particular.

Meals on Wheels

There has been a decrease in meals commissioned between 1999/2000 and 2001/02 of 11.5%, with a decrease in clients of 25%. This reflects an increased availability of alternative choices of ready made meals on the market, as well as an increasing number of older people being supported in meal preparation by a home care service. The Meals on Wheels service has been subject to a Best Value Review (completed in April 2001) resulting in a re-tendering of the contract into which quality requirements have been reviewed and revised to ensure quality of the highest level. A new contract will be implemented from July 2003.

Residential and Nursing Home Care

The number of supported placements in residential care homes has risen over the period 1998 to 2002 , with some levelling off due to the number of people who die or move on to nursing homes. After a sharp rise between 1998 and 2001, the numbers of supported placements in nursing homes has now steadied to a more gradual rise. However with the increase in people over 85 years , there is still likely to be a continuing and steady increase in this number. Bexley shows good performance in its quantity of supported placements. We are confident that the process of assessment and agreement of applications using a multi-disciplinary panel with membership across Social Services, Health and the Independent sector and which refers to agreed eligibility criteria ensures appropriate provision for those in need.

It is recognised that the need for residential and nursing home care will continue to be high, with an increased age and level of care needs for those being admitted. The specialist care provision for those with high physical care needs and those with higher levels of dementia will need to be built into commissioning arrangements with residential and nursing homes. Discussion will continue with providers on the best way of ensuring the availability of such care, including short term placements. Consideration of development needs will be discussed within existing block contract arrangements and consideration of the use of such contracts with particular providers and for particular care services will be given in order to maintain capacity and quality within cost efficiency.

CORE SERVICES

SECTOR AND SERVICE	ACTIVITY LEVEL	2002/03 £'000s Gross (Note 1)
<u>Local Authority Provided Services</u>		
Assessment and Care Management incl. Hospital social work.	<ul style="list-style-type: none"> Allocated cases 3,320 	*1,454
Community Social Work – Rapid Response “Long term” Social Work	1,130	*1,140
Occupational Therapy incl. Rehabilitation Assts. Including grants admin.	3,500 cases per year	*2,389
Equipment excludes sensory impairment	Includes 10,000 items under £1000	387
Day Centres for Asian Elders.	2 Centres 180 places per week	164

* includes recharges

Note 1 Figures exclude developments listed separately.

SECTOR AND SERVICE	ACTIVITY LEVEL	CURRENT CONTRACT	£'000's
<u>Independent Sector</u>			
Meals in the Home	<ul style="list-style-type: none"> • 216,000 Meals on Wheels to 1150 clients • 50,000 Frozen Meals to 275 clients 	Bexley Catering Services Block Contract to 2003	821
Home Care Personal Care, shopping and cleaning	<ul style="list-style-type: none"> • 1,700 Clients • 8,400 Hours of which 1,485 clients over 65 years 	Care Partners Trust Block Contract from May 2000	5,760
Cleaning and Shopping only	<ul style="list-style-type: none"> • 300 Clients 	Holistic Community Care Ltd Contract from Dec 2002	126
Care Packages (All Adults)	<ul style="list-style-type: none"> • Spot Contracts 	Accredited Agencies	273
<ul style="list-style-type: none"> • Day Care in Residential Homes (Block contract with KCHT) 	<ul style="list-style-type: none"> • 102 Places (Conventional)per week • 142 Places (EMI) per week 	KCHT Block Contract from May 2000	355
<ul style="list-style-type: none"> • Day Care in Nursing Home 	<ul style="list-style-type: none"> • 20 Places 	St Aubyn's Nursing Home (Tender – Spring 2002)	50
<ul style="list-style-type: none"> • Respite Care in Nursing Homes 	5 Places	Block contracts with Nursing Homes- St Aubyns, Sidcup & Priory Mews	91
<ul style="list-style-type: none"> • Residential Care (long stay) 	<ul style="list-style-type: none"> • 315 Places incl. EMI 	<ul style="list-style-type: none"> • KCHT Block Contract 	6,048
<ul style="list-style-type: none"> • Residential Care (Long stay) 	<ul style="list-style-type: none"> • 501 Places 	<ul style="list-style-type: none"> • Spot Contracts 	3,648

SECTOR AND SERVICE	ACTIVITY LEVEL	CURRENT CONTRACT	£'000's
• Residential Respite Care	• 33 plus 2 @Dec 01	• KCHT Block Contract from April 2000	639
• Nursing Home Care (Long Stay)	• 325 Places	• Spot Contracts Block Contracts negotiated from April 2002	5,942
• Transport to Day Care	• 144 Places	• BTS Council Contract	242
<u>Voluntary Sector</u>			
• Day Centres for Older People Council costs for premises only	3 Day Centres • 60 Places x 5 days	Age Concern	59
• Pop-in Parlours Council costs for premises only	Pop-in Parlours	Age Concern	60
<u>Grant-Aided Voluntary Sector</u>			440 including:
Handy Person Service	720 repairs per year 14 per week	Age Concern	2
Information Service	6,000 enquiries per year 115 per week	Age Concern	6
Carers' Support Service	480-720 per year 9-14 per week	Age Concern	8
Nail Clipping Service	36 clients per week	Age Concern	6
Respite Groups	22 Places per week	Alzheimers Society	13

JOINT INVESTMENT PLAN FOR OLDER PEOPLE MODERNISATION GRANT – SERVICE DEVELOPMENTS

	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
1. COMMUNITY SUPPORT TEAM Additional Care Manager, Home Care Manager, Social Worker and Administrator to strengthen the Area Team as part of the strategy to increase service provision to the community.	115	In House staffing Social Services Promoting Independence	Prevention and Early Intervention
2. EMERGENCY OUT OF HOURS SERVICE A more proactive service to ensure all emergencies are dealt with in the most appropriate way, avoiding unnecessary admission to hospital.	20	Independent sector Promoting Independence	Prevention and Early Intervention
3. DELIBERATE SELF HARM TEAM 2 specialist social workers to work within QMH with staff in assessing clients admitted following incidents of self harm.	57	In House staffing Social Services Promoting Independence	Prevention and Early Intervention

	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
<p>4. EARLY INTERVENTION SCHEME</p> <p>Small team of rehabilitation staff to provide early intervention service to clients and less complex needs, speeding up service delivery and reducing chances of further deterioration.</p>	75	In House staffing Social Services Promoting Independence	Prevention and Early Intervention
<p>5. PREVENTION OF FALLS CLINIC</p> <p>Part time Occupational Therapist and Social Worker to assist assessment and service planning in new QMH clinic for older people at risk of falling.</p>	33	In House Social Services Promoting Independence	<ul style="list-style-type: none"> • National Service Framework • Prevention and Early Intervention
<p>6. DIRECT COMMUNITY BASED SERVICES</p> <p>Additional home care commissioned hours, care packages and direct payments plus increased administrative support to community teams to meet demand.</p>	304	In House (Admin) Independent Sector Social Services Promoting Independence	<ul style="list-style-type: none"> • Community Care (Direct Payments) Act • Health & Social Care • Promoting Independence

	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
<p>7. RAPID RESPONSE</p> <p>Multi disciplinary team plus additional home care provision and community based placement.</p>	252	In House Independent Sector, Voluntary Sector and PCT with QMH, and Social Services Building Care Capacity Grant	<ul style="list-style-type: none"> • NHS Plan • Building Capacity • Health & Social Care • Prevention
<p>8. ENHANCED REHABILITATION SERVICES</p> <p>Additional occupational therapist and rehabilitation assistants and equipment to assist early discharge from hospital and avoid hospital admission</p>	125	In House plus external purchasing Social Services Performance Fund	<ul style="list-style-type: none"> • Recuperation and Rehabilitation • Health and Social Care

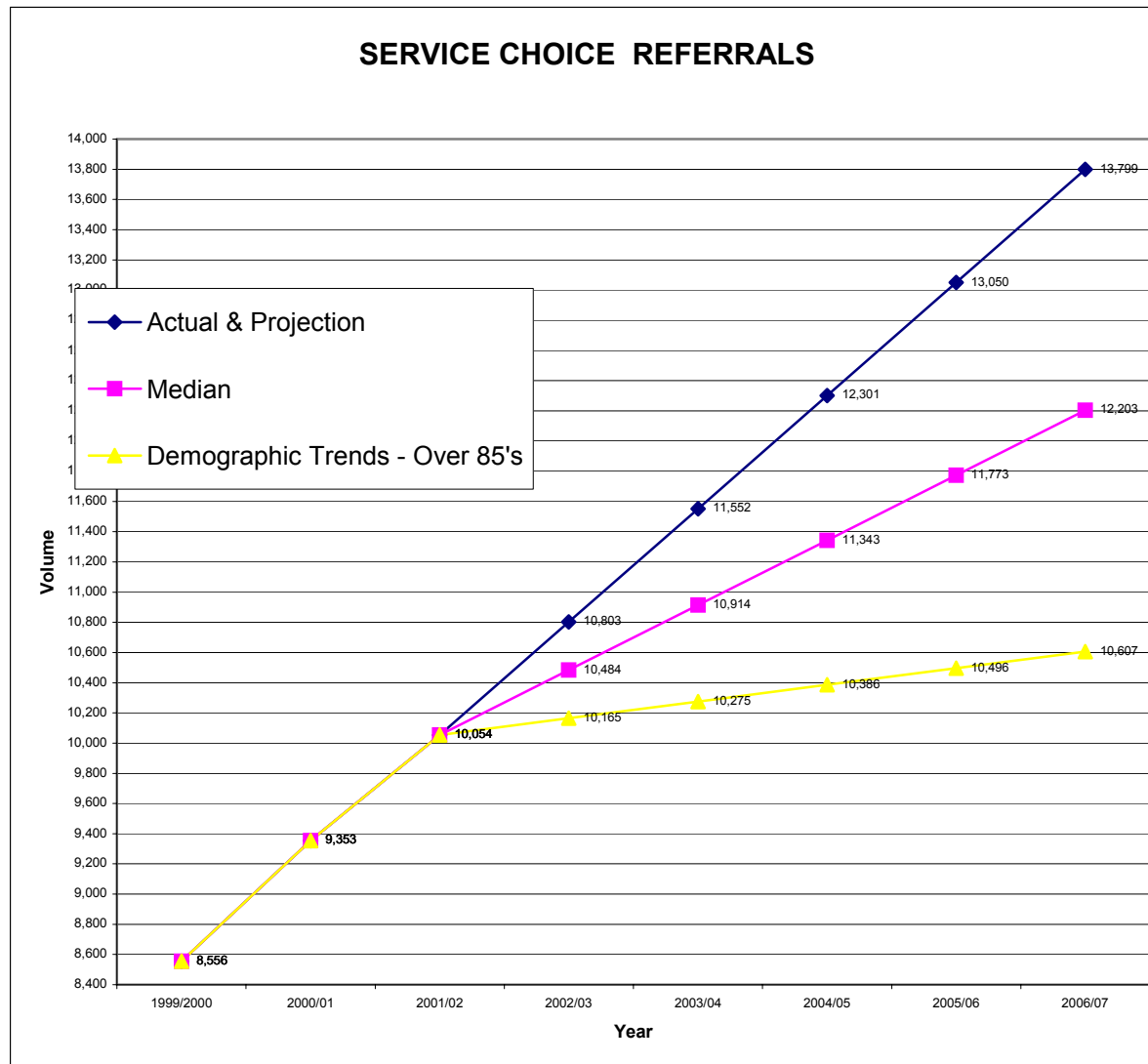
	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
<p>9. ALTERNATIVE RESPITE CARE</p> <p>Increased funding to residential homes and nursing homes commissioned to provide respite and day care</p>	115	Independent Sector Social Services Promoting Independence	<ul style="list-style-type: none"> • Building Capacity • Best Value (Residential, Respite and Day Care)
<p>10. PHASED AND EMERGENCY NURSING HOMES – SERVICE ENHANCEMENT</p> <p>Sessional occupational therapy services to support commissioned phased and nursing home beds.</p>	20	In House and Independent Sector Social Services Promoting Independence	Intermediate Care
<p>11. COMMISSIONING TEAM</p> <p>2 commissioning officers and an administrative post to strengthen service in order to co-ordinate respite and rehabilitation services within residential care.</p> <p>A further additional post to support the regular review of placements to ensure appropriateness.</p>	86	In House Social Services Promoting Independence	<ul style="list-style-type: none"> • Commissioning requirements • Reviewing and Monitoring

	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
<p>12. ADDITIONAL CARE TO SHELTERED HOUSING</p> <p>Provision of care packages to clients living in new 12 bed extra care sheltered housing unit.</p>	90	Independent Sector Social Services Promoting Independence	<ul style="list-style-type: none"> • Building Capacity • Promoting Independence
<p>13. CO-ORDINATION OF MODERNISATION PROGRAMME</p> <p>Programme Manager, Community Projects Officer and Project Administrator to co-ordinate developments with health partners</p>	70	In House with PCT and health agencies + voluntary sector Social Services Promoting Independence	Modernising Social Services
<p>14. COMMUNITY MENTAL HEALTH TEAM FOR OLDER PEOPLE</p> <p>Additional funds to support social work within team.</p>	30	In House with Oxleas NHS Trust Social Services Promoting Independence	<ul style="list-style-type: none"> • National Service Framework

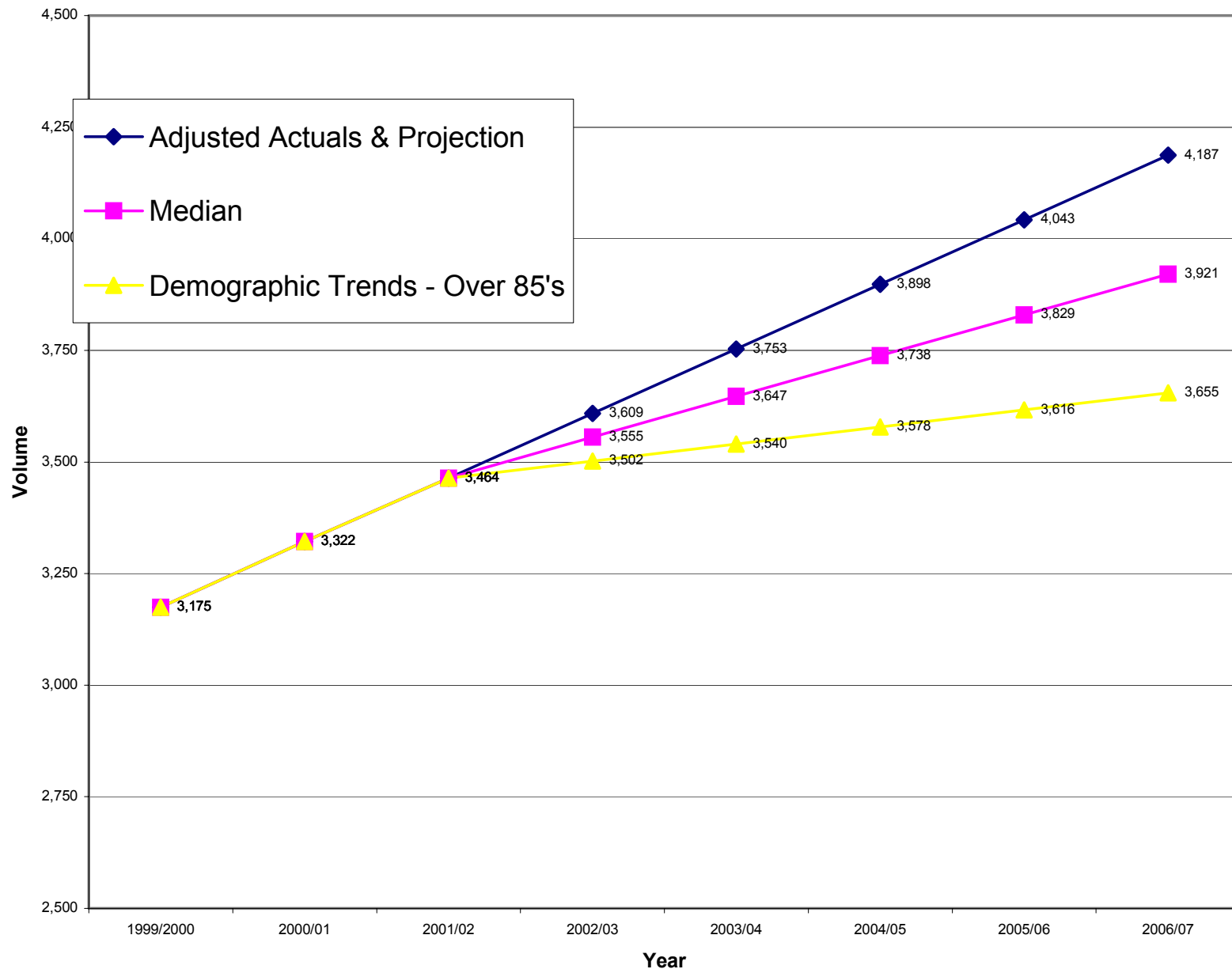
	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
<p>15. RESIDENTIAL REHABILITATION PROJECT</p> <p>Additional care assistant hours, Occupational therapy and equipment to rehabilitation of 8 older people within residential home.</p>	64	In House with PCT and Independent Sector Performance Fund	<ul style="list-style-type: none"> • Modernising Social Services • Intermediate Care
<p>16. INCREASED DAY SERVICES</p> <p>Additional sessions at day centres for older people.</p>	25	Independent Sector, Building Care Capacity Grant	Building Care Capacity
<p>17. ENHANCED CARE</p> <p>Extra day and night support for up to 7 days.</p>	84	Independent Sector, Building Care Capacity Grant	Building Care Capacity
<p>18. ADDITIONAL EMI PLACEMENTS</p> <p>New block booking of EMI beds.</p>	88	Independent Sector, Building Care Capacity Grant	Building Care Capacity

	COST £000's	SERVICE SECTOR & HOW FUNDED	NATIONAL AND BEXLEY STRATEGY
19. HOME CARE WINTER COVER Additional funding to ensure winter cover	20	Independent Sector, Building Care Capacity Grant	Building Care Capacity
20. CARERS' SUPPORT Two carers' information points commissioned in Erith and Crayford to assist clients and carers in maintaining independence in community.	104	Voluntary Sector Social Services Carers' Special Grant	National Carers' Strategy
21. CARERS' BREAKS Carers' Breaks Development Worker Carers' Information and Support Worker Carers' Flexible Breaks Care at Home for people with dementia Carers' Breaks - older people Breaks for carers from ethnic minorities	20 29 17 30 24 5	Carers' Special Grant Social Services Voluntary Sector Independent Sector Voluntary Sector Voluntary Sector Voluntary Sector and Independent Sector	National Carers' Strategy Bexley Carers' Strategy Bexley Carers' Strategy Bexley Carers' Strategy Bexley Carers' Strategy Bexley Carers' Strategy Bexley Carers' Strategy

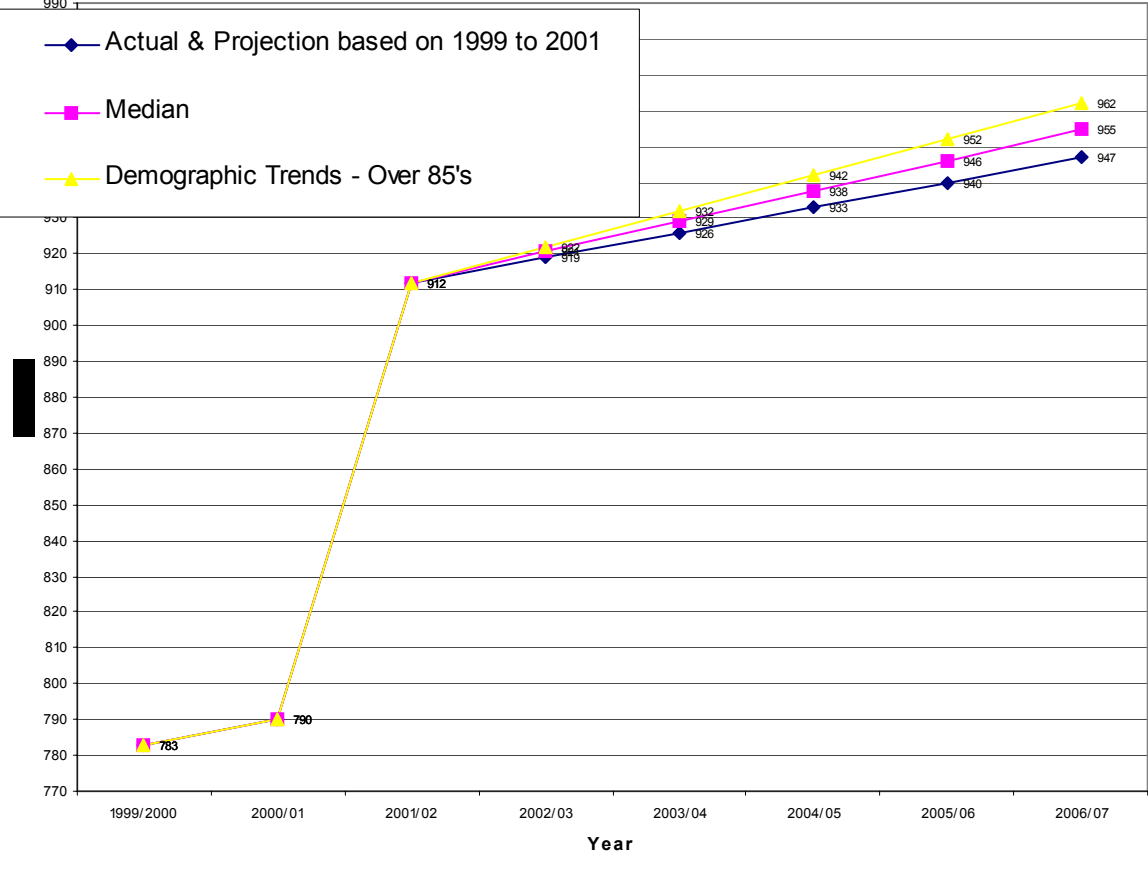
APPENDIX IIIA
POPULATION AND SERVICE TRENDS



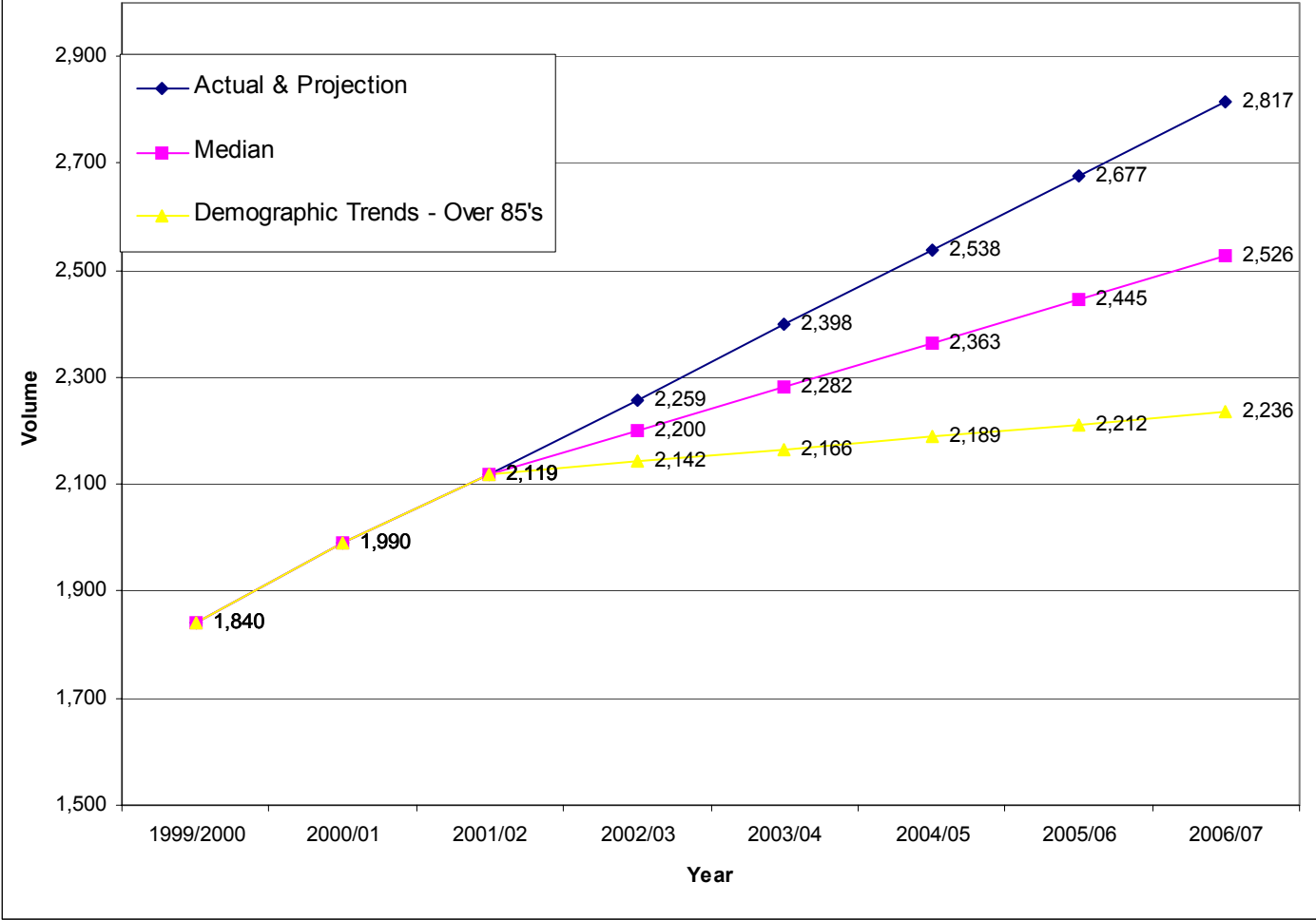
OCCUPATIONAL THERAPY REFERRALS



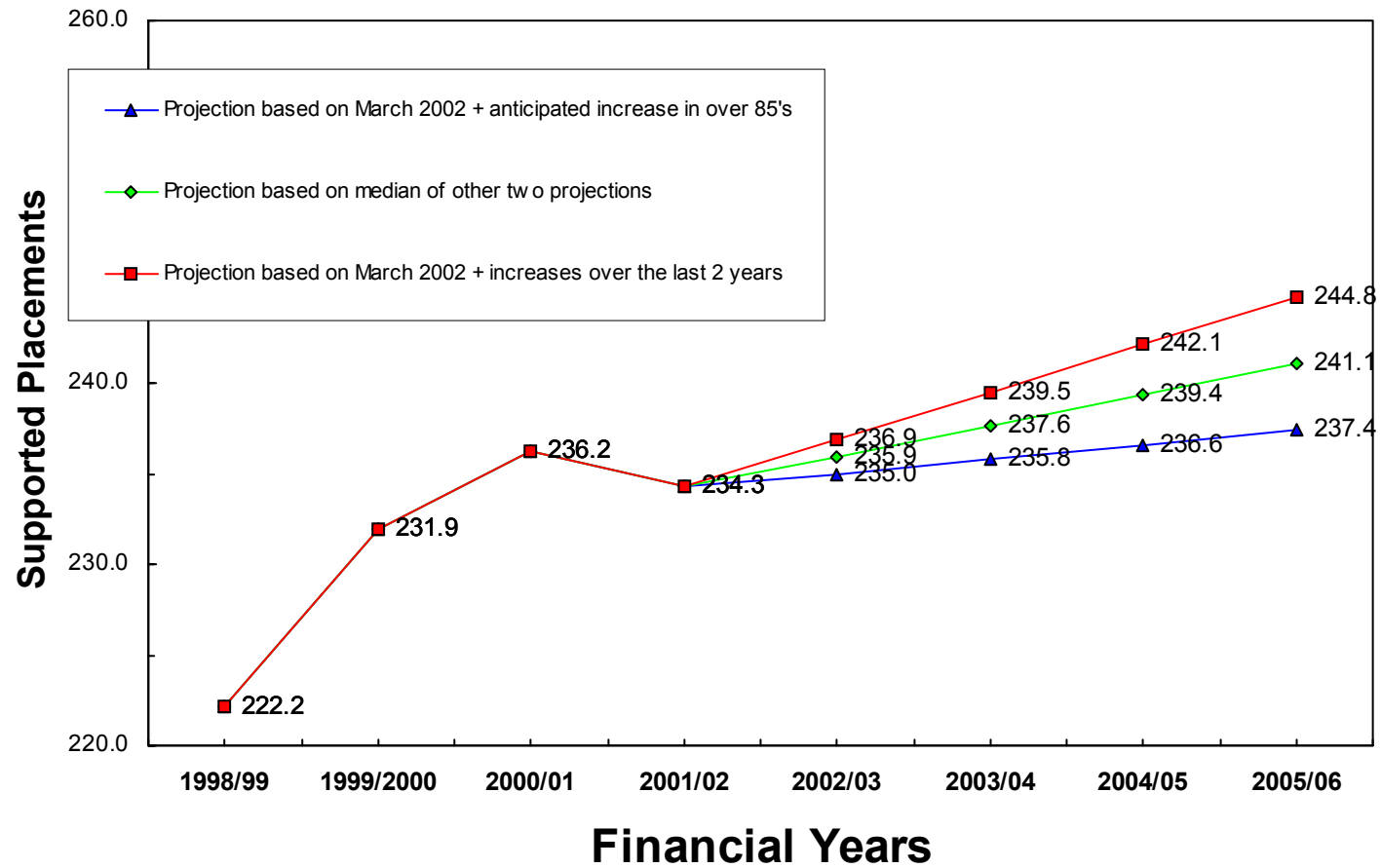
COMMUNITY SOCIAL WORK REFERRALS



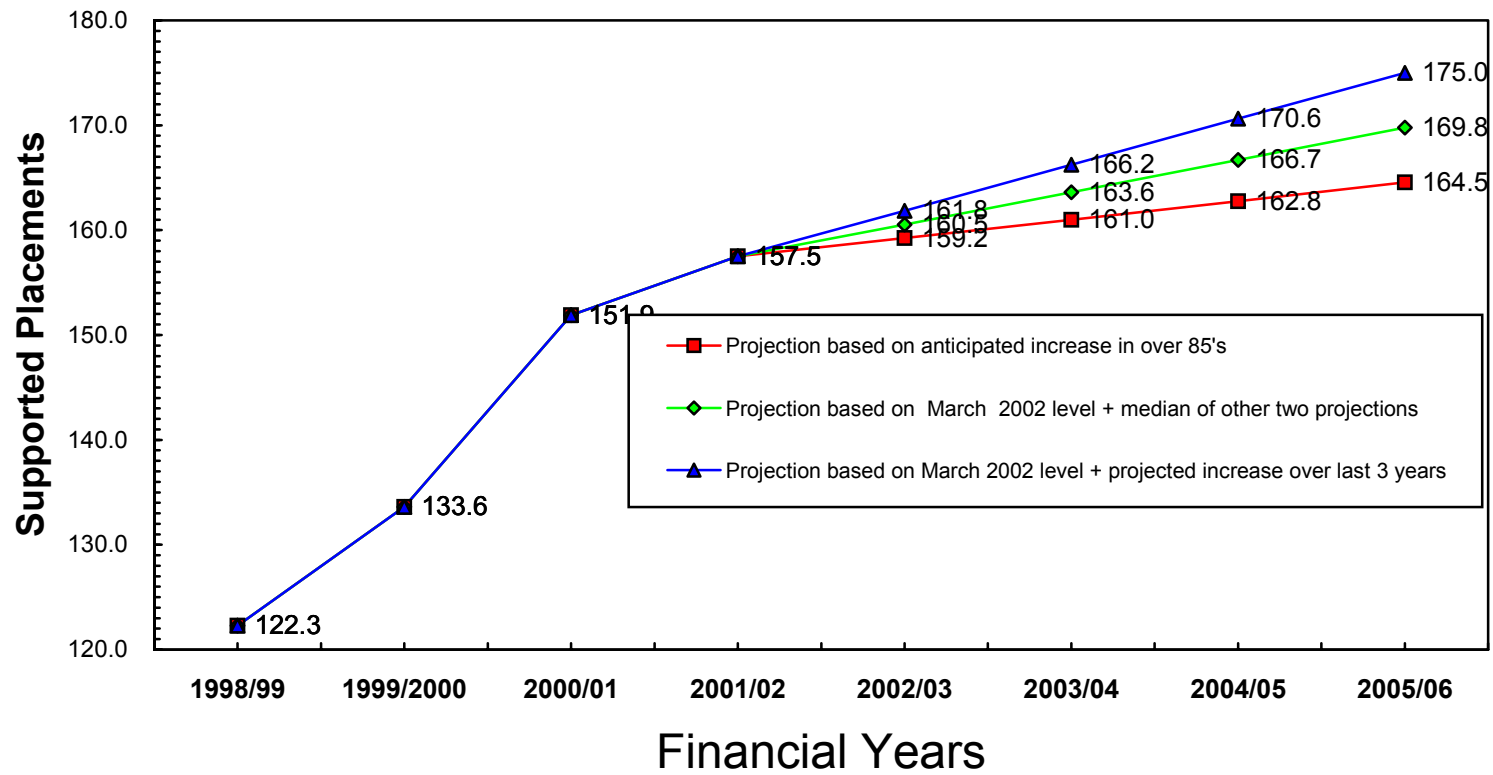
HOME CARE & CARE PACKAGES



NURSING HOMES SUPPORTED PLACEMENTS ACTUAL & PROJECTED DEMAND



RESIDENTIAL ELDERLY HOMES SUPPORTED PLACEMENTS ACTUAL & PROJECTED DEMAND



COMMISSIONING INTENTIONS – 2001/04

In line with the Bexley Community Care Strategy. The following changes, developments and priorities will be proposed in commissioning services for older people.

Proposed Development/Change	Lead	Timescale	Outcome
<p>1. Nursing Home Day Care Contract</p> <p>A temporary contract has been in place with a Nursing Home provider, St Aubyn's Nursing Home which is currently under review. A service specification will be developed and statements of interest sought for a new contract to commission day care for older people requiring nursing.</p>		Spring 2002	Contract in place for day care provision within nursing home setting for 20 older people with nursing needs
<p>2. Building Care Capacity of Residential and Nursing Home Provision Within The Borough</p> <p>Building on current commissioning relationships, providers will be encouraged to develop facilities to meet the quantity, quality and specialist requirements of older people needing residential or nursing home care.</p> <p>This will include the negotiation, where appropriate and giving value for money, of block contracts.</p>	Adult Commissioning Team	Dec.2001 onwards	<p>Increased availability of appropriate nursing and residential home placements for Bexley residents.</p> <p>Reduce delays in transfer of older people ready for discharge from hospital beds</p>

Proposed Development/Change	Lead	Timescale	Outcome
<p>3. Building Care Capacity Within The Community</p> <p>By use of core funding and that of the Building Care Capacity Grant, support to older and disabled people in their own homes will be developed to include short term intensive support where required up to 24 hours to prevent hospital or residential/nursing home admission due to health or care crisis. Discussion with key agencies able to provide personal home care support is underway and service agreements being prepared for this type of service. The development of flexible day and respite facilities will also be included.</p>	<p>Community Care Contracts Compliance Officer (Domiciliary Care)</p>	<p>Dec 2001 onwards</p>	<p>Older people supported at home when in short term crisis situation</p> <p>Reduction of inappropriate admissions to hospital or residential or nursing home care</p>

Proposed Development/Change	Lead	Timescale	Outcome
<p>4. Progression of Development as Pilot Care Trust Demonstration Site</p> <p>Outline plans are in preparation for aligning Assessment and Care Management and Occupation Therapy services to the Primary Care Trust to develop integrated Health and Social Care Teams and services. Incremental stages will proceed with shadow arrangements to test effectiveness.</p>	<p>Modernising Community Care Project Team</p>	<p>Strategy agreed October 2000 Pilot site with DoH July 2001</p>	<p>Reduced duplication of assessment and provision of services to older people</p> <p>Shared knowledge and skills by those supporting people at home</p> <p>Improved quality of services to meet individual needs</p> <p>Improved independence of older and disabled people</p>
<p>5. Service Provision and Delivery of Equipment and Rehabilitation to Older and Disabled People with Less Complex Needs</p> <p>Market testing has been undertaken for the provision of equipment and rehabilitation for less complex needs. Shadow arrangements in line with Modernising Community Care Strategy in place</p>	<p>Modernising Community Care Project Team</p>	<p>Decision by April 2002 on Shadow arrangement</p> <p>Decision on award of contract end 2002 /2003</p>	<p>Early identification of service users' need</p> <p>Integrated, user-focused and efficient service without duplication of input from different professionals/organisations</p> <p>Integrate the less complex equipment and adaptations service with home care service with the view to promoting a more co-ordinated rehabilitative approach</p> <p>Reduction of waiting lists and delay</p>

Proposed Development/Change	Lead	Timescale	Outcome
<p>6. Moving and Handling Assessment, Training and Equipment Provision for Complex Requirements</p> <p>Currently provided by the local authority occupational therapy service, it is envisaged that a provider will offer this service to carers, including the home care service, currently a major user of this facility. It is intended that this service will be more stream-lined to ensure prompt and effective support in moving and handling of those requiring care for more complex needs in the community, including those being discharged from hospital care.</p>	<p>Modernising Community Care Project Team</p>	<p>Decision by April 2002 on Shadow arrangement</p> <p>Decision on contract end 2002</p>	<p>Early identification of service users' need</p> <p>Integrated, user-focused and efficient service without duplication of input from different professionals/organisations</p> <p>Integrate the less complex equipment and adaptations service with home care service with the view to promoting a more co-ordinated rehabilitative approach</p> <p>Reduction of waiting lists and delay</p>
<p>7. Disabled Facilities Grants – Planning and Building of Major Adaptations to Homes of Disabled People</p> <p>Following assessment by occupational therapists, the physical requirements and plans for building adaptations will be prepared and assessed against criteria for disabled facilities grants. Which will then be commissioned to carry out the building work in accordance with the agreed plans.</p>	<p>Modernising Community Care Project Team</p>	<p>Decision by April 2002 on Shadow arrangement</p> <p>Decision on contract end 2002</p>	<p>Early identification of service users' need</p> <p>Integrated, user-focused and efficient service without duplication of input from different professionals/organisations</p> <p>Integrate the less complex equipment and adaptations service with home care service with the view to promoting a more co-ordinated rehabilitative approach</p> <p>Reduction of waiting lists and delay</p>

Proposed Development/Change	Lead	Timescale	Outcome
<p>8. Completion of Tendering Process and New Contract for Meals on Wheels and Freezer Meals provision</p> <p>Following the Best Value Review on Bexley's Catering Services, market testing has been undertaken and the tendering process procedures for alternative provision to include welfare catering.</p>	<p>Bexley Best Value (Catering) Implementation Team</p>	<p>Decision on contract award July/Aug 2002</p>	<p>Completion of Best Value Implementation on Welfare Catering</p> <p>Provider awarded contract in line with recommendations</p> <p>Contract monitoring in place</p>
<p>9. Completion of Best Value Review of Transport</p> <p>The Best Value Review of Transport is proceeding to reflect the changing requirements from the current single block contract arrangements with one provider.</p>	<p>Bexley Best Value Review Team for Transport</p>	<p>Complete 2002</p>	<p>Transport Strategy to meet local needs and Bexley's Community Care Strategy</p>
<p>10. Enhanced Sheltered Housing</p> <p>The service commenced in 2001 at Wolsley House, with accommodation provided by Hexagon Housing Association and care by Care Parties Trust is being monitored and consideration being given to the forward planning by changes or extension of this service with current or alternative providers.</p>	<p>Assistant Director (Housing and Public Protection) Enhanced Sheltered Housing Project Team</p>	<p>Steering Group from January 2002</p>	<p>Use of Enhanced Sheltered Housing Care monitored and reviewed to give insight on potential developments of future services for older people</p>

Proposed Development/Change	Lead	Timescale	Outcome
<p>11. Supporting People</p> <p>The Supporting People Steering Group has ensured tasks have been carried out in preparation for the implementation of Supporting People, including preparation of IT plan, and current service mapping. The Supporting People Project Manager will work with the manager and colleagues within Social Services and Housing Division to prepare contracts and review services in supported housing.</p>	Supporting People Project Team	By April 2003	<p>Contracts for Supporting People schemes in place</p> <p>Reviews scheduled</p> <p>Monitoring of schemes set up for the 2300 supported places</p>
<p>12. EMI Nursing/Residential Care Home Placements</p> <p>The demand and requirement of older people with mental health needs will be reviewed to inform commissioning intentions.</p>	Adult Commissioning Team and Community Mental Health Team for Older People	2002/3	Older people with mental health needs provided with safe and good quality care in appropriate settings.
<p>13. Special Sheltered Housing for Older People with Mental Health Needs</p> <p>The need for this type of accommodation in Bexley will be researched and incorporated into future commissioning plans.</p>	Community Mental Health Team for Older People with Housing Division	2002/3	The needs of older people with mental health needs incorporated within Supporting People plans and Extra Sheltered Housing developments
<p>14. Outreach Support for Older People with Mental Health Needs</p> <p>To ensure a continuum of care as well as prevent unnecessary hospital or residential care admissions. We will consider development of outreach services to this group of people.</p>	Community Mental Health Team for Older People	2002/3	Safe and supportive care for older people with mental health needs in the community

Proposed Development/Change	Lead	Timescale	Outcome
<p>15. Intermediate Care</p> <p>To work with The Primary Care Trust and local providers at ensuring a range of Intermediate Care in accordance with the local Intermediate Care Strategy</p>	Intermediate Care Strategy Group	2001 onwards	Development of a range of Intermediate Care for older people in partnership with Health and the independent sector
<p>16. NSF for Older People</p> <p>Ensure that all elements of the Framework are built in to Commissioning plans</p>	Older Peoples Partnership Group	Ongoing	National Service Framework targets met within required timescales
<p>17. Race Equality Plan</p> <p>All commissioning arrangements will refer to requirements of this plan in agreeing contracts.</p>	All Commissioners	Ongoing	Preferences and needs of older people from ethnic minorities considered in commissioning arrangements and ensured via service contracts

T:\BUSICENT\TYPING\ROSEMARY ENGLAND COMMISSIONING STRAT OCT 02 MAIN DOC