

OXFORDSHIRE SOCIAL & COMMUNITY SERVICES  
COMMISSIONING STRATEGY FOR OLDER PEOPLE

2007 – 2010

JUNE 2007

## Foreword by the Head of Adult Services and the Head of Planning and Partnerships

Services for older people represent one of the most significant and substantial challenges that the County Council and the Social and Community Services directorate faces over the coming years. The numbers of older people, and in particular people in their eighties, and the associated social care and health needs are steadily increasing, the costs are rising and the resources are being more and more stretched.

This paper sets out a revised commissioning strategy for the development of services for older people in Oxfordshire. Its purpose is to provide a framework for the development and delivery of a broad range of services. The demographic pressures of a steadily ageing population mean that current patterns of service provision across health and social care will be unsustainable without significant and sustained revenue investment. The current patterns of care are also not delivering what many people want, which is greater choice, particularly in how people can be supported to live in their own homes or independent, non-institutional settings for as long as possible.

The objectives for the County's services for older people for the next 3 to 5 years are to achieve the following:

- enable people to achieve and maintain maximum independence;
- substantially enhance preventative and rehabilitation services to reduce the overall incidence and prevalence of high dependency care needs and to reduce impact of disabilities and illness;
- increase user choice, autonomy and control over services.

Achieving these objectives throws up a number of key challenges that the NHS and County Council services have to face. Meeting these challenges is essential if the objectives are to be met and the service developments and changes achieved. They can only be met through the active engagement and involvement of the County's partners and the stakeholders in services for older people.

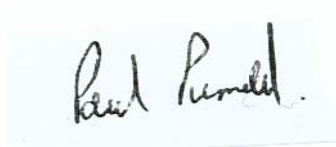
The challenges are how to:

- invest in services that promote well being in the whole population, prevent dependence and maximise the length of time that people can remain living independently whilst meeting the needs of those who require intensive services;
- achieve a better balance between the numbers of people receiving care in hospital, registered residential care and care at home;
- provide better and more integrated routes through the health and social care system to reduce discharge delays from hospital and to ensure people receive the right care in the right place at the right time;
- implement national priorities for social care services of access to services by a single front door, single assessment across agencies, self assessment and personalisation, individualised budgets, assistive technology, extra care housing and continuing care through service redesign, whilst maintaining firm budget control;
- ensure that Oxfordshire has the workforce capacity to support more people to receive services in the community and in their own homes;
- provide people with real choice and flexibility;
- enable informal carers to continue caring with the right level of support;
- ensure that there are robust and effective arrangements for partnership working and sound, positive working relationships between partners in the face of sustained financial and service pressures.

The service changes and developments that will be necessary to achieve the objectives will be significant and will, over a number of years, lead to a significantly different pattern of provision. These changes will include:

- a significant reduction by Social and Community Services in the use of registered residential care facilities;
- an increased investment in care in the home;
- the development of extra care housing as alternative accommodation options for residential care and a setting for the provision of more specialised services;
- an increase by Social and Community Services in nursing care provision and the development of specialist provision for meeting high dependency needs arising particularly from mental health and dementia;
- increasing investment in intermediate care and rehabilitation services to take place in a range of settings in the community and in the service user's own home;
- the development of day care and support services for intermediate care and for the support of carers;
- quicker, more streamlined access to information about services
- integrated assessments across the NHS and social care;
- improved information for self management and substantially more use of direct payments and individualised budgets giving customers (users and carers) direct control over their own arrangements;
- an expanded range of open access services (libraries, adult learning, cultural services and activities, consumer protection). Services for the whole population, not just those eligible, that will enhance and encourage social inclusion and involvement in preventative activities.

The arrangements that we have for partnership working and work with stakeholders will also need to undergo considerable change and development if the objectives and challenges are to be met. Councils will have a crucial leadership role in collaborative working across health, housing, the voluntary sector and service users and carers to address the social inclusion agenda. Current ways of commissioning will need to change alongside the way we measure performance. Performance will be measured by the ability to deliver outcomes for all people using services rather than delivering traditional services for eligible people. In Oxfordshire we are planning for improved outcomes in quality, choice and flexibility and a trained workforce that can deliver the necessary capacity.



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## **Introduction**

What is a commissioning strategy? The Institute of Public Care defines commissioning as “a formal statement of plans for securing, specifying and monitoring services to meet people’s needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors.” A commissioning strategy is concerned primarily with effecting change in the overall configuration of services across a market to meet the needs of a whole population.

This paper sets out a strategy for the development of services for older people in Oxfordshire, and its purpose is to provide a framework for the development and delivery of a broad range of services for an increasingly elderly population. The proportion of older people in the population is increasing, the costs are rising and the resources are being more and more stretched. This paper will make clear the overall direction and the objectives. It will give a basis to those responsible for the planning and delivery of services from which to identify the inter-dependencies and the gaps in provision that will require further development work and a basis for sound medium term financial planning. The values on which we will commission services are that they will be person-centred, focus on prevention and promote independence, apply best value principles, be jointly commissioned wherever possible and take a whole systems view of the impact upon other parts of the service and other service providers.

The strategy is a dynamic document and will provide the basis for engaging with customers, partners and stakeholders in the development and delivery of effective and relevant services. Services for older people are planned for and delivered in the context of and often through close partnership working with the NHS, but other partners are also very significant; housing and planning authorities and housing providers are also key partners. Eighty percent of the services that the directorate arranges is from the voluntary, not for profit and the for profit sectors. Service development can only be carried out with the active involvement of and engagement with service providers. Future joint commissioning strategies need to address the longer term view and must build on the established partnerships with stakeholders to achieve the changes that are required. However the key partnership is with those who use and depend on the services and their families and carers.

### **Layout and scope of this document**

This document intends to consolidate the objectives and priorities from the commissioning strategy 2006-2009 with a greater emphasis on prevention. Demographics, prevalence, performance, demand and supply and financial information have all been updated. The strategic direction in the document and plan for services has progressed the national shift in focus towards prevention and incorporates the views of older people expressed at the service user conference in 2005. There has not been a formal consultation on this document as the formal consultation will happen now to plan for the future major shifts in demographics and the anticipated change in the way services will be commissioned and purchased with the introduction of individualised budgets and the expansion of direct payments.

Over the next ten years it is anticipated that more older people will continue to work after the current retirement age and will have greater disposable income or capital assets through pension funds and through owning their own home. Older people will remain healthier for longer and there will be greater proportion of black and minority ethnic elders and older people with mental health needs such as dementia. Families

will continue to be more spread out and there will proportionally be less younger people available to support older people which raises workforce issues and fewer younger people in employment to support the economy. Both the spending power of older people and the fact that they will be a substantial part of the electorate means they will have a much stronger voice and greater expectations. The role of the Local Authority will also change from commissioning and providing services for eligible people to commissioning for the whole community enabling all older people to access the right service at the right time and encourage the market to develop appropriate services. The introduction of Practice Based Commissioning; the recent appointment of a joint Director of Public Health by the County Council and the NHS; the new single Oxfordshire PCT and an established Local Area Agreement provide a real opportunity for future joint working to facilitate a seamless service for older people.

## **Section One: Demography, Prevalence and Drivers**

### **1.1 Oxfordshire's Population: A Demographic Analysis** (see Appendix 1 for data)

The demographic pressures of a steadily ageing population mean that current patterns of service provision across health and social care will be unsustainable without significant and sustained revenue investment. It is clear that the population of Oxfordshire is ageing; this is an inescapable consequence of increasing longevity, declining fertility and the ageing of the baby boom generation. The proportion of older people in the population is increasing. This means that the working population will be increasingly stretched to fund public services for the retired. The current patterns of care are also not delivering what many people want, which is greater choice, particularly in how people can be supported to live in their own homes for as long as possible.

The Office of National Statistics (ONS) estimated that in 2004 there were 91,500 people aged 65 and over in Oxfordshire. By 2029, it is projected that the number of older people will have grown by over 61.5% in Oxfordshire in just over two decades to 147,800 – more than one in six, will be aged 65 or over. The most significant growth however, will occur among the very old.

The breakdown of population increase shows that from 2004 to 2010 the 80+ population will see a 13% increase and a 27% increase will be seen in the 85+ population. This increase continues in 2029 by when a 126% and 90% increase will be seen in the 80+ and the 85+ groups respectively. The significant increase in the 85+ population means that Oxfordshire's population of the 'very elderly' in 2010 and 2029 will be 14,500 and 25,800 in 2010 and 2028 respectively compared to 11,400 in 2004 - an increase of around 14,000 people. The 65+ age group as a percentage of the total population will increase by 40% from 2004 to 2029 whilst the 85+ age group as a percentage of the total population will increase by 100%

As a reflection of the changing demographic profile there will be an increasing number of older carers looking after older people. In 2004 in Oxfordshire 55,782 or 9% of the population were defined as carers, 15,000 are carers over the age of 60. In 2029 it is anticipated that 64,035 people would classify themselves as carers. 25% provide 50 hours or more of care each week.

4.8% of the population are from black and minority ethnic groups. This is just below the South East average of 4.9% and well below the England average of 9%. Although the numbers of people from non-white ethnic groups aged over 65 are comparatively small but increasing, the population distribution and density of the various groups is concentrated in the larger urban areas such as Oxford City and Banbury. This has implications for the type and kind of services provided in these localities, the most obvious being the recognition of the need to deliver services in a culturally sensitive way.

Large areas of rural Oxfordshire are ranked as 'deprived' in a measure of distance to local services. Over one fifth of Oxfordshire's population are living in areas that are ranked within England's worst 10% with regards to access to local services. 78% of the population of Oxfordshire are based outside of Oxford City. Over 50% of the population live in settlements of less than 10,000 people. On average the rural population is older than the urban population.

This breakdown of population growth shows that Oxfordshire will face a significant increase in demand for care services over the next 10 to 20 years as the 'very elderly' are the main consumers of care services, particularly specialist, high need and intensive services. High growth areas are located in rural areas.

## **1.2 Oxfordshire Population: Prevalence Data**

It is estimated that 1 in 4 people over the age of 85 will require a level of intensive support from the social & health care system. In 2004 intensive support was required for 2,850 people aged 85 and over and this will rise to 3,625 in 2010 (see appendix 1). 43% of those aged over 65 in Oxfordshire have a limiting long term illness with the highest levels reported in the most deprived areas, this compares to 49% across England.

### **Dementia**

Dementia UK estimate that there are now 683,597 people with dementia in the UK. This represents one person in every 88 of the entire UK population. The total number of people with dementia in the UK is forecast to increase to 940,110 by 2021 and 1,735,087 by 2051, an increase of 38% over the next 15 years and 154% over the next 45 years. The numbers of people with late-onset dementia continue to rise for each five-year age band up to the age of 80-84, and decline thereafter. Despite this, two-thirds (68%) of all people with dementia are aged 80 and over, and one-sixth (17%) aged 90 or over. Overall we estimate that two women for every man affected have dementia. Both the higher mortality rate among men and the higher age-specific dementia prevalence in women contribute to the preponderance of women among the oldest people with dementia. We estimate that 63.5% people with late-onset dementia live in private households (the community), whereas 36.5% live in care homes. Costs based on services from formal care agencies and financial value of unpaid informal care provided by family and friends can be estimated at an average of £25,472 per person with late-onset dementia. (Dementia UK, Alzheimer's Society 2007)

If we use the estimate of one person in every 88 and apply to the Oxfordshire population then we would estimate that there are 7,043 people with dementia in Oxfordshire increasing to 9,719 over the next 15 years and 17,889 over the next 45 years. If 68% are aged 80 and over then we would estimate 4,789 people over 80 years with dementia.

The standards for anyone who has an early-onset dementia are part of the National Service Framework for Older People so information is therefore included in the older people's strategy. Young onset-dementia is comparatively rare, accounting for 2.2% of all people with dementia in the UK. We can make some predictions for Oxfordshire using RJ Harvey Young Onset Dementia: Epidemiology, 1998. Nearly two-thirds of younger people with dementias do not have Alzheimer's disease. As well as the more common forms of dementia Harvey includes a number of conditions which may have a related dementia, e.g. multiple sclerosis, corticobasal degeneration, alcohol related dementias and CJD. He excludes HIV. Based on this work the prevalence is 67.2 per 100,000 of the 30-64 population. This amounts to 18,300 nationally and in using the 2001 census in Oxfordshire this translates to approximately 200 people.

## **Falls**

Falls are a major factor in reducing older people's ability to remain living independently or in their own home. When there are no concomitant bone fractures, older people who have had a fall are more likely to suffer a loss of confidence, reduced mobility and/or reduced social activity. The consequences for older people as well as the whole system can be considerable.

- Each year in Britain a third of the population aged over 65 has a fall, (approx, 30,000 based on Oxfordshire census data) and half of these people fall at least twice.
- 57% are due to falls on or from stairs or steps, 18% from falling from one level to another such as out of bed and 14% were due to slipping, tripping and stumbling.
- 75% of falls-related deaths occur in the home
- 40% of care home admissions are as a result of a fall
- For people aged less than 75 years falls are more often associated with external factors like uneven pavements, loose carpets and ill fitting shoes.
- For people aged over 75 falls are more often associated with physical factors linked with ageing – reduced mobility and lack of exercise, poor balance, complex medication regimes and underlying medical conditions.

## **Depression**

Depression is the most common mental health problem in older people with more women likely to be depressed than men. Prevalence is 10-15% of people aged 65 and over. 3.5% suffer depression of such severity that they require treatment and support from specialist services. Older people are more likely to become depressed if they are in poor health, lack social support and experience difficulties over a prolonged period of time. In 2007 it is estimated that 9,500 people over 65 suffer from depression with 3,300 needing specialist support.

## **Dual Sensory Impairment**

The number of people with dual sensory impairment is increasing nationally. In Oxfordshire there are 170 people registered with dual sensory impairment over the age of 65 years.

### **1.3 Oxfordshire compared to national trends**

In Oxfordshire service activity is low when compared to our comparators and unit costs are high. Residential and nursing home rates are higher than the national and regional average. Oxfordshire spends more per head on older people than our comparators and has a higher proportion of people aged 85 and over. Overall cost comparisons for older people services (excluding supporting people) with the CIPFA 'nearest neighbour' group ranks Oxfordshire with the highest unit costs out of fifteen authorities.

There are high volumes of direct access services/ preventative services and good use of direct payments as reported in the 'Delivery improvement Statement' which results in Oxfordshire appearing to support less numbers of people at home but in fact results in real choice and value for money. The impact of high numbers of direct access services is that the older people who access services through Social & Community Services tend to have more intense and costly needs. This is evidenced by the fact that the average care package hours in Oxfordshire are higher. In contrast Oxfordshire has less older people living in residential or nursing care. Oxfordshire needs to further develop telecare and assistive technology.

Service quality is extremely high as evidenced in the home support user survey and when assessed against the Commission for Social Care Inspection minimum standards Oxfordshire performed above average.

### **1.4 Drivers for Change**

#### **1.4.1 National Policy Context**

Aspirations of independence, dignity and choice run across government policy. The national drivers listed below have common themes of delivering good quality integrated, accessible and affordable services that promote independence and dignity and maximise choice. Service development should maximise the participation of service users and carers. The White Paper 'Our Health, Our care, Our Say' is the main driver for change alongside the 'National Service Framework for Older People' and 'All our Tomorrows: Inverting the Triangle of Care'.

- **Our Health, Our Care, Our Say: a new direction for community services, White Paper, DH. Independence, Well-Being and Choice – Green Paper, DH.**

This paper highlights four goals of prevention; choice; access and support for long term needs. The proposed outcomes are – improved health and emotional well being; improved quality of life; making a positive contribution; increased choice and control; freedom from discrimination; economic well being and maintaining personal dignity and respect.

- **Commissioning Framework for Health & Well-Being, DH.**

This framework builds on the White Paper Our Health, our care, our say. It has a particular focus on partnership. It is for everyone who can contribute to promoting physical and mental health and well-being, including the business community, government regional offices and the third sector. The aim of the document is to help commissioners focus on outcomes for children and adults and provide personalised services, promote health and well-being, proactively prevent ill health and work in partnership to reduce health inequalities.

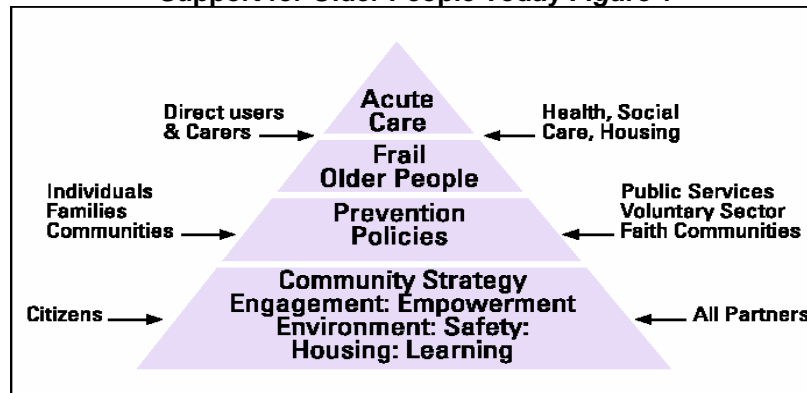
- **National Service Framework for Older People, DH.**

The framework focuses on eight standards and the new ten programmes. The consistent themes are dignity, independence, prevention, access and discrimination, integration, choice and control, with a focus on long term care, urgent care, strokes, falls and older people with mental health needs.

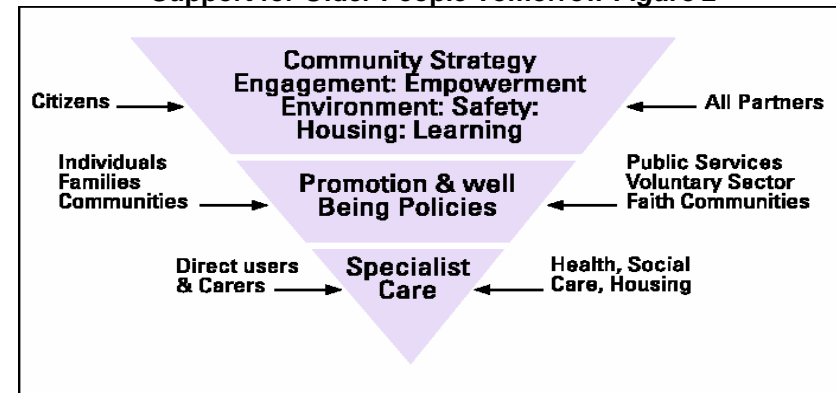
- **All our Tomorrows: Inverting the Triangle of Care, LGA & ADSS**

Currently we focus most resources for older people on those with the most severe needs. In *Figure 1*, statutory services are concentrated at the very tip of the triangle. This focus on acute care and the most frail older people has been emphasised even more by the drive to reduce delayed discharges from hospital.

**Support for Older People Today *Figure 1***



**Support for Older People Tomorrow *Figure 2***



Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing of older people is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies, see *Figure 2*.

- A Recipe for Care – Not a Single Ingredient, DH.
- National Service Framework for Long Term Conditions
- Strong and Prosperous Communities: the Local Government White Paper
- Choosing Health, Public Health White Paper, DH
- National Standards, Local Action. Health and Social Care Standards and Planning Framework 2005-06 – 2006-7 (July 2004)
- The South East Regional Plan
- Everybody's Business. Integrated mental health services for older adults.
- A Sure Start to Later Life: ending Inequalities for Older People

#### **1.4.2 Local Policy Context**

National strategies and policies are delivered through a number of local service plans including the following:

- Oxfordshire's Local Area Agreement  
Stretch targets – reduce the number of falls among older people living in care homes; increase the number of people supported to live in their own homes  
Non-stretch targets – reduce health inequalities; reduce adult smoking; increase adult participation in physical activities; enhance independence; improve access to advice & information for carers; establish prevention.
- PCT's Integrated Service Improvement Plan
- PCT's Local Delivery Plan
- Supporting People Strategy
- Safeguarding Adults Plan
- Carers Strategy Implementation Plan
- Oxfordshire Workforce Strategy

#### **1.4.3 Summary of the Views of Older People** (see Appendix 2 for full summary)

Older people have been involved in the early stages of developing the commissioning strategy through the well attended conference 'Shaping the Future' held in June 2005. The key messages from the conference are:

- Older people want a clear statement about involvement and working together summed up in the phrase – “nothing about us without us”.
- Eliminate and breakdown the stereotypes and negative images of being an older person.
- Older people want to continue to live a fuller life and be valued as citizens and participants in the community rather than recipients.
- Give real choice to older people and their carers.
- Provide easy access or signposting to information and advice services.
- Recognise the advantage of early identification of needs and prevent crises
- Reduce social isolation and loneliness.
- Carers need early and flexible support.
- Ensure services meet lifestyle, cultural and religious needs.
- Target appropriate support to times of greater vulnerability and crisis
- Need a whole system (Health and Social Care) approach to providing and funding a continuum of services.

#### **1.4.4 People from Black and Ethnic Minority Communities**

Oxfordshire has a small but growing number of people from black and ethnic minority groups aged over 65 years. The population distribution and density of the various groups is concentrated in the larger urban areas of Oxford and Banbury. Cultural relevance and sensitivity of services can prevent people from using social care services, this is a particular challenge in the smaller towns and rural parts of Oxfordshire.

#### **1.4.5 Performance Indicators**

## **Section Two: Demand and Supply of Services**

There have traditionally been three main contracting options available to older people's services – in-house provision, spot purchase and block purchase. Services for older people are purchased from a range of external providers in addition to some in-house provision. The current provision in Oxfordshire ranges from bed based care (long term nursing care, long term residential care, respite care, intermediate care) to community based care (extra care, adult placement, home support, day care, intermediate care) to preventive care (telecare, equipment, day services, relief to care and a range of other preventive services that promote independence).

The role of commissioners and the way we purchase services and secure best value needs to be reviewed alongside the introduction of more flexible services and more flexible purchasing options.

### **2.1 Front Door, Assessment and Care Management Services**

Under the 'Fair Access to Care' Services Guidance the Directorate for Social & Community Services has set its eligibility criteria for a service at the levels of critical and substantial. However, for people with moderate levels of need, and where there is a likelihood of deterioration or change in their circumstances, we provide advice, information and signposting to a range of preventive services.

In response to comments from older people and their carers as well as independent inspections and audits it was clear that Social & Community Services needed to be more accessible and provide more accessible information. The Advice and Information Service established in 2006 is the new first point of contact for advice, information, signposting and initial contact assessment. Contact assessment officers provide advice, information and access to universal and preventive services and refer on where appropriate. Relevant individuals are referred on to one of the adult assessment teams for a full assessment. There are currently three adult assessment teams north, city and south. The Directorate also has a multidisciplinary assessment team (Single Point of Access to Rehabilitation and Care – SPARC) based in the Oxfordshire hospitals to provide safe and timely transfers from the acute wards.

Where the identified needs are complex and long term, the cases are transferred to one of the five specialist teams for older people based in localities. For those who go on to receive a service following assessment, there is a range of preventive, community and residential based support available.

We have a successful skill mix in some teams with support worker (assistant) roles. To support more people and release registered qualified staff time for complex cases it is proposed to extend the use of support workers to undertake tasks with designated cases. All teams are working towards achieving a percentage of skilled but non-qualified posts as vacancies occur. Overall the aim is to achieve a balance of 60% qualified staff and 40% skilled across teams.

## **2.2 Prevention, Day services, Intermediate Care and Carers**

(see Appendix 4 for full list of prevention services)

The White Paper 'Our Health, Our Care, Our Say' highlights four goals of prevention; choice; access and support for long term needs. The focus of intervention is shifting with a much greater emphasis on prevention and social inclusion and promoting independence, access and choice.

### **Prevention**

The introduction of practice based commissioning and the joint County Council/ PCT appointment of a director for public health has introduced new opportunities to jointly invest in services that promote well being, prevent deterioration and prevent the need for acute services. Prevention services that promote well being are for the whole community and need to be targeted towards addressing inequalities as defined in the Director for Public Health Annual Report. This means targeting prevention services towards people living in disadvantaged areas. Services need to pick up priority areas for adults of smoking cessation, preventing obesity, positive mental health and preventing infectious diseases.

In 2006/07 the Directorate is spending £1.91m on preventive services provided through the voluntary sector that promote well being and prevent deterioration. These range from general advice, information and advocacy services through small repair and housing improvement schemes, befriending services and foot care to a shopping service, transport service, telecare and equipment and support to people with a sensory impairment. In 2006/07 falls prevention services are provided at a cost of £180k.

### **Day Services**

The directorate currently funds or directly provides 3,000 places in a range of day services for older people at a cost of £1.23m on external day services and £1.66m on internal day services. This provides a service to 1,164 older people. In 2005/06 the directorate spent £1.20m on external day services and £1.41m on internal day services. Eight day centres are directly provided by the directorate and account for approximately 1,500 places per week. The remainder funded by the directorate are managed by a range of providers in the independent and voluntary sectors. These range from small rural day centres, which meet once or twice a week, to specialist day centres for older people with mental health needs, and larger day centres providing a service over four or five days a week.

The directorate has an integrated strategy with the Primary Care Trust and the Oxfordshire and Buckinghamshire Mental Health Trust to develop and modernise day services for older people across the county. The aim is to have a number of larger, more intensively staffed resource centres that will provide a wider range of services to a variety of people. The resource centres will continue to develop intermediate care services already provided in some of the day centres. To be able to provide a range of services we would also like to explore the possibilities for running non-building based day services and integrate service users into universally available services.

The primary focus of the day services is to prevent deterioration, promote independence and create opportunities and breaks for carers. A prevention and day services strategy is available separately.

## Intermediate Care

Intermediate care schemes are used to prevent hospital admission and facilitate timely hospital discharge and/or effective rehabilitation. Intermediate care can be delivered in both community and residential settings. Intermediate care services in Oxfordshire are available in domiciliary, day care and residential settings and are an integrated service available in each locality. In 2005/06 the directorate spent £2,067k on intermediate care services and supported 332 people in residential care and 4415 in non residential intermediate care.

## Carers services

In Oxfordshire there are an estimated 52,600 carers many of whom will be caring for, or be themselves older people. In addition to the prevention services there are carers services funded through a grant of £1,340k in 2005/06 and £1,412k in 2006/07 and other services like the relief to care service. The multi-agency carers strategy steering group has met quarterly since 1999. It has been the driving force in ensuring that carers views gathered through consultation, carer feedback and workshops continue to help inform the development of the carers strategy so that the changing needs of carers can be addressed. The carers strategy steering group has produced an action plan picking up the main themes from the carers strategy workshop; the scrutiny review 'Who Cares?' and the Social & Community Services review of services. The themes are to improve information and support; create more opportunities for carers to access work, education, training and leisure; access to emergency back up; more flexible breaks for carers. We need to plan for the fact that the carers grant may not continue beyond March 2008. A carers strategy is available separately.

## 2.3 Support at Home

### Home Support

Home support is delivered through both internal services and accredited providers in the independent sector through in-house provision, spot and block contracts. The total number of older people helped to live at home in 2006/07 we anticipate to be 6500 – 7000. In 2005/06 we supported 5,796 older people to live at home.

### Budget

	2005/06 £000	2006/07 £000	2007/08 £000
Internal provision	9,754	9,830	9,507
External provision	10,673	11,419	12,025

### Numbers of service users receiving home support 2004/06

Locality	Internal		External		Total	
	2004/05	2005/06	2004/05	2005/06	2004/05	2005/06
North	258 (47%)	300	286 (53%)	319	544	619
City	166 (40%)	229	245 (60%)	245	411	474
South	274 (41%)	298	388 (59%)	217	662	515
<b>Total</b>	698 (43%)	827	919 (57%)	781	1617	1608

Source: Home support service provided during a sample week in September 2006 DOH return

In 2006 the directorate underwent a re-tendering exercise for the external provision of home support and new contracts were issued. As capacity becomes available service users continue to be transferred to new contracted providers with more competitive rates of care.

Demographic pressure requires the home support service to focus on intensive home support, intermediate care, falls prevention, relief to care and specialist needs. The voluntary and 'not for profit' sector will be encouraged to provide for people with low level home support needs.

Workforce issues remain a significant factor for home support services to provide a reliable, seven day a week service with the continuity of care that older people and their carers want.

### **Extra Care Housing**

Extra care is a housing based model of care delivering up to 24 hour support to those who need it. It provides extra choice within the housing, care and support options for older people.

Nicholson house in Abingdon is an internal extra care housing scheme providing 18 units. A further 40 units are planned within Oxfordshire. An extra care housing strategy will be available separately.

### **Direct Payments**

The number of older people in receipt of a Direct Payment has been gradually increasing over the last three years. 203 older people purchase their service through a Direct Payment. Direct Payments provide a mechanism for real choice in the way the service is provided for those who choose to have a Direct Payment. We will need to create and extend opportunities for service users and carers through the proposed individualised budgets currently being piloted in other areas.

### **Adult Placement**

The adult family placement service provides respite care, day care and long term care for adults and older people in adult placement carers homes with the support of adult placement workers. We need to create more capacity for older people to utilise this service as an alternative to residential care.

## **2.4 Care Home Support**

The directorate hosts the pooled budget and has a lead commissioning role for all bed based services for older people – long term residential and nursing care, intermediate care, transitional and respite care. The directorate commissions a number of continuing care beds on behalf of the NHS. The directorate's contribution to the pooled budget for older people in 2006/07 is £45.6M gross.

**The table below is a snapshot of beds purchased for long term care in the month of February 2007**

<b>Type of bed</b>	<b>Spot</b>	<b>Block</b>	<b>Total</b>
Residential	261	583	844
Nursing	613	165	778
Continuing Care	87	41	128

Total beds	961	789	1750
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In addition the directorate as lead commissioner purchased an additional 29 transitional care beds, 30 respite care beds and 37 intermediate care beds. The total number of beds remains fairly consistent from one month to the next.

Demand and supply of care home beds is likely to be impacted upon by some key strategic decisions to –

- Increase the number of nursing care beds to meet increased levels of dependency.
- Replace residential care with extra care housing, telecare, intensive home support and a more comprehensive range of community services.
- Purchase more beds for older people with mental health needs
- Evaluate the balance of spot and block contracts following the tendering exercise in 2006.
- Achieve best value

## **2.5 Summary of Issues and Gaps in Services for Older People** (see Appendix 5 for full list)

Oxfordshire needs to support the shift towards community based prevention services to meet demographic pressure and to improve people's quality of life. To achieve this Oxfordshire needs to develop a range of alternatives to residential care and build on existing telecare, intermediate care and supported housing options. We need to support people to use universally available services and provide more flexible respite care options. Information and advice needs to be more accessible and assessment processes need to be streamlined. A range of accessible services for older people with mental health needs need to be developed. Capacity needs to be created within the workforce. Stronger partnerships need to be established with health and other stakeholders to improve commissioning and purchasing capacity to maximise the use of resources.

### Section Three: Finance and Income

The overall budget available to older people's services in 2007/08 is £57m plus a further approximate £8.3m for day services pending any further decisions.

The older people's budget in Oxfordshire per head of population was £            in 2006/07 in comparison to the shire average of £            per head. A section 31 pooled budget arrangement exists for the purchase of care home placements for intermediate care, continuing care, respite care and long term care. The integrated community equipment service is a pooled budget within this larger pooled budget.

#### Finance

Medium Term Financial Plan	Budget					Actuals
	<i>n.b. this is for whole service area</i>					
	2006/07 £000	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000	<i>n.b. this should be at service activity level</i>
Base Budget	51,933	54,052	57,154	59,854	62,421	In 2004/05 the budget underspent by £676k or 1.4%.
Permanent Virements Agreed in Year	-1,072					In 2005/06 the budget underspent by £886 or 1.7%
Inflation	1,591	1,690	1,788	1,872	1,952	In 2006/07, it is predicted that the budget will overspend by £167k or 0.2%
Known Function Changes	1,646					
Previously Agreed Policy Plans	1,634	899	912			
Efficiencies & Savings	-1,353					
Changes to Budget (agreed in 2006/07)	-1,589	513	0	695		
Other Virements	1,262					
Budget	54,052	57,154	59,854	62,421	64,373	Underspends in 2004/05 & 2005/06 were planned in order to offset overspends elsewhere in the Directorate. In 2007/08 Preserved Rights grant is set to reduce by £187k and Prevention grant to increase by £210k.

Note that approximately £8.3m of the budget for Partnerships & Planning also relates to the provision of services for older people. This includes day services provided and purchased by Social & Community Services.

Revenue Budget 2006/07	Gross Expenditure £000	Grant Income £000	Other Income £000	Recharges £000	Net Expenditure £000	Staff FTE
<b>Service Area</b>						
Council's Contribution to Pooled Budget	45,622	-2,401	-9,601	0	33,620	1
Care Management Teams	5,857	-567	-161	0	5,129	154

External Home Support	10,642	-1,950	0	0	8,692	
Internal Home Support	12,573	-1,700	-184	-1,026	9,663	127
Fairer Charging Income	0	0	-3,823	0	-3,823	
Other Community Services	383	0	-58	0	325	4
Section 117 Reassessments	446	0	0	0	446	
<b>Older People Total</b>	<b>75,523</b>	<b>-6,618</b>	<b>-13,827</b>	<b>-1,026</b>	<b>54,052</b>	<b>286</b>

## Income

Grants	£000	Fees & Charges	£000	Other	£000
Access & Systems Capacity	4,620.6	Fairer Charging	3,823.1	Section 28a	184.4
Carers	309.1	Residential Care	5,029.2	Health Auth Income	160.8
Delayed Discharges	1,024.0	Nursing Care	4,898.7	Supporting People	35.7
Mental Health	17.0			Other rents	918.0
Preventative Technology	309.0			Misc	22.2
Preserved Rights	372.2				
CSCI	7.0				
<b>Sub-total</b>	<b>6,658.9</b>	<b>Sub-total</b>	<b>13,751.0</b>	<b>Sub-total</b>	<b>1,321.1</b>



## **4.2 Market Analysis and Market Management**

The care market for older people's services is changing as a result of demographic trends, lifestyle changes, advances in medical science and technology, greater choice and the changes in the way services will be commissioned and purchased through the introduction of personalisation, direct payments and individualised budgets. Traditionally there has been a large supply of residential, nursing and home care, allowing a reasonable amount of choice to service users and carers within the range of provision available but the shift in focus is away from acute hospital care towards self management, prevention, care closer to home and outcomes for service users and their carers. Older people's expectations are changing. Ian Philp in 'A Recipe for Care – Not a Single Ingredient' identifies five key elements for bringing about change – early intervention, long term conditions management, early supported discharge, acute hospital care whenever needed and partnership.

People want to be able to choose from a wider range of service options to meet their own needs, rather than the traditional choices of domiciliary or residential and nursing home care. People are interested in a range of flexible services that are designed to support them to live at home for as long as possible, including preventive services, intermediate care, assistive technology and specialist forms of day and domiciliary care. They are also more interested in considering forms of housing with care as an alternative to a care home and being more involved in the management of their long term condition. GP's, Primary Care Trusts, Public Health, Local Authorities and the voluntary sector will need to work together in the future to develop a range of services that people want to purchase with their direct payment/ individualised budget. The market will need to provide the right care in the right place at the right time.

## **4.3 Risks**

A risk that is always present for any commissioning strategy is whether there will be sufficient financial resources to fund all the chosen activity. The strategy is written assuming there is no growth funding from 2007 – 2010 and therefore commissioning priorities would need to be funded by decommissioning other activity. For older people the key areas of risk and uncertainty are identified below –

- Market turbulence and impact on service users as new contracts for home support providers come into operation
- Sufficient resources, capacity and robust joint working arrangements to meet targets for delayed transfers of care
- Sufficient capacity to meet developmental demands e.g. single front door and deliver efficiency savings and meet inflation targets and demographic pressures.
- Sufficient resources to invest in and increase capacity in preventive services and continue to meet the needs of people who meet the critical and substantial eligibility criteria within FACS and remain within budget.
- Risk of reducing client income if we support more people at home rather than in care homes
- Structural changes and financial challenges for key NHS partners.
- Lack of coherent joint strategy and planning processes with key partners in the NHS e.g. integrated services and single assessment.
- Capacity to deliver on the significant change agenda and take staff with us.
- Workforce capacity (recruitment and retention) to develop community services

- The challenge of changing the skill mix within teams and service areas.
- Organisational structural change and the impact of shared services
- Financial and performance information systems are not adequately aligned to enable & support operational staff to do their job.
- The impact of direct payments and individualised budgets on the way we commission and contract services.
- Continuing health care case reviews impact on social & community services.
- Uncertain future of grant money e.g. carers grant, supporting people, modernisation funding, access and systems capacity grant
- Destabilisation of the care home market and the need to review the way we purchase beds through block and spot contracts.
- Dependence on partnerships to stimulate the extra care housing market.
- Fundamental service review recommendations for home support and day services.
- Generic intermediate care due to levels of investment

#### **4.4 Strategic Direction 2007- 2010**

##### **4.4.1 Summary of Strategic Direction**

National and local policy and performance indicators combined with the views of service users and carers underpin the strategic direction for older people in Oxfordshire. The White Paper 'Our Health, Our care, Our Say' is the main driver for change alongside the 'National Service Framework for Older People' and 'All our Tomorrows: Inverting the Triangle of Care'. An analysis of issues and gaps assists in highlighting areas that need a greater focus. Doing more of the same will not work. Increasing demand, greater complexity and rising expectations mean that the current situation is not sustainable.

The PCT commissioners and the Directorate of Social & Community Services are working towards a fully joined up strategy to achieve joined up outcomes for older people. The policy direction is to change focus from acute care to a more preventative and community based approach across the health and social care systems whilst preserving personal dignity, choice and control and promoting independence for both service users and their carers. Services need to be made more accessible and we need to promote participation of service users and carers.

In Oxfordshire we would like to deliver the outcomes identified in the White Paper 'Our Health, Our Care, Our Say', National Priorities and Outcomes framework:

- 1) Improved Health and Emotional Well Being – "I am as healthy as I can be"
- 2) Improved Quality of Life – "I am able to live a fulfilled life"
- 3) Making a Positive Contribution – "I can participate as a full and equal member of my community"
- 4) Increased Choice & Control – "I have the same life chances as other adults"
- 5) Freedom from Discrimination – "I have an equal chance to live free from fear, discrimination and prejudice.
- 6) Economic Well Being – "I am financially stable and have as much control as possible over my money"
- 7) Maintaining Personal Dignity and Respect – "I feel valued by others"

#### **4.4.2 Summary of the areas for development in Oxfordshire** (see Appendix 6 for full list)

The national priorities and outcomes framework ensures delivery of the outcomes from the White Paper 'Our Health, Our Care, Our Say'. The areas for development highlight the need to work in partnership with Health and to progress the joint commissioning strategy initiated in 2005.

To deliver the White paper outcomes and manage demographic change Oxfordshire needs to achieve the shift in balance from the acute sector to the community and achieve the right balance between bed based services and community based services. We need to continue to invest in preventative services and develop falls, intermediate care, telecare, supported housing and continue to promote direct payments and individualised budgets and access to universally available services. A particular focus is needed on older people with mental health needs including younger adults with early dementia. We need to develop alternatives to residential care and invest in extra care housing, intensive home care, day services, adult placement and relief to care. Carers need flexible relief care. We want to maximise service user participation and improve social inclusion. The workforce and the market need to be stimulated to provide the right care at the right place at the right time at the right price.

#### **4.4.3 Strategic Commissioning Intentions 2007 – 2010**

**Older Persons 1** Develop alternatives to residential care and have fewer people living in residential care.

**Older Persons 2** Increase specialist Older People with Mental Health (OPMH) needs residential provision and specialist OPMH support in people's homes.

**Older Persons 3** Develop alternatives to non-intensive home support services and increase the number of people accessing universal services.

**Older Persons 4** Improve access to appropriate levels of assessment.

**Older Persons 5** Develop preventative services.

**Older Persons 6** Improve the health and emotional well-being of Carers through increased choice and control.

<b>Service Improvement OP1: Develop alternatives to residential care and have fewer people living in residential care.</b>
Accountable Officer – Sandra Stapley, Operations Manager
<b>Outcomes/Rationale</b> Aspirations of independence, dignity and choice run through government policy. The White Paper highlights four goals of prevention; choice; access and support for long term needs to be able to achieve improved health & emotional well being and improved quality of life through increased choice and control and maintaining personal dignity and respect. To achieve these goals we need to support more people to live independently at home with the right level of support and develop a range of services to enable people to be part of their local communities and to create opportunities for choice and control. The development of new technologies and the allocation of the Preventative Technology Grant from the Department of Health offers new opportunities to enable people to remain living at home.

**Targets/improvements**

Increase extra care housing; participate in Supporting People sheltered housing reviews; Increase capacity of Intermediate care; Increase capacity of intensive home support; Increase capacity of adult placement for older people; Maximise assistive technology opportunities; Increase respite care capacity.

**Service Improvement OP2: Increase specialist Older People with Mental Health (OPMH) needs residential provision and specialist OPMH support in people's homes**

Accountable Officer – Sandra Stapley, Operations Manager

**Outcomes/Rationale**

When people require specialist care then we will endeavour to provide this at the right place; at the right time and at the right cost to improve the quality of life of service users and their carers.

**Targets/improvements**

Increase specialist provision for long term care, respite care and support at home; improve training to meet specialist high dependency needs

**Service Improvement OP3: Develop alternatives to non-intensive home support services and increase the number of people accessing universal services.**

Accountable Officer – Sandra Stapley, Operations Manager

**Outcomes/Rationale**

Aspirations of independence, dignity and choice run through government policy. The White Paper highlights four goals of prevention; choice; access and support for long term needs to be able to achieve improved health & emotional well being and improved quality of life through increased choice and control and by maintaining personal dignity and respect. The emphasis in the White Paper is on shifting the balance of care and prioritising older people's access to universal services in the community and improved information and advice services. To achieve these goals we need to support more people to live independently at home with the right level of support and to develop a range of services to enable people to be part of their local communities and to create opportunities for choice and control.

**Targets/improvements**

Reduction in low level home support; increase in preventative services in volume and variety including telecare; increased access to universal services

**Service Improvement OP4: Improve access to appropriate levels of assessment**

Accountable Officer – Sandra Stapley, Operations Manager

**Outcomes/Rationale**

Enable people to live fulfilling and independent lives through providing older people and their carers with the right access at the right level of assessment at the right time, a written statement of needs and how these will be met. Support people to manage their own long term conditions and identify integrated social and health care routes from assessment to service provision.

**Targets/improvements**

95% of assessments to start within 48 hours of first contact; 75% of assessments completed within 28 days; implement single assessment; implement self assessment on selected services; reduce waiting time for OT assessment

**Service Improvement OP5: Develop preventative services**

Accountable Officer – Varsha Raja, Operations Manager

**Outcomes/Rationale**

The White Paper places a high priority on developing services that prevent physical, mental and emotional deterioration. The development of assistive technology offers new opportunities to enable older people to remain in their own homes for longer and to live a full and active life. The Directorate is committed to enabling more people to remain as independent as possible, to continue to live in their own home and be involved in the local community. The joint prevention and day services strategy will provide the framework for developing health and social care resources to provide real choice.

**Targets/improvements**

Support more older people to live at home as a proportion of all older people receiving a service; Support more carers as per performance indicator C62; identify planned outcomes from assistive technology grant and deliver efficiency savings; implement prevention action plan

**Service Improvement OP6: Improve the health and emotional well-being of carers.**

Accountable Officer – Varsha Raja, Assistant Operations Manager

**Outcomes/Rationale**

The White Paper highlights four goals of prevention; choice; access and support for long term needs to be able to achieve improved health & emotional well being and improved quality of life through increased choice and control and maintaining personal dignity and respect. We want to assist carers to be healthy, to improve their quality of life and to maximise choice.

**Targets/improvements**

Support more older people to live at home as a proportion of all older people receiving a service; Support more carers as per performance indicator C62.

#### 4.4.4 Service Activity 2007 – 2010

Investment 2007 – 2010					
Assessment	Activity	Outcome	2007/08 £000	2008/09 £000	2009/10 £000
Skill mix development in OT teams (acg2)	Create skilled support workers and reduce qualified workers.	Increased choice and control	150	150	150
Prevention/ Carers	Activity	Outcome	2007/08 £000	2008/09 £000	2009/10 £000
Universal services	Work with partners to deliver an action plan. Investigate brokerage model.	Improved quality of life	tba	tba	tba
Intermediate Care (op27, cpp2)	Increase capacity at home and in day centres	Improved health and emotional well-being	108 85	108 85	108 85
Equipment (acg3)	Additional 1,000 items to support people living at home	Increased choice and control	60	60	60
Telecare and telehealth (grant)	Improve access to telecare to enable people to stay at home	Increased choice and control	509	tba	tba
Prevention services in partnership with primary care (op32)	Prevent hospital admissions for people with long term conditions e.g. case management	Improved health and emotional well-being	150	150	150
Flexible respite/ relief to care at home (op28, op45, cpp8)	Expand respite care/ sitting services by purchasing less bed based respite. Use Direct Payments for greater flexibility	Increased choice and control	DP 183 Carers 75	183 75	183 75
Flexible booking process for respite away from home	Appoint officers to manage flexible booking scheme	Increased choice and control	met	met	met
Emergency support for carers	Establish 24/7 crisis line	Improved quality of life	tba	tba	tba
Falls prevention (op45)	Expand current service by 75% to reduce emergency admissions to hospital	Improved health and emotional well-being	72	72	72
Winter contingency (op26)	Help avoid hospital admissions in periods of high demand and waiting times	Improved quality of life	250	250	250
Delayed transfers of	Downward trend in delayed discharges	Increased choice and control	600	600	600

care (growth)					
<b>Support at Home Services</b>	<b>Activity</b>	<b>Outcome</b>	<b>2007/08 £000</b>	<b>2008/09 £000</b>	<b>2009/10 £000</b>
Voluntary organisations alternatives to low level home support (op19, cpp7, cpp9)	Re provide 390 hrs pw by moving 8hrs from low level home support. To offer support to an additional 110 people (3 hours per week) in external day services/ vol orgs Invest in home from hospital scheme to facilitate hospital discharge for adults.	Increased choice and control	51  External Day 86 Home Hospital 30	101  86 30	101  86 30
Increase intensive home support as a replacement for residential care (op20)	26 intensive home support packages as an alternative to a care home. Replace 26 residential care beds.	Increased choice and control	152	274	274
External home support increase (op37, op38)	Aim to support an additional 39 extra packages per week to reduce delayed transfers of care.	Increased choice and control	150	381	719
Internal day services (joint strategy)	Day care strategy for Witney and Shotover resource centres	Increased choice and control	187		
Adult mental health day services (cpp3)	Fund an extra two workers plus transport	Increased choice and control	40	40	40
Adult placement (op21)	Invest in adult placement by purchasing 10 fewer residential placements in 2007/08 and a further 10 in 2008/09.	Increased choice and control	171	327	327
Extra Care Housing as a replacement for residential care	20 units of extra care housing funded through a reduction in purchasing residential care beds.	Increased choice and control	124	172	172
People with no recourse to public funds (op39)	15-20 people at any one time	Increased choice and control	50	50	50
<b>Care Home Support</b>	<b>Activity</b>	<b>Outcome</b>	<b>2007/08 £000</b>	<b>2008/09 £000</b>	<b>2009/10 £000</b>
Nursing home beds, residential beds, threshold beds (op2,	3 additional nursing beds pw for delayed transfers of care.	Improved health and emotional well-being.	595	870	1,001

op3, op4, op5, op6, op7, op8, op13, op18, op20, op21)	Invest in threshold beds and mental health beds		270	406	406
	Funding of 17 clients from Radcliffe Infirmary		157	157	157
			245	139	64
Replacing residential beds with nursing beds (op14)	Nursing beds are increasingly replacing residential beds within block contracts	Improved health and emotional well-being	270	270	270
Respite care beds for Older People with Mental Health needs (op30)	2 additional respite beds giving 6 weeks relief each year to 17 carers	Increased choice and control	67	67	67
Continuing care (op7)	Price differential when continuing care funding of bed ceases	Increased choice and control	50	50	50

#### Disinvestment/ Efficiencies 2007 – 2010

Description	Activity	2007/08 £000	2008/09 £000	2009/10 £000
OT Skill mix (asg2)	Self assessment and management savings by integrating qualified and skilled team members	-85	-95	-105
Care Management skill mix (op33)	Achieve ratios of 40% unqualified skilled staff to 60% qualified staff Develop brokerage scheme including purchasing of care home beds, home support hours and meals.	-200	-300	-300
Single front door (op34)	Time to change and single front door efficiencies. Information and advice.	-120	-250	-300
Self assessment (op35)	Self assessment to offset pressures for additional occupational therapy staff	-50	-50	-50
Voluntary sector debt counselling services (cpp10)	Decommission 3 debt counselling services	-107	-131	-131
Low level home support (op19)	Redirect 130 clients to an alternative low level service in 2007/08	-152	-274	-274
External home support (op40)	Efficiencies made from investment in intermediate care and greater independence	-72	-72	-72

External home support hourly rates (op41)	Purchase care at home more efficiently externally to offset demographic pressures	-189	-189	-189
Demographic pressure efficiencies for external home support (op37)	Efficiencies to fund demography	0	-231	-569
Internal home support (op43)	Fundamental service review efficiencies	-600	-600	-600
Day care provided within residential care homes (op16)	Day care provided within residential care homes	200	200	200
Day centres (cpp4)	Rationalisation of internal and external day centre provision following fundamental service review	-200	-200	-200
Residential beds and respite beds (op12, op13, op20, op21, op28, op29, cpp7, cpp9)	Disinvest in 10 residential beds to invest in adult placement	-73	-290	-290
Disinvest in approximately 150 residential beds to provide alternative ways of delivering services and prevention.	Disinvest in 26 residential beds to invest in intensive home support	-250	-499	-499
	Disinvest in 3 residential double rooms at Iffley	-270	-487	-487
	Disinvest in 25 residential beds as no new investment for thresholds and mental health	-84	-84	-84
	Disinvest in 26 beds or .5 placements per week and place 2.5 instead of 3 per week	-345	-345	-345
	Disinvest in 52 residential beds to fund prevention through intermediate care benefits	-276	-443	-544
	Purchase 9 less bed based respite beds to invest in flexible respite using Direct Payments.	-517	-1034	-1034
	Disinvest in contract to fund extra care housing	-257	-257	-257
	Disinvest in residential beds and invest in telecare	-124	-172	-172
Residential and nursing bed band rates (op24 or op25)	Reduce all residential and nursing bed band rates for new spot purchases	-88	-188	-188
Registered nursing care contribution (RNCC) (op11)	No exceptional RNCC payments to increase rates paid to homes from med band to high band	-234	-388	-388
Abnormal inflation (op49)	No abnormal inflation on home support contracts and residential and nursing beds	-16	-21	-21
		-886	-886	-886

#### 4.4.5 Monitoring Framework

Action	Where Monitored	Lead
<b>Assessment</b>		
Skill mix development in OT teams	Divisional Management Team	Sandra Stapley
<b>Prevention/ Carers</b>		
Access to Universal services	Divisional Management Team	Varsha Raja
Intermediate Care	Divisional Management Team	Sandra Stapley
Equipment	Critical Indicators Action Group	Sandra Stapley
Telecare and telehealth		Varsha Raja
Prevention services with primary care	Divisional Management Team	Varsha Raja
Flexible respite/ relief to care at home	Divisional Management Team	Varsha Raja
Flexible booking process for respite	Divisional Management Team	Sandra Stapley
Emergency support for carers	Divisional Management Team	Varsha Raja
Falls prevention	Divisional Management Team	Sandra Stapley
Winter contingency	Divisional Management Team	Sandra Stapley
<b>Support at Home</b>		
Delayed transfers of care	Whole Systems Meeting	Sandra Stapley
Voluntary organisations alternatives to low level home support	Divisional Management Team	Andrew Colling
Increase intensive home support	Divisional Management Team	Sandra Stapley
External home support increase	Divisional Management Team	Andrew Colling
Internal day services	Divisional Management Team	Sandra Stapley
Mental health day services	Divisional Management Team	Sandra Stapley
Adult placement	Divisional Management Team	Varsha Raja
Extra Care Housing	Divisional Management Team	Nigel Holmes
People with no recourse to public funds	Divisional Management Team	Sandra Stapley
<b>Care Home Support</b>		
Nursing home beds, residential beds, threshold beds	Divisional Management Team	Nigel Holmes
Replacing residential beds with nursing beds	Divisional Management Team	Nigel Holmes
Respite care beds for Older People with Mental Health needs	Divisional Management Team	Nigel Holmes
Continuing care	Joint Management Group older people	Sandra Stapley

## Appendix 1 : Population Projections: Older People

### Population Change in Oxfordshire 2004 – 2029

An increasing elderly population will have a significant impact on all future service delivery. This is a long term issue that needs a long term solution from all organisations.

Table one details population growth across Oxfordshire. It shows growth in the 85+ population in Oxfordshire of 126%, an increase of around 14,000 people. Not all parts of the county are affected equally. The impact is highest in Cherwell and lowest in the City.

**Table 1**

Geographical Area	AGE 65+			AGE 80+			AGE 85+		
	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	%age Increase 2004 to 2029
Cherwell	18.8	34.9	85.6%	5.1	11.1	117.6%	2.2	5.5	150.0%
Oxford City	17.2	23.0	33.7%	5.4	7.5	38.9%	2.3	3.9	69.6%
South Oxfordshire	20.5	32.5	58.5%	5.8	11.5	98.3%	2.6	5.8	123.1%
Vale of White Horse	18.8	29.4	56.4%	5.2	10.6	103.8%	2.2	5.4	145.5%
West Oxfordshire	16.2	28.0	72.8%	4.7	10.1	114.9%	2.1	5.2	147.6%
<b>Oxfordshire</b>	<b>91.5</b>	<b>147.8</b>	<b>61.5%</b>	<b>26.2</b>	<b>50.8</b>	<b>93.9%</b>	<b>11.4</b>	<b>25.8</b>	<b>126.3%</b>

Source: Office for National Statistics: Subnational population projections based on 2004 mid-year estimates. These show what the population will be in the future, given the current trends

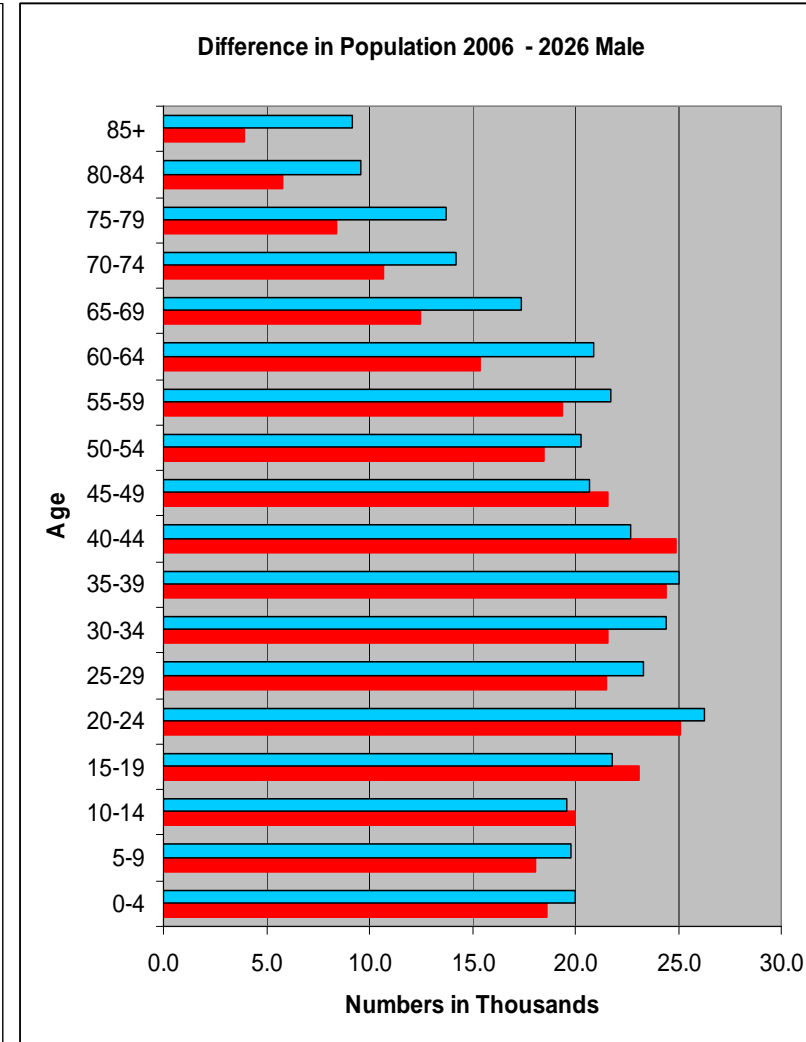
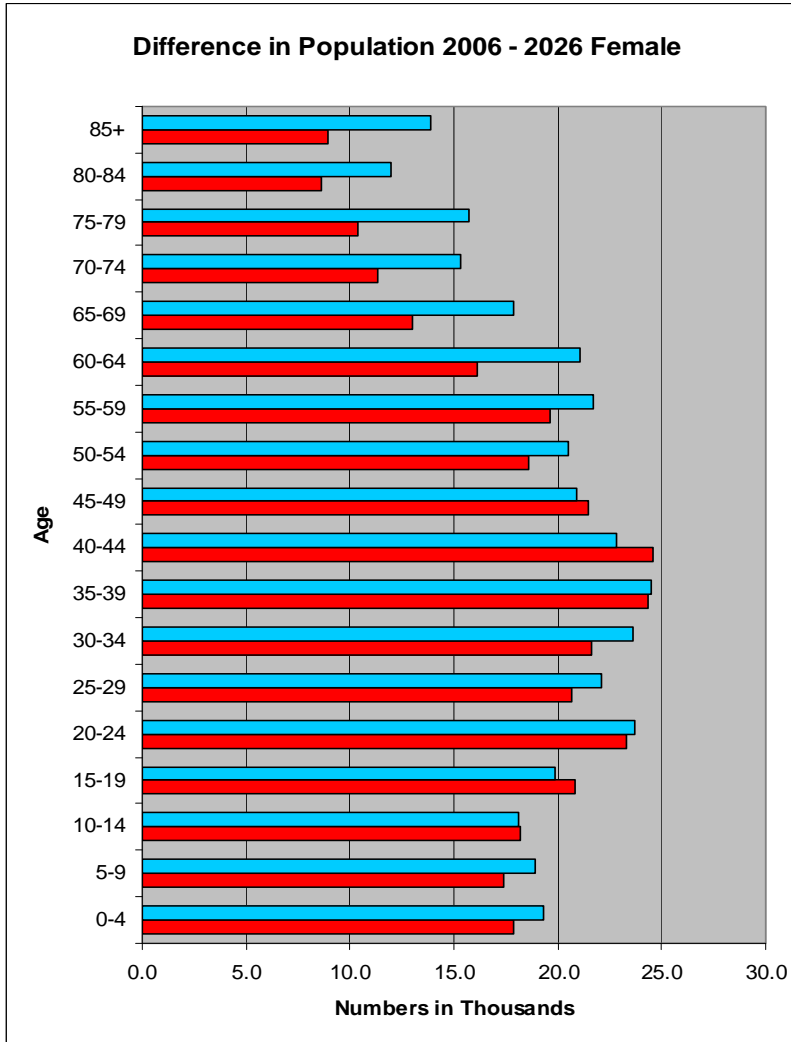
**Table 2**

	Total Population			AGE 65+ % of Total				AGE 80+ % of Total				AGE 85+ % of Total						
	2004 (1,000s)	2029 (1,000s)	%age Increase 2004 to 2029	2004		2029		%age Increase 04 to 2029	2004		2029		%age Increase 04 to 2029	2004		2029		%age Increase 04 to 2029
				65+	%	65+	%		80+	%	80+	%		85+	%	85+	%	
<b>Oxfordshire</b>	619.8	711.5	15%	91.5	15	147.8	21	40%	26.2	4	50.8	7	75%	11.4	2	25.8	4	100%

Source: Office for National Statistics: 2004-based subnational population projections.

Table two shows the total population for Oxfordshire in 2004 and 2029 and identifies what percentage each age group represents of the total population. The 65+ age group as a percentage of the total population will increase by 40% from 2004 to 2029 whilst the 85+ age group as a percentage of the total population will increase by 100%

ONS 2004 – 2029 Projections



top bar = 2006  
lower bar = 2026

**Predicted numbers of people aged over 85 in Oxfordshire requiring intensive levels of support.**

**Table 3**

	<b>Oxfordshire population aged 85+</b>	<b>Estimated numbers requiring intensive support</b>
<b>2004</b>	11,400	2,850
<b>2007</b>	13,400	3,350
<b>2010</b>	14,500	3,625
<b>2020</b>	19,000	4,750
<b>2029</b>	25,800	6,450

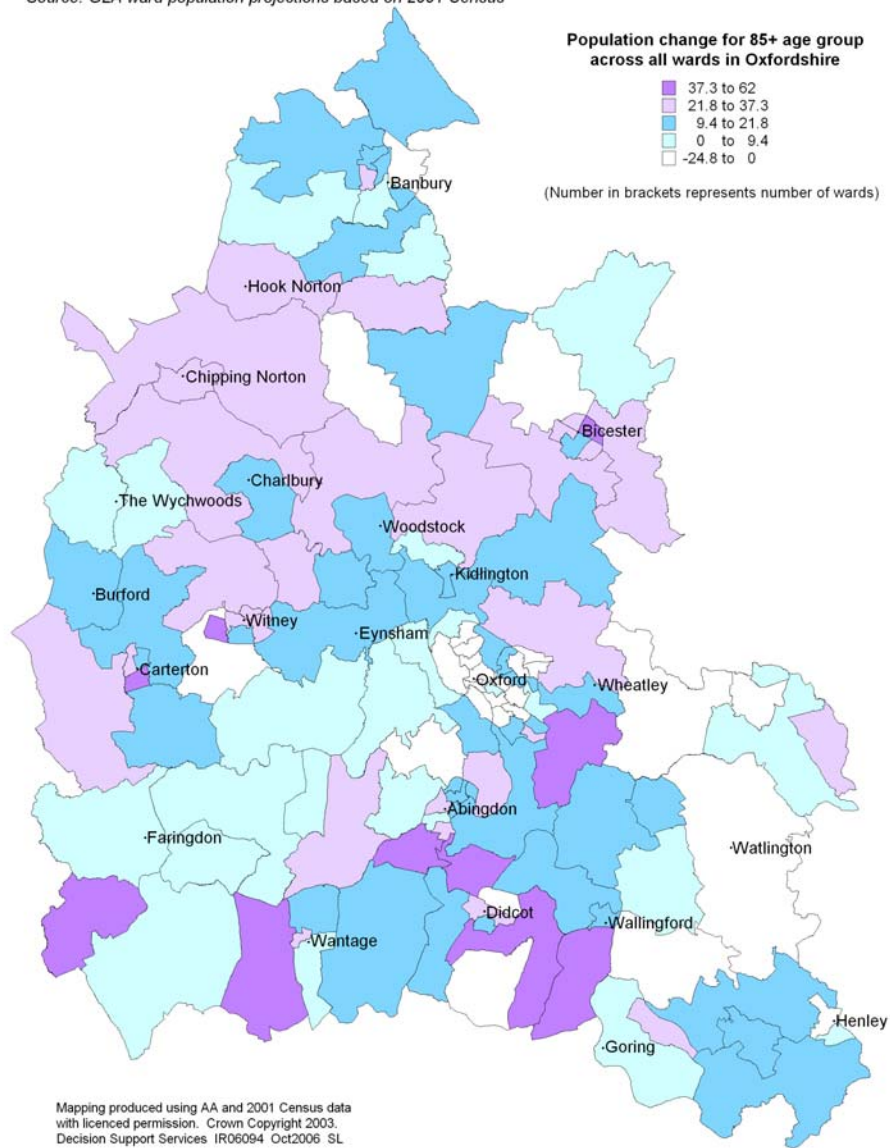
Source: Oxfordshire County Council

The accepted estimate is that one in four people over the age of 85 will require a level of intensive support from the Directorate of Social & Community Services. Table three gives an indication of what this would mean in Oxfordshire.

Areas which have the highest level of growth need a targeted approach to ensure that services can meet growing demands. As the map clearly demonstrates, high growth areas are located in rural areas where transportation can be a barrier to service access.

**Population change for people aged 85 years and over  
(2006 to 2011)**

Source: GLA ward population projections based on 2001 Census



**Appendix 2**

**THE VIEWS OF OLDER PEOPLE ,PROPOSED OUTCOMES AND JOINT COMMISSIONING INTENTIONS**

Views of Older People	Outcome Statements	Commissioning Intentions	Service Development/ Delivery Options
Nothing about us without us.	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Making a positive contribution.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ More older people involved in strategic and service planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improve user and carer involvement and participation in the strategic and operational planning of services. (OP4).</li> <li>▪ Work in partnership to achieve maximum benefits from practice based commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build on and extend the existing forums and processes in health and social care to involve older people and carers in planning and implementing services.</li> <li>▪ Use older people and carers to assist in monitoring the quality and effectiveness of services.</li> </ul>
Eliminate and breakdown the stereotypes and negative images of being an older person.	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Freedom from discrimination and harassment.</li> <li>▪ Economic well being</li> <li>▪ Protection from abuse.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction in the number of older people who feel socially excluded or discriminated against.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Facilitate access to universal services by working in partnership with District Councils, the independent and voluntary sectors.</li> <li>▪ Provide services to the most vulnerable in a way that retains personal dignity and minimises risk.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Use opportunities to work with communities, neighbourhoods and partners to provide a wide range of services accessible to all.</li> <li>▪ Have in place a workforce plan to recruit, retain and provide learning and development opportunities for staff in all services to value older people and where necessary take steps to protect the most vulnerable.</li> </ul>
Have opportunities to live a full life.	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Improved quality of life and well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction in health inequalities across Oxfordshire</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stimulate and deliver a wide range of services that provide opportunities for all by working with local communities, LSPs, District Councils, the independent and voluntary sectors (OP2).</li> <li>▪ Use opportunities and learning from LAA pilot.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Update and implement the prevention and day services strategy through service reconfiguration.</li> <li>▪ Use opportunities in the NHS to develop integrated and joined up services.</li> <li>▪ Implement 'Choosing Health' to improve healthy living.</li> </ul>
Views of Older People	Outcome Statements	Commissioning Intentions	Service Development and Delivery Options

<ul style="list-style-type: none"> <li>▪ Give real choice to older people and their carers.</li> <li>▪ Provide easy access to accurate information, advice and signposting to the whole range of services.</li> <li>▪ Recognise and act on the importance of early identification of needs and access to services that prevent crises developing 'simpler or smaller amounts of help are often the most helpful'.</li> <li>▪ Work on and implement opportunities to provide support in different ways e.g. assistive technology.</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Exercise of choice and control.</li> <li>▪ Improved quality of life and well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction in the period of people's lives spent in frailty and dependence.</li> <li>▪ More older people helped to live at home for longer.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide access to information, advice and services that help and support older people to remain living in their community. (OP3)</li> <li>▪ Provide a range of services that support carers in their caring role including responsive help in times of crises and ill health.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accurate information and advice in a range of formats that is accessible to all.</li> <li>▪ An integrated single point of contact for assessment and access to services</li> <li>▪ Timely responses and interventions that are appropriate to the level of need.</li> <li>▪ A range of flexible and easily accessible services for carers – particularly in times of crises.</li> <li>▪ Implement envelopes of care in home support</li> <li>▪ Increase the number of Direct Payments and implement individual budgets.</li> <li>▪ Increase the use of assistive technology</li> <li>▪ Sufficient range and capacity in health and social care community based services</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reduce social isolation and loneliness as older people experience bereavement, loss and reduced mobility.</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Improved quality of life and well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction in the number of older people with treatable mental health conditions.</li> <li>▪ More older people gaining access to preventive services.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide information, help and support for older people to remain healthy, active and independent for as long as possible.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Extend the range of preventive services, e.g. falls; housing improvements; diet and nutrition; opportunities for socialisation including access/transport; equipment and assistive technology.</li> </ul>

Views of Older People	Outcome Statements	Commissioning Intentions	Service Delivery/Options
<ul style="list-style-type: none"> <li>▪ Early and flexible support for carers including a range of options for short breaks and respite care</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Exercise of choice and control.</li> <li>▪ Economic well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ More carers willing and able to continue in their caring role and have some life of their own</li> <li>▪ Reduction in the number of carer breakdowns.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide service that support and enable carers to continue in their caring role.</li> <li>▪ Provide support and service options for carers who wish to reduce or cease their caring responsibilities. (OP2).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accurate easily accessible information and advice in a range of formats.</li> <li>▪ A timely response.</li> <li>▪ A range of flexible and easily accessible services – particularly in times of crises.</li> <li>▪ Increase the number of Direct Payments.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure services meet the individual lifestyles and cultural and religious needs of older people.</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Personal dignity.</li> <li>▪ Race Equality</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ More person-centred, better co-ordinated services that give people choice and control over the support, care and treatment they receive</li> <li>▪ More older people from diverse cultural and religious communities receiving appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop and deliver services that meet the aspirations and individual needs of older people, their carers and families.</li> <li>▪ Work with older people and communities from black and minority ethnic groups to ensure services are appropriate and delivered in a culturally sensitive way. (OP3)</li> </ul>	<ul style="list-style-type: none"> <li>▪ All services to be delivered in a culturally sensitive way.</li> <li>▪ Workforce population to reflect the needs of local communities.</li> <li>▪ In consultation with older people and communities, specific services to be developed to meet the needs of particular groups for.</li> </ul>

Views of Older People	Outcome Statements	Commissioning Intentions	Service Delivery/Options
<ul style="list-style-type: none"> <li>▪ Provide necessary and appropriate care treatment and support at times of crises and vulnerability e.g. admission and discharge from hospital</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Improved health.</li> <li>▪ Exercise of choice and control.</li> <li>▪ Personal dignity</li> <li>▪ Improved quality of life and well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ More older people helped to regain skills, confidence and independence after illness and injury.</li> <li>▪ Reduction in the number of emergency admissions to hospital.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide appropriate in-patient, care including older people with mental health needs.</li> <li>▪ Provide opportunities for rehabilitation and recovery through integrated intermediate care services.</li> <li>▪ Involve users and carers in discharge planning. (OP1)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Appropriate acute and specialist care.</li> <li>▪ Range of integrated service options to support older people with mental health problems – prevent unnecessary admission to hospital and appropriate level of support on discharge from hospital.</li> <li>▪ Integrated intermediate care services provided in a range of environments.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Health and social care organisations should provide joined up approach throughout the period of time – good health promotion, preventive services sufficient, appropriate support as people become frailer and dignified end of life care.</li> </ul>	<p><b>National:</b></p> <ul style="list-style-type: none"> <li>▪ Improved health</li> <li>▪ Exercise of choice and control</li> <li>▪ Personal dignity</li> <li>▪ Improved quality of life and well being.</li> </ul> <p><b>Local:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction of the number of people waiting in the wrong place for services (delayed transfers of care).</li> <li>▪ People receive high quality care in residential and nursing home care home.</li> <li>▪ Dignity, and wherever possible, personal choice, in end of life care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A ‘whole system’ approach to providing and funding a continuum of services to support older people at all stages.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promotion of health and well being across health and social care.</li> <li>▪ Improved access to universal services.</li> <li>▪ An extended range of preventive services.</li> <li>▪ Modernised and integrated day services.</li> <li>▪ Joined up or integrated community services to support people with long term conditions.</li> <li>▪ Specialist services for older people with mental health needs</li> <li>▪ Capacity and quality care in care homes.</li> <li>▪ Range of options for end of life care.</li> </ul>

## Appendix 3

### Key Measures of Performance

Key Performance Indicators	Outturn 2005/6	Target 2006/7	IPF	Shire	Nat	Target 2007/8
<b>B11 (LAA)</b> Intensive home care as a % of intensive home and residential care	33.2	33	26.8	24.5	27.7	n/a
<b>B12</b> cost of intensive social care	683	707	536.1	507.6	517.2	721.14
<b>B17</b> Unit cost of home care	15.5	16	14.9	14.6	14.8	16.32
<b>C28 (BV53, LAA)</b> Intensive home care	10.8	10.8	10.1	9.9	14.0	11.5
<b>C32 (BV54)</b> Older people helped to live at home	63.5	81.2	69.0	73.1	88.7	81.2
<b>C51 (BV201, LAA)</b> No. of people Direct Payments	96	125	86.1	79.2	86.1	170
<b>C62(LAA)</b> Carers services	6.0	12	9.8	10.1	9.1	15
<b>C72</b> Older people admitted permanently to residential or nursing care	70.1	66	81.7	83.5	87.4	70
<b>D37</b> Availability of single rooms	92	95	95.0	94.9	96.1	95
<b>D39 (BV58)</b> % of users receiving a statement of needs	97	97	96.1	93.8	94.4	97
<b>D40</b> Clients receiving a review	68	68	68.0	69.3	67.0	70
<b>D41</b> Delayed discharges	55	57	n/a	n/a	n/a	38
<b>D54 (BV56)</b> Items of equipment delivered within 1 week	86	88	85.6	85.7	86.6	85
<b>D55 (BV195)</b> Waiting times for assessment	80	84.7	80.3	79.7	78.3	90
<b>D56 (BV196)</b> Waiting times for services	90	91.4	85.9	86.8	86.6	90
<b>E47</b> Ethnicity of older people receiving an assessment	1.2	1	1.2	1.0	1.1	1
<b>E48</b> Ethnicity of older people following an assessment	0.91	1	1.0	0.9	1.0	1
<b>E50</b> Assessments of adults and older people leading to provision of service	30	56	70.9	69.4	70.0	56

## Appendix 4

### Service and Resource Planning

#### Adult Social Care: Specific investments in preventative services 2007/08

Description	2007/08 £000
Occupational Therapy	150
Equipment	60
Winter contingency	250
Long term conditions	150
Falls service	72
More intermediate care in internal day centres	85
Adult mental health day centres	40
Additional low level home support in day services/ voluntary organisations	86
Home from hospital	30
<b>Total investment in prevention 2007/08</b>	<b>£923</b>

## Appendix 5 Gaps in Services for Older People

<b>Assessment &amp; Care Management</b>	<ul style="list-style-type: none"> <li>• Need to streamline and simplify access to information, advice and assessment including self assessment and the appropriate level of service provision including preventive services.</li> <li>• The right skill mix and capacity to meet targets for 48-hour assessments and reviews required under Fair Access to Care Services.</li> <li>• Capacity to meet the requirements of the Carers Act in relation to carers assessments both in terms of numbers and outcomes.</li> <li>• Improved purchasing capacity to maximise the use of resources.</li> <li>• 'Nothing about us without us' – user and carer participation throughout.</li> </ul>
<b>Prevention &amp; Day Services</b>	<ul style="list-style-type: none"> <li>• This is a very diverse sector with a number of small contracts with a range of providers with concerns about longer term sustainability.</li> <li>• There is a risk to the implementation of the Prevention and Day Services Strategy for older people that will require ongoing resources.</li> <li>• Opportunities exist to redesign service models in partnership with health colleagues in primary care for those with more long term needs.</li> <li>• Opportunities exist to develop services for people with low level needs in the voluntary sector.</li> <li>• Develop the right balance of community and non-community based services.</li> <li>• Access to universal services.</li> <li>• There is an insufficient range of day time/employment opportunities for younger people with early onset dementia.</li> <li>• Flexible relief services for carers</li> </ul>
<b>Assistive Technology</b>	<ul style="list-style-type: none"> <li>• Implement plans for the prevention technology grant available in 2006 and increase opportunities for telecare.</li> </ul>
<b>Housing Options</b>	<ul style="list-style-type: none"> <li>• There is a low level of provision of extra care housing for older people.</li> <li>• There is no provision of supported housing options for people with complex needs, e.g. early onset dementia.</li> </ul>
<b>Intermediate Care</b>	<ul style="list-style-type: none"> <li>• We need to improve the use of existing resources and increase efficiency through the single management of services and the development of Single Front Door, integrated assessment teams and the falls service.</li> <li>• Achieve the right capacity and balance between bed based and domiciliary based services.</li> <li>• Achieve the right balance between step up (preventing an admission to hospital) and step down (facilitating discharges) provision.</li> <li>• Develop intermediate care services for older people with mental health needs.</li> </ul>
<b>Home Support</b>	<ul style="list-style-type: none"> <li>• Develop intensive home support capacity for people with complex and/or multiple needs.</li> <li>• The need for all home support providers to increase level of training to meet specialist high dependency need, e.g. people with complex physical and mental health needs.</li> </ul>
<b>Residential &amp; Nursing Care</b>	<ul style="list-style-type: none"> <li>• An insufficient supply of specialist provision for both long term and respite care for older people with mental health needs.</li> <li>• An insufficient supply of in-county bed based provision for both long term and respite care for adults with early onset dementia.</li> <li>• An affordable supply of nursing beds that can keep pace with demographic pressure.</li> <li>• The need to improve flexibility of bed based respite care.</li> <li>• Community based alternatives to residential care e.g. extra care housing</li> <li>• Oxfordshire achieve significant income through care homes as proportionately many people own their own homes. If we achieve the shift of supporting more people in the community this income will be reduced.</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Oxfordshire socio-economics provide a challenge for recruitment and retention in all sectors and in developing a skill mix within teams.</li> </ul>

## **Appendix 6 Areas for development in Oxfordshire using the White Paper Outcomes Framework**

### **1) Improved Health and Emotional Well Being**

- Achieve the right balance of bed-based and domiciliary-based intermediate care provision to reduce the number of delayed transfers.
- Increase the investment in the development of an integrated falls service.
- Increase the range of community and home support services to be able to shift the balance of care for older people towards prevention and community services.
- Develop day services alongside universal services.

### **2) Improved Quality of Life**

- Maximise the funding opportunities in the use of assistive technology.
- Develop more capacity to live independently through developing alternatives to residential care e.g. extra care housing.
- Develop a range of flexible community services for older and younger people with dementia and their carers.
- Increase flexible support for carers by streamlining access and increasing both the capacity and range of respite care provision – at home and away from home.

### **3) Making a Positive Contribution**

- Maximise user and carer participation and improve social inclusion.

### **4) Increased Choice & Control**

- Improve information and advice and increase self assessment opportunities.
- Increase the skill mix assessment capacity to improve access to the Directorate and meet 48-hour targets, requirements for carers' assessments and face-to-face reviews.
- Maximise low level support from the voluntary sector and increase opportunities to enable users and carers to access universal services.
- Enable older people and their carers to be in receipt of Direct Payments and develop individualised budgets.

### **5) Freedom from Discrimination**

- Improve the access to both mainstream and specialist services for older people from black and minority ethnic groups.

### **6) Economic Well Being**

- Improve older peoples access to income/ benefits to increase choice and flexibility.
- Improve joint purchasing and resource management to maximise use of existing resources and achieve best value for money.

### **7) Maintaining Personal Dignity and Respect**

- Implement single assessment
- Sustain the capacity and performance in delivering intensive home support care packages.
- Sustain sufficient capacity within the nursing home sector to meet demographic trends.
- Single rooms for people placed in long term care.