

SUMMARY SHEET

AI 5. Older People Progress Report

Key Points to Note:

THE CONTENT:

- This is a progress report on the work from Mar 05-Sept 06 as outlined in the Older People section of the Local Area Agreement.
- A considerable amount of activity has taken place over the first six months of this programme. There has also been considerable changes in the context over this period including the Green Paper and the changes required through the 'Commissioning a Patient-led NHS' document.
- Headline targets have been proposed and a sub group of indicators developed
- Progress on the two work streams includes:
 - The development of a vision for integrated health and social care services
 - Staff consultation on this vision
 - Beginning the recruitment of Community Matrons and an increase in the numbers of Emergency Care Practitioners
 - Submission of the £3.8m Partnership for Older People's Project bid (results due November)
 - Commissioning of a consultant to develop the Strategy for an Ageing Population
 - Review and analysis of existing city strategies and consultations has begun
 - Interviews with a range of key stakeholders from across sectors has begun
 - Consultations with Older People will commence in October

NEXT STEPS:

- To complete performance framework
- To expand an action plan for the whole Older People Local Area Agreement Block
- To consult on the draft Strategy for an Ageing Population through a wide range of city decision making mechanisms

Key Decision Points:

1. Approval of the progress review report including meeting the 2010 Health Strategy outcomes:
 - Reducing health inequalities in the city
 - Delivering quality partnership based services
 - Being innovative and leading the way in health and well-being
2. Identify the city decision-making mechanisms which should be included in the consultation on the draft Strategy for an Ageing Population
3. Agree to receive a further report with the full action plan and targets

Sheffield Older People Local Area Agreement Progress Report

1. Introduction

This document is a progress report on the Older People's block of the Local Area Agreement.

There has been a considerable amount of work undertaken over the first six months (March 05-Sept 05) of the Local Area Agreement including:

- The development of an integrated vision of health and social care services
- The submission of a £3.8 million bid for the Partnership for Older People Project
- Commissioned the development of a Strategy for an Ageing Population.

2. Our Approach

2.1 Vision

Our vision is to ensure that older people in Sheffield enjoy an improved quality of life, health and well being, are independent, participate actively in the community and enjoy the benefits of safe and stronger communities with equal access to integrated, co-ordinated services. This vision has been developed based on the aspirations of older people of Sheffield.

2.2 Key priorities

- Real, significant and sustainable improvements in the quality of life for older people requires fundamental changes in the way we think about ageing and older people.
- Services for older people are not just about social care or health – they cover a wide range of services we all need. The existing legislative framework for older people's services is a dependency model, which focuses on a narrow definition of entitlement linked to need.
- The direction envisaged in this LAA focuses on the wider expectation of well being, rights, choice and protection. The promotion of successful ageing should be part of the mainstream function of all agencies.

3. Targets and Indicators

3.1 Introduction to Targets and Indicators

Our approach is to develop a basket of indicators that reflect the aspirations of older people as articulated in the older people's chapter of the Local Area Agreement.

Some of this will be informed by the development work currently being undertaken at a national level in relation to the Green Paper for Social Services and the proposed White Paper covering 'Care Outside Hospital'.

In the first instance we are concentrating on delivering re-engineering services closer to home.

Following the development of the Strategy for an Ageing Population the full basket of indicators will be completed.

3.2 Headline Target for Re-engineering Services Closer to Home

Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes for as long as possible and ensuring that they are only admitted to hospital when their treatment and care cannot be delivered in the community:

- Increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008; and
- Increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.
- Reduce emergency bed days by 5% by 2008 (from the expected 2004/5 baseline), through improved care in primary care and community settings for people with long term conditions.

3.3 Sub Indicators:

- Number of Community Matrons
- Caseload of Community Matrons
- Number of people in receipt of Direct Payments
- Percentage of older people with intensive support needs enabled to live at home
- Proportion of older people supported to live at home
- Number of places in extra care sheltered housing
- Number of people with supported admissions into residential or nursing care
- Numbers of people using assistive technology, including telecare
- Number of emergency bed days
- Percentage of emergency admissions from care homes
- Number of older people having a recorded comprehensive geriatric assessment in a community setting
- Number of older people treated at home by Emergency Care Practitioners (tbc)
- Number of emergency medical admissions of people aged 65+.

3.4 Risks, potential problems:

- Ability to recruit Community Matrons and the impact on the whole service
- Implementing new policy re management of long term conditions could take time to bed in, egg accurately identifying the right people for case management by Community Matrons
- At present the indicator re all people aged 65 + supported to live at home only counts those people who have accessed social care via a community care assessment. There are significant numbers of people who access preventative services funded by health and social care who are not counted in this data collection.

- Nationally recent changes in GP out of hours services and the target for 98% less than 4 hour waits in A&E have led to a significant rise in the number of emergency medical admissions to hospital. In this financial year this rise is approximately 15% in Sheffield. This will adversely affect health commissioner's ability to invest in community services to reverse this trend. A future freedom may be sought to provide incentives for GPs to be more proactive in avoiding admissions and a reduction in the 98% A & E target.

4. Progress April 05 – September 05

4.1 Governance

The Older People's Partnership Board is responsible for co-ordinating the delivery of the Local Area Agreement for older people. This Board reports to the Local Strategic Partnership through Sheffield First for Health and Well-being. There are two main sub groups:

- *The Older People's Services Executive Group*, responsible for the development and implementation of strategies/policy for vulnerable older people with health and social care needs (approximately 20% of older people)
- *The Citizenship and Inclusion Group*, responsible for ensuring that older people have the opportunity to remain fit and health and involved in city wide and community development'

The Older People's Partnership Board oversees the cross cutting issues between these two groups.

4.2 Strategy for an Ageing Population

The Sheffield Strategy for an Ageing Population will be the framework through which Sheffield will improve citizenship and inclusion for Older People living and working in the city. This includes the full range of factors related to older people as citizens of Sheffield, e.g. education, employment, leisure, transport, community safety, healthy lifestyles, and civic involvement.

Progress to date includes:

- Specification for the development of a Strategy for an Ageing Population drawn up by the Citizenship and Inclusion group and external consultants appointed to carry out this work.
- A steering group has been established to manage the contract with the consultants
- The consultants have begun the review of existing strategies and commenced discussions with key stakeholders.

4.3 Re-engineering services for older people

- A vision for the future of integrated health and social care services for older people has been developed. We want older people to experience a single service response through effective integration.
- It was agreed to pilot the integration of district nursing and social work in the North PCT area. Staff are already co-located and we are looking at the leadership, human resources, organisational development and work flow issues.
- The Management of Long Term Conditions in the community requires that 16 Community Matrons are appointed by January 2006 with a target of 40 by 2007. There are currently 12 in place. This initiative will ensure improved co-ordination of care for older people with long term conditions, resulting in fewer admissions to care homes and hospital.
- The number of Emergency Care Practitioners has recently increased to 24 with plans to increase to 36 in 2006. These staff will treat more people in their own homes without the need to attend the A&E Department.
- There are currently in excess of 17,000 people using the city alarm service and 27 people using telecare. The telecare pilot will be rolled out to mainstream services and a co-ordinator/manager has been appointed to do this.
- In the first quarter of 2005/6 the proportion of people receiving intensive care at home was up to 33.9% from 30% in 2004/5. The number of people per 1,000 aged 65+ receiving intensive home care rose from 18.3 to 21.6. The number of older people per 1,000 population of 65+ helped to live at home rose from 83.23 to 86.6. The admissions of supported residents aged 65+ to care homes dropped from 106 to 98 per 10,000 people. However there are seasonal variations, which may well affect the year end position.
- The position on Extra Care Sheltered Housing units is:
 - 110 open
 - 39 under construction
 - 361 due to commence on site in 2005/6
 - 135 (approximately) awaiting funding
- The POPPS bid includes substantial increases in community intermediate care services, in particular a nursing rapid response service to prevent admission to hospital and support to care homes to prevent admissions and enable more people to die in their own home rather than in hospital.

5. Next Steps

5.1 Strategy for an Ageing Population

- Consultation work with older people, their carers and the voluntary sector
- Gap analysis of where the city needs to improve in citizenship and inclusion for older people
- Production of a draft strategy to be considered by the Older People's Partnership Board on 19 December 2005
- This strategy will need to be endorsed and adopted by the full range of decision-making mechanisms across the city including Sheffield First and the City Council.

5.2 Re-engineering services for older people

- If the POPP's bid is successful we will implement from May 2005, if not the Older People's Partnership Board will review the learning and seek alternative funding.
- Further development of the action plan aligned to the aspirations of older people.
- Further implementation of the vision by rolling out the neighbourhood integration programme

5.3 Performance Framework

- To develop a balance scorecard approach which focuses on the aspirations of older people and outcomes of interventions. (This will be partially informed by the development of the Strategy for an Ageing Population and the POPPS work)

6. Freedoms and Flexibilities

Two freedoms and flexibilities were set out in the original local area agreement to be clarified by April 2006. These are still outstanding:

- Legally empower the Care Trust to directly employ Approved Social Workers. Given the legal empowerment to directly employ social workers would result in a greater integration of actions to be taken in such cases as the sectioning of individuals. This would enable staff to deliver a flexible service to meet the needs of the individual without addressing a number of organisational boundaries.
- Legally empower the Local Authority to employ health professionals and the NHS to employ social care staff directly if the future model indicates this is a way forward. The legal power would allow streamlining accountability and responsibility, resulting in greater organisational cohesion. This flexibility would facilitate career progression of staff related to organisation structures

Currently we are considering how we manage some of the 'perverse incentives' in the whole system of care for older people. This may result in a further request for freedoms and flexibilities. The two key issues are:

- The target for less than four hour waits in the A & E department
- Incentive for GP's to prevent avoidable admissions to hospital

7. Outline plan for work

An Action Plan is under development, the first stage is attached in appendix one.