

City Chambers  
DUNDEE  
DD1 3BY

18th August, 2008

Dear Sir or Madam

You are requested to attend a meeting of the **SOCIAL WORK AND HEALTH COMMITTEE** to be held in City Chambers, City Square, Dundee on Monday, 25th August, 2008 following the meetings of the City Council, Education, Economic Development, Leisure, Arts and Communities, Housing, Dundee Contract Services and Environment Services Committees called for 6.00 pm.

Yours faithfully

ALEX STEPHEN

Chief Executive

Members are reminded that, in terms of The Councillors Code, it is their responsibility to make decisions about whether to declare an interest in any item on this agenda and whether to take part in any discussions or voting.

This will include all interests, whether or not entered on your Register of Interests, which might be perceived as influencing your opinion/vote on any matter.

## AGENDA OF BUSINESS

### 1 SCOTTISH SOCIAL SERVICES COUNCIL ANNUAL CARE ACCOLADES 2008 (AN155-2008)

Dundee City Council Social Work Department won a prestigious national award in recognition of success in its initiatives to retaining staff. The submission reflected the work of the Human Resource Group and many other staff of all grades in relation to:

- communication;
- staff development;
- staff wellbeing and;
- management development and leadership approach.

The winners of these awards are selected following a rigorous process of completing a written submission and then appearing before a judging panel.

The Convener of the Social Work and Health Committee joined staff from the department and the winning team to collect the award at an award ceremony held in June at the Glasgow Hilton Hotel.

**2 THE CHILDREN'S RIGHTS SERVICE ANNUAL REPORT**

(Report No 367-2008 by the Director of Social Work, attached).

**3 SCOTLAND'S CHOICE - REPORT OF THE SCOTTISH PRISONS COMMISSION**

(Report No 413-2008 by the Director of Social Work, attached).

**4 ADOPTION SERVICE REVIEW**

(Report No 414-2008 by the Director of Social Work, attached).

**5 BEST VALUE REVIEW OF OLDER PEOPLES SERVICE**

(Report No 421-2008 by the Director of Social Work, attached).

**6 DUNDEE OLDER PEOPLE STRATEGY**

(Report No 415-2008 by the Director of Social Work, attached).

**7 STANDARD CHARGES FOR LOCAL AUTHORITY RESIDENTIAL VISITS**

(Report No 417-2008 by the Director of Social Work, attached).

**8 TURRIFF HOUSE RHE - NEW CALL SYSTEM (AN154-2008)**

The existing nurse call system at the above premises has been breaking down on a regular basis recently and is causing severe problems in the running of the establishment. Following an inspection by technical officers in Architectural Services it was recommended that a completely new system should be installed as a matter of urgency. The call system tried and tested over the last several years by Social Work is that provided by Chubb and with the approval of the Chief Executive a quotation was sought from Chubb to carry out the installation of a new nurse call and door entry system at Turriff House RHE.

A quotation was duly received and the cost of the work is as follows:-

Specialist Offer from Chubb Community Care, Blackburn	£18,905
Allowance for Contingencies	£500
Professional Services	<u>£600</u>
<b>Total Cost of Project</b>	<b><u>£20,005</u></b>

The cost of this project will be funded from the Social Work Department's Capital Plan 2008/09.

Accordingly an acceptance has been issued to the contractor so that the work can commence as soon as possible.

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: THE CHILDREN'S RIGHTS SERVICE ANNUAL REPORT**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 367- 2008**

### **1.0 PURPOSE OF THE REPORT**

1.1 To inform members of the work undertaken by the Children's Rights Officer for Children and Young People Looked After by Dundee City Council, for the year 2007-2008.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Social Work and Health Committee:-

Note and approve the annual report on the work of the Children's Rights officer for the period April 2007 to March 2008

### **3.0 FINANCIAL IMPLICATIONS**

3.1 None.

### **4.0 MAIN TEXT**

#### **4.1 Background**

4.1.1 The Children's Rights Service reached its eighteenth year on the 1<sup>st</sup> December 2007. During this period the service has matured and developed as an advice, information and advocacy service for children and young people looked after by the Council. The service is also available to those professionals and adults with responsibility for their welfare. The service has a positive reputation throughout Scotland and Dundee City Council has a right to be proud for having the foresight to appoint the second Children's Rights Officer in the UK and the first in Scotland. Children's Rights Officers now exist in all but a few Councils in Scotland.

#### **4.2 Update**

4.2.1 The information covers a period from 1<sup>st</sup> April 2007 through March 31<sup>st</sup> 2008. Throughout the past year, the Children's Rights Officer has continued to make a significant contribution to the work of the Social Work Department. This has been achieved through membership of appropriate strategic planning groups, facilitating consultation with young people, contributing to staff, volunteer, carer and Social Work student training events. The Children's Rights Officer also offered an Advice and Information service to all Council departments and other agencies providing services for children looked after.

- 4.2.2 The scope of the service has incorporated Education, Housing and Economic Development. The Children's Rights Officer has stood down from the management boards of Who Cares? Scotland and the Scottish Child Law Centre after seven years service. Strong links remain between these agencies and the service. Through encouragement and support from the service, children and young people from Dundee are represented on the Board of Who Cares? Scotland and have been involved in a number of national consultations. The service has also supported eight Looked After and Accommodated young people to contribute to the recruitment of residential staff which is a meaningful example of service user involvement.
- 4.2.3 Leaflets are now available to service users outlining their rights and responsibilities in various contexts. This information is also available on a website [www.dundee.gov.uk/childrensrights](http://www.dundee.gov.uk/childrensrights). The Children's Rights Officer is working with a national group looking into the human rights issues for young people placed in secure accommodation. Desired outcomes from this will be guidance to inform the inspection process and specific information for young people relating to their rights while they are placed in secure accommodation.
- 4.2.4 The Children's Rights Officer has established close links with the Scottish Commissioner for Children and Young People, Kathleen Marshall. This has ensured children and young people in Dundee have had the opportunity to contribute to the work of the Commissioner's Office. Membership of strategic groups allows the Children's Rights Officer to contribute a Children's Rights perspective to policy development ensuring policies are congruent with the United Nations Convention on the Rights of the Child.
- 4.2.5 An aim of the Children's Rights Service is to promote a culture of rights with those adults who provide services to children and young people who are Looked After and Accommodated. To this end, the Children's Rights Officer has delivered training to social work students, residential staff, foster carers and voluntary organisations. The Children's Rights Officer has recently devised an End of Placement Interview document which was informed by the United Nation Convention on the Rights of the Child. This document captures the views of young people and informs service development and delivery. It also acts as an important safeguard for some of the most vulnerable young people whose corporate parent is Dundee City Council.

#### 4.3 **Service Users**

- 4.3.1 Eligibility for the Children's Rights service is those young people who are looked after at home or looked after and accommodated in foster care or residential settings, both within the City and outwith. This includes children with disabilities.
- 4.3.2 Previously, the 12-16 years age bracket represented the predominant age-group who contacted the Children's Rights Service. This remains the case, however, there has been a significant increase in the last two years in the service provided to a younger age group. This increase is sustained in this year's figures. The Children's Rights Officer provided support for 76 children aged pre-birth to 11 years. Contact is maintained with those young people who are placed away from Dundee and have agreed to remain in contact with the Children's Rights Officer. The number of young people placed outside the city has increased this year which has impacted on the service. The service is also available to those people who have, in the past, been looked after by the Local Authority. For a detailed breakdown of referral information see APPENDIX 2.
- 4.3.3 The gender differentiation of the referrals shows that there were almost twice as many girls than boys requested assistance from the Children's Rights Officer. For a detailed breakdown of referral information see APPENDIX 2.

#### 4.4 **Advice and Information Service**

4.4.1 The advice and information service is available to both children and young people looked after and those adults with responsibility for their welfare. Requests for this service range from enquiries regarding procedures, to requests for advice and information on complex children's human rights issues. There were 336 requests for advice which is slightly down on last year's figure. Requests came from teachers, youth workers, Children's Panel members, nurses, residential school and secure staff and others with an interest in children's human rights. The service also provides training to voluntary organisations, residential staff, new foster carers and academic institutions. For a breakdown of Referral Sources see APPENDIX 2.

#### 4.5 **Advocacy and Representation**

4.5.1 Children and young people have a basic human right to express their views and have those views taken into account, in matters affecting their lives. Like all rights, this can be an empty concept unless young people are informed of the right and empowered to exercise it. The Children's Rights Service provides advice and assistance to children and young people, to express their views in meetings, Looked After Children Reviews, Children's Hearings and other processes. Support is also offered to represent concerns with Social Work staff, other Council employees, and staff in other agencies.

4.5.2 An important principle in advocacy is independence. The Children's Rights Officer works in partnership with the young person's worker from Who Cares? Scotland to provide the **Children's Rights and Independent Advocacy Service**. Who Cares? Scotland Offers organisational independence when supporting children and young people through advocacy, while the Children's Rights Officer is independent of operational duties. Working together with Who Cares? Scotland offers children and young people choice in who they approach for support. A new staff member from Who Cares? Scotland has been appointed following a gap of nearly six months. The Children's Rights service has received 30% and 67% increases in the demand for advocacy over the past two years, respectively. This may be due to the appointment of a new Who Cares? Scotland Worker who needs time to establish herself and take up the bulk of the advocacy work.

#### 4.6 **Disability Service**

4.6.1 The Children's Rights Officer is responsible for providing advocacy to children and young people affected by disability. The service dealt with 15 more referrals than last year. These children invariably have complex needs and less opportunity to exercise their rights. The work the service provides to these children is often highly complex, sensitive and labour intensive. The Children's Rights Officer works closely with Partners in Advocacy who provide independent advocacy to children and young people with disabilities. The Children's Rights Service offers an advice, information and advocacy service to children and young people who are affected by disabilities. The service is also open to those adults with responsibility for their welfare. The Children's Rights Officer now acts as advocate for 8 individuals on a long-term basis. Access to specialist services and response times are the primary concerns of children with, and families affected by disabilities.

4.6.2 Two years ago there was a dramatic increase (370%) in requests to support young people at Children's Hearings. This has been sustained over the last year with only a slight fall in the figures. Young people place great value on this service as it gives them the support required to express their views in a forum that can be intimidating and overwhelming for them. Young people seem to return to the service for support when a Children's Hearing is imminent. Requests to support young people in LAC reviews has shown a marginal increase. Young people value the support given by the service and they recognise the importance of expressing their views. The attendance at Reviews and Hearings are recorded separately to requests from advocacy as these place a significant demand on the Children's Rights Officer's time, given preparation time required as well as attendance, see APPENDIX 1.

## 4.7 **Complaints Service**

- 4.7.1 An important duty of the Children's Rights Officer is to ensure those complaints and concerns raised by young people, are given proper consideration by responsible officers. The role of the Children's Rights Officer is to enable and support young people to voice their complaints and offer assistance throughout the process, to resolution. Most complaints are resolved through mediation and negotiation with concerned parties.
- 4.7.2 Following a significant drop last year, the numbers of complaints this year has remained the same. This may, in part, be explained by the willingness of children and young people to resolve issues without the need for formal processes. Complaints recorded included concerns raised in a number of contexts such as Residential Schools, Health, Police, Secure Accommodation as well as service provision within the Social Work Department. The number of complaints supported by the Children's Rights Officer has decreased by more than 50%, which is a significant decrease. This may be explained in part by the increase in advocacy and having concerns addressed without the need to engage formal complaints procedures. It is worth noting that some young people were unhappy with the outcomes of their complaint and found the various processes complicated and not child-friendly. See APPENDIX 1.

## 4.8 **Secure Accommodation**

- 4.8.1 When a child or young person is made the subject of a secure order, the Children's Rights Officer is notified. Contact is made within two working days of notification and regular visits are arranged with the agreement of the young person. The Children's Rights Officer ensures that young people understand their rights in relation to their circumstances and gives advice and assistance when it is requested. Staff are made aware of the Children's Rights Officer's powers and the range of assistance offered by the service.
- 4.8.2 There has been a decrease in the numbers of young people requiring secure accommodation. This decrease is likely to be impacted on by the work of the ISMS programme, which offers intensive monitoring and support for those young people who might otherwise be placed in secure accommodation. It remains a concern that four of the eight young people in secure accommodation were young women, which is inconsistent with the national picture. The majority of young people admitted to Secure Accommodation were placed there because of concerns for their welfare rather than offending being the primary concern, another feature that has been consistent through the years see APPENDIX 1.

## 5.0 **POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

The major issues identified are:

- 5.1 The Children's Rights Officer has a specific role in providing the most vulnerable children and young people in Dundee with access to knowledge, information and support, which will empower and enable them to participate meaningfully in decisions affecting their lives. This creates opportunities to improve the quality of their lives in many social contexts.
- 5.2 This report will further promote the status of children and young people of all abilities looked after by the Council, to give them parity with other service users and safeguard them from discrimination. The work of the Children's Rights Officer has a focus on participatory rights of children and young people who are Looked After, creating equality of opportunity for active citizenship to a group acknowledged as having diminished life-opportunities.

## **6.0 CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance.

## **7.0 BACKGROUND PAPERS**

None.

Alan G Baird  
Director of Social Work

Date: 14th July 2008

APPENDIX 1

Comparative data relating 1<sup>st</sup> April 2006—31<sup>st</sup> March 2007 and 1<sup>st</sup> April 2007—31<sup>st</sup> March 2008

	<b>06-07</b>	<b>07-08</b>
<b>Request for advocacy</b>	<b>226</b>	<b>335</b>
<b>Request to attend LAC Review</b>	<b>30</b>	<b>32</b>
<b>Request to attend Children's Hearing</b>	<b>37</b>	<b>32</b>
<b>Request to support complaint</b>	<b>22</b>	<b>22</b>
<b>Support for children with disabilities</b>	<b>30</b>	<b>45</b>
<b>Referrals from young people in secure accommodation</b>	<b>91</b>	<b>100</b>
<b>Request for advice</b>	<b>372</b>	<b>336</b>

## APPENDIX 2

### DATA SHEETS

ADVOCACY	335
COMPLAINTS	22
LAC REVIEW	32
ATTEND HEARING	32
DISABILITY ISSUES	45
ACCESS TO RECORDS	2
<b>TOTAL REFERRALS</b>	<b>468</b>

### REFERRALS BY AGE

0-5 YRS	36
6-11 YRS	41
12 YRS	52
13 YRS	108
14 YRS	93
15 YRS	65
16 YRS	61
17 YRS	7
18+ YRS	5
<b>TOTAL</b>	<b>468</b>

### REFERRAL SOURCE

YOUNG PERSON	334
SOCIAL WORKER	49
RELATIVE	46
REVIEW OFFICER	12
HEALTH	10
VOL ORGS	6
TEACHER	4
RESIDENTIAL WORKER	3
CARER	2
SERVICE MANAGER	1
OTHER LOCAL AUTHORITY	1
<b>TOTAL</b>	<b>468</b>

### REFERRAL BY GENDER

MALE	190
FEMALE	278
<b>TOTAL</b>	<b>468</b>

### TRAINING OFFERED

VOL ORGS	5
COLLEGE	2
RESIDENTIAL STAFF	1
FOSTER CARERS	1
<b>TOTAL</b>	<b>9</b>

<b>TOTAL REQUESTS FOR ADVICE</b>	<b>336</b>
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## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: SCOTLAND'S CHOICE - REPORT OF THE SCOTTISH PRISONS COMMISSION**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 413 - 2008**

### **1.0 PURPOSE OF REPORT**

- 1.1 To inform Committee of the proposals contained in the report of the Prisons Commission which was convened to examine Scotland's use of imprisonment in the 21<sup>st</sup> Century, highlight the potential implications arising from the report and identify what actions can be taken locally to progress the recommendations.

Figures contained in Tayside Community Justice Area Plan indicate that in March 2007 there were 423 people from Dundee in Scotland's prisons, a substantial number of whom will either be on remand or serving sentences of 6 months or less.

Scotland's Choice contains a range of recommendations which, taken together, offer a response to the challenges of rapidly growing and overcrowded prisons. The report is currently being considered by the Scottish Government.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work and Health Committee:

- 2.1 Note the contents of the review and note the further reports will be provided as the recommendations are progressed nationally and the implications for the delivery of Criminal Justice Social Work Services in Dundee become clearer.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 A number of the recommendations have financial implications for local authorities. Work in relation to this will be progressed as more information on implementation becomes available.

### **4.0 MAIN TEXT**

- 4.1 The Prisons Commission emphasises that public safety and reducing the damaging effect that crime has on victims and communities is paramount but recognises that rapidly growing and overcrowded prisons are making it increasingly difficult to secure public safety and respond effectively to serious crime. The guiding principles contained in the report are: punishment must be visible, swift and fair; communities should be at the heart of penal reform and action; prison populations must be controlled to achieve wider strategic objectives and that Scotland can be an international model.

The recommendations are broadly based around seven themes as follows:

- Rethinking punishment;
- Prosecution and court processes;
- Sentencing and managing sentences;
- Community justice, prisons and resettlement;
- Custodial Sentences and Weapons (Scotland) Act 2007;
- The Open Prison Estate; and
- The future.

The work of the Commission was informed by a series of consultations, visits to specialist resources, oral and written evidence and public events, one of which took place in Dundee.

#### 4.1.1 Rethinking Punishment

The Commission recommends that imprisonment should be reserved for serious offenders whose offences are so serious that no other form of punishment will do and for those who pose a threat of serious harm to the public. It recommends moving beyond imprisonment as a way of punishing offenders so that paying back in the community becomes the default position in dealing with less serious offenders.

#### 4.1.2 Prosecution and Court Processes

The Commission recognises the importance of exploring the whole criminal justice process, specifically in relation to prosecution and use of remand. It therefore recommends that the Government extends the types and availability of alternatives to prosecution and extends bail information and supervision through enhanced court-based social work units. Locally work has been on-going through the Community Justice Authority to review bail and diversion services and an operational working group has been established specifically to progress bail services. Dundee has a dedicated staff member within the Sheriff Court and has already aligned diversion services within the same team. In addition the Commission recommends legislative changes to ensure the Crown can deal with an accused person's outstanding charges at the same time.

The Commission recognised that younger offenders have specific needs and recommends exploring options for detaining 16 and 17 year olds in secure youth facilities which are separate from older offenders and those under the age of 16. It also suggests there would be merit in examining the case for specialist Youth Hearings. Currently within Dundee in the last year around 300 social enquiry reports were prepared on 16 and 17 year olds and approximately 36 (12%) were sentenced to custody.

#### 4.1.3 Sentencing and Managing Sentences

The Commission suggests that, in order to command public support, both sentencing and the management of sentences needs to be more consistent, transparent and intelligible to the public. It therefore recommends establishing an independent National Sentencing Council who would develop sentencing guidelines that can be applied nationwide. Additionally, it recommends that, where sentences involving community supervision are imposed, there should be one single Community Supervision Sentence which would encompass a wide range of conditions and measures. The central ethos would be that of payback to the community by, for example, unpaid work, engaging in rehabilitative work etc. The sentence would be informed by a three stage approach which focused on how much payback, what kind of payback and checking progress and payback. In order to drive forward these changes it is recommended that a National Community Council is established. Additional recommendations include:

- the introduction of legislation to require a sentencing judge, who would have otherwise have imposed a sentence of six months imprisonment or less, to impose a Community Supervision Sentence instead, except in particular circumstances;
- the establishment of progress courts to enable swift and regular reviews which would also tackle compliance issues;
- the introduction of a conditional sentence whereby a period of custody is imposed but suspended subject to the offender keeping to a strict set of conditions;
- subject to the full implementation of the other recommendations that the current system of Home Detention Curfews (electronic tagging which facilitates early release) be terminated.

These recommendations offer a significant change to the way in which sentences are currently imposed and managed and would have considerable implications for the way in which local authorities supervise offenders and commission services from other organisations involved in managing offenders.

#### 4.1.4 Community Justice, Prisons and Resettlement

The Commission recognise that resettling offenders so they are less likely to re-offend and be recalled to custody is a challenging task which requires the involvement of a number of agencies and the support of the public. It therefore recommends that the proposed National Community Justice Council be tasked with developing the status, visibility, credibility, consistency and quality of criminal justice social work and resourced accordingly. It also recommends that the Government promote a general duty to reintegrate offenders and increase the range of options available to the Parole Board in order to better manage release and compliance.

Tayside Criminal Justice Partnership already has a well established Resettlement Service which is currently subject to review in order to ensure it continues to meet the demands and priorities of the three local authorities.

The report highlights that social work services in the Criminal Justice system are pivotal to the proposed changes and emphasises the need for renewed vision, visibility and leadership. Crucially the report also recognises the need for proper resourcing in terms of finance, specialist knowledge and skills an increased standing within the criminal justice system. There are significant opportunities in this recommendation for social work services.

#### 4.1.5 Custodial Sentences and Weapons (Scotland) Act 2007

The Commission recommends that the Custodial Sentences and Weapons Act should only be implemented after the implementation of the Commission's other recommendations and after a reduction in the prison population is achieved. Full implementation of this Act in its current form would have substantially increased the number of offenders requiring supervision on release from custody and would have had substantial resource implications for criminal justice social work.

#### 4.1.6 The Open Estate

The Commission recommends that there is an on-going need for the open estate in order to prepare offenders for release and prepare them for freedom.

#### 4.1.7 The Future

The current prediction, based on the fact that the average prison population has increased in every year of this century, is that the prison population will reach 8,700 inmates by 2016. The Commission recommends that the Government pursue a target of reducing the prison population to an average daily population of 5,000 - and estimates that, if the full range of recommendations contained in the report are implemented, this is achievable.

## 5.0 **POLICY IMPLICATIONS**

This report has been screened for any policy implications in relation to sustainability, strategic environmental assessment, anti-poverty, equality impact assessment and risk management.

There are no major issues.

## 6.0 **CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance), Head of Finance and the other authorities in the Tayside Partnership have been consulted in preparation of this report.

## **7.0 BACKGROUND PAPERS**

Scotland's Choice - report of the Scottish Prisons Commission July 2008 and Tayside Community Justice Authority Area Plan 2008 - 2011 September 2007 were consulted in the preparation of this report.

Alan G Baird  
Director of Social Work

DATE: 7th August 2008

## DUNDEE CITY COUNCIL

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: ADOPTION SERVICE REVIEW**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 414 - 2008**

### **1.0 PURPOSE OF REPORT**

This report provides Committee with details of the Review of Dundee's Adoption Service and proposals for service development arising from this Review. Copies of the Review Report have been passed to each of the group leaders and Bailie Borthwick.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work and Health Committee:

- 2.1 Approve the contents of Dundee City Council - Review of Adoption Service 2007.
- 2.2 Note the proposals for service development, having regard to those which can be achieved within existing budget provision and those that will be progressed when future funding is available.

### **3.0 FINANCIAL IMPLICATIONS**

None

### **4.0 MAIN TEXT**

- 4.1 The review was established to consider and report on key areas in Dundee's adoption service, notably recruitment, assessment and training for prospective adopters and post-placement support for all those affected by adoption. The review was based on information from various sources including research findings, statistical information, policy documents, consultation with adoptive families and family placement staff and benchmarking with other local authority adoption services.
- 4.2 The review was mindful of the context of increasing demand for placements and a shortage of permanent carers in which the adoption service was operating. The pressures on the adoption and fostering services are detailed in reports 29-2007 and 324-2007 and remain acute.
- 4.3 The achievements of the adoption service were acknowledged. These included the successful ongoing recruitment of adopters for pre-school children without complex needs, the high standard of preparation training and assessment of permanent carers and the functioning of the approval process.
- 4.4 A number of challenges were highlighted. The most significant were:
  - The increasing numbers of young children being accommodated, many as a result of parental substance misuse.
  - Dundee consistently has a higher number of children requiring permanent placement than there are placements available. There are some adverse demographic factors which affect the supply of suitable placements, particularly the declining population in

the 30-49 year age range. It is unlikely that Dundee could be self-sufficient in adoptive or fostering placements in the foreseeable future.

- The mismatch between the complex needs of children requiring permanence and the capacities of those coming forward to offer such placements.
- New legislative requirements to provide a wider range of post-adoption support services.
- The need for skilled, experienced staff who can progress permanence plans within timescales that meet the children's needs.

4.5 The main recommendations of the review have been incorporated into action plans for the adoption service and for improving outcomes for children in permanence planning. The following are key proposals.

4.6 Dundee will need to build capacity to ensure a greater supply of adoptive and permanent fostering families. This will mean taking steps to maximise recruitment and timely assessment of Dundee's own carers as well as establishing further purchasing and commissioning arrangements with external placement providers to ensure best value. This will be the subject of a future report to Committee.

4.7 A range of strategies will be required to increase the scope of families who are able to offer adoptive and permanent fostering placements, particularly for harder to place children. Amongst the measures being considered are targeted recruitment of families for larger sibling groups or children with complex needs or significant behavioural difficulties, recruitment for specific children and greater use of multi-media profiling. These will be met within the existing family placement budget provision.

4.8 Detailed statistical and qualitative data will be analysed to ensure that recruitment activities are more closely aligned to the identified needs of children requiring placement.

4.9 Additional training, support and monitoring will be put into place to assist workers in making robust assessments of children's needs and to ensure that plans for children requiring permanent substitute care are progressed without delay. A Permanence Planning Group will also be established to monitor the needs of all children requiring permanence and to facilitate the effective linking and matching of children with potential adopters or permanent foster carers.

4.10 The Adoption and Children (Scotland) Act 2007 comes into force in early 2009. A key element of this legislation is the expanded duty for local authorities to provide adoption support services to a wider range of people affected by adoption. Post adoption services currently being provided by Dundee will be inadequate to meet the requirements of the new legislation and there is limited scope for developing a more comprehensive post-adoption support service within existing resources. Provisional discussions have taken place with a voluntary agency to deliver such a service on behalf of Dundee, Angus and Perth & Kinross Councils. However this cannot be implemented until additional funding becomes available.

## **5.0 POLICY IMPLICATIONS**

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

The major issues identified.

**6.0 CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance.

**7.0 BACKGROUND PAPERS**

None.

Alan G Baird  
Director of Social Work

DATE: 6th August 2008

**DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: BEST VALUE REVIEW OF OLDER PEOPLE**

**REPORT BY: CHIEF EXECUTIVE**

**REPORT NO: 421 - 2008**

**1.0 PURPOSE OF THE REPORT**

1.1 The purpose of this report is to present for approval conclusions and recommendations based upon the findings of the Older People Best Value Review Group. The terms of reference of the review are included as Appendix 1 to this report.

**2.0 RECOMMENDATIONS**

The following recommendations of the Best Value Review Group are presented for approval of the Social Work and Health Committee.

2.1 That the partners recognise in policy and development and strategy that the Dundee population is ageing and give priority to adapting infrastructure and universal services to meet the needs of an ageing population.

2.2 The partnership prioritise investment in reducing the number of people waiting for care at home, providing an improved range and more respite care, developing additional accommodation with care, and in the development of intermediate forms of care that assist rehabilitation and prevent unnecessary admission and re-admission to hospital.

2.3 That measures being taken to maintain efficient service delivery and service procurement be continued. The partners incrementally reduce the number of people waiting for care at home and increase the number of care hours available.

2.4 The approach to development of care at home provision outlined in Report no 418-2006 Older People Services be continued to support the achievement of recommendation 2.3.

2.5 That the partnership support actions that ensure expenditure on Older People reflects the ageing population and that opportunities are sought in the medium term to redress the balance in investment towards older people.

2.6 The recommendations of the multi-agency inspection of older people be taken forward through the implementation of a joint strategy and commissioning framework for older people in Dundee.

2.7 That the current governance arrangements be assessed to ensure that progress towards meeting the objectives, outcomes and targets are scrutinised.

- 2.8 That the older people strategy and joint commissioning framework developed by the Older People Strategic Planning Group attached to this report as Appendix 3, be adopted as the commissioning framework against which the progress of the partnership will be assessed.
- 2.9 That the Older People Strategic Planning Group prioritise as part of their work plan the preparation of a strategy and commissioning framework to meet the needs of people with dementia in Dundee.
- 2.10 A report that assesses progress against the recommendations of the Multi Agency Inspection of Older People and the outcomes and targets identified in the commissioning framework, attached as Appendix 3 to this report, be submitted to Social Work and Health Committee annually.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The commissioning intentions outlined in Appendix 3 to this report will be contained within existing revenue budgets including resource transfer arrangements from the health vote.

### **4.0 MAIN TEXT**

#### **4.1 Introduction**

The scope, work plan and membership of the Older People Best Value Review Group is attached as Appendix 1 to this report. The review group included the recommendations of multi-agency inspection of services for older people in Tayside (Social Work Inspection Agency (2007) "collaborative working across services for older people in Tayside" HMSO), (the multi-agency inspection) in their consideration.

To reach conclusions and make recommendations the review group examined; demographic change and service demand, the organisation and development of care at home services, the balance of expenditure on older peoples services, governance arrangements, NHS Tayside's position on the future provision of older people's services in Dundee and proposals for a strategy and joint commissioning framework for Dundee. Evidence considered by the review group is included as Appendix 2 to this report.

#### **4.2 Findings of the Review Group**

##### **4.2.1 Demographic Change**

The review group found that although the population is declining, we could expect an increase in the percentage of older people in the community so the Dundee population is ageing; the greatest increase in both the percentage and numbers is the very old age group (over 85) which means there will be a more fragile elderly population many of whom will have dementia. The overall population decline suggests fewer carers are likely to be available to look after older people and those carers will require more support in their caring role than they get at present.

The needs of carers were assessed during 2007 and a strategy was prepared and published (Dundee Carer's Strategy, Dundee City Council, NHS Tayside, Dundee Carers Centre 2007). The strategy commits the partnership to recognising and

involving carers as equal partners, supporting carers in their caring role, increasing social inclusion and improving the health and well being of carers.

#### 4.2.2 Pattern of Service Delivery

The review group examined information about the pattern of delayed discharge and demand for residential, home based care services and accommodation with care services. They also compared the pattern of service delivery in Dundee with 5 comparator authorities (North Ayrshire, North Lanarkshire, West Dumbartonshire, West Lothian and Inverclyde). The review group found:

- that there was increasing demand for care at home services and that the pattern of increase in provision was not keeping up with the demand particularly for intensive forms of care at home (more than 10 hours per week);
- there was a steady demand for residential forms of care;
- there was a growing need and demand for accommodation with care that provides more support than traditional sheltered housing;
- there was an increasing usage and provision of telecare supports (Community Alarm) and other practical supports in the home;
- carers required more support and more flexible forms of support;
- in comparison with Scotland and comparator authorities, Dundee was providing care home places around the midpoint range of comparator authorities and at the same level nationally; Dundee was providing a lower rate of home care than comparators and nationally, and 10+ hours of home care was lower than comparators and nationally;
- progress already made in meeting delayed discharge targets would not be continued without increased level of care at home services, more accommodation with care, maintenance of residential forms of care, an extension available to people returning home from hospital and more flexible forms of respite care for family carers.

The contract for social care was re-tendered during 2007 with the total social care hours available for letting raised by 1,700. The full effect of this increase in service on waiting times had not been experienced at the time of this report, but there was some indication that it was having an impact in that short and long term hospital delays showed a continuous decline from November 2007 - meeting national targets; the increase in clients awaiting care at home has steadied and begun to decline; the number of service users receiving care at home has increased and the number of service users receiving more than 10 hours of care has increased.

A project plan for the development of additional accommodation with care was developed during 2007 with consultation with service users and public undertaken during June 2008.

Approval for the development of Intermediate Care was confirmed by NHS Tayside and the procurement process to secure the accommodation was concluded.

#### 4.2.3 Organisation and Development of Home Care Services

The review group heard how the home care service had developed and how the investment agreed in Committee Report 418-2006 Older People Service had been taken forward and had assisted in the development of the whole system. The review group concluded that:

- the model of service delivery was efficient and effective;

- that the quality of service provided by the Council and commissioned from others was good, and
- that planned re-modelling should be continued to ensure best use of the resources available throughout the system.

The Social Work Performance Inspection, (Social Work Inspection Agency 2007) confirmed high levels of motivation and job satisfaction with all staff including home care staff. The most recent Care Commission Inspection of March 2008 confirmed commitment to training and development by both the department and staff. The reletting of the social care contract was driven by standards and efficiency considerations.

Overall, the approach to continuous improvement found by the review group in March 2007 has been maintained.

#### 4.2.4 Balance of Expenditure

The review group examined total council investment in social work services and between older people and other areas of social work expenditure using Grant Aided Expenditure (GAE) guidelines. Dundee was compared with comparator authorities. The review group found:

- the Social Work Department revenue budget exceeded GAE (by 4%) and that this was the case for two of the five comparator authorities;
- expenditure on children and families significantly exceeded the guideline figure (+64.5%) and that this was the case in all but one of the five comparator authorities;
- community care expenditure was below GAE for adults (-9%) and that this was the case for three of the five comparator authorities;
- that remaining social work services were below GAE (-32.0%) and that this was the case for four of five comparator authorities.

The Council and Community Health Partnership took account of the balance of expenditure on Older People and the requirement to monitor relative pressures carefully in their financial planning processes. Revenue investment in Intermediate Care was confirmed by NHS Tayside. Temporary funding provided by the council to deal with specific demand pressures was integrated in the Social Work Department revenue budget.

#### 4.2.5 Multi-agency Inspection of Older People's Services

The review group considered the recommendations of the multi-agency inspection of services for older people. There were seven Tayside-wide recommendations and two specifically for Dundee.

The review group heard how the recommendations were being progressed and found that the requirements in recommendation 1 to develop and implement a Tayside-wide framework for older people's services with each partnership developing "a clear strategy including joint action plan, financial plan, timescale and commissioning plan which sets out how it will meet the need for local service development" was relevant to the work of the best value review and that the conclusions and recommendations should take specific account of this requirement.

Recommendation 1 for the Dundee partnership which required the Dundee partnership to "urgently collaborate on implementing a whole system approach at all levels of both organisations" was equally relevant to the work of the best value review and that the conclusions and recommendations should take specific account of this

requirement.

The review group also found that the Dundee partnership had prepared a local action plan as a contribution to the Tayside-wide action plan and progress was being made on all the other recommendations.

The review group noted the importance of monitoring repeat admission of Older People to acute care and that this was being incorporated into Joint Performance Management indicators.

During 2007 the Social Work Inspection Agency met with the Tayside-wide partnership to confirm progress on the action plan. Positive progress has been noted and the 2007 Social Work Performance Inspection confirmed this.

#### 4.2.6 NHS Tayside's Position on Future Provision of Older People's Services in Dundee

The review group was advised of NHS Tayside's intention in relation to the future commissioning, provision and delivery of services for older people in Dundee.

The review group found that:

- there was commitment to resourcing the development of a Tayside-wide commissioning strategy for older people;
- there was commitment to further developing shift in provision from institutional to community based services;
- there was commitment to staff development;
- there was commitment to involving older people in service design and re-design; and
- there was agreement about the core indicators of performance;

NHS Tayside made progress with the development of Tayside wide strategy for Older People during 2007. Work was commissioned on good practice evidence, two major stakeholder events were held to confirm direction and priority and a framework and timescale was agreed for the commissioning strategy.

#### 4.2.7 Joint Strategy Commissioning Framework for Older People in Dundee

The review group considered what should be included in a commissioning strategy for Dundee, how the commissioning strategy should be resourced, how progress towards the strategy should be monitored in the future and the current governance arrangements.

The review group found that:

- the commissioning framework should facilitate shift in the balance of care from institutional to community based services and that it should do this across the whole system of health and social care;
- the outcomes for older people should be that they keep more control over their own lives; that they should have access to a wider range of care and support in their own home and control over their own care; support and protection for older people should improve; that they should not have to remain in hospital longer than required; that their opportunities for health improvement should be improved and that access to universal services should be improved;
- the parameters of the commissioning strategy should meet the requirements of multi-agency inspection of older people; and
- the detail of the commissioning strategy should be as developed and agreed

through the workshops and activities co-ordinated through the Older People Strategic Planning Group;

- and that governance arrangements should support effective inter-agency monitoring of progress towards meeting outcomes and targets.

The Older People Strategic Planning Group which re-commenced in 2006 worked on a strategy and commissioning framework. The strategy and commissioning framework developed by the strategic planning group is included as Appendix 3 to this report. Work on the development of joint performance indicators has been progressed by the planning group.

#### 4.3 **Conclusions and Recommendations**

##### 4.3.1 **Demographic Change**

The review group concluded that the population trend combined with the morbidity of the older population will lead to increasing need for care, support and protection of older people.

Recommendation 1:

That the partners recognise in policy development and strategy that the Dundee population is ageing and give priority to adapting infrastructure and universal services to meet the needs of an ageing population.

##### 4.3.2 **Pattern of Service Delivery**

The review group concluded that some progress had been made towards shifting the balance of care towards home based care since the Older People Report in June 2006 but there was evidence of increased demand and lengthening waiting list that were unlikely to reduce unless overall provision is increased. This position impacts on the partnerships ability to meet the needs and expectations of service users and their carers and to meet natural targets to shift the balance of care and to reduce delayed discharges and repeat admissions of older people to hospital.

Recommendation 2:

That the partnership prioritise investment in reducing the number of people waiting for care at home, providing an improved range and more respite care, developing additional accommodation with care, and in the development of intermediate forms of care that assist rehabilitation and prevent unnecessary admission and re-admission to hospital.

##### 4.3.3 **Organisation and development of home care service**

The partnership concluded that care at home services are efficient and effective but there is insufficient service particularly at weekends and core times.

Recommendation 3:

That measures being taken to maintain efficient service delivery and service procurement be continued. The partners incrementally reduce the number of people waiting for care at home and increase the number of care hours available.

Recommendation 4:

The approach to development of care at home provision outlined in Report no 418-2006 Older People Services be continued to support the achievement of recommendation 3.

4.3.4 Balance of Expenditure

The review group concluded that although expenditure on Community Care was below GAE this position was similar to that of most benchmark authorities and had to be understood within the context of the need to ensure that vulnerable children are cared for and protected.

Recommendation 5:

The partnership support actions that ensure expenditure on older people reflects the ageing Dundee population and that opportunities are sought in the medium term to redress the balance in investment towards older people.

4.3.5 Multi-agency Inspection of Older People

The review group concluded that there should be improvements in the Dundee Partnerships whole system working and an improved joint strategy approach to address the conclusions and recommendations of the multi-agency inspection. The review group also concluded that work had begun immediately to address areas identified through the multi-agency inspection.

Recommendation 6:

The recommendation of the multi-agency inspection be taken forward through the implementation of a joint strategy and commissioning framework for older people in Dundee.

4.3.6 NHS Tayside's Position on the Future Provision of Older People's Services in Dundee

The review group concluded that there was commitment to the development of an integrated strategy and commissioning framework for the design and delivery of older people in Dundee and to using a joint performance management framework to monitor progress towards meeting the objectives and targets.

Recommendation 7:

That the current governance arrangements be assessed to ensure that progress towards meeting the objectives and targets are scrutinised.

4.3.7 Joint Commissioning Strategy for Older People

The review group concluded that there were agreed outcomes and objectives for a strategy and joint commissioning framework that would take account of the overall findings and recommendations of the review group and that the work progressed through the Dundee Older People Strategic Group that was presented to the review group evidenced this.

Recommendation 8:

That the older people Joint Strategy and Commissioning framework developed by the Older People Strategic Planning Group and attached to this report as appendix 3 be adopted as the commissioning framework against which the progress of the partnership will be assessed.

The review group also noted that the Health and Local Authority Management Team had identified the requirement for further strategic development to ensure that are plans in place to meet the future need of people with dementia.

Recommendation 9

That the Older People Strategic Planning Group prioritise as part of their work the preparation of a planning and commissioning framework to meet the needs of people with dementia in Dundee.

Recommendation 10

A report that assesses progress against the recommendations of the Multi Agency Inspection of Older People and the outcomes and targets identified in the commissioning framework attached as Appendix 3 to this report be submitted to the Social Work and Health Committee annually.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

## **6.0 CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services), Depute chief Executive (Finance) and Head of Finance.

## **7.0 BACKGROUND PAPERS**

None.

Alan G Baird  
Director of Social Work

Date:

# APPENDIX 1

## TERMS OF REFERENCE PAPER

<b>REVIEW TOPIC</b>	<b>Services for Older People</b>
<b>LEAD OFFICER</b>	<b>Alex Stephen</b>

<b>1</b>	<b>Scope of the Review</b>
	<ol style="list-style-type: none"><li>1. To examine demographic change in Dundee's older population and the effect on older peoples services.</li><li>2. To examine care at home services within Dundee.</li><li>3. To review waiting lists and waiting times for older peoples services.</li></ol> <p>To formalise the joint commissioning strategy and agree an outline financial framework.</p>

<b>2</b>	<b>Proposed Work plan</b>
	<ol style="list-style-type: none"><li>1. Presentation from Social Work Department on demographic changes.</li><li>2. Presentation on waiting lists and targets.</li><li>3. Presentation from Social Work Department on current "care at home" services and any proposed changes.</li><li>4. Presentation from Depute Chief Executive (Finance) on GAE for Older Peoples Service and Revenue Support Grant "floor" as it affects Dundee.</li></ol> <p>Presentation on joint working/governance arrangements with health, including</p>

	commissioning framework and business plan to support it.
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<b>3</b>	<b>Group Membership</b>
	<p><i>Alex Stephen - Chair</i></p> <p>Elected Members - Administration x 3, SNP x 2, Conservative x 1</p> <p>Director of Social Work (+ 2 Managers from Social Work)</p> <p>Depute Chief Executive (Finance)</p> <p>Director of Leisure and Communities</p> <p>NHS Tayside</p> <ul style="list-style-type: none"> <li>• Director of Health Strategy</li> <li>• General Manager, Dundee Community Health Partnership</li> </ul> <p>Voluntary bodies representing older people</p> <ul style="list-style-type: none"> <li>• Age Concern</li> <li>• Carers Centre</li> <li>• Celebrate Age Network</li> <li>• Crossroads</li> </ul> <p>Trade Unions</p> <ul style="list-style-type: none"> <li>• UNISON</li> <li>• GMB</li> </ul> <p>Clerk - Committee Services</p>

## APPENDIX 2

### EVIDENCE CONSIDERED BY THE OLDER PEOPLE BEST VALUE REVIEW GROUP

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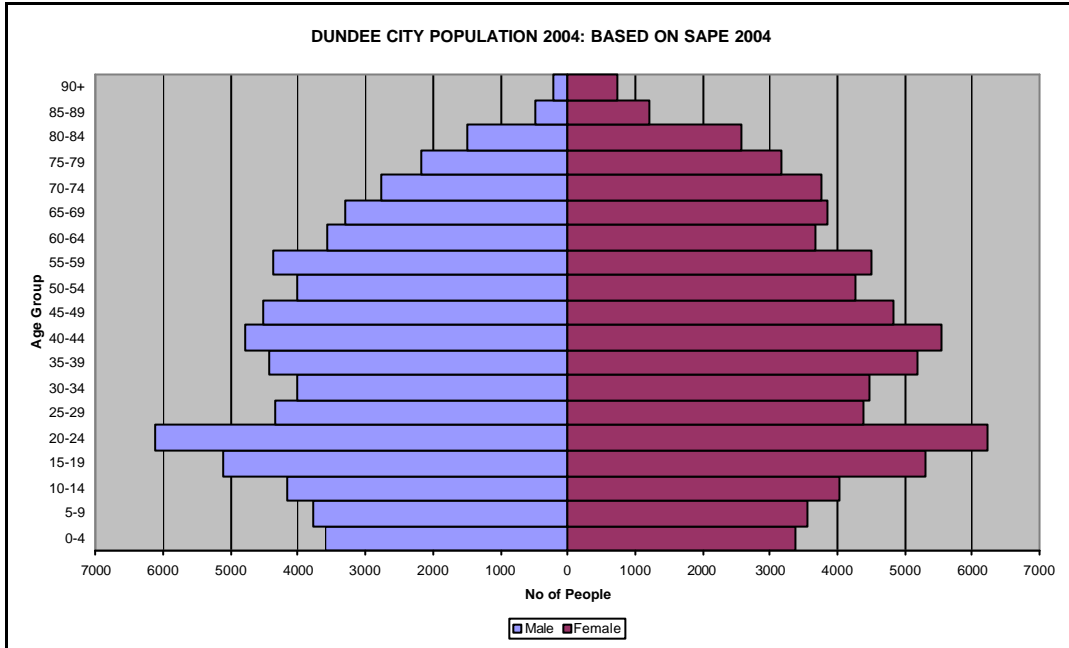
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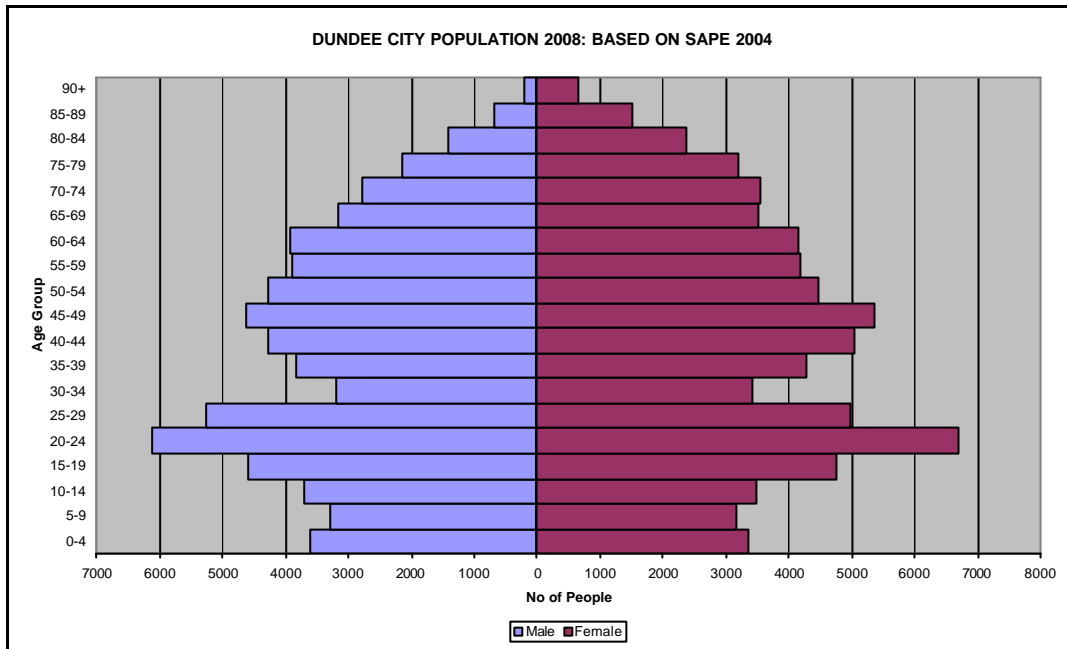
**Population Information**

**Figure 1 - Dundee City Population 2004**



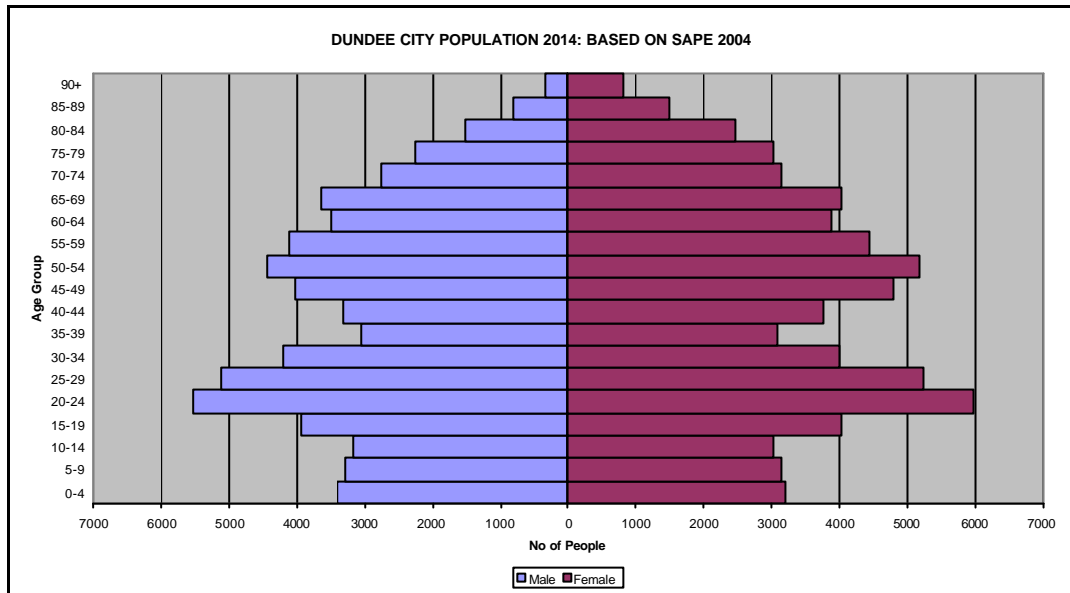
Source: GRO (Scotland) 2004 Based Population Projections

Figure 2 - Dundee City Population Projection 2008



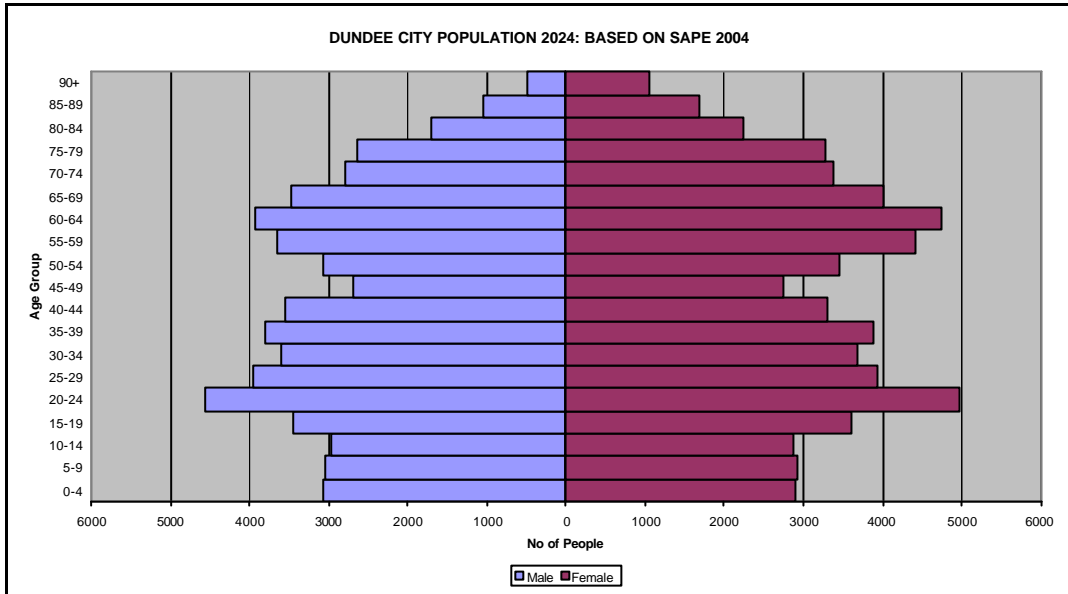
Source: GRO (Scotland) 2004 Based Population Projections

Figure 3 - Dundee City Population Projection 2014



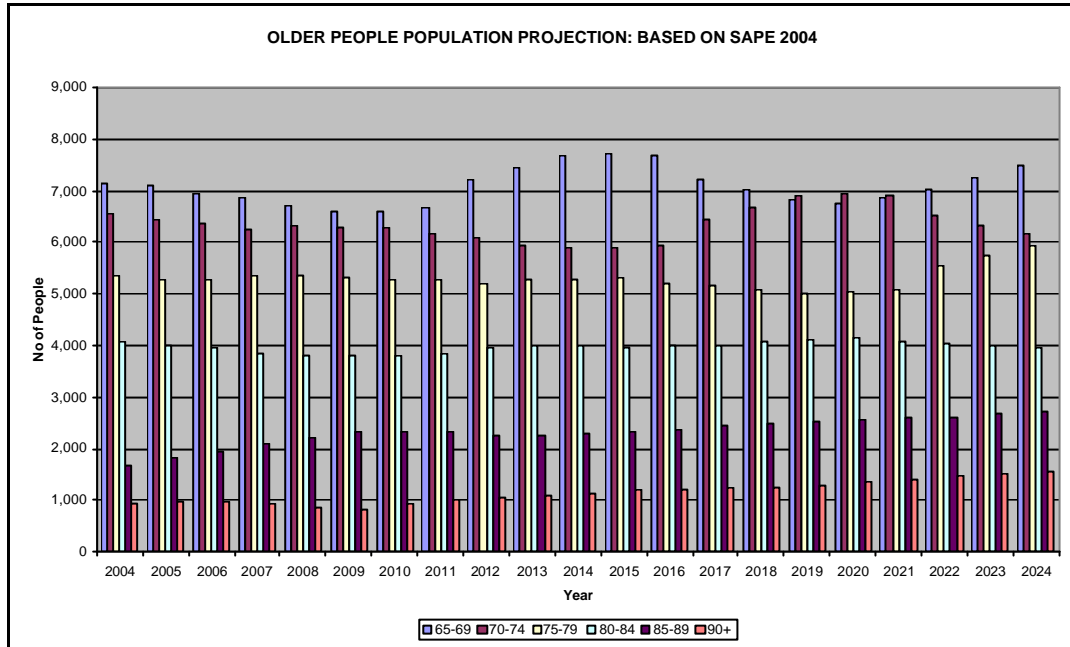
Source: GRO (Scotland) 2004 Based Population Projections

Figure 4 - Dundee City Population Projection 2024



Source: GRO (Scotland) 2004 Based Population Projections

Figure 5 - Older People Population Projection 2004 to 2024



Source: GRO (Scotland) 2004 Based Population Projections

## 2 Household Information

Figure 6 - Ethnicity Information

<b>ETHNICITY</b>	<b>Dundee</b>	<b>Scotland</b>
	<b>%</b>	<b>%</b>
White	96.34	97.99
Black	0.26	0.16
Indian	0.7	0.30
Pakistani/Asian	1.63	0.79
Chinese	0.48	0.32
Other	0.59	0.44

*Source: GRO 2001 Census data*

Figure 7 - Living Arrangements

*Source: GRO 2001 Census data*

<b>HOUSEHOLDS</b>	<b>Dundee</b>	<b>Scotland</b>
	<b>%</b>	<b>%</b>
1 person	38.3	32.9
2 people	31.9	33.1
3-4 people	25.1	28.5
5+ people	4.7	5.6
Ave household size	2.13	2.27

*Source: GRO 2001 Census data*

Figure 8 - Tenure

<b>HOUSEHOLDS</b>	<b>Dundee</b>	<b>Scotland</b>
	<b>%</b>	<b>%</b>
Owner Occupied	53.6	62.6
Local Authority	24.0	21.6
Housing Association	7.8	5.6
Private Rented	9.6	5.6
Other	5.0	4.6

*Source: GRO 2001 Census data*

Figure 9 - Older People Living in Sheltered Housing

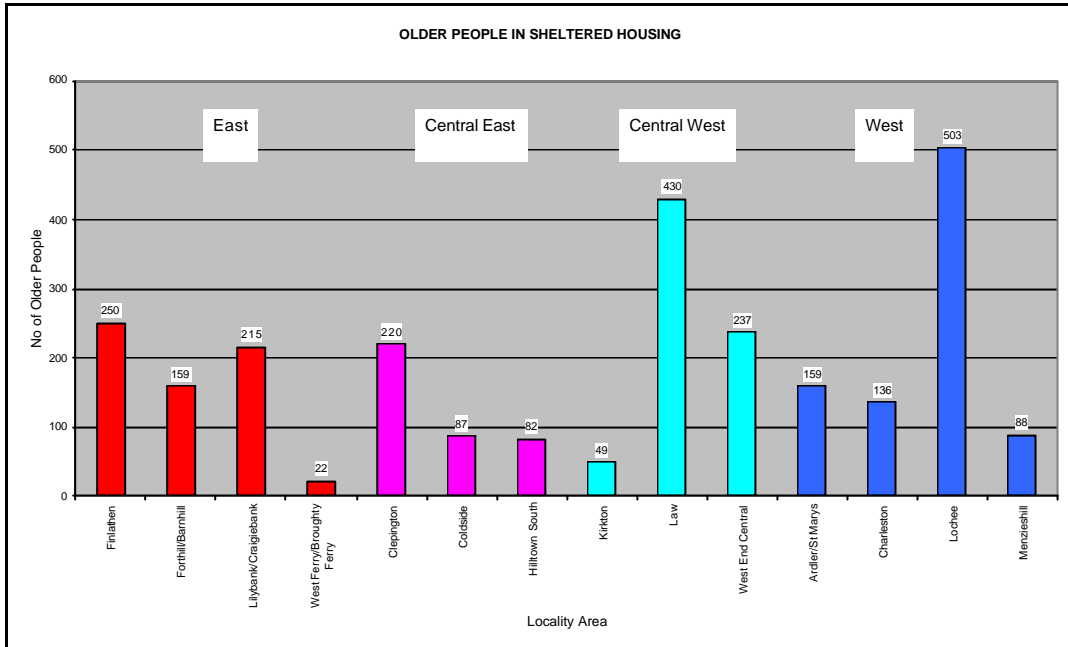
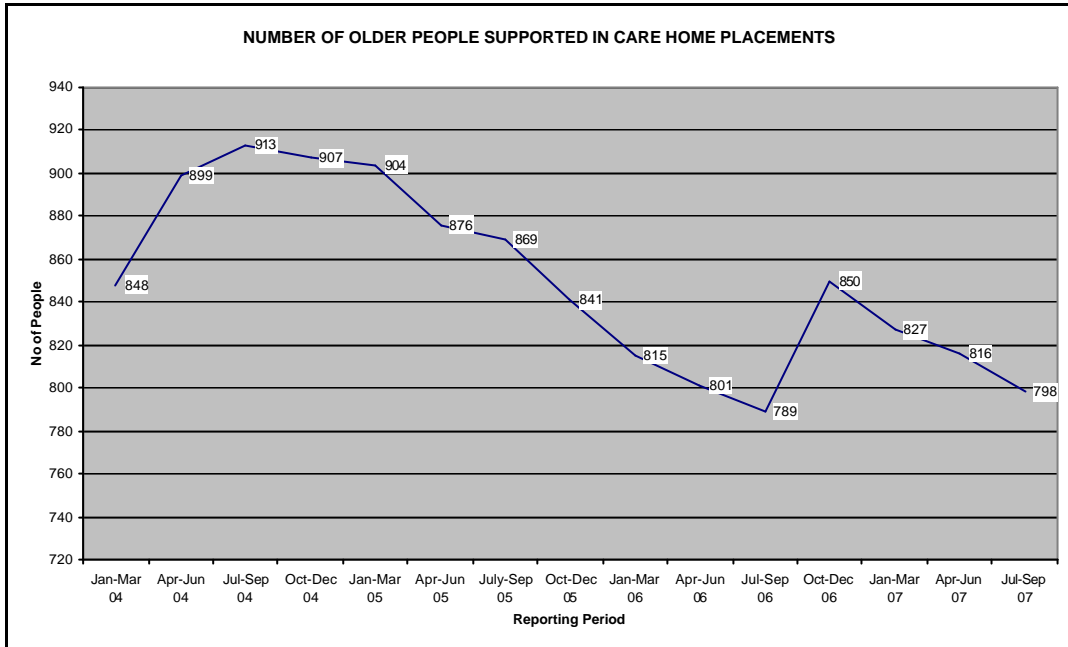
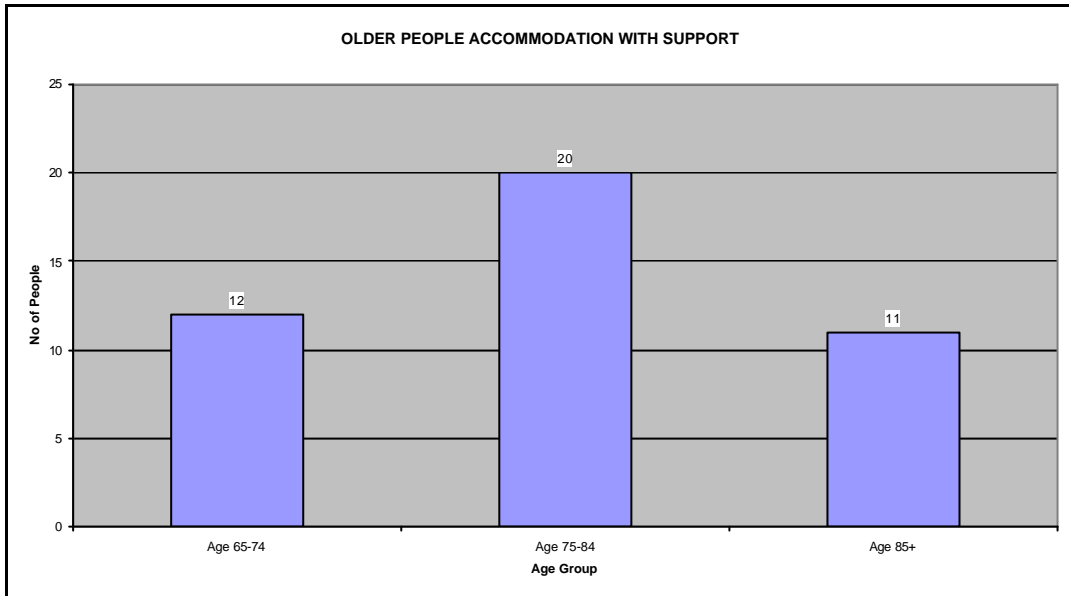


Figure 10 - Older People Living in Care Homes



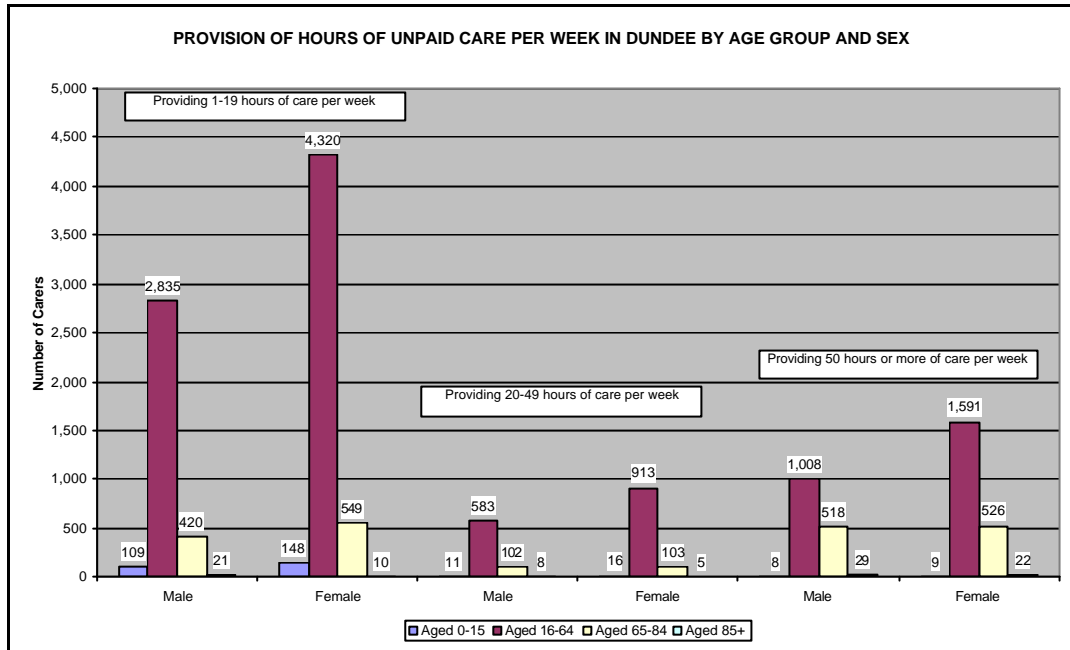
Source: Scottish Executive - key monitoring information quarterly returns

Figure 11 - Older People Living in Accommodation with Support



Source: K2 - client database

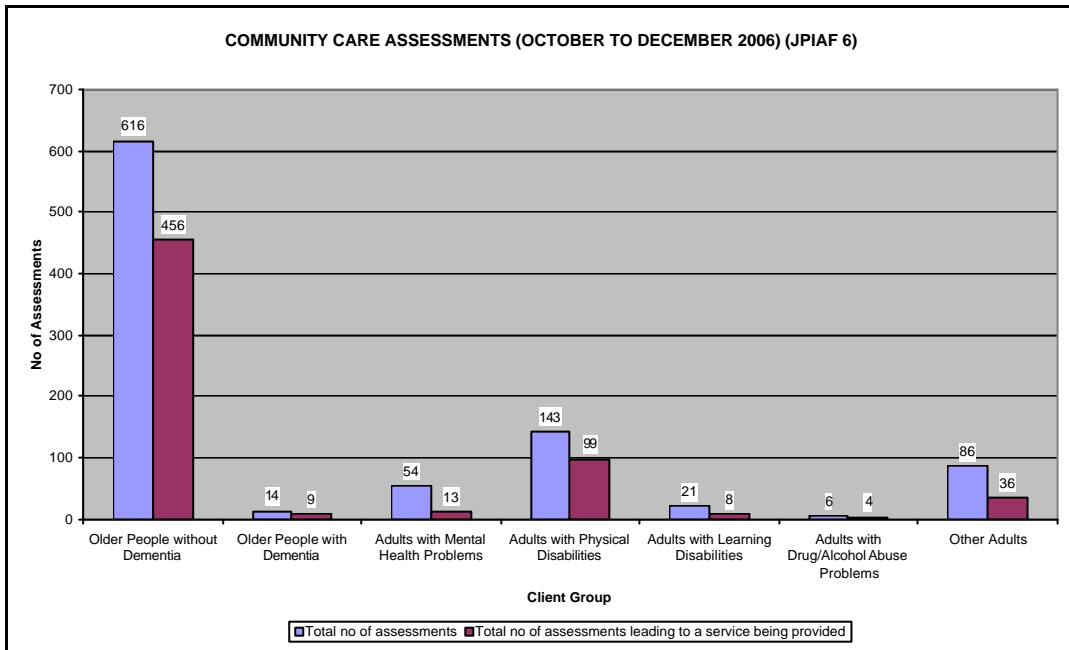
Figure 12 - Provision of Unpaid Care per Week in Dundee



Source: 2001 Census - data supplied by SCROL

**Assessment and Service Information**

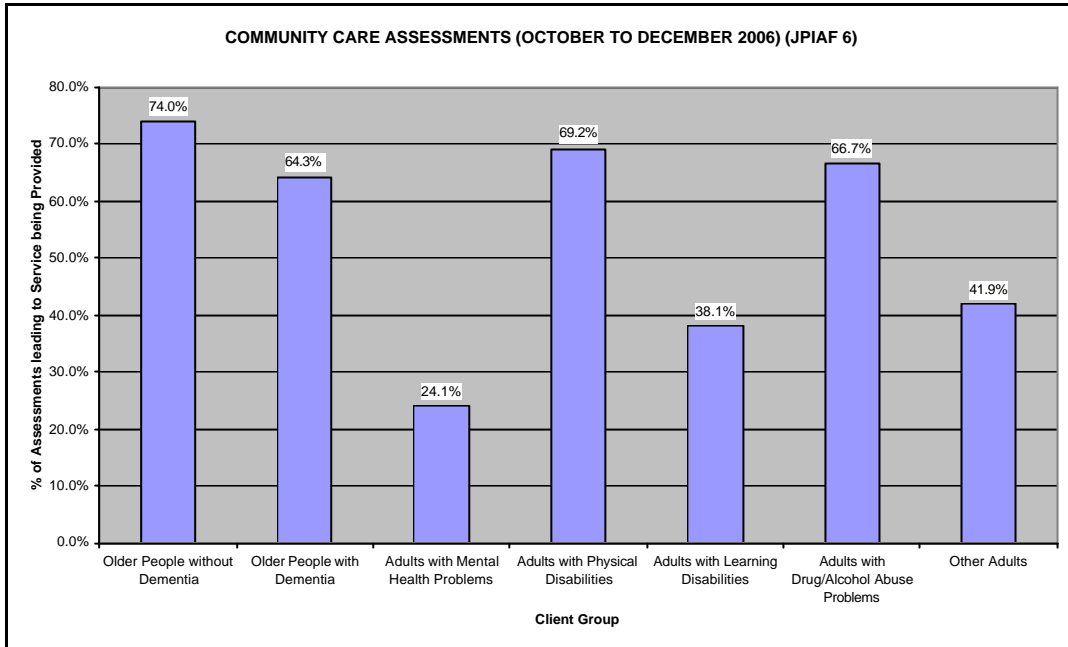
**Figure 13 - Community Care Assessments Resulting in Service Provision**



Source: Scottish Executive - Joint Performance Information and Assessment Framework

JPIAF 6

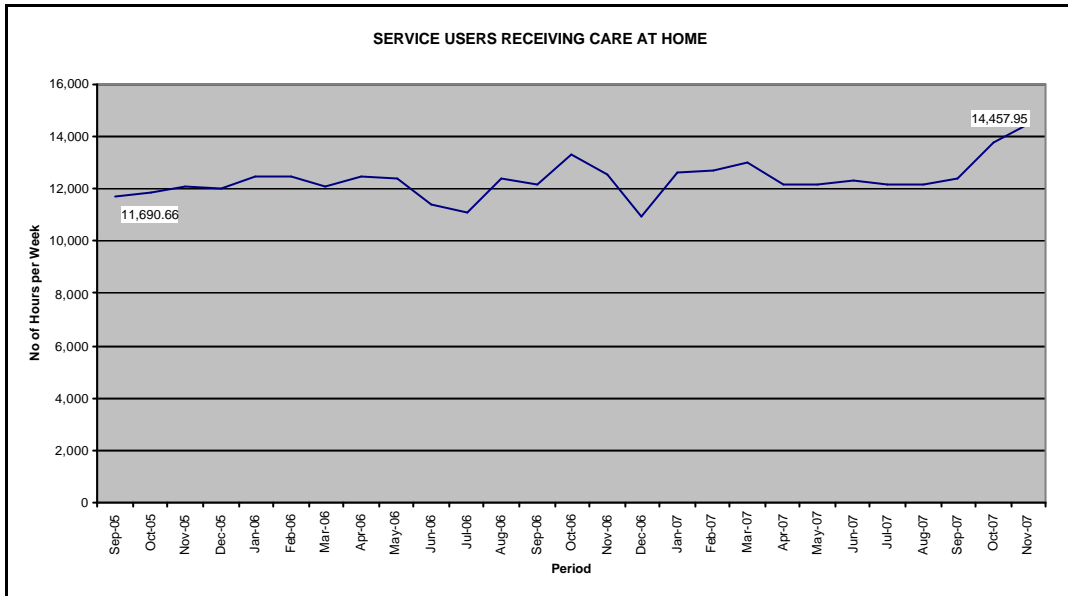
Figure 14 - Community Care Assessments Resulting in Service Provision (%)



Source: Scottish Executive - Joint Performance Information and Assessment Framework

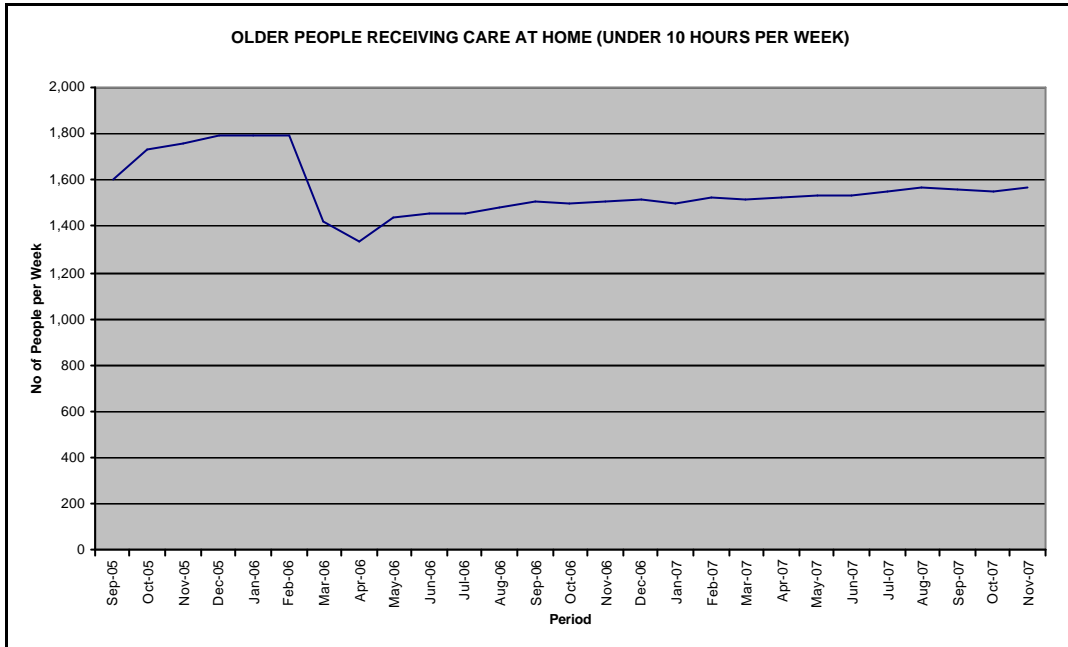
JPIAF 6

Figure 15 - Service Users Receiving Care at Home



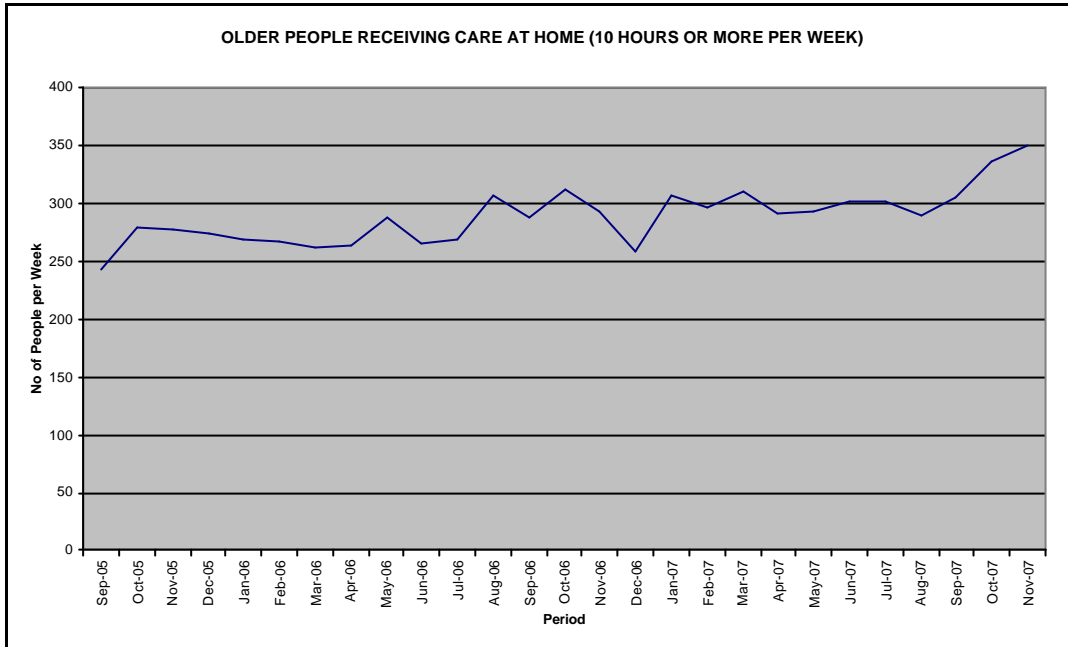
Source: Home Care monthly reporting information

Figure 16 - Service Users Receiving Under 10 Hours per Week



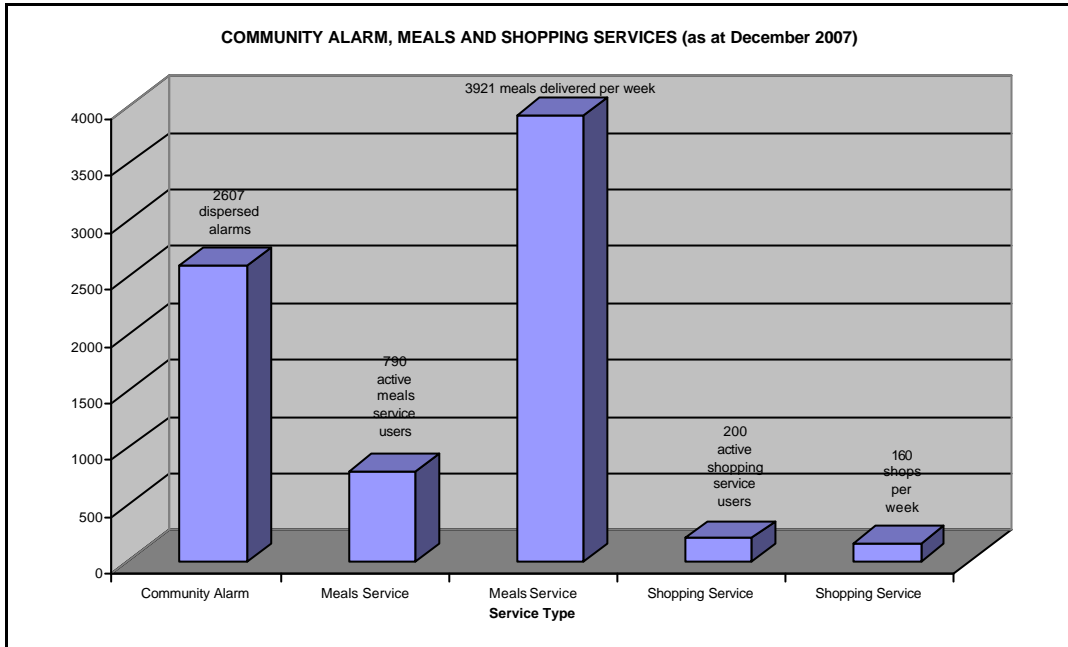
Source: Home Care monthly reporting information

Figure 17 - Service Users Receiving 10 Hours or More per Week



Source: Home Care monthly reporting information

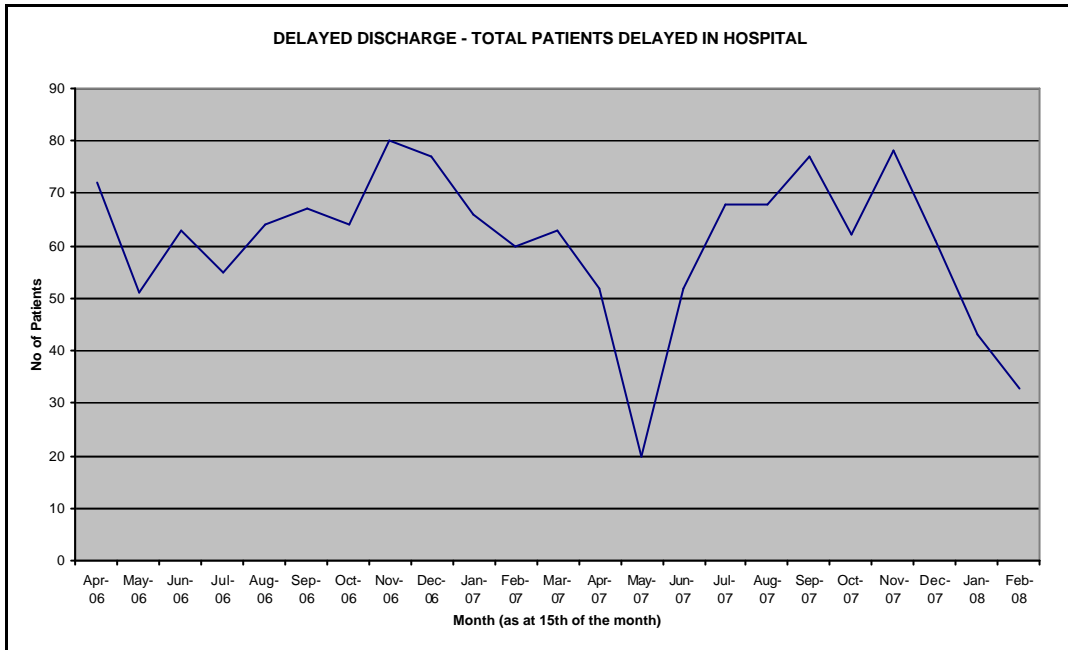
Figure 18 - Service Users Receiving Other Support Services



Source: Client databases

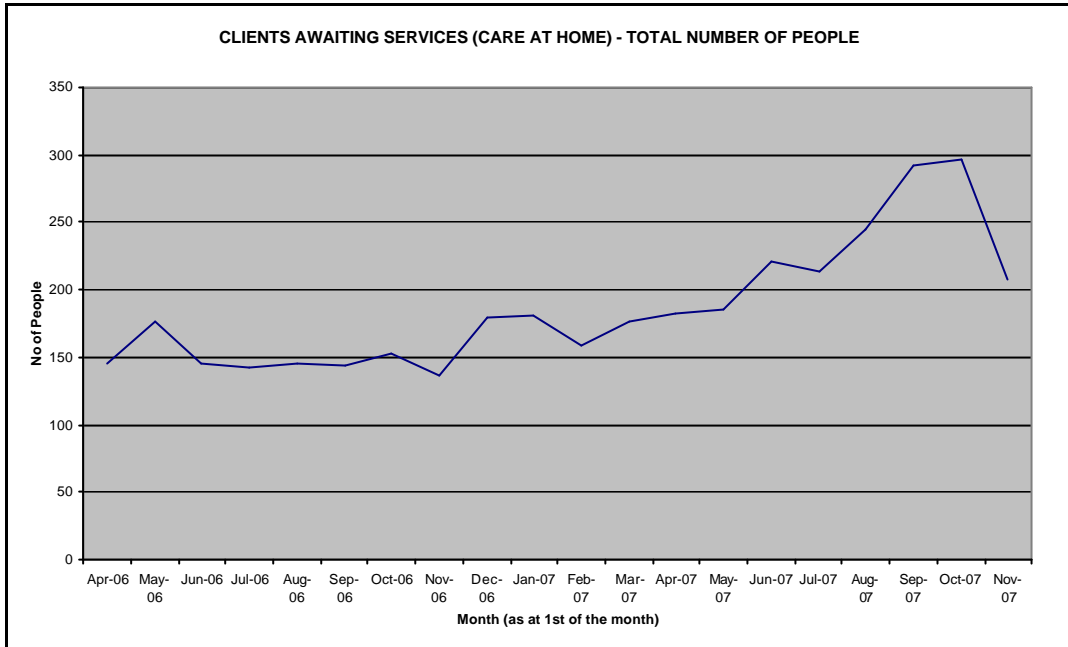
4 **Waiting List Information**

Figure 19 - Patients Delayed in Hospital



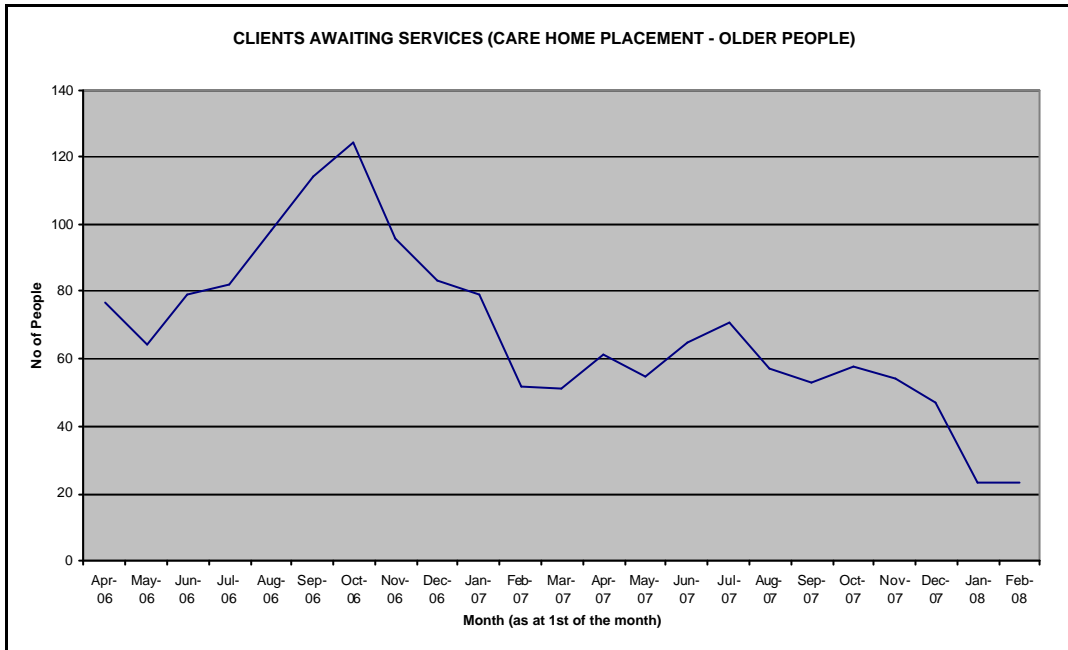
Source: Delayed discharge monitoring information

Figure 20 - Clients Awaiting Care at Home Services



Source: *Clients Awaiting Services - monthly monitoring information*

Figure 21 - Clients Awaiting Care Home Placement



Source: Clients Awaiting Services - monthly monitoring information

**Expenditure Information**

**Figure 22 - Local Authority Social Work GAE/Budget Comparison 2006/07**

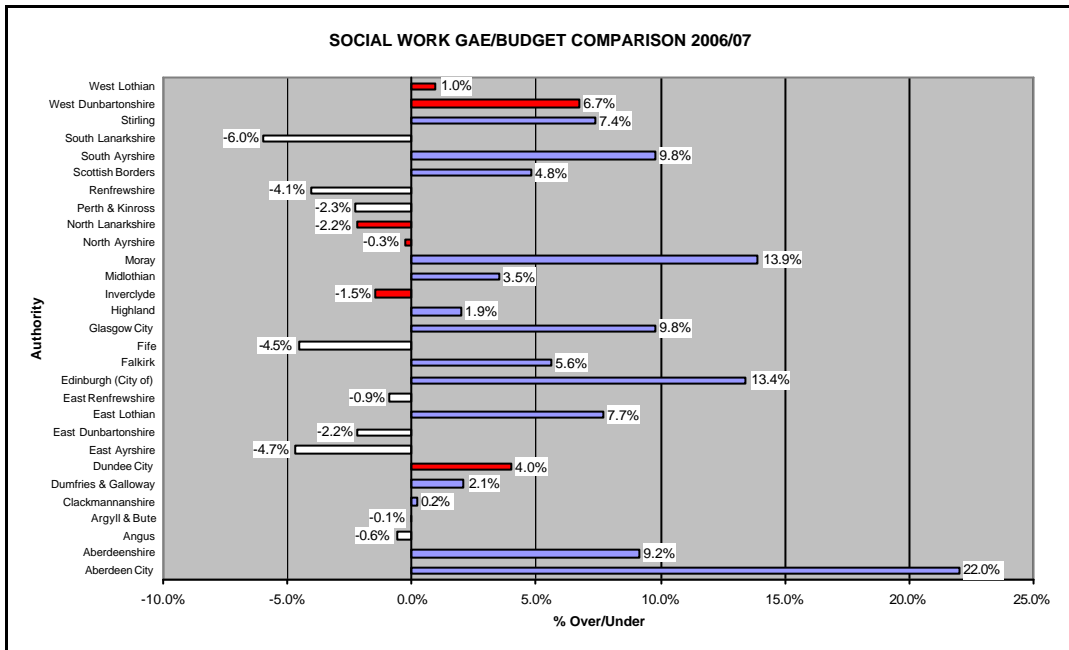


Figure 23 - Dundee City Council Social Work GAE/Budget Comparison 2006/07 (Client Groups)

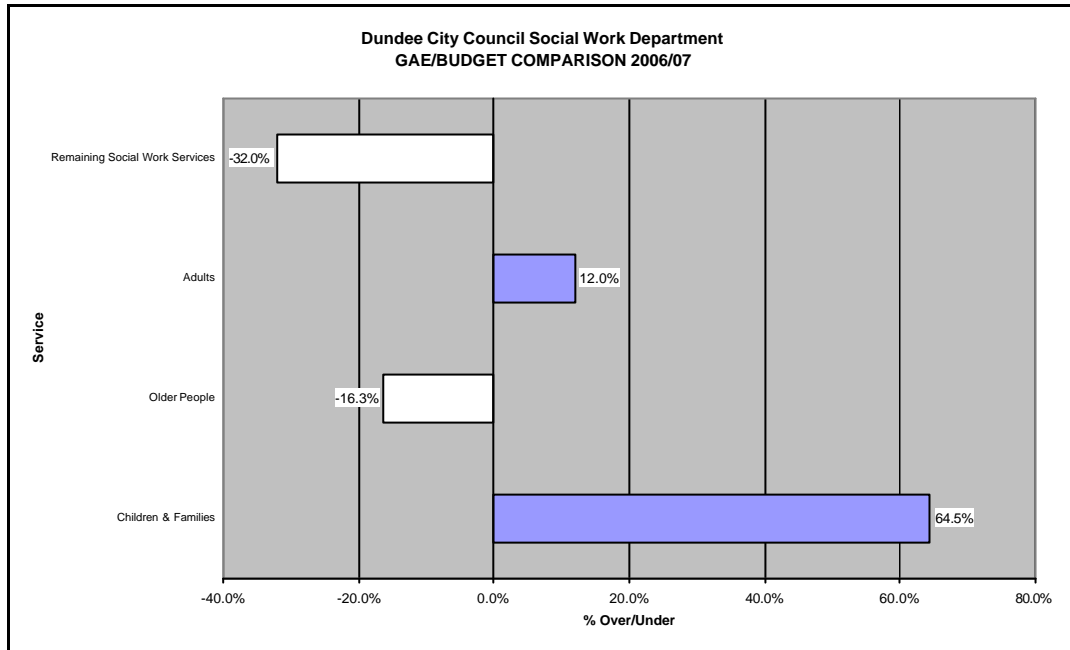


Figure 24 - Dundee City Council Social Work GAE/Budget Comparison 2006/07 (Service Areas)

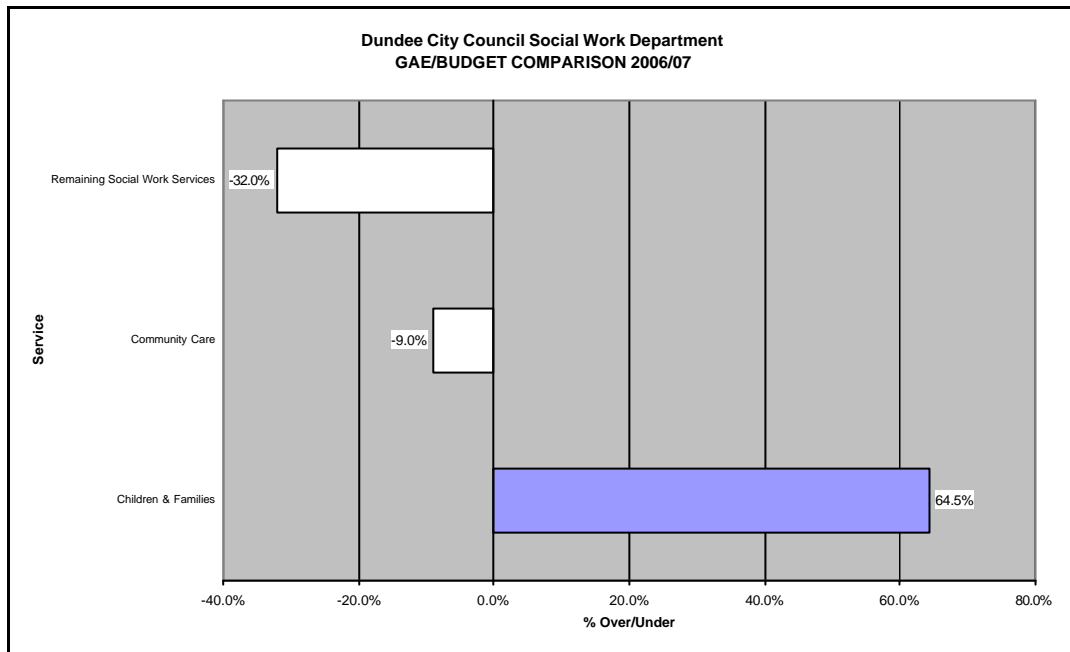


Figure 25 - Scottish Executive Grant Funding/Budget Comparison 2006/07 (Client Groups)

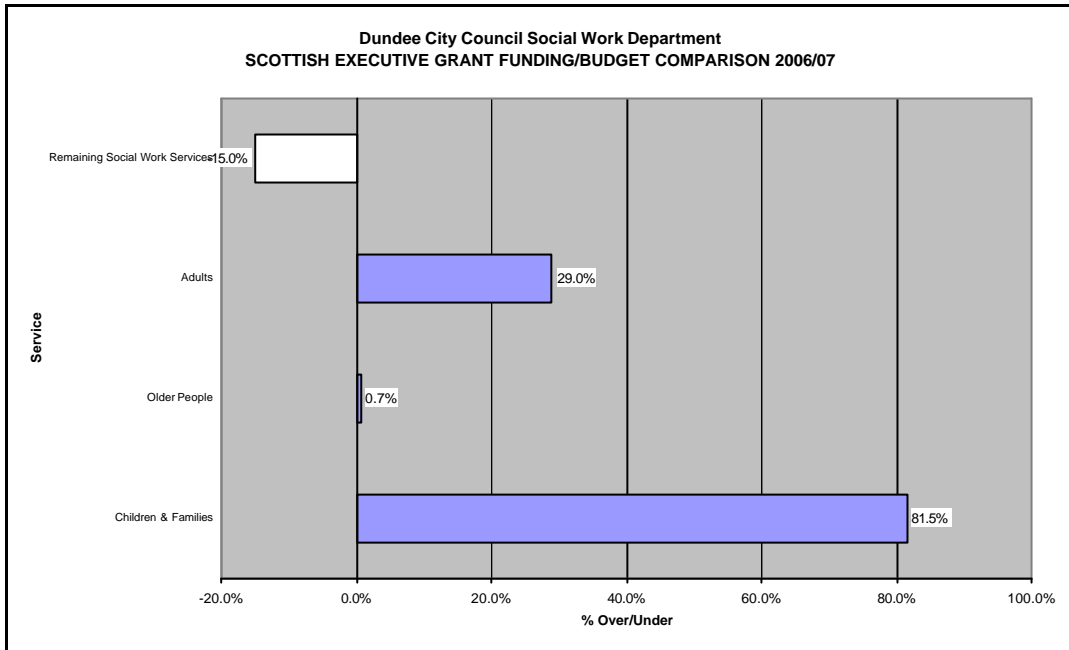


Figure 26 - Social Work GAE/Budget Comparison 2006/07 - Children & Families

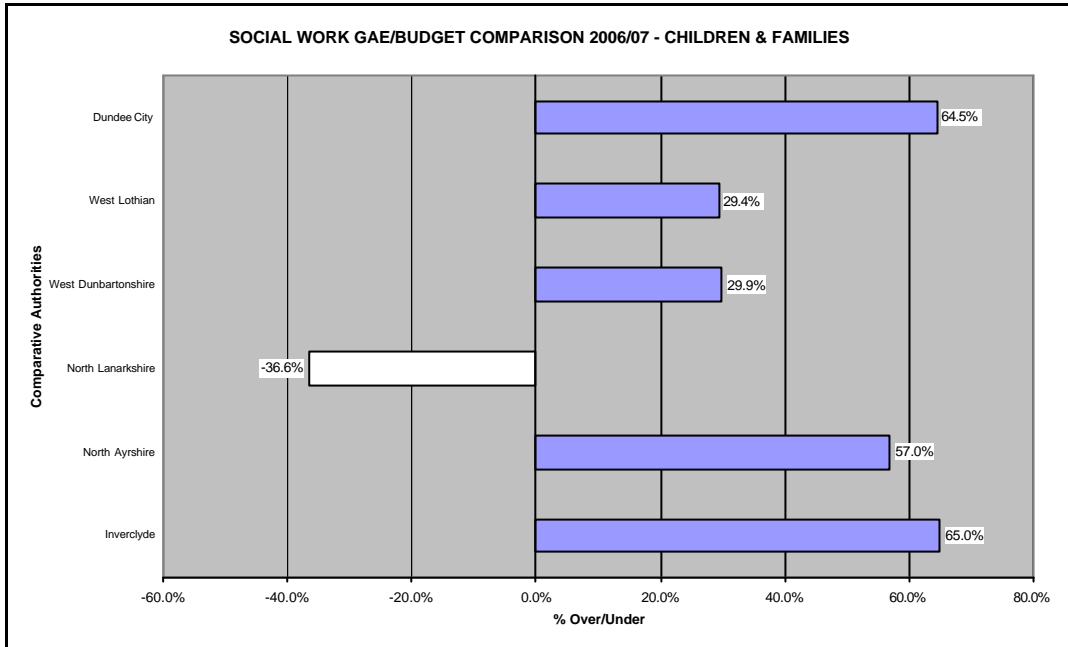


Figure 27 - Social Work GAE/Budget Comparison 2006/07 - Community Care

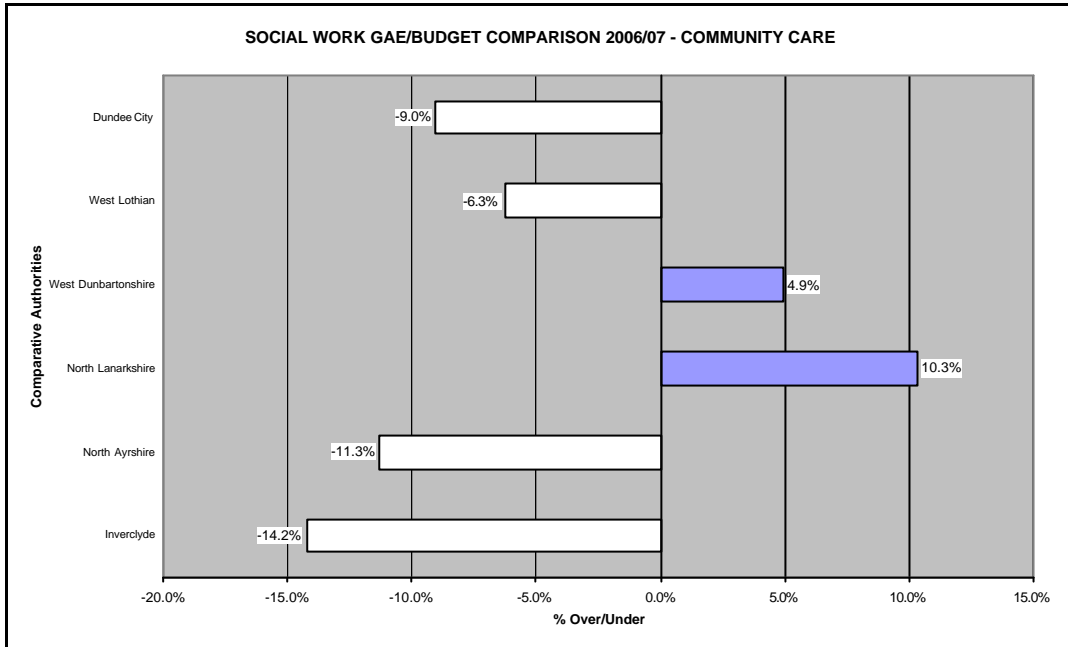


Figure 28 - Social Work GAE/Budget Comparison 2006/07 - Remaining Social Work Services

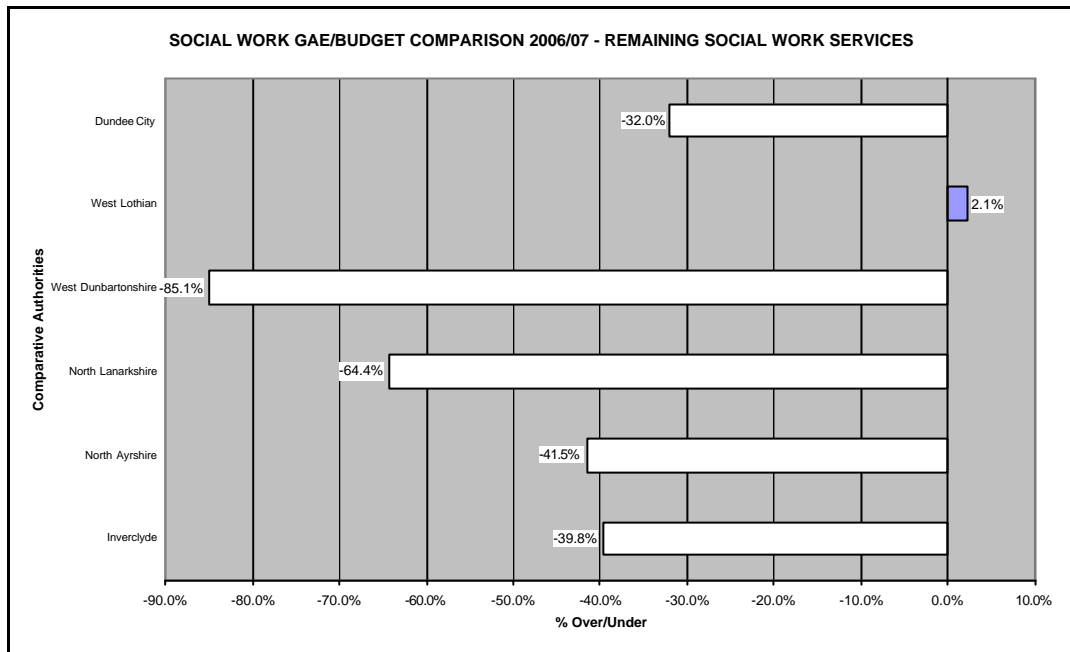
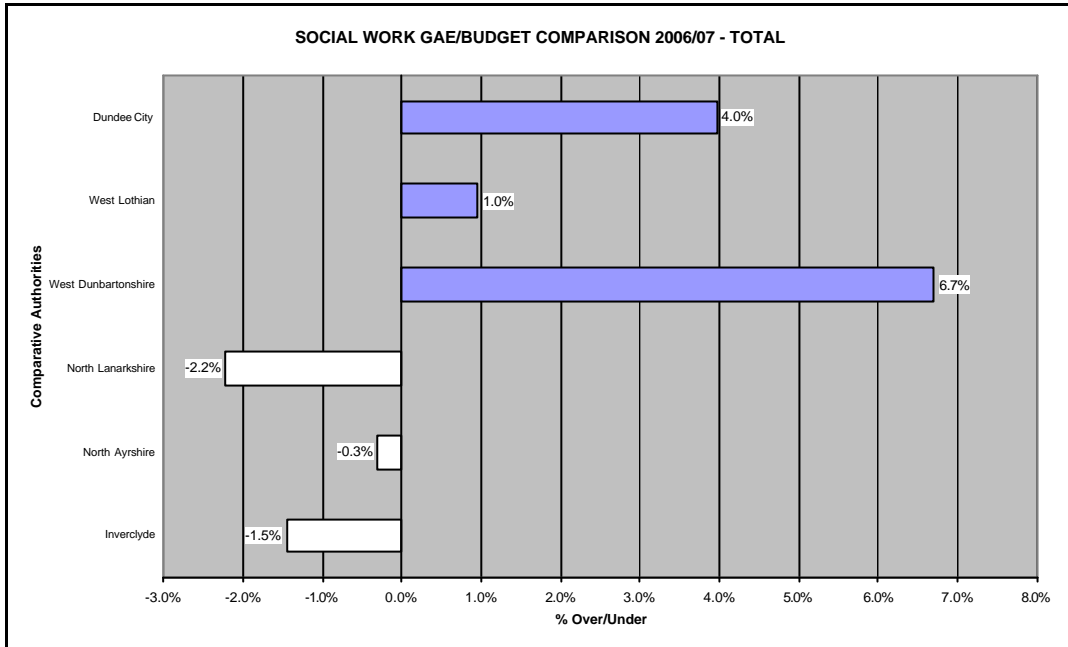


Figure 29 - Social Work GAE/Budget Comparison 2006/07 - Total



### **Comparison with 5 other local authorities**

- The budget for older people is slightly higher rate than Scotland, but lower than 3 comparators
- We purchase or provide care home places around the midpoint rate of comparators and same level nationally
- At the 6 month census period in 2005 we were funding new placements around the comparator midpoint and the same level nationally
- Average length of stay for long stay residents is similar to Scotland but varied in comparison to comparators
- Lower rate of hours home care than comparators and nationally
- 10+ hours of home care is very much lower than comparators and nationally

## APPENDIX 3

### DUNDEE OLDER PEOPLE JOINT STRATEGY AND COMMISSIONING FRAMEWORK 2008-2011

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## **INTRODUCTION**

Our strategy for older people is based on a whole systems understanding of the interrelationship between the services and support that older people receive. Getting the right mix, quality and scale of services will not only meet the wishes and best interests of older people but also meet the national and local policy intention of rebalancing care between community services (social care, health care and housing) and both acute hospital services and care home/NHS continuing care provision.

## **STRATEGIC DIRECTION**

The Joint Commissioning Framework outlined in this report will help us to fulfil our strategic objectives for older people, which are to:

- 1 Support, protect and improve the health of older people;
- 2 Shift the balance of care across the whole system of health and social care;
- 3 Provide older people with access to a wide range of care and support;
- 4 Prevent inappropriate admissions to hospital;
- 5 Facilitate timely discharge from hospital; and
- 6 Enable older people to keep control over their own lives.

## **RESOURCE FRAMEWORK**

The costs of some of these services will be met through resource transfer from existing institutional services. Specifically, we will redesign Medicine for the Elderly Services and reduce continuing care beds, and reduce care home placements. We will redirect funding to increase intensive home care packages, respite services and accommodation with care.

However, in order to meet our delayed discharge targets in the short term we will increase the number of care home placements from 12 to 16 per month until the end of March 2009. After that we will review the impact of the intermediate care facility and look to reduce care home placements.

## **OUR STRATEGIC PROMISES**

The strategic planning group held a development day to explore the outcomes for older people in Dundee. The following promises were seen to best set out the themes for our strategic plan.

- We will work with you to develop the services that you require.
- As a carer you will be supported fully and involved.
- We will work with you to keep you healthy and free from harm.
- You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.
- You will have accommodation which meets your needs.
- You will receive the care and support you require in the setting most appropriate to your needs.
- You will work with you and your carers to deliver any medical care at the right time and close to home.

# DUNDEE OLDER PEOPLE JOINT STRATEGY

## Our Strategic Promise 1

*We will work with you to develop the services that you require.*

### What progress have we made so far?

- We are developing an effective communication framework which includes strategies for using public information to improve public accessibility and customer choice.
- An independent forum of older people, the Celebrate Age Network (CAN) Forum has been established.
- We have put in place a Self Directed Support Scheme (Direct Payment) for all service users and older people have accessed this to arrange their own service provision.
- We have developed a range of participation and involvement policies and strategies across Health, Social Work and Housing services.
- We have undertaken meals tasting opportunities to widen the groups of older people making use of this service and to ensure quality control.
- We have consulted on accommodation preferences.
- We have undertaken a user's survey of care at home services.

### What actions are planned?

- The Housing Department will develop an involvement strategy for sheltered housing users.
- We will work in partnership with older people to develop a consultation and involvement strategy, action plan and monitoring.
- We will act on the information gained through consultation.
- A directory of services will be made available on Dundee City Council's website which will include information on service eligibility criteria.
- We will develop self assessment for individual use.
- We will establish an advocacy resource for older people.
- We will increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.
- We will work with groups of older people with specific cultural and nutritional needs to provide a range of quality, appropriate meals, provided in a range of settings.
- We will work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for improving social, health and mental wellbeing.

### **What are our long term objectives?**

- We will have established a wider network of older people wishing to be involved.
- We will adopt a range of approaches to consultation and involvement which reflect the diverse needs of older people in Dundee.
- We will work with older people to assist them in identifying their priorities.
- We will move from a system of professional assessment and application of eligibility criteria to a system where there is a greater emphasis on self assessment and entitlement.

## **Our Strategic Promise 2**

*As a carer you will be supported fully and involved.*

### **What progress have we made so far?**

- A Carers' Consultation Strategy has been agreed.
- We have published our carer's strategy that sets out the actions we will take to ensure carers are recognised, informed, involved and supported in their caring role.
- We have audited carers' assessments and identified unmet need in the range and provision of support for carers.
- We have set targets for the uptake of carers' assessments and an increase in the range and volume of respite services.
- A review of respite provision has been undertaken and we have increased the hours of provision of respite care at home.

### **What actions are planned?**

- A Carers' Partnership will be established to ensure that carers have a greater say in joint planning and service provision.
- We will implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.
- We will carry out an audit of carers' information leaflets with a view to improving the range available.
- We will review the funding of support services for carers, and, in particular, consider the local provision of sitter type services and short breaks/respite care.
- We will increase respite care provision within Local Authority care homes.
- We will increase respite beds within the private care home sector.
- We will review the current carers' assessment processes to make this more accessible, with links between assessment and support more transparent.

### **What are our long term objectives?**

- We will have a system of assessment and care planning which ensures that carers will feel involved as an equal partner in planning for and supporting the person they care for.
- We will have a range of support services which meets the emotional, physical and social needs of carers.

### **Our Strategic Promise 3**

***We will work with you to keep you healthy and free from harm.***

#### **What progress have we made so far?**

- We have developed a long-term conditions strategy and action plan.
- We have piloted case management.
- A Best Value Review of Occupational Therapy Services has been completed.
- We have completed the new joint Community Equipment Store and Dundee Independent Living and Community Equipment Centre.
- We have agreed a local integrated falls strategy.
- We have invested in preventative services and rehabilitation awareness is promoted in the home care staff induction programme.
- Funding continues to be given to the Older People Engaging Needs (OPEN) project, which supports older people to engage in activities that maintain physical, emotional and mental well being and promote social inclusion.
- We have introduced a handyman service which provides home safety checks in partnership with Care & Repair, Energy Efficiency and Tayside Fire Brigade.
- We have a well established meals service.
- We have a jointly agreed Adult Protection framework.

#### **What actions are planned?**

- We will implement the long-term conditions action plan and work towards enabling older people to self manage their conditions.
- We will develop Local Care Centres for Dundee to improve access to health and social care services for our communities.
- We will continue work to redesign and configure community health services including out of hours responses.
- We will develop a community medication administration policy and introduce a model of assisting with medication in the community.
- We will implement the falls strategy and provide training for falls prevention across health and local authority services.
- We will develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices, such as stopping smoking and reducing alcohol intake.
- We will explore options for peer speaking and health coaching with local older people's groups.
- We will maintain our level of practical and low level supports.
- We will continue to fund the OPEN project.
- We will revise information for the public about Occupational Therapy Services.
- We will heighten awareness of equipment issues through the Independent

Living Centre.

- We will extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.
- We will review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.
- We will increase the deployment of equipment year on year.
- We will develop a review team to review the needs of older people in care home settings.
- We will develop enabler services to improve the social networking opportunities for older people.

### **What are our long term objectives?**

- We will have effective community health services in response to needs of older people in Dundee.
- We will work alongside older people to develop person centred planning which enables individuals to maintain their chosen range of activities and hobbies.
- We will have a culture which seeks out opportunities for 'brief interventions' to bring about health improvements.

## **Our Strategic Promise 4**

***You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.***

### **What progress have we made so far?**

- A multi-disciplinary Community Mental Health Team for older people has been introduced and is based in localities.
- We have a dedicated team of social care workers supporting older people with mental health problems.
- In partnership with Alzheimer Scotland, we provide a specialist service for older people with dementia in Oaklands day centre.
- We are working jointly across the voluntary sector, health and social work to deliver a Carer Education Programme and a Carer Support Group.
- We have an early stage outreach service provided by Alzheimer Scotland.
- We have developed a Dementia Managed Care Network and appointed a project worker to implement the actions identified.
- We held a seminar for older people and professionals to explore the issues in relation to promoting mental health and wellbeing.
- We have redesigned Psychiatry of Old Age day hospital services to provide separate, focused services for older people with a functional mental illness and those with an organic mental illness/dementia.
- We have met the continuing care targets for Psychiatry of Old Age services.

### **What actions are planned?**

- We will implement a revised model of in-patient and day treatment for older people with mental health problems.
- Dementia/Mental Health training will be developed for staff in purchased and provided services for older people.
- We will develop information for individuals and their carers which assists their understanding at the time of diagnosis.
- We will remodel liaison services into care homes and into non-psychiatric hospital sites.
- We develop a single referral point for psychiatric services for older people.
- We will work alongside the Dementia Managed Care Network to implement the table of commitment.
- We will develop actions to address the issues raised through the mental health and wellbeing seminar.
- Capital investment will be sought to provide facilities to deliver Psychiatry of Old Age In-patient services and Psychiatry of Old Age Day Hospitals on one site, co-located with Department of Medicine for the Elderly.
- We will develop an open referral system for Psychiatry of Old Age.

**What are our long term objectives?**

- We will have clearly developed care and assessment pathways for people aged under 65 who have dementia.
- We will have a Dementia Strategy which sets our vision for dementia services in the future.

## **Our Strategic Promise 5**

### ***You will have accommodation which meets your needs***

#### **What progress have we made so far?**

- A Best Value Review of Sheltered Housing agreed the maintenance of low-level support for people who live in sheltered housing complexes.
- We have developed 44 Housing with Care units since 2004.
- We worked in partnership with Bield Housing Association to develop flatted purpose built Housing with Care facility for 22 older people.
- We have refurbished one local authority care homes to introduce ensuite facilities and rebuilt two local authority care home to improve the environment for older people.
- We have revised and agreed the criteria for aids and adaptations.
- £10,000 per annum has been allocated to provide key safes to enable access to housing and support the provision of care and support services.

#### **What actions are planned?**

- We will implement the 2006 Best Value Review of Sheltered Housing and seek to achieve the sheltered housing targets set out in the Review.
- We will review the warden service model.
- We will plan the development of, and commission 100 new Housing with Care services to be in place by 2011.
- We will adjust our care home placement rate in proportion to the development of alternatives to care homes.
- We will purchase additional tele-care equipment and supports.
- We will rebuild one Local Authority care home (Janet Brougham) by January 2008.

#### **What are our long term objectives?**

- We will have reduced the number of older people cared for in institutional environments by developing a wide range of accommodation with care options and by further developing community based services.
- We will have a plan for the reduction and remodelling of continuing care, with resources released for community and social care services.

## **Our Strategic Promise 6**

***You will receive the care and support you require in the setting most appropriate to your needs***

### **What progress have we made so far?**

- We have established the First Contact Team to undertake all new referrals for older people living in the community.
- We have contracted for an additional 1,700 hours of social care per week.
- We have reviewed our rapid response and crisis services to produce a more efficient targeted response across localities.
- We have a new purpose built day centre (Oakland's) for older people.

### **What actions are planned?**

- The First Contact Team will be redesigned to improve access to a wider range of services.
- Direct access to services will be further developed across health, social work and housing.
- We will increase investment in care at home services and intensive care at home services to minimise waiting times for social and home care service.
- We will continue to review the range of day opportunities provided by social work, health and the voluntary sector.
- We will extend the operational hours of service delivery in Oakland Centre and review transport arrangements.
- We will develop locality based services/supports for older people.
- We will provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.

### **What are our long term objectives?**

- We will provide a comprehensive range of day services where older people can be supported by appropriate professionals and gain quicker access to other services as their needs change.
- We will provide day opportunities and support in the localities in which older people live in.
- The ways in which home care and other services meet the cultural needs of older people from Dundee will be reviewed and developed.

## **Our Strategic Promise 7**

***We will work with you and your carers to deliver any medical care at the right time and close to home.***

### **What progress have we made so far?**

- We have piloted a scheme to divert appropriate calls from nursing homes away from NHS 24 to the Out of Hours Community Nursing Service.
- We have redesigned Medicine for the Elderly services to provide a clinic approach to assessment and treatment.
- We have introduced access to urgent medical clinic screening within 48 hours.
- We have redesigned and increased the hours available for deployment by rapid response social care services which have prevented inappropriate admission to hospital.
- We have held a Rapid Improvement Event to look at the hospital care of frail older people and identified means to improve their pathways through hospital.
- We have reviewed the Tayside Joint Health and Social Care Adult Discharge Protocol.
- An additional Geriatric Consultant is now in post, providing rapid assessment to older people in Ninewells Hospital.

### **What actions are planned?**

- We will further redesign Medicine for the Elderly day hospital services.
- We will complete a review of hospital social work services within Ninewells hospital.
- We will review the role of the hospital ward sister to improve patient care
- We will produce Information Guidance leaflets for patients and relatives on admission and discharge.
- We will seek to meet and maintain the national and local targets for hospital delayed discharge and implement the Tayside Delayed Discharge Development plan.
- We will reduce admission to hospital as a result of falls for older people.
- We will seek to reduce the proportion of people aged 65 years and over admitted as an emergency in-patient 2 or more times in a single year.
- We will ensure that all older people receive a functional assessment on admission to hospital and that those who require a specialist assessment from Medicine for the Elderly services will receive it.
- We will significantly reduce the current boarding out arrangements in hospital that create poor outcomes for older people.
- The number of Medicine for the Elderly hospital beds will be set to reflect the older patient population currently occupying beds within Ninewells Hospital.
- We will commission the Dundee Intermediate Care Facility.

- We will develop and resource services and options for step up admission into hospital.
- We will redesign and refurbish continuing care facilities to meet the future needs of older people.

**What are our long term objectives?**

- We will ensure that all older people in hospital receive the right level of assessment and treatment at the right time.
- We will develop and agree equitable pathways of care for all frail older patients in Dundee.
- We will have quality patient care for all older people in acute hospitals.

# **DUNDEE OLDER PEOPLE JOINT COMMISSIONING AND SERVICE REDESIGN FRAMEWORK**

## **1 INVOLVEMENT**

An involvement strategy is a core element of providing quality health and social care services for older people. This ensures that:

- older people have the opportunity to participate in the planning, development and improvement of services;
- agencies are responsive to older people's needs;
- the needs of diverse groups of older people are met; and
- services are designed to meet individual need as opposed to 'one size fits all'.

### **Targets 2008 - 2011**

- The Housing Department will develop an involvement strategy for sheltered housing users.
- We will develop a consultation and involvement strategy for older people's services reflecting the diversity of older people in Dundee.
- We will agree an action plan for consultation and involvement reflecting our involvement strategy and the National Standards for Community Engagement.
- We will develop ways of monitoring the success of our involvement strategy.
- We will act on the information gained through consultation.

## **MODEL OF SERVICE DELIVERY**

### **1 Information, Access to Services and Assessment**

Older people and their carers understand that services may not always be available at the time of request, but appreciate an early indication of their assessed needs, the identified care and support plan, and ongoing communication as to how and when this will be provided. In order to carry out assessments of need efficiently and effectively, we have developed a number of assessment responses which include the First Contact Team, hospital based care and assessment teams and the hospital supported discharge organisers. In addition we have established crisis and rapid response social services to ensure that immediate need is responded to within an appropriate timescale.

#### **Targets 2008 – 2011**

- A directory of services will be made available on Dundee City Council's website which will include information on service eligibility criteria.
- We will develop self assessment for individual use.
- We will conclude the review of advocacy services and establish an advocacy resource for older people which has the capacity to provide a range of advocacy responses.
- The First Contact Team will be redesigned to improve access to a wider range of services.
- Direct access to services will be further developed across health, social work and housing.
- We will increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.

## **2 Carers and Carers Support**

There is a system in place for carer's assessments, but these are not routinely accessed and many carers tell us they were unaware of their right to this assessment.

A recent review of the use of respite care identified that the demand for respite care away from home was not being met and that greater flexibility in short breaks was required to allow carers to attend either daytime or evening activities. In addition a number of older people entered a respite facility following a breakdown in support or as a result of an emergency situation, with a proportion of these older people remaining in a care home and not returning to their home.

### **Targets 2008 – 2011**

- A Carers' Partnership will be established to ensure that carers have a greater say in joint planning and service provision.
- We will implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.
- We will carry out an audit of carers' information leaflets with a view to improving the range available.
- We will review the funding of support services for carers, and, in particular, consider the local provision of sitter type services and short breaks/respite care.
- We will increase respite provision within Local Authority care homes.
- We will increase respite beds within the private care home sector.
- We will review the current carers' assessment processes to make this more accessible, with links between assessment and support more transparent.

### **3 Enablement/Self Managed Care**

The local work arising from the long term conditions strategy has identified a need to promote self managed care and health led case management for those with more complex needs.

The earlier Balance of Care report identified a required growth in the provision of community health services including community nursing and allied health professionals to match the anticipated demographic growth. This has remained a challenge and there are workforce issues relating to the configuration of teams and skill mix to deliver on increasing workloads effectively. NHS Tayside will be a development site for Visible, Accessible & Integrated care and as part of the service redesign will test the generic community health nurse and other roles.

A predictive model is being developed, which will enable a focus on managing long-term conditions in the community, rather than in acute hospital settings. In addition, a pilot operating from two GP practices in Dundee identified a cohort of patients who are vulnerable to hospital admission and who would consequently benefit from case management.

The multi-agency inspection of Older People's Services highlighted a number of gaps in medication management for older people, including the following:

- 1 A community medication administration policy;
- 2 Systems for the assessment of an older person's ability to manage their own medicine;
- 3 Evidence of an older person's ability to manage their own medicine in a residential setting; and
- 4 Information provided to older people and their carers about their medication.

#### **Targets 2008 – 2011**

- We will implement the long term conditions action plan and work towards enabling older people to self manage their conditions.
- We will develop Local Care Centres for Dundee to improve access to health and social care services for our communities.
- We will continue work to redesign and configure community health services including out of hours responses, to ensure most effective use of resources to address strategic drive to shift balance of care.
- We will develop a community medication administration policy and introduce a model of assisting with medication in the community.

#### **4 Health Improvement and Promotion**

Promoting good health for older people is undertaken in a number of ways and relates not only to physical health but also to mental well being. The ability to eat healthily, live in a safe environment and have appropriate health checks and interventions is further enhanced by access to exercise, social interaction and by maintaining hobbies and interests.

Research has shown that 30% of people over the age of 65 fall annually, with this figure increasing to 50% of those people aged over 85. The impact of a serious fall can be significant for an older person, with 62% of all fatal injuries in those over 65 being fall related. Early identification of risk and an integrated approach to the management of falls has proved to reduce and minimise the risk.

The Better Outcomes report acknowledges that low level anticipatory and preventative services such as practical home care, meals and shopping are important factors in promoting independence and older people in Dundee confirm that they value these services

#### **Targets 2008 – 2011**

- We will work with groups of older people with specific cultural and nutritional needs to provide a range of quality, appropriate meals, provided in a range of settings.
- We will work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for social, health and mental well being improvements.
- We will implement the falls strategy and provide training for falls prevention across health and local authority services.
- We will develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices, such as stopping smoking and reducing alcohol intake.
- We will explore options for peer speaking and health coaching with local older people's groups.
- We will maintain our level of practical and low level supports.
- We will continue the OPEN project funding.
- We will develop enabler services to improve the social networking opportunities for older people.

## **5 Community Services**

In the Joint Multi-Agency Inspection of Services for Older People, Dundee's care at home services were considered to be of a high quality and were appreciated by those who receive them. Overall, there has been a shift in the balance of care from long stay care towards more care at home, however there are not enough services to meet the demands of the current population of Dundee and there is a rising unmet need.

Comparisons with benchmark authorities and all Scotland figures indicate that:

- 1 Dundee has a significantly lower rate of home care hours than most of the comparator authorities, and the national rate;
- 2 Dundee has a higher rate of service users aged 65+ than the national rate, suggesting Dundee is giving some services to a larger number of people rather than prioritising its services to those in need of high levels of support; and
- 3 The rate of service users receiving 10+ hours of home care per week is very much lower in Dundee than the national rate and compared with most of the comparator authorities.

### **Targets 2008 – 2011**

- We will increase investment in care at home services to minimise waiting times for social care and home care service.
- We will increase the amount of intensive home care, and the number of service users by reducing care home placements and redirecting funding into alternative housing with support and intensive home care; and reducing NHS continuing care beds and redirecting the resource into Community Services.
- We will develop community based services so that intensive home care constitutes at least 30% of all long term care by 2010.

## **Community Mental Health (including Dementia) Services**

Community mental health teams are based in both the east and the west of the city. The team consists of co-located professionals, including psychiatrists, community psychiatric nurses, support workers, occupational therapists, psychology, pharmacy, liaison staff, social workers and social care workers. The teams work with older people who have both functional and organic illnesses, linking to Psychiatry of Old Age day hospitals, GP practices and care homes.

The service is subject to ongoing redesign and there is an impetus to develop and refine care pathways for older people with dementia and their carers. In addition we are in discussion to agree pathways for people with dementia who are aged under 65, to ensure they receive appropriate assessment and support from those most skilled and able to do so. To do this we will be required to increase the capacity for services such as the memory clinic and the anticholinesterase clinic. Information and support for carers at the time of diagnosis should also be improved.

The number of older people with mental health problems is increasing and there is a requirement to provide additional care and support services to individual, carers and service providers such as care homes, domiciliary services and day opportunities. Appropriate administration of medication can assist maintain independent living and lack of support to maintain medication regimes in the community can potentially lead to a greater dependence for services and support.

### **Targets 2008 – 2011**

- We will implement a revised model of in-patient and day treatment for older people with mental health problems in Dundee that takes into consideration the following factors:
  - the availability and impact of other service elements;
  - projected demographic changes;
  - incidence of co-morbidity, physical illness and frailty;
  - incidence of highly dependent/behaviourally disturbed people;
  - the clinical priority of co-location with Medicine for the Elderly services;
  - the availability of suitable sites; and
  - capacity for development on existing NHS sites.
- Dementia/Mental Health training will be developed for staff in purchased and provided services for older people.
- We will develop information for individuals and their carers which assists their understanding at the time of diagnosis.
- We will remodel liaison services into care homes and into non-psychiatric hospital sites.
- We develop a single referral point for psychiatric services for older people.

- We will work alongside the Dementia Managed Care Network to implement the table of commitment.
- We will develop actions to address the national mental health and wellbeing report and the issues raised through the mental health and wellbeing seminar.
- We will develop an open referral system for Psychiatry of Old Age services.

## **Day Care/Day Hospital**

We have introduced a direct access referrals system from day hospital to day care which has supported partnership work and has led to an increase in the demand for some services, and in particular Oakland Centre. Plans to develop evening services and services for people with dementia who are under 65 years of age are still to be progressed.

It is anticipated that as the number of older people steadily increases, the current service model will target those with more complex care needs and support those with needs that cannot be met in other community settings.

### **Targets 2008 – 2011**

- Capital investment will be sought to provide facilities to deliver Psychiatry of Old Age in patient services and day hospitals on one site, co-located with Department of Medicine for the Elderly services
- We will continue to review the range of day opportunities provided by social work, health and the voluntary sector, the different routes for referral and, in particular, the interface between these.
- We will investigate the potential of extending the operational hours of service delivery in Oakland Centre and the reasons around low uptake of under 65's service and act on outcomes.
- We will review transport arrangements for day care services.
- We will develop locality based services/supports for older people.
- We will provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.
- We will further redesign Medicine for the Elderly day hospitals to implement the recommendations from the recent Rapid Improvement Event.

## **8 Accommodation**

The Local Authority concluded its Best Value Review of Sheltered Housing in 2006. During this review, older people told us that they valued the sense of security and the support they received from the warden service. Many older people living in sheltered housing have lower level needs, with social care being provided through the home care services. Dundee has a range of both sheltered and very sheltered accommodation, with housing provided by both the Local Authority and the housing associations. There are a large number of sheltered houses in the area however a proportion of this accommodation is inappropriate for frailer older people.

Housing with Care provides an alternative to residential care. The accommodation has dedicated social care support staff, with a response service provided by community alarm after 10pm.

Housing with Care was introduced into the city in 2004 and there has been some progress towards increasing the numbers of accommodation with care places, alongside increases in home care provision. However, this is not having as significant an impact on the reduction in the numbers of older people being cared for in care homes as anticipated. A number of factors are attributed to this including the focus being given to reducing the number of long-stay beds as set out in the Balance of Care report along with pressures to reduce delayed discharges. A significant rise in the number of accommodation with care places is required in order to help effectively shift this balance and this will call for a range of accommodation with care options

To help support the shift in the balance of care, one hundred new services over the next three years are being planned for. These services will be for older people who due to being physical frail, having dementia or a long term condition are no longer able to be supported within their own home.

### **Targets 2008 – 2011**

- We will implement the 2006 Best Value Review of Sheltered Housing and seek to achieve the sheltered housing targets set out in the Review but monitor this in line with demands and voids.
- We will review the warden service model.
- We will plan the development of, and commission 100 new Housing with Care services to be in place by 2010, with consideration given to:
  - the cost of service;
  - commissioning new build accommodation in partnership with Housing Associations;
  - explore tenure options with Housing Associations in order to encourage older people with this support requirement the option of purchasing their accommodation;

- planning appropriate adaptations to existing resources to meet demand;
  - transferring resources from care home budgets for care and support services; and
  - implement a model of social care support for people in Accommodation with Care.
- We will purchase additional tele-care equipment and supports.

## **9 Equipment and Adaptations**

A review of equipment provision was undertaken by the local authority and its partners in health. As a consequence, in 2007 the Dundee Independent Living and Community Equipment Centre was opened. The Centre houses the community equipment store for Dundee and has up to date cleaning and maintenance equipment on site. This has created a more responsive and higher standard of service.

Ensuring individuals can live to their full potential has also been a prime focus for the city and the established Independent Living Centre was incorporated into the site. The Centre can offer on site assessment and an opportunity to try the equipment available.

Waiting times for aids and adaptations have proved challenging and there will be a continued focus on maintaining a quick response to referrals.

### **Targets 2008 – 2011**

- We will revise information for the public about Occupational Therapy Services.
- We will heighten awareness of equipment issues through the Independent Living Centre.
- We will extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.
- We will review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.
- We will increase the deployment of equipment year on year.

Care Homes will continue to provide care for older people for many years, however attention will be needed to ensure the nature, quality and cost of those services are in line with the overall balance of care. There are currently over 900 older people currently living within care homes in Dundee and the surrounding areas. Comparisons with benchmark authorities and all Scotland figures indicate that:

- 1 Dundee Council's budget for older people was at a slightly higher rate than for Scotland as a whole, but at a lower rate than three of the five benchmark authorities;
- 2 Dundee City Council was purchasing or providing around the midpoint rate of care home places in relation to its comparator authorities and at the same level as the national rate;
- 3 During the 6 month census period in 2005 Dundee was funding new placements at the comparator midpoint level and at the same level as the national rate; and
- 4 The average length of stay for long stay residents funded by Dundee in care homes is very similar to the position in Scotland as a whole, but is more varied in relation to the comparator authorities. Dundee's average length of stay for older people is higher than in the two neighbouring authorities (2.8 yrs in Dundee, 2.6 yrs in Angus, 2.3 yrs in Perth & Kinross).

The numbers of people in care homes rose during 2004-05, although this figure decreased during 2005-06 to 817. There has been significant additional investment in care homes to ensure their financial viability and the delivery of national care standards and also as part of the implementation of the Free Personal Care policy.

There has also been a shift in the balance of care towards care at home. The percentage of institutional care (Care Home + NHS Geriatric Long Stay) as a proportion of all long-term care was 80% during 2004-05 compared to 84% the previous year. At March 2006 this figure was 77.4%, progressing towards the national maximum target of 70%. We expect this to decrease to 76% by 2007.

**Targets 2008 – 2011**

- We will develop a review team to review the needs of older people in care home settings.
- We will maintain our planned level of care home placement activity, taking account of hospital delayed discharges and community needs, until alternative models of accommodation are developed. We will then redirect resources to accommodation with support and revise placement activity.
- We will rebuild one Local Authority care home (Janet Brougham) by January 2008.

In the past year approximately 50% of the 13,500 admissions to the Acute Medical Unit in Ninewells Hospital and 19% of all Accident and Emergency patients were aged over 65. Older people experience similar health difficulties to the rest of the population, but of these older people attending hospital a significant number will be 'frail' and will present with confusion, falls and poor mobility. In addition, recuperation can be slower and rehabilitation to maintain and improve life skills should be carried out on a daily basis as part of the ongoing care. This can be a challenge on an acute specialist ward, when competing priorities and a focus on specialist skills can result in poorer outcomes for older people requiring a holistic care and treatment plan.

This difficulty was recognised through the MAISOP inspection which highlighted a need to review the balance of acute medicine, specialist geriatric medicine and community services within the city. In addition there is an inequity in the resources for male patients with a smaller number of male medicine for the elderly beds available, than those for female patients.

Emergency admissions into hospital have reduced as have multiple admissions to hospital, however there is still anecdotal evidence that inappropriate admission are made and that this is exacerbated by the lack of appropriate advice from and capacity within medicine for the elderly services, a lack of appropriate community services and a lack of patient information for out of hours GP services. As part of the Emergency Admissions National Scoping Group, linked to NIS QIS, a recurring admissions sub-group was set up and is proactively following up older people with multiple admissions (after 3rd emergency admission) and if appropriate, referring them on to Medicine for the Elderly.

The progress that has been made in reducing delayed discharges and sustaining at a lower level is due to a combination of several factors. The early supported discharge, intensive home care and prevention of admission services were integrated into the intensive care at home/rapid response service, with a single manager and a single set of eligibility criteria. This new scheme, along with the introduction of health co-ordinator posts, has helped to facilitate faster and smoother discharges and move people through the system to more appropriate settings, including rehabilitation. In addition, the co-ordinated efforts of the joint placement panel in prioritising care home placement activity have contributed to faster discharge from hospital.

The targets for 2008 continue to pose a significant challenge for the Dundee partnership.

### **Targets 2008 -2011**

- We will complete a review of hospital social work services within Ninewells hospital.
- We will review the role of the hospital ward sister to improve inpatient care.
- We will produce Information Guidance leaflets for patients and relatives on admission and discharge.
- We will seek to meet the national and local targets for hospital delayed discharge.
- We will implement the Tayside Delayed Discharge Development Plan 2008 – 20010, including agreed uses of the funding identified.
- We will reduce admission to hospital as a result of falls for older people.
- We will seek to reduce by 20% the proportion of people aged 65 years or over admitted as an emergency in-patient 2 or more times in a single year by 2008-09.
- We will ensure that all older people require a functional assessment on admission to hospital and that those who require specialist assessment from Medicine for the Elderly services will receive it.
- We will develop and agree equitable pathways of care for all frail older patients in Dundee.
- We will significantly reduce the current boarding out arrangements in hospitals that create poor outcomes for older people.
- The number of Medicine for the Elderly hospital beds will be set to reflect the older patient population currently occupying beds within Ninewells Hospital.

## **12 Intermediate Care**

Although there already are specialist rehabilitation services for older people in Dundee there is a gap in service provision for rehabilitation in a supportive non-hospital environment. There is no residential intermediate care provision in Dundee that can bridge the gap between discharge from hospital and return home that provides for a longer period of supported recovery. This means that some older people are either delayed inappropriately within hospital settings or whose assessment needs are not able to be undertaken in a more homely environment.

To meet this gap we will establish a short stay assessment and rehabilitation facility in Dundee city, initially as a step down facility, to admit selected, predominantly older patients from Ninewells and Royal Victoria Hospitals. The facility will offer slow stream rehabilitation in a non-hospital environment. The Dundee Integrated Intermediated Care (DIIC) facility is based on experience of previous winter planning initiatives which have established that some older patients following an episode of acute illness benefit from a deliberately extended period of supported recovery to enable them to return home rather than going to a care home. The beds in DIIC will be based in an independent care home but patient care will be provided jointly by independent care staff and NHS staff and their care managed by close working relationships between the NHS, social care and the independent sector. The model of care is based on a fully integrated clinical model supported by a Department of Medicine for the Elderly Consultant inclusive of existing Out of Hours services.

The development of an intermediate care facility for 25 people will extend the scope of rehabilitation services available for older people, improve opportunities for patients to return home and reduce the number of patients whose discharge is delayed. It will also fully integrate both health and social care services.

### **Targets 2008 -2011**

- We will commission and establish the Dundee Intermediate Care Facility by July 2008.
- We will develop and resource services and options for step up admission into hospital.

Over the last three years there has been a planned reduction in long-stay NHS in-patient provision. The number of continuing care beds provided by Psychiatry of Old Age was planned to reduce from 86 to 40 and this has now been achieved. This has been further reviewed and the proposed bed model is 14 males and 9 female beds. Over this period the rate of resource release for reinvestment in community-based services in Dundee has not been on the scale originally envisaged. Significant sums were required to augment the redesigned bed base and staffing levels, as well as contribute towards efficiency savings. A significant part of the resource was however used to establish new multi-agency Community Mental Health Teams.

In relation to continuing care beds for frail older people provided by the Department of Medicine for the Elderly, the original proposal was to reduce provision from the 119 beds available to 95 with the eventual aim of reducing to 50 beds in 2007/08. There was a further reduction in geriatric long stay beds during 2004-05 although this figure was increased during 2005-06 to 75. The current bed base is 61 plus 2 respite. The anticipated pace of change of the commissioning of new and expanded community-based service provision has not moved forward as quickly as anticipated. Significant sums were required to augment the assessment and rehabilitation in-patient services, as well as contributing to the overall efficiency savings of NHS Tayside. NHS Tayside Board reinvested some of the resource in Dundee mostly in Psychiatry of Old Age services, particularly around the priority areas of community-based Mental Health Teams.

Much of the in-patient accommodation does not comply with modern standards and expectations and has been the subject of criticism both from formal inspection bodies and patients' relatives. Existing provision does not meet the physical or therapeutic needs of an increasingly dependent and challenging patient population. Individuals with very different clinical needs have to share ward accommodation in order to meet gender separation requirements.

**Targets 2008 – 2011**

- We will establish a plan for the redesign and remodelling of continuing care.
- We will reduce the number of Medicine for the Elderly continuing care beds from 66 plus 4 respite beds to 50 beds with resources released for community and social care services.
- We will put in place a reprovisioning programme. This will require the identification of funds for capital investment to address some of the significant environment issues within hospital services for older people.

## **COMMISSIONING INTENTIONS**

This improvement work will be achieved through a combination of service redesign and remodelling and by commissioning additional services. Our commissioning intentions are to:

1. Commission 100 Housing with Care units by 2010-2011. 9 units will be available by March 2009 and will be achieved within existing resources;
2. Commission and establish a Dundee Intermediate Care Facility by July 2008, total cost £1,072,000;
3. Increase care at home provision. An additional 450 hours of local authority services have already been commissioned and hours are being deployed, total full year cost £347,552. 962 hours of private and voluntary hours have been commissioned and will be fully deployed by February 2008, total full year cost £550,448;
4. Establish a respite unit with 10 beds at Craigie House local authority residential home during 2008-09 by reducing permanent beds;
5. Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing) during 2008-09 by reducing permanent beds;
6. Establish an advocacy resource for older people
7. Rebuild Janet Brougham local authority residential home by January 2008, total cost £3,600,000;
8. Purchase additional tele-care equipment and supports during 2008-09, total cost £140,000;
9. Seek capital investment to deliver Psychiatry of Old Age In-patient and Day Hospital services and co-locate with the Department of Medicine for the Elderly;
10. Develop a review officer team to review the needs of older people living within a care home;
11. Increase the number of care home placement rate as an interim step during the development of alternative housing with care models, then reduce to current placement rate; and
12. Develop and resource services and options for step up admission into hospital.

## **SERVICE REDESIGN AND REMODELLING**

In addition to the commissioning intentions, the Strategy will be supported by service redesign and remodelling. We will:

- 1 Review and strengthen assessment practice, including self-assessment and carers' assessment, within a Single Shared Assessment system;
- 2 Redesign the First Contact Team to improve access to a wider range of services;
- 3 Implement the Falls Strategy;

- 4 Implement the Long Term Conditions action plan, specifically in relation to supporting self-management of care;
- 5 Redesign community nursing and out of hours services and be a development site for Visible, Accessible and Integrated Care in Tayside;
- 6 Develop and implement a community medication administration policy;
- 7 Remodel liaison services into care homes and into non-psychiatric services for older people;
- 8 Explore the potential for extending operational hours in Oaklands Day Centre;
- 9 Explore the development of locality based services and supports for older people;
- 10 Review hospital social work services in Ninewells Hospital;
- 11 Further redesign Medicine for the Elderly Day Hospitals;
- 12 Achieve the targets for the provision of sheltered housing as set out in the Best Value Review;
- 13 Review and remodel support services for carers;
- 14 Redesign Medicine for the Elderly continuing care services; and
- 15 Reduce the overall number of care home placements.

## **FINANCIAL FRAMEWORK**

The base line budget which applied to this strategy is detailed in Appendix 1. The budget reflects the known available finances at the time of the completion of the plan. Where commissioning or service redesign costs are known, the resulting budget changes are shown. Where developments are yet to be costed, these are not included in the budget but will be detailed in subsequent reviews of the strategy. All other developments will be achieved within the base line budget.

**DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK**

<b>Activity</b>	<b>Timescale</b>	<b>Expenditure</b>	<b>Lead Officer</b>
<b>Commission 100 housing with Care Units</b>	<b>8 units will be available by Dec 2008 Additional 16units by Dec 2009 Additional 24 units by Dec 2010 Additional 32 units by Dec 2011</b>	<b>Option appraisal of capital funding arrangements to be undertaken. Revenue funding to be met through the re-alignment of the Older People Nursing and Residential Placements Budget.</b>	<b>Avril Smith Hope (Dundee City Council Social Work Department)</b>
<b>Commission and Establish the Dundee Intermediate Care Facility</b>	<b>July 2008</b>	<b>£1,154,000</b>	<b>Janice Henderson (NHS Tayside)</b>
<b>Increase Care at Home Provision</b>	<b>Local authority services commissioned and hours are being deployed  Private and Voluntary services commissioned  Phased as follows:  Increase resource availability by 500 hours per week by end of February 2008 (baseline of 12,400</b>	<b>£347,552 (full year cost) for 450 hours per week local authority care at home services  £550,448 (full year cost) for 962 hours per week  As above, total cost : £898,000 for 1,412 additional hours by November 2008</b>	<b>Laura Bannerman (Dundee City Council Social Work Department)</b>

**DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK**

<b>Activity</b>	<b>Timescale</b>	<b>Expenditure</b>	<b>Lead Officer</b>
	<p>hours per week September 2007)</p> <p>Increase resource availability by a further 400 hours per week by end of April 2008</p> <p>Increase resource availability by a further 500 hours per week by November 2008</p> <p>Identify additional resource requirements by November 2008</p>		
<b>Rebuild a Residential Care Home</b>	<b>January 2008</b>	<b>£3,600,000</b>	<b>Avril Smith Hope (Dundee City Council Social Work Department)</b>
<b>Purchase Additional Tele-care Equipment and Supports</b>	<b>2008-09</b>	<b>£140,000</b>	<b>Stewart Watt (Dundee City Council Social Work Department)</b>
<b>Review and redevelop advocacy services to meet identified future needs</b>	<b>July 2008</b>	<b>£40,000 (as per Adult Protection bid)</b>	<b>Diane McCulloch (Dundee City Council Social Work Department)</b>
<b>Seek capital investment to deliver Psychiatry of Old Age in-patient and Day Hospital Services and co-locate with Department of</b>	<b>To be determined</b>	<b>To be determined</b>	<b>Janice Henderson (NHS Tayside)</b>

**DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK**

<b>Activity</b>	<b>Timescale</b>	<b>Expenditure</b>	<b>Lead Officer</b>
<b>Medicine for the Elderly</b>			
<b>Increase the care home placement rate as an interim step during the development of housing with care, then reduce to current placement rate.</b>	<b>January 2008</b>	<b>To be met from existing Community Care Nursing &amp; Residential Placements Budget</b>	<b>Laura Bannerman (Dundee City Council Social Work Department)</b>
<b>Develop a review team</b>	<b>July 2008</b>	<b>£207,000 in full financial year</b>	<b>Diane McCulloch (Dundee City Council Social Work Department)</b>
<b>Develop and commission a facility for step up admission into hospital</b>	<b>To be determined</b>	<b>To be determined</b>	<b>David Lynch (NHS Tayside)</b>
<b>Establish a respite unit (10 beds) within Craigie House.</b>	<b>April 2009</b>	<b>Through budget re-alignment of placement budget</b>	<b>Laura Bannerman (Dundee City Council Social Work Department)</b>
<b>Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing) during 2008-09 by reducing permanent beds</b>	<b>April 2009</b>	<b>Through budget re-alignment of placement budget</b>	<b>Laura Bannerman (Dundee City Council Social Work Department)</b>
<b>Increase use of Direct payments by older people</b>	<b>April 2009</b>	<b>Through budget re-alignment</b>	<b>Dave Mackenzie</b>

Older People Best Value Review

Appendix 1

GROUP SERVICE	Social Work	NHS- Dundee CHP	Total Older People	Social Work	NHS- Dundee CHP	Total Older People	Social Work	NHS- Dundee CHP	Total Older People
	Revenue Budget 2009/09 £	Revenue Budget 2009/09 £	Revenue Budget 2009/09 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2010/11 £	Revenue Budget 2010/11 £	Revenue Budget 2010/11 £
2 ACCESS, ASSESSMENT & MGMT OF CARE									
HOSPITAL RESPONSE TEAM	332,970	0	332,970	341,294	0	341,294	349,827	0	349,827
ASSESSMENT & MGMT OF CARE TEAMS (incl OT & Community Equipment Centre Staff Costs)	2,819,736	0	2,819,736	2,890,220	0	2,890,220	2,962,485	0	2,962,485
COMMUNITY NURSING - ADULT SERVICES	0	3,653,539	3,653,539	0	3,735,744	3,735,744	0	3,810,798	3,810,798
COMMUNITY PODIATRY SERVICES	0	756,532	756,532	0	773,554	773,554	0	790,959	790,959
HOSPITAL DISCHARGE SCHEMES	1,157,690	0	1,157,690	1,186,632	0	1,186,632	1,216,298	0	1,216,298
INTENSIVE CARE AT HOME	0	546,620	546,620	0	568,019	568,019	0	571,495	571,495
COMBINED CARE AT HOME	324,410	0	324,410	332,520	0	332,520	340,833	0	340,833
EMERGENCY RESPONSE TEAM	316,730	0	316,730	324,648	0	324,648	332,764	0	332,764
COMMUNITY MENTAL HEALTH TEAM (OP)	419,070	916,779	1,335,849	429,547	937,407	1,366,953	440,285	958,498	1,398,784
HOME CARE SERVICES (incl Meals & Telecare Services)	10,523,237	0	10,523,237	10,786,318	0	10,786,318	11,055,076	0	11,055,076
<b>TOTAL GROUP 2</b>	<b>15,893,843</b>	<b>5,573,479</b>	<b>21,767,313</b>	<b>16,291,199</b>	<b>6,005,623</b>	<b>22,296,812</b>	<b>16,698,469</b>	<b>6,140,750</b>	<b>22,839,219</b>
3 EQUIPMENT & ADAPTATION SERVICES	431,950	0	431,950	442,749	0	442,749	453,817	0	453,817
4 REHABILITATION & DAY SERVICES									
LOCAL AUTHORITY DAY CENTRES	835,280	0	835,280	856,162	0	856,162	877,566	0	877,566
DAY SERVICES PROVIDED BY VOLUNTARY SECTOR	277,970	0	277,970	284,019	0	284,019	292,042	0	292,042
REHAB. AT HOME SCHEME	325,070	0	325,070	333,197	0	333,197	341,527	0	341,527
ASSESSMENT & REHABILITATION SERVICES	0	4,963,903	4,963,903	0	5,065,366	5,065,366	0	5,179,337	5,179,337
POA - DAY HOSPITALS	0	505,262	505,262	0	608,655	608,655	0	622,350	622,350
RVH DAY HOSPITAL	0	484,481	484,481	0	495,382	495,382	0	506,528	506,528
COMMUNITY THERAPIES	0	350,167	350,167	0	358,046	358,046	0	366,102	366,102
<b>TOTAL GROUP 4</b>	<b>1,438,320</b>	<b>6,393,813</b>	<b>7,822,133</b>	<b>1,474,278</b>	<b>6,527,449</b>	<b>8,001,727</b>	<b>1,511,135</b>	<b>6,674,316</b>	<b>8,195,461</b>
5 ACCOMMODATION WITH CARE									
LA RESIDENTIAL CARE BEDS	4,029,177	0	4,029,177	4,129,906	0	4,129,906	4,233,154	0	4,233,154
CARE HOME PLACEMENTS	14,391,074	0	14,391,074	14,430,352	0	14,430,352	14,296,094	0	14,296,094
HOUSING WITH CARE	591,220	0	591,220	737,611	0	737,611	1,070,801	0	1,070,801
POA INPATENT SERVICES	0	4,373,123	4,373,123	0	4,471,518	4,471,518	0	4,572,127	4,572,127
FRAIL ELDERLY C.C. BEDS (ASHLUDE AND RVH)	0	3,333,338	3,333,338	0	3,408,338	3,408,338	0	3,485,026	3,485,026
<b>TOTAL GROUP 5</b>	<b>19,311,471</b>	<b>7,706,461</b>	<b>26,717,932</b>	<b>19,306,869</b>	<b>7,879,356</b>	<b>27,186,225</b>	<b>19,602,049</b>	<b>8,057,153</b>	<b>27,659,202</b>
ADVOCACY SERVICES	118,850	0	118,850	121,821	0	121,821	124,867	0	124,867
Dundee Integrated Intermediate Care Facility (DIIC)	0	1,154,000	1,154,000	0	1,177,090	1,177,090	0	1,200,622	1,200,622
NHS Savings Targets	0	(304,100)	(304,100)	0	(735,900)	(735,900)	0	(1,177,357)	(1,177,357)
<b>GRAND TOTAL</b>	<b>36,894,434</b>	<b>20,913,644</b>	<b>57,708,078</b>	<b>37,636,006</b>	<b>20,854,108</b>	<b>58,490,114</b>	<b>39,397,337</b>	<b>20,995,484</b>	<b>60,292,821</b>

Notes: NHST pay inflation estimated at 2.25%.  
 NHST remaining impact of Agenda for Change estimated at 2%.  
 Budget for DIIC shown at full year level.  
 DCC staff costs prior to full impact of single status.  
 DCC pay inflation estimated at 2.5%.

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: DUNDEE OLDER PEOPLE STRATEGY**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 415 - 2008**

### **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to present for approval of the Social Work and Health Committee a Dundee Older People Strategy for the period 2008-2011.

### **2.0 RECOMMENDATIONS**

It is recommended that the Social Work and Health Committee:

2.1 Approve the Dundee Older People Strategy with the accompanying commissioning framework and action plan annexed to this report.

2.2 Instruct the Director of Social Work to ensure the strategy is published and widely distributed.

2.3 Approve the production of a mid period review of the strategy consulted upon in accordance with paragraph 4.8.1 of this report.

### **3.0 FINANCIAL IMPLICATIONS**

The strategy and commissioning framework annexed to this report will be contained within existing budgets including resource transfer arrangements from NHS Tayside.

### **4.0 MAIN TEXT**

4.1 The Dundee Older People Strategic Planning Group (the strategic planning group) was reformed in Jan 2007. The purpose of this multidisciplinary partnership group is to provide strategic advice and to set the strategic direction for the development and implementation of health and social care for the older population of Dundee. During 2007/08 the strategic planning group prepared a Dundee Older People Strategy for the period 2008-2011.

4.2 The strategy is based on a whole system understanding of the interrelationships between the services and support that older people receive. It is predicated on the assumption that getting the right mix, quality and scale of services will not only meet the wishes and best interest of older people but also meet the national and local policy intention of rebalancing care between community services (social care, healthcare and housing) and both acute hospital services and care home/NHS continuing care provision.

- 4.3 It outlines the strategic objectives for older people, which are to:
- 1 Support, protect and improve the health of older people;
  - 2 Shift the balance of care across the whole system of health and social care;
  - 3 Provide older people with access to a wide range of care and support;
  - 4 Prevent inappropriate admissions to hospital;
  - 5 Facilitate timely discharge from hospital; and
  - 6 Enable older people to keep control over their own lives.
- 4.4 To make the intention of the strategy clear and meaningful to older people, the strategic planning group held a development day to explore what the outcomes would be for older people. A set of promises are drawn up which set out the themes for the strategic plan. The strategy is organised around these themes which are:
- We will work with you to develop the services that you require;
  - As a carer you will be supported fully and involved;
  - We will work with you to keep you health and free from harm;
  - You and your carer will receive support and care to promote your sense of well being and help maintain your mental health;
  - You will have accommodation which meets your needs;
  - You will receive the care and support you require in the setting most appropriate to your needs; and
  - We will work with you and your carers to enable you to be discharged from hospital.
- 4.5 The strategy is supported by a set of joint commissioning intentions which set out the service model, the extent to which it will change over time, and how the change will be resourced.
- 4.6 There is also an action plan which the strategic planning group will use to monitor its progress over the period of the plan.
- 4.7 N.H.S Tayside have been in the process of consulting and preparing a Tayside-wide strategy for older people during the course of the preparation of this plan. Care has been taken to ensure the strategic direction and objectives are consistent and that the respective strategies will integrate.

#### **4.8 Conclusion and Recommendation**

- 4.8.1 The strategy with the supporting outlining commissioning intentions, financial framework and action plan is annexed to this report. Members of the Social Work and Health Committee are asked to approve the strategy, and recommend that the Older People Strategic Planning Group produce mid period review of the progress of the strategy in consultation with relevant stakeholders and in accordance with the Social Work Departments User Involvement Policy. (Dundee City Council Social Work Department June 2008).

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

## **6.0 CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance.

## **7.0 BACKGROUND PAPERS**

None.

Alan G Baird  
Director of Social Work

DATE: 6th August 2008

**DUNDEE OLDER PEOPLE JOINT STRATEGY  
2008 – 2011**

**June 2008**

**DUNDEE OLDER PEOPLE JOINT STRATEGY AND COMMISSIONING  
FRAMEWORK  
2008-2011**

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## **INTRODUCTION**

Our strategy for older people is based on a whole systems understanding of the interrelationship between the services and support that older people receive. Getting the right mix, quality and scale of services will not only meet the wishes and best interests of older people but also meet the national and local policy intention of rebalancing care between community services (social care, health care and housing) and both acute hospital services and care home/NHS continuing care provision.

## **STRATEGIC DIRECTION**

The Joint Commissioning Framework outlined in this report will help us to fulfil our strategic objectives for older people, which are to:

- 1 Support, protect and improve the health of older people;
- 2 Shift the balance of care across the whole system of health and social care;
- 3 Provide older people with access to a wide range of care and support;
- 4 Prevent inappropriate admissions to hospital;
- 5 Facilitate timely discharge from hospital; and
- 6 Enable older people to keep control over their own lives.

## **RESOURCE FRAMEWORK**

The costs of some of these services will be met through resource transfer from existing institutional services. Specifically, we will redesign Medicine for the Elderly Services and reduce continuing care beds, and reduce care home placements. We will redirect funding to increase intensive home care packages, respite services and accommodation with care.

However, in order to meet our delayed discharge targets in the short term we will increase the number of care home placements from 12 to 16 per month until the end of March 2009. After that we will review the impact of the intermediate care facility and look to reduce care home placements.

## **OUR STRATEGIC PROMISES**

The strategic planning group held a development day to explore the outcomes for older people in Dundee. The following promises were seen to best set out the themes for our strategic plan.

- We will work with you to develop the services that you require.
- As a carer you will be supported fully and involved.
- We will work with you to keep you healthy and free from harm.
- You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.
- You will have accommodation which meets your needs.
- You will receive the care and support you require in the setting most appropriate to your needs.
- You will work with you and your carers to deliver any medical care at the right time and close to home.

## **Our Strategic Promise 1**

***We will work with you to develop the services that you require.***

### **What progress have we made so far?**

- We are developing an effective communication framework which includes strategies for using public information to improve public accessibility and customer choice.
- An independent forum of older people, the Celebrate Age Network (CAN) Forum has been established.
- We have put in place a Self Directed Support Scheme (Direct Payment) for all service users and older people have accessed this to arrange their own service provision.
- We have developed a range of participation and involvement policies and strategies across Health, Social Work and Housing services.
- We have undertaken meals tasting opportunities to widen the groups of older people making use of this service and to ensure quality control.
- We have consulted on accommodation preferences.
- We have undertaken a user's survey of care at home services.

### **What actions are planned?**

- The Housing Department will develop an involvement strategy for sheltered housing users.
- We will work in partnership with older people to develop a consultation and involvement strategy, action plan and monitoring.
- We will act on the information gained through consultation.
- A directory of services will be made available on Dundee City Council's website which will include information on service eligibility criteria.
- We will develop self assessment for individual use.
- We will establish an advocacy resource for older people.
- We will increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.
- We will work with groups of older people with specific cultural and nutritional needs to provide a range of quality, appropriate meals, provided in a range of settings.
- We will work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for improving social, health and mental wellbeing.

### **What are our long term objectives?**

- We will have established a wider network of older people wishing to be involved.
- We will adopt a range of approaches to consultation and involvement which reflect the diverse needs of older people in Dundee.
- We will work with older people to assist them in identifying their priorities.
- We will move from a system of professional assessment and application of eligibility criteria to a system where there is a greater emphasis on self assessment and entitlement.

## **Our Strategic Promise 2**

*As a carer you will be supported fully and involved.*

### **What progress have we made so far?**

- A Carers' Consultation Strategy has been agreed.
- We have published our carer's strategy that sets out the actions we will take to ensure carers are recognised, informed, involved and supported in their caring role.
- We have audited carers' assessments and identified unmet need in the range and provision of support for carers.
- We have set targets for the uptake of carers' assessments and an increase in the range and volume of respite services.
- A review of respite provision has been undertaken and we have increased the hours of provision of respite care at home.

### **What actions are planned?**

- A Carers' Partnership will be established to ensure that carers have a greater say in joint planning and service provision.
- We will implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.
- We will carry out an audit of carers' information leaflets with a view to improving the range available.
- We will review the funding of support services for carers, and, in particular, consider the local provision of sitter type services and short breaks/respite care.
- We will increase respite care provision within Local Authority care homes.
- We will increase respite beds within the private care home sector.
- We will review the current carers' assessment processes to make this more accessible, with links between assessment and support more transparent.

### **What are our long term objectives?**

- We will have a system of assessment and care planning which ensures that carers will feel involved as an equal partner in planning for and supporting the person they care for.
- We will have a range of support services which meets the emotional, physical and social needs of carers.

### **Our Strategic Promise 3**

***We will work with you to keep you healthy and free from harm.***

#### **What progress have we made so far?**

- We have developed a long-term conditions strategy and action plan.
- We have piloted case management.
- A Best Value Review of Occupational Therapy Services has been completed.
- We have completed the new joint Community Equipment Store and Dundee Independent Living and Community Equipment Centre.
- We have agreed a local integrated falls strategy.
- We have invested in preventative services and rehabilitation awareness is promoted in the home care staff induction programme.
- Funding continues to be given to the Older People Engaging Needs (OPEN) project, which supports older people to engage in activities that maintain physical, emotional and mental well being and promote social inclusion.
- We have introduced a handyman service which provides home safety checks in partnership with Care & Repair, Energy Efficiency and Tayside Fire Brigade.
- We have a well established meals service.
- We have a jointly agreed Adult Protection framework.

#### **What actions are planned?**

- We will implement the long-term conditions action plan and work towards enabling older people to self manage their conditions.
- We will develop Local Care Centres for Dundee to improve access to health and social care services for our communities.
- We will continue work to redesign and configure community health services including out of hours responses.
- We will develop a community medication administration policy and introduce a model of assisting with medication in the community.
- We will implement the falls strategy and provide training for falls prevention across health and local authority services.
- We will develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices, such as stopping smoking and reducing alcohol intake.
- We will explore options for peer speaking and health coaching with local older people's groups.
- We will maintain our level of practical and low level supports.
- We will continue to fund the OPEN project.
- We will revise information for the public about Occupational Therapy Services.
- We will heighten awareness of equipment issues through the Independent Living Centre.
- We will extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.
- We will review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.
- We will increase the deployment of equipment year on year.
- We will develop a review team to review the needs of older people in care

- home settings.
- We will develop enabler services to improve the social networking opportunities for older people.

**What are our long term objectives?**

- We will have effective community health services in response to needs of older people in Dundee.
- We will work alongside older people to develop person centred planning which enables individuals to maintain their chosen range of activities and hobbies.
- We will have a culture which seeks out opportunities for 'brief interventions' to bring about health improvements.

## **Our Strategic Promise 4**

***You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.***

### **What progress have we made so far?**

- A multi-disciplinary Community Mental Health Team for older people has been introduced and is based in localities.
- We have a dedicated team of social care workers supporting older people with mental health problems.
- In partnership with Alzheimer Scotland, we provide a specialist service for older people with dementia in Oaklands day centre.
- We are working jointly across the voluntary sector, health and social work to deliver a Carer Education Programme and a Carer Support Group.
- We have an early stage outreach service provided by Alzheimer Scotland.
- We have developed a Dementia Managed Care Network and appointed a project worker to implement the actions identified.
- We held a seminar for older people and professionals to explore the issues in relation to promoting mental health and wellbeing.
- We have redesigned Psychiatry of Old Age day hospital services to provide separate, focused services for older people with a functional mental illness and those with an organic mental illness/dementia.
- We have met the continuing care targets for Psychiatry of Old Age services.

### **What actions are planned?**

- We will implement a revised model of in-patient and day treatment for older people with mental health problems.
- Dementia/Mental Health training will be developed for staff in purchased and provided services for older people.
- We will develop information for individuals and their carers which assists their understanding at the time of diagnosis.
- We will remodel liaison services into care homes and into non-psychiatric hospital sites.
- We develop a single referral point for psychiatric services for older people.
- We will work alongside the Dementia Managed Care Network to implement the table of commitment.
- We will develop actions to address the issues raised through the mental health and wellbeing seminar.
- Capital investment will be sought to provide facilities to deliver Psychiatry of Old Age In-patient services and Psychiatry of Old Age Day Hospitals on one site, co-located with Department of Medicine for the Elderly.
- We will develop an open referral system for Psychiatry of Old Age.

### **What are our long term objectives?**

- We will have clearly developed care and assessment pathways for people aged under 65 who have dementia.
- We will have a Dementia Strategy which sets our vision for dementia services in the future.

## **Our Strategic Promise 5**

***You will have accommodation which meets your needs***

### **What progress have we made so far?**

- A Best Value Review of Sheltered Housing agreed the maintenance of low-level support for people who live in sheltered housing complexes.
- We have developed 44 Housing with Care units since 2004.
- We worked in partnership with Bield Housing Association to develop flatted purpose built Housing with Care facility for 22 older people.
- We have refurbished one local authority care homes to introduce ensuite facilities and rebuilt two local authority care home to improve the environment for older people.
- We have revised and agreed the criteria for aids and adaptations.
- £10,000 per annum has been allocated to provide key safes to enable access to housing and support the provision of care and support services.

### **What actions are planned?**

- We will implement the 2006 Best Value Review of Sheltered Housing and seek to achieve the sheltered housing targets set out in the Review.
- We will review the warden service model.
- We will plan the development of, and commission 100 new Housing with Care services to be in place by 2011.
- We will adjust our care home placement rate in proportion to the development of alternatives to care homes.
- We will purchase additional tele-care equipment and supports.
- We will rebuild one Local Authority care home (Janet Brougham) by January 2008.

### **What are our long term objectives?**

- We will have reduced the number of older people cared for in institutional environments by developing a wide range of accommodation with care options and by further developing community based services.
- We will have a plan for the reduction and remodelling of continuing care, with resources released for community and social care services.

## **Our Strategic Promise 6**

***You will receive the care and support you require in the setting most appropriate to your needs***

### **What progress have we made so far?**

- We have established the First Contact Team to undertake all new referrals for older people living in the community.
- We have contracted for an additional 1,700 hours of social care per week.
- We have reviewed our rapid response and crisis services to produce a more efficient targeted response across localities.
- We have a new purpose built day centre (Oakland's) for older people.

### **What actions are planned?**

- The First Contact Team will be redesigned to improve access to a wider range of services.
- Direct access to services will be further developed across health, social work and housing.
- We will increase investment in care at home services and intensive care at home services to minimise waiting times for social and home care service.
- We will continue to review the range of day opportunities provided by social work, health and the voluntary sector.
- We will extend the operational hours of service delivery in Oakland Centre and review transport arrangements.
- We will develop locality based services/supports for older people.
- We will provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.

### **What are our long term objectives?**

- We will provide a comprehensive range of day services where older people can be supported by appropriate professionals and gain quicker access to other services as their needs change.
- We will provide day opportunities and support in the localities in which older people live in.
- The ways in which home care and other services meet the cultural needs of older people from Dundee will be reviewed and developed.

## **Our Strategic Promise 7**

***We will work with you and your carers to deliver any medical care at the right time and close to home.***

### **What progress have we made so far?**

- We have piloted a scheme to divert appropriate calls from nursing homes away from NHS 24 to the Out of Hours Community Nursing Service.
- We have redesigned Medicine for the Elderly services to provide a clinic approach to assessment and treatment.
- We have introduced access to urgent medical clinic screening within 48 hours.
- We have redesigned and increased the hours available for deployment by rapid response social care services which have prevented inappropriate admission to hospital.
- We have held a Rapid Improvement Event to look at the hospital care of frail older people and identified means to improve their pathways through hospital.
- We have reviewed the Tayside Joint Health and Social Care Adult Discharge Protocol.
- An additional Geriatric Consultant is now in post, providing rapid assessment to older people in Ninewells Hospital.

### **What actions are planned?**

- We will further redesign Medicine for the Elderly day hospital services.
- We will complete a review of hospital social work services within Ninewells hospital.
- We will review the role of the hospital ward sister to improve patient care.
- We will produce Information Guidance leaflets for patients and relatives on admission and discharge.
- We will seek to meet and maintain the national and local targets for hospital delayed discharge and implement the Tayside Delayed Discharge Development plan.
- We will reduce admission to hospital as a result of falls for older people.
- We will seek to reduce the proportion of people aged 65 years and over admitted as an emergency in-patient 2 or more times in a single year.
- We will ensure that all older people receive a functional assessment on admission to hospital and that those who require a specialist assessment from Medicine for the Elderly services will receive it.
- We will significantly reduce the current boarding out arrangements in hospital that create poor outcomes for older people.
- The number of Medicine for the Elderly hospital beds will be set to reflect the older patient population currently occupying beds within Ninewells Hospital.
- We will commission the Dundee Intermediate Care Facility.
- We will develop and resource services and options for step up admission into hospital.
- We will redesign and refurbish continuing care facilities to meet the future needs of older people.

### **What are our long term objectives?**

- We will ensure that all older people in hospital receive the right level of

assessment and treatment at the right time.

- We will develop and agree equitable pathways of care for all frail older patients in Dundee.
- We will have quality patient care for all older people in acute hospitals.

## **COMMISSIONING INTENTIONS**

This improvement work will be achieved through a combination of service redesign and remodelling and by commissioning additional services. Our commissioning intentions are to:

1. Commission 100 Housing with Care units by 2010-2011. 9 units will be available by March 2009 and will be achieved within existing resources;
2. Commission and establish a Dundee Intermediate Care Facility by July 2008, total cost £1,072,000;
3. Increase care at home provision. An additional 450 hours of local authority services have already been commissioned and hours are being deployed, total full year cost £347,552. 962 hours of private and voluntary hours have been commissioned and will be fully deployed by February 2008, total full year cost £550,448;
4. Establish a respite unit with 10 beds at Craigie House local authority residential home during 2008-09 by reducing permanent beds;
5. Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing) during 2008-09 by reducing permanent beds;
6. Establish an advocacy resource for older people
7. Rebuild Janet Brougham local authority residential home by January 2008, total cost £3,600,000;
8. Purchase additional tele-care equipment and supports during 2008-09, total cost £140,000;
9. Seek capital investment to deliver Psychiatry of Old Age In-patient and Day Hospital services and co-locate with the Department of Medicine for the Elderly;
10. Develop a review officer team to review the needs of older people living within a care home;
11. Increase the number of care home placement rate as an interim step during the development of alternative housing with care models, then reduce to current placement rate; and
12. Develop and resource services and options for step up admission into hospital.

## **SERVICE REDESIGN AND REMODELLING**

In addition to the commissioning intentions, the Strategy will be supported by service redesign and remodelling. We will:

- 1 Review and strengthen assessment practice, including self-assessment and carers' assessment, within a Single Shared Assessment system;
- 2 Redesign the First Contact Team to improve access to a wider range of services;
- 3 Implement the Falls Strategy;
- 4 Implement the Long Term Conditions action plan, specifically in relation to supporting self-management of care;
- 5 Redesign community nursing and out of hours services and be a development site for Visible, Accessible and Integrated Care in Tayside;
- 6 Develop and implement a community medication administration policy;
- 7 Remodel liaison services into care homes and into non-psychiatric services

- for older people;
- 8 Explore the potential for extending operational hours in Oaklands Day Centre;
  - 9 Explore the development of locality based services and supports for older people;
  - 10 Review hospital social work services in Ninewells Hospital;
  - 11 Further redesign Medicine for the Elderly Day Hospitals;
  - 12 Achieve the targets for the provision of sheltered housing as set out in the Best Value Review;
  - 13 Review and remodel support services for carers;
  - 14 Redesign Medicine for the Elderly continuing care services; and
  - 15 Reduce the overall number of care home placements.

## **FINANCIAL FRAMEWORK**

The base line budget which applied to this strategy is detailed in Appendix 1. The budget reflects the known available finances at the time of the completion of the plan. Where commissioning or service redesign costs are known, the resulting budget changes are shown. Where developments are yet to be costed, these are not included in the budget but will be detailed in subsequent reviews of the strategy. All other developments will be achieved within the base line budget.

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>We will work with you to develop the services that you require.</i></b>	Develop an involvement strategy for sheltered housing users.	April 2010
	Develop a consultation and involvement strategy, action plan and monitoring.	April 2009
	Act on the information gained through consultation.	2008 - 2011
	Develop a directory of services and make available on Dundee City Council's website	April 2010
	Develop self assessment for individual use.	April 2010
	Establish an advocacy resource for older people.	Dec 2009
	Increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.	2009 - 2011
	Provide a range of quality, appropriate meals, provided in a range of settings.	2009 - 2011
	Work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for improving social, health and mental wellbeing.	Dec 2008
<b><i>As a carer you will be supported fully and involved.</i></b>	Establish a Carers' Partnership	April 2009
	Implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.	2008 - 2010
	Audit carers' information leaflets and improve the range available.	April 2009

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>As a carer you will be supported fully and involved.</i></b>	Review the funding of support services for carers	April 2009
	Increase respite care provision within Local Authority care homes.	April 2009
	Increase respite beds within the private care home sector.	April 2010
	Review the current carers' assessment processes.	April 2009
<b><i>We will work with you to keep you healthy and free from harm.</i></b>	Implement the long-term conditions action plan.	2008 – 2011
	Develop Local Care Centres for Dundee.	April 2011
	Redesign and configure community health services including out of hours responses.	April 2010
	Develop a community medication administration policy and introduce a model of assisting with medication in the community.	April 2009
<b><i>We will work with you to keep you healthy and free from harm</i></b>	Implement the falls strategy and provide training for falls prevention across health and local authority services.	2008 - 2011
	Develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices.	April 2010
	Explore options for peer speaking and health coaching with local older people's groups.	April 2010

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>We will work with you to keep you healthy and free from harm</i></b>	Maintain our level of practical and low level supports.	2008 – 2011
	Fund the OPEN project.	2008 – 2011
	Revise information for the public about Occupational Therapy Services.	April 2009
	Heighten awareness of equipment issues through the Independent Living Centre.	2008 – 2011
	Extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.	April 2009
	Review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.	April 2010
	Increase the deployment of equipment year on year.	2008 – 2011
	Develop a review team to review the needs of older people in care home settings.	Dec 2008
	Develop enabler services to improve the social networking opportunities for older people.	April 2010
<b><i>You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.</i></b>	Implement a revised model of in-patient and day treatment for older people with mental health problems.	April 2010
	Develop dementia/mental health training for staff in purchased and provided services for older people.	April 2009
	Develop information for individuals and their carers which assists their understanding at the time of diagnosis.	April 2009
	Remodel liaison services into care homes and into non-psychiatric hospital sites.	April 2010
	Develop a single referral point for psychiatric services for older people.	October 2009
	Implement the Dementia Managed Care Network table of commitment.	April 2010

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.</i></b>	Develop actions to address the issues raised through the mental health and wellbeing seminar.	Dec 2009
	Provide facilities to deliver Psychiatry of Old Age In-patient services and Psychiatry of Old Age Day Hospitals on one site, co-located with Department of Medicine for the Elderly.	April 2011
	Develop an open referral system for Psychiatry of Old Age.	April 2010
<b><i>You will have accommodation which meets your needs</i></b>	Implement the 2006 Best Value Review of Sheltered Housing.	2008 – 2011
	Review the warden service model.	April 2009
	Plan, develop and commission 100 new Housing with Care services.	April 2011
	Adjust the care home placement rate in proportion to the development of alternatives to care homes.	2008 – 2011
	Purchase additional tele-care equipment and supports.	April 2009
	Rebuild one Local Authority care home (Janet Brougham) by January 2008.	Jan 2008
<b><i>You will receive the care and support you require in the setting most appropriate to your needs</i></b>	Redesign the First Contact Team	April 2009
	Develop direct access to services across health, social work and housing.	April 2010

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>You will receive the care and support you require in the setting most appropriate to your needs</i></b>	Increase investment in care at home services and intensive care at home services.	2008 - 2011
	Review the range of day opportunities provided by social work, health and the voluntary sector.	April 2009
	Extend the operational hours of service delivery in Oakland Centre and review transport arrangements.	April 2010
	Develop locality based services/supports for older people.	April 2010
	Provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.	April 2011
<b><i>We will work with you and your carers to deliver any medical care at the right time and close to home.</i></b>	Redesign Medicine for the Elderly day hospital services.	April 2011
	Review of hospital social work services within Ninewells hospital.	April 2009
	Review the role of the hospital ward sister.	April 2009
	Produce Information Guidance leaflets for patients and relatives on admission and discharge.	April 2009
	Meet and maintain the national and local targets for hospital delayed discharge and implement the Tayside Delayed Discharge Development plan.	2008 - 2011
	Reduce admission to hospital as a result of falls.	April 2010

<b>DUNDEE OLDER PEOPLE STRATEGY ACTION PLAN</b>		
<b>Promise</b>	<b>Action</b>	<b>Timescale</b>
<b><i>We will work with you and your carers to deliver any medical care at the right time and close to home.</i></b>	Reduce the proportion of people aged 65 years and over admitted as an emergency in-patient 2 or more times in a single year.	2008 - 2011
	Provide all older people with a functional assessment on admission to hospital and a specialist assessment from Medicine for the Elderly services for those who require it.	2008 - 2011
	Significantly reduce the current boarding out arrangements in hospital.	2008 - 2011
	Set the number of Medicine for the Elderly hospital beds to reflect the older patient population currently occupying beds within Ninewells Hospital.	April 2010
	Commission the Dundee Intermediate Care Facility.	July 2008
	Develop and resource services and options for step up admission into hospital.	April 2010
	Redesign and refurbish continuing care facilities to meet the future needs of older people.	April 2011

<b>DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK</b>			
<b>Activity</b>	<b>Timescale</b>	<b>Expenditure</b>	<b>Lead Officer</b>
<b>Commission 100 housing with Care Units</b>	<b>2010 - 2011. 9 units will be available by March 2009</b>		<b>Avril Smith Hope (Dundee City Council Social Work Department)</b>
<b>Commission and Establish the Dundee Intermediate Care Facility</b>	<b>April 2008</b>	<b>£1,072,000</b>	<b>Karen Anderson (NHS Tayside)</b>
<b>Increase Care at Home Provision</b>	<p><b>Local authority services commissioned and hours are being deployed</b></p> <p><b>Private and voluntary services commissioned - expect full deployment of these hours will be possible in February 2008</b></p>	<p><b>£347,552 (full year cost) for 450 hours per week local authority care at home services</b></p> <p><b>£550,448 (full year cost) for 962 hours per week (hourly rate of £11.00 per hour)</b></p>	<b>Laura Bannerman (Dundee City Council Social Work Department)</b>
<b>Establish respite unit at Craigie House - 10 beds</b>	<b>2008-09</b>	<b>no additional cost - reduce permanent bed availability</b>	<b>Stewart Watt (Dundee City Council Social Work Department)</b>
<b>Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing)</b>	<b>2008-09</b>	<b>£100,000 (reduced permanent placement budget x 6)</b>	
<b>Rebuild a Residential Care Home</b>	<b>January 2008</b>	<b>£3,600,000</b>	<b>Avril Smith Hope (Dundee City Council Social Work Department)</b>
<b>Purchase Additional Telecare Equipment and Supports</b>	<b>2008-09</b>	<b>£140,000</b>	<b>Stewart Watt (Dundee City Council Social Work Department)</b>
<b>Seek capital investment to deliver Psychiatry of Old Age in-patient and Day Hospital Services and co-</b>	<b>To be determined</b>	<b>To be determined</b>	<b>Janice Henderson (NHS Tayside)</b>

**DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK**

<b>Activity</b>	<b>Timescale</b>	<b>Expenditure</b>	<b>Lead Officer</b>
locate with Department of Medicine for the Elderly			
Increase the care home placement rate as an interim step during the development of housing with care, then reduce to current placement rate.	January 2008	To be confirmed	Laura Bannerman (Dundee City Council Social Work Department)
Develop a review team	July 2008	To be determined	Diane McCulloch (Dundee City Council Social Work Department)
Develop and commission a facility for step up admission into hospital	To be determined	To be determined	David Lynch (NHS Tayside)

Older People Best Value Review

Appeal

GROUP	SERVICE	Social Work	NHS- Dundee CHP	Total Older People	Social Work	NHS- Dundee CHP	Total Older People	Social Work	NHS- Dundee CHP
		Revenue Budget 2008/09 £	Revenue Budget 2008/09 £	Revenue Budget 2009/09 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2010/11 £	Revenue Budget 2010/ £
2	ACCESS, ASSESSMENT & MGMT OF CARE								
	HOSPITAL RESPONSE TEAM	332,970	0	332,970	341,204	0	341,204	349,827	0
	ASSESSMENT & MGMT OF CARE TEAMS (Ind OT & Community Equipment Centre Staff Costs)	2,819,736	0	2,819,736	2,890,220	0	2,890,220	2,962,485	0
	COMMUNITY NURSING - ADULT SERVICES	0	3,653,539	3,653,539	0	3,735,744	3,735,744	0	3,810,798
	COMMUNITY PODIATRY SERVICES	0	756,532	756,532	0	773,554	773,554	0	790,959
	HOSPITAL DISCHARGE SCHEMES	1,157,690	0	1,157,690	1,186,632	0	1,186,632	1,216,298	0
	INTENSIVE CARE AT HOME	0	546,620	546,620	0	558,019	558,019	0	571,495
	COMBINED CARE AT HOME	324,410	0	324,410	332,520	0	332,520	340,833	0
	EMERGENCY RESPONSE TEAM	316,730	0	316,730	324,648	0	324,648	332,764	0
	COMMUNITY MENTAL HEALTH TEAM (OP)	419,070	916,779	1,335,849	429,547	937,407	1,366,953	440,285	958,498
	HOME CARE SERVICES (Ind Meals & Telecare Services)	10,523,237	0	10,523,237	10,786,318	0	10,786,318	11,055,976	0
	<b>TOTAL GROUP 2</b>	<b>15,993,843</b>	<b>5,873,470</b>	<b>21,767,313</b>	<b>16,291,199</b>	<b>6,095,623</b>	<b>22,296,812</b>	<b>16,898,469</b>	<b>6,140,750</b>
3	EQUIPMENT & ADAPTATION SERVICES	431,950	0	431,950	442,749	0	442,749	453,817	0
4	REHABILITATION & DAY SERVICES								
	LOCAL AUTHORITY DAY CENTRES	835,280	0	835,280	856,162	0	856,162	877,566	0
	DAY SERVICES PROVIDED BY VOLUNTARY SECTOR	277,970	0	277,970	284,919	0	284,919	292,042	0
	REHAB. AT HOME SCHEME	325,070	0	325,070	333,197	0	333,197	341,527	0
	ASSESSMENT & REHABILITATION SERVICES	0	4,963,903	4,963,903	0	5,065,366	5,065,366	0	5,179,337
	POA - DAY HOSPITALS	0	595,262	595,262	0	608,655	608,655	0	622,350
	RVH DAY HOSPITAL	0	484,481	484,481	0	495,382	495,382	0	506,528
	COMMUNITY THERAPIES	0	350,167	350,167	0	358,046	358,046	0	366,102
	<b>TOTAL GROUP 4</b>	<b>1,438,320</b>	<b>6,393,813</b>	<b>7,822,133</b>	<b>1,474,278</b>	<b>6,527,449</b>	<b>8,091,727</b>	<b>1,511,135</b>	<b>6,674,316</b>
5	ACCOMMODATION WITH CARE								
	LA RESIDENTIAL CARE BEDS	4,029,177	0	4,029,177	4,129,906	0	4,129,906	4,233,154	0
	CARE HOME PLACEMENTS	14,391,074	0	14,391,074	14,439,352	0	14,439,352	14,296,094	0
	HOUSING WITH CARE	591,220	0	591,220	737,611	0	737,611	1,079,801	0
	POA INPATIENT SERVICES	0	4,373,123	4,373,123	0	4,471,518	4,471,518	0	4,572,127
	FRAIL ELDERLY C.C. BEDS (ASHLUDIE AND RVH)	0	3,333,338	3,333,338	0	3,408,338	3,408,338	0	3,485,026
	<b>TOTAL GROUP 5</b>	<b>19,011,471</b>	<b>7,706,461</b>	<b>26,717,932</b>	<b>19,306,859</b>	<b>7,879,856</b>	<b>27,186,726</b>	<b>19,509,049</b>	<b>8,057,153</b>
	ADVOCACY SERVICES	118,850	0	118,850	121,821	0	121,821	124,867	0
	Dundee Integrated Intermediate Care Facility (DIIC)	0	1,154,000	1,154,000	0	1,177,980	1,177,980	0	1,200,622
	NHS Savings Targets	0	(304,100)	(304,100)	0	(735,900)	(735,900)	0	(1,177,357)
	<b>GRAND TOTAL</b>	<b>36,994,434</b>	<b>20,913,644</b>	<b>57,708,078</b>	<b>37,636,096</b>	<b>20,854,198</b>	<b>58,491,015</b>	<b>38,397,337</b>	<b>20,895,484</b>

Notes NHST pay inflation estimated at 2.25%.  
 NHST remaining impact of Agenda for Change estimated at 2%.  
 Budget for DIIC shown at full year level.  
 DCC staff costs prior to full impact of single status  
 DCC pay inflation estimated at 2.5%

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008**

**REPORT ON: STANDARD CHARGES FOR LOCAL AUTHORITY RESIDENTIAL UNITS**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 417 - 2008**

### **1.0 PURPOSE OF THE REPORT**

1.1 This report recommends the level of standard charge to be applied in 2008-9 for local authority residential accommodation for adults.

### **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Social Work and Health Committee agrees standard charges for local authority residential accommodation as laid out in Appendix 1.

### **3.0 FINANCIAL IMPLICATIONS**

3.1 The effect of the adoption of these recommended standard charges have been incorporated into the Social Work Department's Revenue Budget 2008-9.

### **4.0 MAIN TEXT**

4.1 The local authority is required by statute to review its charges for residential accommodation for adults each year. The method of calculating charges is prescribed by regulation and guidance and results in a full economic cost being calculated, including overheads and depreciation, but excluding notional interest.

4.2 Each resident has a full assessment of their financial circumstances each year, which determines the amount they are required to contribute to the cost of their care. Only those residents with savings in excess of £21,500 or significant weekly income pay the full standard charge for their care. At present no residents pay the full standard charge. Every resident retains at least £21.15 per week in personal allowance.

### **5.0 POLICY IMPLICATIONS**

This report has been screened for any implications in respect of Sustainability, Strategic Environmental Assessments, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

**7.0 CONSULTATION**

7.1 The Chief Executive, Depute Chief Executive (Finance), Depute Chief Executive (Support Services) and the Head of Finance have been consulted in the preparation of this report.

**8.0 BACKGROUND PAPERS**

None.

Alan G Baird  
Director of Social Work

Date: 7th August 2008

**STANDARD CHARGES FOR LOCAL AUTHORITY RESIDENTIAL UNITS**

It is recommended that the following standard charges be applied from April 2008: -

	<b>£ per week from April 2008</b>	<b>£ per week from April 2007</b>
Residential Homes for Older People	802	744
Elmgrove Hostel	1429	1,403
Whitetop Centre Respite Unit	2509	2,290
Mackinnon Centre Respite Unit	885	851