



Domiciliary Care Strategy

2010 - 2015

DOMICILIARY CARE PROJECT BOARD

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1 INTRODUCTION AND PURPOSE

This strategy sets out the future shape and direction of domiciliary care services in Wrexham County Borough Council for the next five years.

It sets out what is required by way of domiciliary care services for individuals and how services will be developed in order to be fit for the future.

Partnership working and collaboration has already played an important role in service development, and Adult Social Care will continue to work with our partners in Health to achieve better and appropriate services to meet the diverse needs of the citizens of Wrexham.

Domiciliary care in its widest sense has enormous potential along with our partners to:

- To promote and assist re-ablement
 - To delay or prevent admission to residential care
 - To delay or reduce demands on the health and social care economy
- To help maintain maximum independence
- To provide early warning of deterioration that may respond to rapid Intervention
- To respond rapidly to emergencies
- To prevent hospital admission through providing intensive short term care and support
- To facilitate earlier discharge from hospital
- To improve quality of life by:
 - supporting health maintenance
 - ~ ensuring adequate nutrition and fluid intake
 - ~ promoting and supporting appropriate exercise
 - supporting continued involvement in community and family life
 - supporting participation in meaningful activity such as
 - ~ paid work
 - ~ voluntary work
 - ~ leisure pursuits
 - assisting in ensuring that there is a satisfactory environment
 - ~ that the home is clean and comfortable
 - ~ and well maintained

This strategy is also intended to give clear and specific direction to in-house and independent providers about the shape of future domiciliary care services.

It is based on:

- The values, vision and statements made in Wrexham's plans and strategies and taking those statements to an action stage.
- Welsh Assembly Government policy
- Needs and demand analyses
- Market mapping
- Financial and performance benchmarking and achieving value for money
- An awareness of what other authorities have implemented or are implementing.
- Wrexham's priorities

It has been formulated through discussions and work within the Domiciliary Care Project Team that has been made up of officers from Wrexham County Borough Council Adult Social Care Department.

It is presented here in order to enable the logistics of re-balancing provision and managing increasing demographic and financial pressure, and to stimulate discussion with stakeholders and partners by promoting an ongoing dialogue with individual service users, carers, groups and their representatives to support the implementation of priority services in the longer term

2 NEED, DEMAND AND ELIGIBILITY FOR DOMICILIARY CARE

2.1 Need

There are two main factors that impact on the amount of domiciliary care that is required: need and demand. Need relates to factors in the Wrexham population that indicate an inherent requirement for services.

The population of Wrexham county borough is estimated to be 135,100 in 2011. This has increased from 128,476 in 2001¹.

Projections from the North Wales Population and Housing Research Group suggest that the County Borough's overall population will increase by 9.1% between 2003 and 2018. The projections also point to further ageing of the population. The greatest increase is expected in the number of males aged 65+ (46.0% rise during 2003-18), with increases of 12% or more also predicted for males and females aged 45-64 and females aged 65+.

The largest group of people needing domiciliary care services is older people; however, there are a range of younger groups needing support due to physical or mental health or capacity needs. The high levels of limiting long-term ill health and the increase in the numbers of elderly and very elderly people will continue to increase the demand for domiciliary care over the next five years.

Projections on demand for older people in Wales to 2030 by local authority (Sept 2005, London school of economics) indicate that, while the numbers of older people are projected to grow very substantially, in particular between 2020 and 2031, the extent to which these older people are dependent will be the crucial determinant of the future needs for services. Services such as re-ablement, which enables people to regain their independence as quickly as possible will be particularly important.

11.25% of all people in Wrexham described their health as "not good" which is below the Welsh average of 12.45% but Wrexham's figure does not compare favourably with England, where only 9.03% of people described their health as "not good"

Wrexham has a higher percentage of its population (21.4%) claiming to be suffering from a limiting long term illness than was the case in 1991 (15.6%) If this trend continues the percentage would rise to 27.2% in the 2011 census.

In May 2006, 6.4% (8,400) of the County Borough's residents were claiming Disability Living Allowance (DLA). The equivalent rates for Wales and Great Britain were 7.5% and 4.7% respectively.

¹ Source: Population – ONS, Census 2001

2.2 Demand

Demand is the extent to which services are actually asked for. Demand is affected by:

- The level of need in the population
- The extent to which domiciliary care is seen as the service that people choose and how much investment there is in domiciliary rather than institutional service options.
- How prepared people are to pay for services through taxes and benefits
- How prepared and able they are to pay for their own care as individuals. This will be affected by the levels of affluence and deprivation in the borough.
- Variations in health and well being across the borough tend to have clear associations with deprivation.

It is anticipated that the demand for social care services is likely to increase by approximately 10% between 2001 and 2010 and by a further 10-15% between 2010 and 2020 (PSSRU Discussion Paper 2253). To continue to maintain the same level of service by 2020, Social Care budgets would need to increase by some 24%.

There has been and will continue to be growth in domiciliary care in the County Borough. This is evidenced by a growth in need and levels of dependency and the Council's policy supported by individual choices that are made about home rather than institutionally based services. This growth will need to be controlled, either by preventing need through reablement or reducing demand by increasing eligibility criteria.

2.4 Trends in Provision

Table showing gross costs/ net costs/number of clients/Total hours in a sample week over 3 years.

Year	Gross Costs	Number of clients	Total hours in sample week
22/2/2008	124,301.78	n/a	7588.50
20/2/2009	134,306.60	786	7569.50
22/2/2010	129,658.35	757	7337.75

The demand reduced in the third year following the introduction of the Reablement Service, with 48% of people offered that service going on to require no continuing care.

3 SERVICE MAPPING

3.1 Existing Arrangements

LA Homecare = 1612 hours at a cost of £54,313 per week. Hourly rate, excluding corporate re-charges = £25.06

Independent Sector Homecare = 6150 hours at a cost of £90,000 per week. Hourly rate, excluding corporate re-charges ranges from £11.63 to £21.29.

Discussions have taken place within the independent sector at a general level, and a recent spot contract award has shown capacity within the independent sector to take on additional hours at a fixed ceiling rate. It is important that a decision on the future of the domiciliary care service is made relatively quickly to ensure that WCBC can take advantage of the spare capacity in the market that is deemed necessary and appropriate.

3.2 Value for Money

Value for money is effectively achieving the optimal balance of cost and quality. This requires accurate and timely information upon which to base judgements. Wrexham will draw up specifications of the information it requires in relation to both cost and quality and will introduce these both in in-house and contractual arrangements. This is most likely to require electronic monitoring systems (which also support staff and service user safety) and which will inform commissioning and care management of decision making with service users.

Contracting arrangements can make a significant impact on value for money related to both cost and quality. Long term fixed price locality based contracts allow providers the stability to recruit and train and develop the workforce and manage quality and their finances. Block contracts can also achieve this but may result in a lack of flexibility for commissioners. Spot contracts can achieve personalised services if used in that way, but a large volume of spot contracts is likely to mean that they lose this function and become difficult or impossible to monitor.

It is the intention of the Wrexham's Adult Social Care Contracts Department to undertake a tendering process to support the provision of care based on 5 areas within 3 Localities with a mix of local and national providers operating within each area across the Borough.

Wrexham will seek to achieve value for money through effectively increasing the rate of provision of services through locality based contracts and the use of approved provider lists to create a mixed economy of care that can respond flexibly to service users needs.

4 CONCLUSIONS FROM THE ANALYSIS

Domiciliary trends and issues

Need	Need for services have increased, and will continue to increase because of an ageing population and numbers of people with disabilities. This represents a challenge to financial, human and information resources.
Performance	Wrexham maintains approximately 750 service users in their own homes. In December residential places for people aged 18+ were in the region of 500, among the highest in Wales. Delayed transfers of care from hospitals have been consistently below Wrexham's target of 3 per 1000 population.
Service Models: Reablement Rapid Response Intermediate Care	Wrexham is developing some services in these areas and the focus of the strategy will be to accelerate this. This will need to be undertaken alongside the development of primary and community teams and joint multidisciplinary teams.
Value for Money	Ensuring quality across all providers by: <ul style="list-style-type: none"> • Introducing information systems to ensure quality, including safety and efficiency. • Re-tendering of current purchasing arrangements/ • Compliance with CSSIW minimum standards • Workforce planning across all sectors
Demand	It is anticipated that demand for services that support people at home will continue to increase. This will necessitate ensuring that value for money is achieved by undertaking of annual reviews of eligibility in addition to expanding the re-ablement programme,

5 FUTURE SERVICE MODEL

The information in this report demonstrates that continuing to deliver home care services using existing arrangements is not viable, either economically or aspirationally. The following model is therefore proposed, with implementation over a 3 year period.

In-house Services to provide:

- **Specialist support** where tasks are over and above basic personal care
- **Intermediate Care** in partnership with Health Services to enable people to receive 'treatment' and support at home rather than in hospital
- **Reablement** to assist people in regaining independence and reduce reliance on ongoing paid support

External services to be subject to a re-tender exercise to develop Locality-based contracts at a fixed ceiling rate

All new requests for support at home will be filtered through the Reablement Service to ensure that people are connected with community support, considered for Telecare/Telehealth and have their daily living skills maximised before considering the extent of any ongoing care needs.

Support plans for individuals with ongoing needs will become outcome-focused, with the emphasis on the individual to work with the provider (with support as required) to implement a programme of support that helps to achieve those outcomes.

This will require a revised assessment process which will reduce the amount of duplication and aid efficiencies to be made across all services.

6 PRIORITIES & ACTION PLAN

Service users will be at the centre of services and supported to be in control of them as much as possible.

There has been increasing recognition of the role of unpaid/informal carers in supporting members of their family and friends in the community, This means that domiciliary care services need to be flexible and responsive to carers' needs as well as to meeting the needs of the service user, for example evenings, weekends and night services, The range of services that support carers should remain under review.

The role of care management and in-house domiciliary care staff will need to be defined and refined.

The overriding approach to develop will be one of re-ablement and of supporting people back to independence and this will be integrated into the first 6 weeks timescale. This principle will be embodied in a growth of the re-ablement team through re-focusing in-house services and when there is evidence of continuing need for longer term packages this will be purchased from the independent sector.

The re-ablement service will check that criteria are applied fairly and that services are allocated efficiently and responsively to the minimum levels necessary to support independence. The first six weeks of all care packages will be an assessment period where the practical aspects of delivering services will be assessed. This will involve regular reviews of and adjustments to care planning during the re-ablement period.

In order to support people at home, to avoid hospital admission and facilitate rapid discharge from hospital, domiciliary care services will be delivered both alongside and in an integrated way with health care services. Integrated services are likely to include current and new services, re-ablement, intermediate care, tele-care, and tele-health services, acute/rapid response and crisis services for people with dementia and or their carers and palliative care services. Where integrated services are provided there may be the development of integrated support/health and social care posts. These posts and functions will be jointly funded as they arise.

All services will be expected to meet minimum standards as set out and inspected by CSSIW and through tender specifications. At present there is a mixed picture in relation to this. Increasingly in the future services will also need to meet standards set out by service users and carers locally. All services will be monitored to ensure this takes place both through the Contracts team, through internal Quality Assurance and through individual service user reviews. Specification for providing evidence of service quality will be set out in future contracts and service level agreements.

Wrexham must ensure responsive, reliable and on going supply of domiciliary care using a mix of both national and local providers across the County. To

support economic development as well as future supply, WCBC will collaborate with other North Wales Authorities, through the Regional Domiciliary Care Task and Finish Group, to compile an approved provider list.

A workforce plan will be developed in partnership with the Health Board and independent providers to cover all the elements of this strategy

Appendices

Appendix 1

Over the period of the projection, life expectancy is predicted to rise from 79.3 in 2005/06 to 83.1 in 2030/31.

Age ranges²	2006	2011	2016	2021	2026	2031
Children	24,800	25,400	26,300	27,300	26,900	26,500
Working Age	81,000	81,900	83,900	85,500	88,200	88,500
Pension Age	25,100	27,700	29,000	30,200	31,300	34,400
Total	131,000	135,100	139,200	143,000	146,400	149,400

Appendix 2

Wrexham has a lower rate of limiting long term illness and general poor health indicated in the 2001 census.

Area	% Good	% Fairly Good	% Not good
Wrexham	66.98	21.77	11.25
Wales	65.06	22.49	12.45
England	68.76	22.21	9.03

² Age categories are currently – Children aged 0-15; Working age: 16 – 64M/59F; and Pension age 65M/60F and over. However, between 2010 and 2020 state pension age will change from 65 years for men and 60 years for women to 65 years for both sexes. Between 2024 and 2046, state pension age will increase in three stages from 65 years to 68 years for both sexes