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Strategic Context

One of the key functions of a modern social care organisation is strategic commissioning. This includes the procurement of both directly provided services and those purchased from voluntary (including user led groups), not-for-profit and private for-profit providers. There are a variety of definitions of commissioning and that most often used comes from the Audit Commission report of 1997, namely,

\[\text{‘The process of specifying, securing and monitoring services to meet individual’s needs, both in the long and short term. As such it covers what might be viewed as the purchasing process as well as a more strategic approach to shaping the market for care to meet future needs’}\]

The key elements of strategic commissioning are:

- Establishing needs and priorities.
- Shaping services.
- Managing quality.
- Managing cost.

The Joint Review of Social Services, published in February 2004, noted that we needed to:

- Focus on measurably improved outcomes for users and carers.
- Raise the profile of commissioning, making better use of resources, so as to provide more and better services in a mixed economy of care.

This commissioning plan is in part a response to the recommendations made within this review.

Any commissioning strategy should be developed in the context of the National, Local and the Social Services vision and future priorities for the whole of the Wrexham population. Wrexham Local Health Board and County Borough Council are required by law to work with partners to take a strategic approach to addressing the health, social care and well-being needs of the people of Wrexham. The Health, Social Care and Well-being Strategy (Caring for our Health 2005-8) replaces the Social Care Plan, identifies needs and priorities, sets the direction of individual plans such as commissioning plans and ensures their delivery through a single planning process. Therefore the focus of commissioning plans in the short term, will be to shape current services to meet identified outcomes for users and to manage quality and cost. This document must be viewed alongside the Health, Social Care and Well-being Strategy, (HSC&WbS).
The Older Peoples Programme Group (OPPG) and Elderly Mental Health Programme Group sit (EMHPG) within the HSC&Wb planning structure and are tasked with leading the strategic direction of services for Older People, in association with Learning Disability and Carers groups. The programme groups have determined three-year action plans based on priorities identified within a public consultation. The development of social care commissioning plans that identify the interface with housing and health services is a key aim of the HSC&WbS.

This document forms a part of our response to the Health, Social Care and Well-being Strategy and Older People and Elderly Mental Health Services’ Action Plans and is informed by the public consultation undertaken in the development of the HSC&WbS and the Best Value Review of Older People’s services conducted between 200/1. This document is intended to provide service users, providers and commissioning partners with initial information about our commissioning intent for the period 2005 to 2008 and proposed actions for the financial year spanning April 2005 to March 2006. The plan will be updated for 2006/7 and beyond and action plans drawn up on an annual basis.

**Scope & Boundaries**

For the purpose of this Plan, ‘older people’ are defined as aged 65 and over; the plan will also identify the intentions for services for ‘older people’ with mental health problems and services for all people with dementia, irrespective of age or other primary disabilities or conditions. The needs of people over 65 with a primary learning disability will also be considered.

**Vision**

We wish to work in partnership with health, housing, voluntary sector and provider colleagues to support older people to remain independent for as long as possible, in a home of their choice, and for older people to have an active role in their local community. Furthermore, we strive to commission good quality outcome-focussed and cost effective services with a rehabilitation and re-ablement focus and within a mixed economy. Our vision is consistent with the aims of the Strategy for Older People in Wales.

The 2000/1 Best Value Review of services for older people identified a need to have a ‘more pro-active, preventative approach to … services which are flexible and more responsive to change in individual need’.

**Service Mapping**

We are working with our partners to produce a comprehensive and detailed map of services for older people. The attached appendix provides details of some current services.
In 2005/6 we have budgeted for the following gross expenditure on services for older people:

- EMH Supporting People: £134,630
- Home Care – Direct: £3,866,956
- Home Care – Independent: £564,656
- Community Meals: £178,825
- Day Services: £622,794
- Residential Care – Direct: £1,580,246
- Residential/Nursing Care – Independent: £7,172,370
- Domestic and Social Support: £74,503
- Adaptations: £102,922
- Sheltered Housing/Support: £1,034,575 (includes Royal Court, Springfield and Plas Yn Rhos).
In 2005/6, we have budgeted for the following expenditure on care management services for older people:

- Community Mental Health Team – Older People £235,055
- Hospital Social Work – Older People £377,516
- Care Management – Older People £824,514
- Occupational Therapy – £674,744
- Care Management – Physical/Sensory Impairment £216,403

Whilst we, in comparison with other Welsh local authorities, receive an above average budget allocation from the Council, the low level of Rate Support Grant results in a below-average allocation for services, with the allocation for Older People being 18th lowest. To reach the average spend, an additional £2.4m would be needed.
DEMOGRAPHIC TRENDS

Population

Projections suggest that:

① The number of people aged 65 -74 will increase by 32% over a twenty year period – in Wrexham this equates to an additional 3,434 people.
② The number of people aged 75 and over will increase by 22.5% over the same period - this equates to an additional 2,122 people.

There are concerns that the increase in the number of people in the older population will occur concurrently as a decrease by 8.2% of numbers of women aged between 35 and 55. This represents a decrease in the age group, which incorporates substantial numbers of both unpaid, and professional care workers.

Morbidity & Health

The 2001 Census detailed that of the Wrexham population:

① 14,455 people described their health as ‘not good’ (11%).
② 27,567 people described themselves as having a long term limiting illness (21.5%).
③ 7467 people are permanently sick or disabled (6%).
④ 14,875 people where unpaid carers (11.5%) – national statistics show that this may be an underestimate.
⑤ 3,391 people were providing unpaid care for over 50 hours per week (3%).

Economic Status

In 2000 the DWP identified that:

① 7,945 people in Wrexham claimed DLA (6%).
② 4,010 people claimed Attendance Allowance (3%).
③ By 2020, 77% of older person households will be owner occupied.
Welsh Context

Morbidity figures and ‘Lifestyle’ indicators suggest a more sick and less physically fit population than in most other parts of Wales:

1. Wrexham has a high proportion of people over 65 reporting limiting long term illness, (average for limiting long term illness, people 65 and over 44.1% men and 39.8% women in Wrexham compared to North Wales average of 40.6% and 36.7% respectively).
2. Wrexham has the third lowest activity/exercise levels in Wales, so Wrexham’s older people are likely to be less fit than older people in most other parts of Wales and therefore likely to need services earlier.

Dementia

With regards to the mental health needs of older people (including both functional and organic illness) it is important to note that relatively small changes in population increases are likely to produce significant increases in cases of dementia. According to the Audit Commission report ‘Forget Me Not’ (2000) dementia affects nearly 1 in 25 of people over 65 and 1 in 4 people over 85.

The Strategic Framework for Older Peoples Mental Health Services in Flintshire and Wrexham (draft 2003) sets out the vision, aims and objectives of services and details the expected model of services for this group. The key areas for development highlighted are in relation to:

- Development of Primary Care Services.
- Full and formal integration of Community Mental Health Teams for Older People.
- A review of in-patient and hospital based facilities (day hospital etc).
- Re-commissioning of community resources (de-commissioning some existing services and the re-investment into a resource centre).
- Refocusing of day services.

In short, the Strategy promotes modernisation of services with a greater emphasis on joint strategic planning and the need for service improvements. It identifies the projected prevalence of moderate or severe cognitive impairment amongst the older population in Wrexham as follows:

<table>
<thead>
<tr>
<th></th>
<th>Aged 65-74</th>
<th>Aged 75-84</th>
<th>Aged 85+</th>
<th>Total</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>11,346</td>
<td>261</td>
<td>7,294</td>
<td>525</td>
<td>2,958</td>
</tr>
<tr>
<td>2013</td>
<td>13,088</td>
<td>301</td>
<td>7,497</td>
<td>540</td>
<td>3,181</td>
</tr>
<tr>
<td>2018</td>
<td>14,129</td>
<td>325</td>
<td>8,112</td>
<td>584</td>
<td>3,368</td>
</tr>
</tbody>
</table>
Dependencies

In recognition of the increasing number of older people and the consequent need for service, the Welsh Assembly Government commissioned the Wales Care Strategy Group to:

- Examine the current shape of the care sector.
- Advise on its future shape and provide a framework by which key partners could plan together to meet the needs of their own locality.

The Group’s report, published in 2003, highlights both the increasing numbers and dependencies of Older People who will require service in the future and also the potential overwhelming budget pressures which would be experienced if the current pattern of service provision continued unabated.

Utilising the Report’s framework and under current models of service, by 2020 Wrexham would need to fund an additional 220 Care Home places and provide 665 more people with support in their home. At today’s prices, this would equate to a total increase in budget required of £11,258,209³.

The Report recommends that authorities should take urgent and immediate steps to reduce long-term dependency on service by providing services:

- As early as possible.
- Which promote rehabilitation.
- Which maximise independence.
- Which can achieve an appropriate balance between community and care home services.

This is of particular concern for Wrexham due to the morbidity, mortality and lifestyle indicators:

1. The Standard Mortality Ratio for Wrexham suggests a just above average rate of death at 103 (indicating a longer dependency on services).
2. Morbidity figures and ‘Lifestyle’ indicators suggest a ‘more sick’ and less physically fit population than in most other parts of Wales – likely to be due to previous industry-based economy.
3. Wrexham has high levels of smoking and over all has a high proportion of people over 65 reporting limiting long term illness, (average for limiting long term illness, people 65 and over - 44.1% men and 39.8% women in Wrexham compared to North Wales average of 40.6% and 36.7% respectively).
4. ‘Lifestyle’ indicators suggest Wrexham has the third lowest activity/exercise levels in Wales. The low level of exercise is a particularly important indicator given that women, who generally live longer, tend to have poor strength/reduced bone mass (one of the causes of which is lack of exercise to maintain bone density particularly after menopause). They fall more frequently and sustain disabbling injuries as a result of those falls. Falls and the fear of falls are big precipitators of the demand for both hospital and residential care.
Unmet Need and Gaps in Service

Information from care management teams and from consultation with the public, service users, carers and other key stakeholders indicates the following shortfall in services:

- Gaps in overall provision in rural and border areas.
- Gaps in the range of services required for older people with mental health problems and people with dementia.
- Underdeveloped preventative and intermediate care services with services often reactive to crises.
- A lack of specialist services for older people with learning disabilities.
- Short-term care options are limited - particularly services in the persons’ own home.
- Day services are similarly limited and can be insufficiently stimulating, with no clear outcomes to be achieved for the service user.
- Minimal use of assistive technology - the development of assistive technology may lead to a lower dependence on traditional services and reduced workforce requirements.
- A lack of information about services in accessible formats.

Other Issues

- The current low level of qualification and high rate of turnover within the (limited) domiciliary care market.
- Consideration needs to be given when developing extra care housing services to providing larger properties with mixed tenure (right to buy and shared ownership options) and to recruiting generic workers that provide health, social care and tenancy support.
- More consideration needs to be given to the impact of caring on the carers’ own health, income and well being in carer’s assessments.
- Supporting People schemes can be too expensive for people who do not claim housing benefit and services are not all available on a borough wide basis.
- Older people frequently state that a lack of support with gardening, cleaning and shopping leads to them giving up their homes.
- The need to determine a ‘fair price for care’ to ensure a robust and secure independent care home sector
- A need to review the Care & Repair Service and specifically the capacity within the handy-person scheme.
PERFORMANCE MANAGEMENT

Service User and Carer Feedback

A key part of service evaluation is service user and carer feedback. We send out an annual questionnaire to a random sample, the results of which are detailed in our quarterly and annual performance monitoring reports.

As part of the Best Value Review into older people’s services, Starfish Consultants carried out a consultation exercise with users and potential users of services. Over 200 users of social services, sheltered housing and extra care housing were seen in face-to-face group meetings. A further 35 users who were receiving intensive packages of care were interviewed on a one to one basis. This was in addition to a questionnaire that was returned by nearly 300 social service users. There were a lot of positive comments made by respondents, particularly about home care services and the Trio service, which provides a community based day placement service. Concerns were expressed about:

- Insufficient choice.
- Shared rooms in residential homes.
- Lack of explanation about decisions that professionals made.
- Staff shortages and use of unfamiliar staff.
- Lack of useful information prior to them needing services.

The consultation with carers was less extensive and therefore its findings need more caution. Carers were less satisfied than users of services, and expressed particular concerns about:

- Lack of useful information.
- Difficulties in accessing services.
- Poor training of agency homecare staff.
- Difficulty in accessing cleaning services.
- Lack of choice in services particularly for older people with dementia related illnesses.
- Long waits for assessments for equipment and adaptations.
- Inadequate personal support to help them cope.

The commissioning plan and future commissioning activity will address these concerns.
Performance Evaluation

We have an established and sophisticated approach to performance management and have recently integrated this within our business-planning framework. Data is routinely analysed in order to establish performance against local and national targets and this helps us to assess whether we are on track to improve performance. We use a ‘traffic light’ system of ‘smiley’ faces to assist in easily identifying how well we are doing.

Performance is formally measured quarterly and is benchmarked against all Welsh authorities and, in particular, those authorities that have the closest demographic and geographic match to Wrexham in England and Wales – our closest comparative authority for older people is The Vale of Glamorgan.

Our performance at 31 March 2005 was as follows:

<table>
<thead>
<tr>
<th>National Strategic Indicator</th>
<th>Core Indicator</th>
<th>Shared Outcome Measure</th>
<th>How are we doing?</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCA/001</td>
<td>Number of delayed transfers of care for social care reasons age 75+.</td>
<td>11</td>
<td>9.9</td>
<td>Delays are decreasing.</td>
</tr>
<tr>
<td>Local AO/L1</td>
<td>Number of adults accessing Direct Payments.</td>
<td>25</td>
<td>31</td>
<td>9 of 31 users are older people.</td>
</tr>
<tr>
<td>SCA/002A</td>
<td>Number of older people helped to live at home.</td>
<td>72</td>
<td>148⁴</td>
<td>Underlying trend is slightly down.</td>
</tr>
<tr>
<td>SCA/002B</td>
<td>Number of older people supported in residential/nursing homes.</td>
<td>29</td>
<td>29.3</td>
<td>Slight increase in numbers.</td>
</tr>
<tr>
<td>Local AO/L8</td>
<td>Number of people on occupational therapy waiting list.</td>
<td>60/9</td>
<td>48/2.5⁵</td>
<td>Significantly improved.</td>
</tr>
<tr>
<td>Local AO/3.6a</td>
<td>Gross cost per week for adult residential/nursing home care.</td>
<td>£380-£420</td>
<td>£364</td>
<td>Fees are slowly increasing.</td>
</tr>
<tr>
<td>Local AO/L11</td>
<td>Unit cost for direct home care service.</td>
<td>£20</td>
<td>£25</td>
<td>Unit cost is too high.</td>
</tr>
<tr>
<td>Local AO/L4</td>
<td>% home care purchased from the independent sector.</td>
<td>20%</td>
<td>34%</td>
<td>Significantly improved.</td>
</tr>
<tr>
<td>Local AO/L5</td>
<td>% older people accessing day services provided externally.</td>
<td>25%</td>
<td>40%</td>
<td>Significantly improved.</td>
</tr>
</tbody>
</table>
WHERE WE WANT TO BE

Key Outcomes for Older People

The Joseph Rowntree Foundation publication, ‘Foundations’, based on the ‘Older People Shaping Policy and Practice’ programme, (JRF, York Publishing Services Ltd, 2004) finds that services need to recognise:

- That definitions of quality need to be driven more by older people themselves.
- The importance of communities and community organisations (social cohesion) to an individual’s well being.
- Services need to be more flexible, responsive, adaptable and holistic.
- That family, friends and social networks are the greatest providers of support to older people.

Older people’s lives are about more than health and social care services. Transport, culture and faith, housing, leisure services, companionship, access to community activities and financial stability are all important in maintaining independence and well-being. Often older people are themselves the key people that can make a difference in their own lives and in the lives of others.

Research has concluded that initiatives that encourage self-care, health promotion and injury avoidance in older people are likely to play an important part in managing a wide range of conditions. A range of services will be required to minimise the risks to independence in relation to older people’s daily routines, community involvement and autonomy – and to meet a wide spectrum of need.

Thus, in addition to strategic planning for mainstream health, housing and social care services, Health Social Care and Well-being action plans will recognise the contributions of leisure, health promotion, disease prevention, diet and nutrition programmes to the independence and well-being of older people. Similarly, health promotion and maintenance of physical and emotional/mental well being should form an integral part of the provision of care services, (recommendation of the Wales Care Strategy Group, 2003). The more traditional care home and intensive domiciliary services should focus on rhythms and routines that actively maintain individuals’ autonomy and community involvement. Whilst the less intensive services (meals services, day occupations, short term care and tenancy support services et cetera) should set out to enable individuals to remain at home; promoting independence and community involvement - thus, delaying the need for dependence on more intensive services.

In short, this requires a re-modelling of the current mode of service delivery, across health, social care and housing services, with consequent workforce development activity and leading to more outcome focussed contracting strategies and purchasing activity. Discussions are currently underway in relation to the need for the development of generic workers for assessment and service delivery.
Domiciliary Care, Housing and Tenancy Support

We wish to commission a range of services to meet a spectrum of needs for individuals based on re-ablement, rehabilitation and intermediate care. We intend that 50% of Domiciliary Care Services will be commissioned from the independent sector, utilising more cost effective contracting strategies than the current spot purchased arrangements – this is an increase in 20% to the hours of service purchased in 2004/5. As the independent sector currently has a comparatively low level of qualified staff and a higher staff turnover, higher dependency needs will be met by the in-house service who will also focus on re-ablement and rehabilitation.

Whilst we await the outcome of the National Housing Debate for Older People and the local review of Housing Options for Older People, local consultation details that extra care schemes tend to be favoured by older people rather than residential care, (older people’s housing consultation, January 2005). We are aware of the need for the provision of a range of housing options for older people, with mixed tenure (rented, owner-occupier, assisted purchase and capital release schemes). There appears to be opposing views within the County in relation to the benefits of a retirement village and the desired levels of integration for older people within mixed communities. There is generally evidence of a need for accessible two bedroom properties.

Wrexham’s initial sheltered housing with support scheme at Springfield has been running for over a year and the rehabilitation flat (a joint venture with health) has proved to be a real success. The scheme currently delivers 109 hours of support to tenants per week. A second extra care sheltered housing scheme is being developed in Gwersyllt and will meet lifetime home standards. The housing and domiciliary support services are ready to commence in Phase 1 of the re-development and are awaiting completion of building works. The re-development is expected to be complete by the autumn of 2006 at which time the service is contracted to deliver 94 hours of service per week. The Royal Court development will offer an opportunity to tenants with dementia to make use of assistive technology aimed at maintaining their independence for as long as possible and will be a credit to the partnership working across the voluntary and statutory sectors.

The model of extra care services being provided at Springfield and Royal Court are currently under review with Supporting People Team colleagues. The current service is provided within the fixed base and we are considering the benefits that may be derived from a floating support scheme that would provide an outreach service to other sheltered housing schemes within the Borough and hence maximise the use of the service.

The Care and Repair services, together with the additional handy person service are considered an invaluable resource in assisting older people to maintain their homes in order that they can live in comfort and security. The Older Peoples Programme Group Action Plan for 2005-8, informed by public consultation, details the need for a review of the support, access and funding given to Care and Repair, in order to consider how this scheme can maximise its support to older people.
In 2005/6 we will:

- Increase the provision of care and support services within sheltered housing units by 18% (equating to 20 hours of service per week).
- Develop a service level agreement with the in-house service for 50% of the total budgeted service to deliver a specialist rehabilitative service and services for those people with complex needs and dementia.
- Enter into block contracts with the independent sector to provide at least 2000 hours per week of domiciliary care.
- Provide an input to the Wrexham Strategic Review of Accommodation and Housing Support for Older People in Wrexham County Borough.
- Identify the housing support needs of older people with a learning disability.

**Care Homes and Care Homes with Nursing**

We wish to secure an adequate level of services within care homes and care homes with nursing, of a good quality and at a reasonable price, which meets current and future needs. To this aim, we are testing out a toolkit commissioned by the Welsh Local Government Association from the economist the William Laing, as a mechanism for determining a ‘fair price for care’. We are applying the model to Wrexham by gathering a sample of local costs and expenditure as these may differ from the national model. In progressing this initiative, both the Council and the care home sector recognise that achievement of an agreed rate will need to be planned over a number of years and is dependent on WAG allocation of additional funds.

Recent local research has highlighted that people are moving into nursing homes much later in their lives than in previous years, are more dependent upon admission and have a shorter average stay. In the long term, we may wish to consider our policy on purchasing basic personal care and accommodation services within the care home sector, due to extra care sheltered housing services being the preferred option for older people, over long term residential care. We also note that fewer people are now choosing to move into basic residential provision, as the range of domiciliary and community services increases. Hence, we need to evaluate our own provision of residential care in the light of best value principles and the increasing need to free up resources to invest in alternative models of care such as resources centres and intermediate care facilities. The two remaining residential homes require significant capital investment to meet the care standards requirements, run with a less than optimum occupancy and hence at an unacceptably high unit cost. By re-investing these resources, we will be able to offer better services to more people.

However this current trend needs to be considered alongside the Care Strategy report suggesting the need for maintaining levels of care home beds within the market to meet future demand.

We wish to further explore with the Local Health Board, options for jointly commissioning nursing care services in care homes, most specifically in the light of predictions on dependency rates and prevalence of dementia amongst the 85 years old and over; in addition, the need for services for people with early onset dementia will require further exploration with the Local health Board.
In 2005/06 we will:

☑ Commence a programme of reduction in the purchase of residential care by 5% per annum for three years (equating to 20 fewer placements by March 2006).
☑ Determine with partners a fair price for care for older people in care homes.
☑ Review the future of in-house residential services in light of changing needs and demand.

**Specialist EMH Services**

In short, ‘The Strategic Framework for Older Peoples Mental Health Services in Flintshire and Wrexham (draft 2003)’ calls for the modernisation of services with a greater emphasis on joint strategic planning and the need for service improvements.

In 2005/6 we will:

☑ Block purchase 6 nursing beds in a care home, jointly with the LHB.
☑ Identify a plan for purchasing specialist EMH short term care services.
☑ Develop a service specification for day services and work with stakeholders to develop a plan for block purchasing day services for older people with mental health needs and younger people with dementia.
☑ Research the use of assistive technology in supporting people older people with mental health needs to maintain health through ensuring appropriate nutrition.
☑ Determine a joint commissioning plan with and for carers of older people with mental health needs and younger people with dementia.
☑ Determine with health colleagues an options appraisal for an EMH resource centre.
COMMISSIONING INTENTIONS: SHORT-TERM AND LOW-INTENSITY SERVICES

Voluntary Sector Services

The voluntary sector plays a significant role in network of services most specifically in the provision of preventative services and hence is a key partner in the development of commissioning strategies. We are very much aware of the effect annualised funding has on the stability of the sector and on capacity for strategic development. Previously grant funded services are under review and we aim to refine service specifications to determine levels of output and to provide evidence of improved outcomes for people using the service.

Services using voluntary helpers and care workers to support older people after a stay in hospital or those in their own homes that require support with gardening and housework can evidence improvements in the person’s well-being and an increase in the likelihood of remaining independent. However, with consistent pressure on service budgets these services could easily diminish. Commissioning plans need to ensure that funding for such services are maintained where possible as they represent value for money and support the preventative agenda.

In 2005/6 we will:

☑ Review all voluntary sector services and develop new agreements, in line with our commissioning intentions.
☑ Pilot joint agreements and monitoring with the LHB for 5 voluntary organisations.

Supporting People Services and Low-level Housing Support

Wrexham has a number of Supporting People funded services for the provision of tenancy support to older people and older people with dementia – which are detailed in the annual Supporting People Operational Plan. The Supporting People Team has mechanisms for capturing unmet need in relation to these services. The Social Services managed contracts are currently over-subscribed and are not in all instances available on a borough wide basis. There is evidence of need for further investment in relation to such preventative services.

We are aware of an unmet need in relation to gardening services for the older population and that this is often cited as a primary reason for a person leaving their long-term home.

In 2005/6 we will:

☑ Map the need for the housing support services delivered by social services and feed this information into the Supporting People commissioning plan (termed the Supporting People Operational Plan or SPOP).
**Short Term Care (Respite)**

The short-term care strategy for younger adults leads the way in detailing the intention to develop a range of service options from family placement support to short stays within the care home sector. These principles can be applied equally to services for older people, building on the success of the TRIO services. We are initially concerned with securing short-term break services for people with dementia and older people with mental health needs that meet the needs of carers. A range of options needs to be explored, to include short-term care in the individuals’ own home and evaluation of the benefits of a night sitting service. Services need to be provided in a way that they meet the outcomes identified by the older person and not just be seen as a break for the carer.

In 2005/6 we will:

- ✔ Evaluate the night sitting service.
- ✔ Increase the number of nights of respite provided to carers of older people.

**Day Services, Leisure Opportunities and Lifelong Learning**

We recognise that social isolation and a feeling of loss of role in life can be a factor in older people giving up their homes and accessing long term care services. A recent study of day Services highlighted the lack of meaningful occupation and restricted menu of options for the older population, which is further compounded by a lack of accessible, reliable and affordable community transport. It is noted that community transport is a key to ensuring that older people can access the available community services. For example, the availability of free swimming for older people is seen as a significant step forward in health and well-being promotion, however if older people live in supported accommodation that is off a bus route or in rural areas not well served by public transport they are unable to access such services. The Authority has commissioned a study of community transport provision within the Communities First, Urban 2 areas and Cefn and will report on their finds in the Spring of 2005.

Day services are largely provided in day centres and residential homes. The Best Value Review identified the need to extend the TRIO scheme, supporting family based day/short-term support services.

We need to work with older people to identify the range of services and leisure opportunities that they would wish to make use of and to further improve opportunities for volunteering and life-long learning and detail this within the commissioning strategy.

In 2005/6 we will:

- ✔ Evaluate the TRIO service increase the level of service by 25% (equivalent to 5 new service users).
- ✔ Commence a review of day services for older people.
- ✔ Develop in partnership with stakeholders a service specification for day services provided within the care home sector.
**Meals Service**

The Community Meals Strategy will detail recommendations for the development of ‘hot’ and ‘frozen’ meals services and will highlight the need for the development of a network of luncheon Clubs – with the aims of developing a luncheon club in each community. The strategy will also define the need for short-term re-ablement service for individuals who need to build daily living skills.

In 2005/6 we will:

- Contract for a frozen meals provider to deliver approximately 1,500 meals per week.
- Contract for a hot meals provider to deliver approximately 1,000 meals per week.
- Re-assess the needs of all service users currently receiving meals on wheels, identifying those with re-ablement potential and refer them to the home care service for short-term intensive support as appropriate.
- Support the development of 2 new luncheon clubs.

**Equipment, Adaptations and Repairs**

Wrexham and Flintshire Local Authorities are joining with the North East Wales NHS Trust to develop joint stores for equipment and aids – this will be based on a pooled budget and pooled resources with the aim of having a more responsive and flexible service that is able to meet the Assembly’s targets for time taken to deliver items of equipment. The Occupational Therapy and Rapid Response service may also join this integrated service.

We recognise the need to fully exploit the opportunities offered by assistive technology to prolong the need for older people to become dependent on intensive services.

In 2005/6 we will:

- Reduce the waiting list in line with the OT Action Plan.
- Establish the joint stores new staffing structure.
- Introduce assistive technology into the Sheltered Housing Scheme in Royal Court, Gwersyllt.
Intermediate Care and Links to Health Services

‘Intermediate care’ refers to services intended to bridge the gap between acute/hospital services and home for people who require the kind of support that blend medical and social contributions. Intermediate care services:

- Promote optimum recovery from illness.
- Prevent unnecessary acute hospital admissions.
- Support timely discharge.
- Maximise independent living by the inclusion of rehabilitation programmes as part of the package of care.

We contribute £2,000 per annum to a pooled budget (£48,000 in 2004/5) which funds three short-term residential beds within a care home in Wrexham, at which the Rapid Response Team delivers an intensive rehabilitation programme. Much of the funding for this scheme comes from the joint working special grant, which ceases in March 2006. The Authority will need to consider its ongoing investment in this scheme and the need for freeing resources to extend intermediate care services.

The Health and Social Care Community are collaborating on a jointly commissioned, whole systems approach to 24hr emergency services - intermediate care services may be developed as part of this overall strategy.

We are currently considering the need for a ‘one-stop shop’ or resource centre for people with dementia and older people with mental health needs. This could provide for the co-location of statutory and voluntary services for these individuals, from care management, specialist health and community nursing support to day and residential short term break facility and services for carers.

We intend to block purchase 6 beds in a nursing home for older people with mental health needs on a joint basis with the LHB over a two-year period. These will be used for standard nursing care or complex continuing health care needs. At the end of year one, we intend to evaluate the benefit of this contracting approach and make recommendations to the respective Boards for a more wholesale approach to securing EMH services in care homes. This should support the timely discharge of patients from Maelor hospital - reducing the numbers of delayed transfers of care. The needs of older people with mental health needs and people with dementia will be highlighted in the development of an intermediate care strategy.

In 2005/6 we will:

- Review the step up/down service and evaluate the outcomes for users and carers who have accessed the service.
- Maintain an 80% average level of occupancy within the step up/down beds.
- Co-ordinate the development of an intermediate care strategy manager through the recruitment of a Rapid Response Team Manager for the Wrexham area.
- Establish an action plan for the development of 24 hours, 7 days per week emergency services.
**Advocacy**

Age Concern North East Wales has recently received a grant to develop advocacy service for older people across North East Wales and is supporting the development of an advocacy strategy in Wrexham, for implementation from April 2006.

In 2005/6 we will:

☑️ Publish our advocacy strategy.
☑️ Support the development of an advocacy network amongst current advocacy providers in Wrexham.

**Carers**

We recognise the important role that carers of older people play in supporting them to remain at home for longer and are committed to developing services that support the carers’ own health and well-being. Services for carers should be developed to support the physical, mental and emotional well-being of carers, reduce poverty and social isolation and to support the carer to continue to care for their loved one where they would wish to. We are also aware that many older people themselves have a caring role, either in supporting family with childcare or in caring for a partner or loved one. We are also aware that in the population aged 65 and over, there are more male informal carers than female – which is a direct opposite to the 64 and younger age groups.

Carer services will be explored further in strategies and commissioning plans for carers, however services aimed at providing older people with a break from home routines will be detailed below.

In 2005/6 we will:

☑️ Develop a joint commissioning plan for carers services
☑️ Support provider organisations to measure success in achieving the identified outcomes for carers.
☑️ Commission a carers facilitation service
FURTHER CONSIDERATIONS FOR STRATEGIC COMMISSIONING

Eligibility Criteria

Under the Community Care Act and the Chronically Sick and Disabled Persons Act, we are obliged to assess needs and to provide or commission services to meet those needs which meet the Council’s eligibility criteria. The Council is able to set its eligibility level for services in accordance with its resources. Wrexham Council has set the eligibility at a level that ensures services are delivered to meet needs that pose a critical, substantial or moderate risk to an individual’s independence.

We are increasingly aware of the resource investment that will be required to maintain the current level of eligibility for services and will keep the level of eligibility under constant review. The commissioning strategy will focus on the need to develop preventative services in order to minimise the likely future long-term dependence upon services within the ageing population (the demographic time bomb).

In 2005/6 we will:

☑ Review the level of eligibility for services.
☑ Review the eligibility criteria in line with updated guidance on Fair Access to Care Services and Unified Assessment.

Direct Payments

The Authority now has a responsibility to offer direct payments to older people for all or some services required to meet eligible needs and may also offer direct payments to carers. The Direct Payment Scheme in Wrexham offers third party support from an independent organisation (AVOW) and promotes the older person remaining in full control of the services they receive. As the uptake of Direct Payments increases, we will have to consider the de-commissioning of its provider services in order to free up the required revenue and will have to expand the third party support service.

In 2005/6 we will:

☑ Increase the number of older people and carers of older people receiving Direct Payments by 25% (equivalent to 4 new recipients).
Diversity

The 2001 Census showed that there were over 1400 people of all ages in Wrexham of a non Welsh or English ethnic origin. The largest ethnic group being recorded as Indian (237 people). A smaller proportion of the migrant population is likely to be over 65 years than in the Welsh/English population. The basic needs of ethnic minority groups are unlikely to differ from the host population. However, the way people wish their needs to be met may be culturally specific, and recent research suggests that where provision is culturally sensitive, need will translate into demand for social services support. There are thought to be 35 ‘first’ languages in Wrexham.

We do not have a useable record of the ethnicity of all of our service users and hence the cultural and ethnic sensitivity of commissioned services requires some attention.

In 2005/6 we will:

☑ Record the ethnicity of all new contacts.
☑ Undertake an impact assessment for all services that are reviewed or newly commissioned.
☑ Improve performance on the percentage of service users/ carer who felt that staff took account of their race, culture or religion – with a target of 70%.

Workforce requirements

We recognise that an increase in the number of people dependent on intensive services will require an increasing workforce, we also recognise that:

☑ Many of the current paid carers are aged 35-55.
☑ In general fewer individuals are entering the social care workforce
☑ In the travel to work area of Wrexham that the care sector competes with banking, industry and retail employers for its workforce.
☑ The unemployment rate in Wrexham for economically active people aged 16 or more is 1.5%

We are working with other stakeholders in the voluntary, private, health and education sectors to develop workforce plans and workforce development plans. We recognise the shortfalls in vocational qualifications amongst staff in the regulated services in Wrexham and are considering workforce re-design models as we move towards generic health, social care and housing workers. We are also mindful of the need for training and development activity required to change the emphasis of some services to a re-ablement approach. Furthermore, we recognise our role in supporting the whole sector in meeting the regulatory standards in relation to levels of qualification.
In 2005/6:

☑️ All service development plans will provide a detailed analysis of the workforce requirements.
☑️ All newly contracted services will specify workforce requirements.
☑️ We will implement the Joint Workforce Strategy.
NOTES

1. As the majority of users of occupational therapy services and rehabilitation services are older people, the full cost of these services delivered to all adults has been identified in this illustration.
2. Care management teams for older people and for people with physical disabilities and sensory issues are amalgamated.
3. Assumptions: Care homes – gross cost per week for adult residential/nursing home care @ £364 per week therefore (220 people * £364) * 52 weeks = £4,164,140. Domiciliary care – average domiciliary care package February 2004 was 10.3 staff hours per week [7,011 hours of service for 681 service users] and unit cost in March 2005 was £25. UKHCA expected price for organisation meeting all care standards was £14.84. Assuming 50% split in provision giving (332 service users * ((10.3 * £25) * 52 weeks)) + (333 service users * ((10.3 * £14.85) * 52 weeks)) = £7,094,049.
4. Includes community alarm users – hence large increase in reported figure.
5. The total number of people on the waiting list/the average number of months wait for service (not including OT Assistants).
7. Target was 60% in 2004.
## Appendix A

Summary of services available for older people in Wrexham.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Concern North East Wales</td>
<td>Branch of National organisation that provides information, advocacy and advice on issues relating to older people.</td>
</tr>
<tr>
<td>Alzheimer’s Society</td>
<td>Provide information, advice and support for people with dementia &amp; their carers. Services include befriending service, advocacy scheme and caring grants.</td>
</tr>
<tr>
<td>British Red Cross</td>
<td>Provide Carers Emergency Card and Equipment Loans.</td>
</tr>
<tr>
<td>Care and Repair</td>
<td>Provides advice and practical assistance to older people regarding home repairs, renovations or adaptations and a handy person service for older people who are private homeowners.</td>
</tr>
<tr>
<td>Chariotts</td>
<td>A community transport scheme providing personalised transport for people with disabilities or sensory impairment.</td>
</tr>
<tr>
<td>Community Mental Health Team for Older people</td>
<td>A joint Health and Social Services Team, supporting older people with mental health problems and their carers.</td>
</tr>
<tr>
<td>Crossroads</td>
<td>Provide a registered domiciliary service in own home to enable carers to have a break.</td>
</tr>
<tr>
<td>Day Care</td>
<td>A range of day care provision is available including day centres, day support in residential / nursing homes and TRIO which provides day care in a family home.</td>
</tr>
<tr>
<td>Domestic and Social Support Scheme</td>
<td>Supporting People initiative providing housing support.</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>A range of support available to assist people in their own homes and includes local authority home care and independent sector care agencies.</td>
</tr>
<tr>
<td>MH &amp; EMH tenancy support schemes</td>
<td>Supporting People initiatives providing housing support.</td>
</tr>
<tr>
<td>Help the Aged</td>
<td>Branch of National organisation that raises funds and provides information and advice on issues relating to older people.</td>
</tr>
<tr>
<td>Helyg Day Hospital</td>
<td>Based at the Wrexham Maelor Hospital site – providing assessments for older people with mental health problems.</td>
</tr>
<tr>
<td>Home from Hospital Scheme</td>
<td>Run by the Red Cross – provides volunteers to support older people when they are discharged from hospital.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Luncheon Clubs</td>
<td>A number of luncheon clubs operate across the County providing a hot meal and opportunities to socialise.</td>
</tr>
<tr>
<td>Meals-on-Wheels</td>
<td>Provision of a hot or frozen meal.</td>
</tr>
<tr>
<td>NEWCIS (North East Wales Carers Information Service)</td>
<td>Providing information, advice and support for carers.</td>
</tr>
<tr>
<td>Night Sitting</td>
<td>Night-time care provided in an individual's own home to give the carer a break.</td>
</tr>
<tr>
<td>Occupational Therapy Services</td>
<td>Social Services Department team – responsible for assessments for equipment and adaptations.</td>
</tr>
<tr>
<td>Older People’s Forum</td>
<td>Is facilitated by AVOW and provides an opportunity for older people to meet and speak about issues of importance to them.</td>
</tr>
<tr>
<td>Rapid Response Team</td>
<td>A joint team including nurse, social worker, Occupational Therapist and physiotherapist who will provide intensive support for up to 6 weeks to prevent hospital admission or facilitate hospital discharge.</td>
</tr>
<tr>
<td>Residential and Nursing Homes</td>
<td>There are a number of registered care homes in Wrexham. Information about homes is available from the Social Services Department or the Care Homes Inspectorate. The Social Services Department also have a guide to choosing Residential Care available on request.</td>
</tr>
<tr>
<td>Sheltered Housing</td>
<td>There are 23 sheltered housing schemes across Wrexham County Borough. Springfield and Royal Court Schemes (to commence in 2006) provide additional support.</td>
</tr>
<tr>
<td>Step Up/Down Scheme</td>
<td>Provides a short-term rehabilitation care programme within a care home to prevent admission to hospital and/or facilitate a timely discharge – maximum of 6 weeks.</td>
</tr>
<tr>
<td>Stroke Association</td>
<td>Based at Wrexham Maelor Hospital to support people who have had a stroke and their family.</td>
</tr>
<tr>
<td>Shop-mobility</td>
<td>A scheme providing manual &amp; electrically powered wheelchairs and scooters to help people with limited mobility to shop within Wrexham town centre.</td>
</tr>
<tr>
<td>Visual Impairment Rehabilitation service</td>
<td>Rehabilitation worker providing support for people with low vision.</td>
</tr>
</tbody>
</table>