

Caerphilly County Borough Council Older Persons Commissioning Strategy June 2016-2021



A greener place to live, work and visit
Man gwyrddach i fyw, gweithio ac ymweld



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1. Introduction

1.1. Scope of the document

This strategy sets out a vision of how services to Older People within Caerphilly County Council, will develop over the next seven years in line with Welsh Government Strategy For Older People in Wales 2013-2023.

- 1.2. This strategy focuses on people aged 50 and over however, the statistics details within this strategy primarily relate to those aged 65 and over. The age of 50 plus is often the age when people feel more vulnerable to changes that will impact upon their future. Failing health or caring for family members, can make individuals consider their own future care needs, and the requirement of planning for their own well being going into retirement. 50 to 65 years is a key window of opportunity for people to ensure health and wellbeing in later life
- 1.3. In Caerphilly we have recognised that older people represent a diverse group of people as in any other age group, and their needs are determined not just by age but by a wide range of factors including physical and mental health, access to community services and accommodation. This strategy aims to help address these factors through a coordinated approach to enable older people to achieve their outcomes and improve their well-being.
- 1.4. The population is ageing and is a permanent feature of our modern society therefore, there is a need to work together with all Partners, Stakeholders and older people themselves, along with their carers to embrace this reality for the opportunities and challenges it brings.
- 1.5. We aim to look at public services and how we can support the residents of Caerphilly, to consider the issues of older age and how best to move into a healthy and financially secure future.
- 1.6. **The Welsh Governments challenge for Older People in the future is:**
 - To create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued;
 - To develop communities that are age friendly while ensuring older people have the resources they need to live;
 - To ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation.

Welsh Government, Strategy for Older People in Wales 2013-2023

2. The purpose of the Strategy

- 2.1. The purpose of this strategy is to provide a clear strategic direction regarding the future planning and delivery of services for older people, who live within, or have services commissioned by Caerphilly Borough Council. It describes the core principles that are fundamental to service provision and outlines the key issues that need to be addressed in forthcoming years in order to deliver high quality, safe and cost effective services.
- 2.2. Demands placed on the health and social care systems are increasing. The population in Caerphilly is growing and ageing; with more people being diagnosed with one or

more long-term health conditions, such as diabetes and dementia and older people increasingly have more complex needs.

- 2.3. We plan to work together with all Partners to ensure Caerphilly is a Borough that respects the rights and dignity of older people and is a practical reality in all areas of life, where age discrimination is a thing of the past and where a positive view of ageing and of people prevails.
- 2.4. The Social Services and Well-being (Wales) Act 2014 places duties on the NHS and Local Authorities to improve services, to plan services jointly and work together with the public to promote well-being and give people a greater voice in and control over their care. The Well-being of Future Generations (Wales) Act 2015 sets ambitious, long-term goals to reflect the Wales we want to see, both now and in the future. It sets out our ambitions for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language. This Strategy embraces the direction set by these areas of legislation and will provide direction for the commissioning of appropriate services for older people.
- 2.5. An integrated strategy agreed by all stakeholders is particularly significant at this time as there are likely to be fewer resources available over the coming years to deliver these important services. It is therefore important that all partner agencies agree the priorities in older people's services and how we can best deliver them in a co-ordinated way.
- 2.6. The aims of this strategy may change in the next couple of years, as the possibility of local government re-organisation is considered following the recommendations of the Williams Review. The strategy will be regularly reviewed and amendments to the document made where necessary.

3. Purpose of Commissioning

- 3.1. In August 2010 the Welsh Government issued the Fulfilled Lives Supportive Communities Commissioning Guidance. The Guidance sets out a series of Commissioning Standards against which the effectiveness of local authority commissioning will be measured. The standards concentrate on the development of evidence based Commissioning Plans and their delivery. Commissioning Plans ensure that services of support are developed with both strategic intent and local need
- 3.2. Commissioning is a key element to the process of delivering effective services for older people within the Caerphilly County Borough. It draws together the following:
 - The views of key stakeholders;
 - Information about unmet needs;
 - Information on evidenced based best practice
 - Requirements of local and national strategic objectives
- 3.3. Commissioning is a continuous process committed to continued improvement and development, innovation and responsiveness to changing needs. Consequently, it also involves the continued monitoring of existing service provision to ensure that services remain sustainable, fit for purpose, continue to provide good quality outcomes for people and that they evolve to meet changing demand and new challenges.

4. National Context

- 4.1. This Strategy is informed by Welsh Government Strategy for Older People 2013-2023 which sets a national framework for Local Authorities to identify the needs for older people to have ordinary lives, in ordinary settings, to be treated with dignity and respect, and receive support appropriate to their level of need.
- 4.2. The Ageing Well in Wales Programme was established in 2012 as a five year partnership of national and local government and major public and 3rd sector agencies in Wales. The programme is hosted and chaired by the Older People's Commissioner for Wales.
- 4.3. The Social Services and Wellbeing (Wales) Act 2014, provides the legislation required for the change programme outlined in the Welsh Government's White Paper 'Sustainable Social Services for Wales: A Framework for Action'. The key themes of the Act include: the introduction of national eligibility criteria so that people receive care they need regardless of where they live, stronger voice and control for citizens, and ensuring a strong national direction for local accountability and delivery.
- 4.4. [The Social Services and Well-Being \(Wales\) Act 2014](#) became law on 1 May 2015 and lays the basis for an overhaul of how adult and children's social services operate in the country. The Act was implemented in April 2016.

It now provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

- 4.5. Changes include the creation of portable assessments that follow individuals when they move between local authorities and a National Outcomes Framework that sets out what children and adults can expect from social services.

The Act also gives carers rights equivalent to those they care for and introduces measures designed to increase the use of direct payments.

- 4.6. Others measures in the Act include the requirement for Local Authorities to provide or arrange preventative services and promote the provision of these services through social enterprises, co-operatives, user-led services and the voluntary sector.

4.7. The Well-being of Future Generations (Wales) Act 2015

The Act became law on 29th April 2015 and seeks to strengthen existing governance arrangements for improving the social, economic and cultural well-being of Wales to ensure that present needs are met without compromising the ability of future generations to meet their own needs. Public bodies listed in the Act need to think about the long term, work better with people and communities and each other and look to prevent problems and take a more joined-up approach.

- 4.8. This new law will mean that, for the first time, public bodies listed in the Act must do what they do in a sustainable way. Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future.

It will expect them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now

- take action to try and stop problems getting worse - or even stop them happening in the first place

5. Local Context

- 5.1. Our main focus is to enable older people living within the Caerphilly borough to lead fulfilling lives and have the same opportunities as other people in society. Older people and their carers should have access to the full range of public services and receive support from specialist services when required.
- 5.2. In April 2013, Caerphilly Local Service Board approved a Single Integrated Plan for the County Borough of Caerphilly called **CAERPHILLY DELIVERS**.
- 5.3. This plan replaces a number of existing plans that the county borough was previously required to produce, such as the Health, Social Care and Well-Being Strategy, and the Community Safety Plan. Working with our partners in the Aneurin Bevan University Health Board, Gwent Police, Gwent Association of Voluntary Organisations, and Welsh Government, the aim of the plan is to improve the quality of life for all communities within Caerphilly County Borough. This means people:

Are healthy, fulfilled and feel safe

Are well qualified and skilled within a vibrant economy

Live, work or visit in a greener living environment.

Identified within the Plan are five key thematic areas. These are:

Prosperous Caerphilly

Safer Caerphilly

Learning Caerphilly

Healthier Caerphilly

Greener Caerphilly

6. Vision & Principles

- 6.1. This section sets out the vision and principles that underpin all decisions and actions within the Commissioning Strategy. The visions and principles have been established nationally by Welsh Government and agreed locally with service users, carers and partner organisations and agencies.

The overarching vision for older people in Caerphilly to be achieved over the next seven years is one where a higher proportion of older people remain within the community, having fewer hospital and care home admissions and are able to enjoy: greater independence; quality and control; a wider choice of accommodation options and greater social engagement.

7. The Core Principles of the Commissioning Strategy are:

- 7.1. In order that older people are encouraged and supported to make meaningful decisions about how to take control over their lives, they have to be supported to understand the balance between having rights and having responsibilities – promoting independence at any level will support and contribute to this principle.

7.2. Supporting people to make realistic choices, take up opportunities for building relationships and being considered as having a valued role in society will mean that people will feel less socially excluded and more likely to become an active part of their community, decreasing dependence on traditional services.

7.3. In terms of access to general healthcare services, older people have the same right to access appropriate healthcare, health promotion and well-being advice as every other citizen in the borough, and this should be with appropriate and adequate support and representation.

7.4. Person Centred Approaches and Planning

Support, services and opportunities for older people should be developed using a person centred approach – putting the person at the centre with the intention of supporting them to become the focus of the planning process and the development of support and opportunities to suit them.

7.5. Social Inclusion and Community Involvement

It is crucial that we build capacity within local communities to support those who are at a disadvantage within them – not all opportunities need to be met by statutory services. True inclusion within local communities very often comes from opportunities that already exist.

7.6. Service User participation

Older people and/or their advocate need to be involved in decisions about their own care/support and involved in the planning, design, delivery, monitoring and evaluation of the services they receive.

Older people are the experts of their own lives. Their experiences are an important and valuable resource that can help improve individual support as well as services in general. Service user participation promotes social inclusion and is beneficial to individuals, helping to increase confidence, raise self-esteem and develop new skills.

7.7. Carer participation

For the first time, carers will have the same rights as those they care for. The Social Services and Well-being Act (Wales) 2014 introduces a new broader definition of a Carer, with a duty on local authorities to offer carers their own needs assessment as well as a legal duty, to meet the eligible needs of carers following assessment

It is recognised that carers play a vital role in our communities by looking after those who are ill, have a physical/mental illness, disability, are vulnerable, frail or elderly.

There is a need for regular focus groups to be in place with service users and their carers to discuss how services can be improved, what works and what doesn't. Ideas and suggestions are considered and implemented where appropriate, in relation to activities in the resource bases and community support. It is recognised that more and more older people are becoming carers themselves as we move into an older population.

7.8. Partnership working

Successful joint working between health and social care staff is a vital component of improving the lives of older people. In keeping with the ethos of the Social Services and Well-being Act (Wales) 2014 (part 9) Local Authorities must exercise its social services functions with a view to ensuring the integration of care and support provision with health-related provision, where it considers that this would promote the well being of the citizen.

Working by way of genuine partnership will make sure that the needs of older people can be addressed in the most appropriate way. Caerphilly will utilize every opportunity to collaborate where this will lead to a better and/or more effective service. This includes collaborating with amongst others, the Internal Service Provider, the Independent and 3rd Sector, Aneurin Bevan University Health Board (ABUHB) General Practitioners via the Neighborhood Care Network (NCN) and other Local Authorities.

The service will examine opportunities to commission some services jointly with other Authorities and ABUHB across Pan Gwent.

We also recognise the increased need to work more closely with our local communities to identify existing community groups and encourage the development of further accessible groups that can meet the needs of older people.

- 7.9** The Primary Care Strategy for Wales identifies “our aim is to develop a more “social” model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root causes of poor health are addressed”.

In line with this CCBC has 3 Social Workers based in GP Practices with an emphasis on the general well being of citizens where a joined up approach is adopted to meet both social and medical needs. The focus of this is:

- Prevention, early intervention and improving health, not just treatment.
- Co-ordinated care where generalists work closely with specialists and wider support in the community to prevent ill-health, reduce dependency and effectively treat illness.
- Active involvement of the public, patients and their carers in decisions about their care and wellbeing.

7.10. Workforce Planning

We feel it is important to enable staff to continue to receive the necessary skills, knowledge and training required to support our vulnerable service users ensuring we move with new developmental opportunities.

Ensure accurate and up to date performance management information that informs planning for current and future demand.

We facilitate training on the Social Services and Wellbeing (Wales) Act to ensure staff know about the history and development of it, be aware of the different parts and features, appreciating the differences in the future emphasis of care and support and adhering to the codes of practice.

8. Demand Analysis

- 8.1.** The total population of Caerphilly County Borough has grown over the last decade to approximately 179,941 people at all ages. There is a change in the age demographic with increasing numbers of older people and decreasing numbers of young people. The numbers of people aged 50 plus are projected to increase by approximately 24.2% between 2011 and 2021. This will have a significant impact on health and social care services within the County Borough, as this age group is a significant consumer of health and social care services.
- 8.2.** The population of the County Borough is unevenly distributed with the areas at the northern extremes of the North and East localities having geographically large electoral divisions with fewer than 2,750 people living in them. The centre of the Caerphilly basin is more heavily populated with Bedwas, Trethomas and Machen and Penyrheol wards having 13.1% of the total population of the County Borough.
- 8.3.** Caerphilly County Borough has the 3rd lowest rate of economic activity in Wales at 72.0% (Annual Population Survey (APS) Oct'14 to Sept 15, exacerbated by low levels of skills, educational achievement and lack of qualifications. Although unemployment has declined in recent years, its legacy of poverty and deprivation has clearly had an impact on the health of the population. The results of deprivation, such as the low level of car ownership, make it difficult for people to access the services they need.
- 8.4.** Caerphilly with a population of 179,941 has the largest population in Pan Gwent and people are widely dispersed amongst fifty small towns and villages and the main settlements largely reflect the area's coal mining heritage. Its demise has left a legacy of high unemployment, poor health and also environmental problems related to the long history of coal mining in the area.
- 8.5.** Dementia is a range of progressive disorders that affect memory, thinking, behaviour and the ability to perform everyday activities. Alzheimer's disease is the most common type of dementia. It mainly affects people aged over 65, although there is a growing number of a people being diagnosed under the age of 65. After age 65, the likelihood of developing dementia increases. There is an estimated 2,126 people currently living with dementia in Caerphilly.

Dementia - All People	2015	2020	2025	2030	2035
30-39 living with early onset dementia	2	2	2	2	2
40-49 living with early onset dementia	5	5	5	5	5
50-59 living with early onset dementia	23	25	24	22	21
People aged 60-64 living with early onset dementia	17	18	20	20	17
Total Population living with early onset dementia	47	49	51	48	45
People aged 65-69 living with dementia	137	124	131	147	150

People aged 70-74 living with dementia	226	276	251	268	301
People aged 75-79 with dementia	364	418	515	474	509
People aged 80-84 with dementia	510	577	680	852	793
People aged 85 and over with dementia	842	1003	1243	1561	2028
Estimated Population living with dementia aged 65 and over	2,079	2,398	2,817	3,302	3,781

Source Daffodil projections

- 8.6.** *Depression* is the most common mental health problem in later life. It is estimated that it affects 1 in 5 older people living in the community and 2 in 5 people living in care homes. It can be triggered by a variety of factors, such as bereavement and life changes such as unemployment, retirement and social isolation. Untreated depression also shortens life and it is the leading cause of suicide among older people.

Social Isolation and loneliness are often triggered by loss of family, friends, mobility or income, to which older people are particularly vulnerable. This can have damaging effects on physical health and mental wellbeing and make access to health and social care services more difficult. There was an estimated 13,203 people aged 65 and over living alone and at higher risk of social isolation in Caerphilly in 2010, and this is projected to rise by 49.4% by 2030.

Number of people living alone over the age of 65 in CCBC

2010	2015	% Difference between 2010 and 2015	2020	% Difference between 2010 and 2020	2030	% Difference between 2010 and 2030
13,203	15,052	14.0%	16,482	24.8%	19,728	49.4%

We intend to provide more supportive social opportunities to combat some of the causes of depression. Befriending services, Volunteering opportunities and Community involvement should be encouraged. There is a need to build capacity through the use of Volunteers to support communities to develop natural resources that ensure local opportunities and encouragement for citizens to establish their own support networks. This includes older people themselves, helping to reduce the impact of social isolation.

8.7. Service Users

The number of older people in receipt of services is subject to change on a fairly regular basis as new individuals are referred to Adult Services, and some cases are closed when services are no longer required, or the individual has achieved their desired outcome.

The number of people requiring support is predicted to grow due to the increased life expectancy. For those people who need little or no support from social care, the need for prevention and promotion of wellbeing will be key. Enabling people to maintain their

well being in their own homes drawing upon their own communities as sources of support is essential in this time of reduced budgets.

Over the coming years, It is anticipated that there will be an increase in demand from older people purchasing care directly from providers, particularly as we continue to promote peoples independence through the implementation of the Social Services and Well-Being (Wales) Act 2014 and entitlement to Local Authority commissioned services reduces, and people are encouraged to find their own solutions to their needs.

For those who do need more support, we need to work in partnership with them and those who care for them, to ensure service responses are appropriate, proportionate and enabling. This would also include those who may require residential or nursing care.

8.8. Carers

There are 1394 current/past Carer's aged 50 plus, known to Caerphilly Social Services. This is likely to increase as the population life expectancy increases; it is therefore likely that these carers will require access to services themselves, in order to continue in their caring role.

Carers provide the vast majority of care in the community. There are an estimated 350,000 carers in Wales, 41% of these are between the ages of 45 and 64.

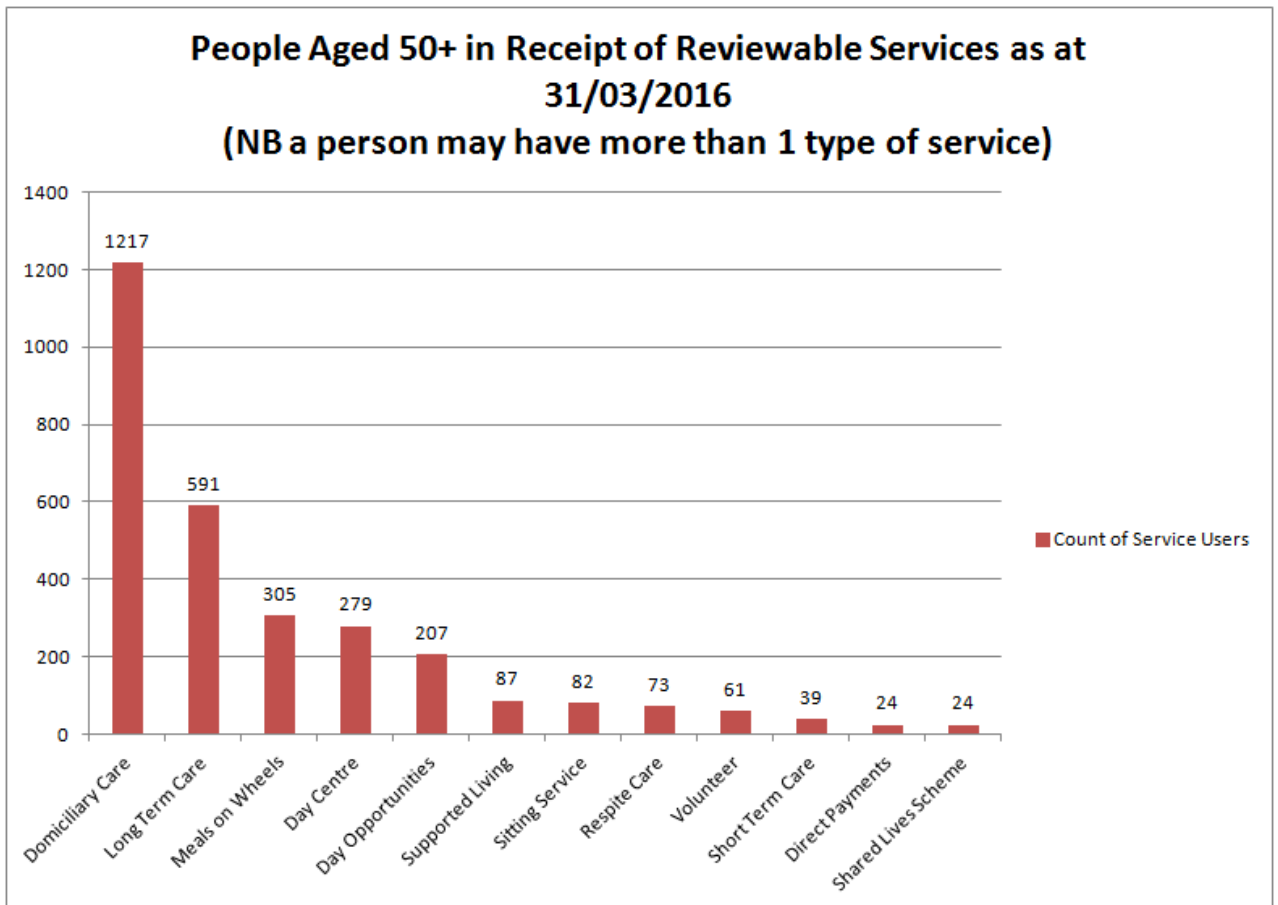
Statistics show that 40% of carers give up work to care for others, very often without information or advice about what this might mean to them in the long term. It is estimated that over 40% of Caerphilly County Borough Council's employees have caring responsibilities.

Many people who are providing care may be trying to balance paid work with their caring responsibilities. Studies of carers in paid employment have found that carers value their work as an important part of their lives. It not only provides much needed financial security and a break from caring but increases self-esteem and provides a sense of identity separate from their role as a carer.

8.9. Increased Life Expectancy

The number of people aged 50 and above, living in Caerphilly is predicted to increase therefore, the planning and commissioning of services that will meet the needs of an ageing population is crucial.

9. Older Peoples Service Provision as at 31st March 2016.



9.1. Domiciliary Care

Caerphilly County Borough Council directly commissions domiciliary care from 10 private providers on the Commissioning Framework and 2 Direct Awards. In addition to this, there is the 'in house' domiciliary care service that works alongside Reablement and the Frailty Programme.

9.2. Extra Care Housing

Extra Care housing combines retirement housing with care and support. People living in Extra Care enjoy the freedom and independence of having their own front door, along with the peace of mind of knowing that formal care staff are available if needed.

Extra Care is sometimes known by other names such as Housing with Care, Close Care, Assisted Living or Extra Sheltered Care.

There are currently two schemes providing this service in the borough, Cefn Glas in Blackwood and Plas Hyfryd in Caerphilly offering a service to people 50 +. Currently Cefn Glas are supporting 24 people and 34 in Plas Hyfryd.

9.3. Respite/Short Term Break

Respite and Short Term care is provided by both Local Authority and Independent Care Homes where people can not be supported in their own homes.

9.4. South East Wales Shared Lives Scheme

South East Wales Shared Lives Scheme offers long-term, respite, emergency and sessional placements for all adults with an assessed need, including adults with learning disabilities, with adult placement carers in their local community.

The Scheme is collaboration between the six local authority areas of Blaenau Gwent, Caerphilly, Merthyr Tydfil, Monmouthshire, Newport and Torfaen, with Caerphilly County Borough Council acting as the host authority.

Individuals using shared lives services are given the opportunity to be supported in carers' homes and local communities. Placements are tailored to the needs and requirements of each person.

The service is flexible and enables people to live more independent lives, to develop their involvement in the local community, to learn new skills and have new experiences.

Recent Intermediate Care Fund (ICF) has also enabled the service to prevent inappropriate hospital admissions and also provide accommodation for assessment within a home setting for those who are to be discharged from hospital in order to support their return to their own homes where possible.

9.5. Community Resource Bases

There are currently 10 internal community resource bases, throughout the borough that provide day opportunities 4 of which are accessed by older people. These are:

- Oakland's Community Resource Base, Rhymney
- Twyn Carn Community Resource Base, Risca
- Brondeg Community Resource Base, Blackwood
- Energlyn Community Resource Base Caerphilly

In addition there is the Community Support Team providing one to one support for Older People to access the community.

9.6. Community Connector Service

The Community Connector service works out of the Information, Advice and Assistance Team (IAA) and is aligned to the 12 Neighbourhood Care Networks across the Aneurin Bevan University Health Board footprint.

The community connectors appointed to cover these areas work primarily to develop community based resources to enable people to be sign posted to their communities to meet their own needs." The connectors are currently working with 32 citizens across the borough.

9.7. Assessment/Step up/Step down Beds

The aim of the Assessment/Step up/Step down beds, are to enable citizens to regain skills and confidence following a period of illness, long stay in hospital, or breakdown of care at home. This is achieved by working closely with individuals to design a plan that enables the re-building of necessary skills to return home.

These beds are also for a period of assessment by professionals to come to a decision with the citizen and their carer, as to whether they are able to return to their own home independently, with a package of care, or if a placement in long term residential care would be more appropriate.

The establishment of the assessment/step up step down beds has:

- Provided a more appropriate setting to assess an individual's complex needs and suitability for rehabilitation and / or on-going support.
- Allowed individual's time to recover from illness or disability, and exercise choice and control over their future, through informed decision-making and the achievement of personal outcomes whether this be a return home or a long-term care placement.
- Facilitated an earlier discharge than would have been possible in establishing a package of care or admission to a residential placement.

There are currently three units providing this service across the borough.

9.8. Rhymney Integrated Health and Social Care Centre (RIHSCC) Step up/ Step down Beds

This is an integrated health and social care service within the Redwood Hospital in Rhymney. This development is aligned to the North Neighbourhood Care Network.

There are currently between 6 – 11 beds that are used for Intermediate care. The ward is also used for palliative care patients as needed, so bed numbers change.

This service includes a range of primary care, social care and mental health input, with an emphasis on meeting an enabling and Reablement approach to care delivery.

Not all referrals are taken on as they can sometimes be not medically fit or not eligible for the service as clearly requires long term care.

From 1st April 2015 to 31st March 2016 there were 163 referrals with 94 people accessing the beds in Redwood.

9.9. Ty Iscoed Local Authority Residential Home Assessment Beds

Ty Iscoed is a residential home (EMI) run by Caerphilly Social Services. This service supports the provision of 3 EMI beds for assessment and reablement of individuals with potential to return home. The service also comprises outreach while individuals settle back into their own home and to continue reablement in the home environment.

From June 2014 when the service started, to April 2016 there were 62 referrals, 29 of which were accepted and accessed the service.

9.10. Ty Clyd Local Authority Residential Home Assessment Beds

Cerrig Camu is a residential unit within Ty Clyd residential care home that supports the provision of 7 beds for assessment and reablement. The service supports individuals to regain and/or improve their confidence and daily living skills, with a view to returning home.

For those individuals for whom living at home is no longer possible, the service affords individuals with the time needed to make an informed decision about entering long term care.

This was the first assessment bed service to be set up within Caerphilly, providing the service since 2013 and has supported 122 individuals as at 31st March 2016.

9.11. Volunteer Service

This service provides opportunities to older people to take an active part in their community usually through leisure activities. This has often resulted in the individuals becoming a volunteer themselves. We currently have 40 older people accessing this service.

9.12. Direct Payments

Direct Payments are a mechanism in which an individual can manage their own service provision increasing their flexibility and choice. This can include employing their own staff or purchasing services from private providers or Local Authority (Social Care and Wellbeing Act (Wales) Act) applicable from April 2016.

The Direct Payments scheme operates and is managed, within the Physical Disability and Sensory Impairment Service and currently provides the service for 20 older people.

9.13. Voluntary Sector Contracts

We use a range of voluntary sector agencies to supplement statutory services to support individuals.

This includes access to independent advocacy which is currently under resourced due to the increase in demand for this service.

9.14. Long Term Care Placements

We strive to maintain people within their own homes, however when this is no longer possible we commission 24 hour care in Residential Care Homes.

When Nursing Care is required this is provided in partnership with our Health colleagues, Aneurin Bevan University Health Board in care homes across the borough and out of county. We also support people who are self funding their care.

10. Housing/Accommodation

10.1. Current types of Accommodation

Extra Care Housing
Sheltered Housing – Local Authority
Sheltered Housing – Housing Association
Residential – Local Authority
Residential – Independent
Care Home – Nursing
EMI Residential Local Authority
EMI Independent Residential

11. GAP Analysis

- 11.1. This Commissioning Strategy looks at future commissioning of services for older people. It will need to address the likely demand, as the number of users of social care and health services increases. Decisions about which services to commission, will need to be done in the context of reductions in budgets and a focus on sustainable services, while enabling people to have more choice, and control in their lives.

This section has used information based on population trends and actual service use within Older Peoples Services. This will identify what gaps there are in service provision and outline changes needed in the type of services commissioned in line with implementation of the Social Services and Wellbeing Act (Wales)

The duration of this seven year strategy will see some uncertainty, as we see the number of older people, particularly with complex conditions, increase in Caerphilly.

There will be less statutory funding available to commission services. However we are committed to working with providers and are looking for new and innovative solutions in meeting the growing demand for social care services.

Providers have the expertise and knowledge needed in order to respond to the growing demand, and we encourage new ideas on how we can meet this demand together.

- 11.2 As a result, different ways of working need to be explored. An example of this is the current CCBC GP Practice Based Social Work Service Project.

The project is piloting the use of social workers within GP practices to become part of the community multi-disciplinary team (MDT), based around GP practices. The pilot has a number of goals to:

- Improve outcomes for residents
- Improve the patient experience
- Test revised social work roles on well-being in addition to managed care and support
- Develop community networks
- Reduce avoidable hospital admissions
- Facilitate safer and earlier hospital discharges.

- 11.3 CCBC recognises that there is a lack of EMI Nursing Care for older people. There are currently only 2 Care Homes within the borough providing this service.

This results in people having to be placed out of county away from their area of choice, family support and networks. This can be a lengthy process and delays the transition into a long term placement

- 11.4 Caerphilly needs to continually strive to maintain and monitor the quality of care commissioned within care homes in line with the recent Older Persons Commissioner for Wales report.

- 11.5 **Domiciliary Care** – sadly, the domiciliary care sector in Wales and indeed the UK is in crisis. The United Kingdom Homecare Association (UKHA) in their 'Planning the

Workforce' article published in May 2016 suggests that in England, the number of people aged 65+ is set to rise 36% by 2030. This is likely to result in a 33% rise in the demand for adult social care in England and the prediction from the UKHA is that in order to respond to this increase, the number of carers in domiciliary care services will need to grow by 28% by 2030 in order to meet the need.

Although these predictions relate to England, the picture in Wales in every Local Authority area is very much the same, with identical issues and difficulties being faced by commissioners, domiciliary care agencies and people who use services.

Discussion and consultation with domiciliary care providers in Caerphilly and the wider Gwent area has identified a number of issues that are affecting their ability to continue to provide good quality domiciliary care to people living at home. The issues that have been raised are –

- **The ability of the agencies to recruit and retain care staff** – it is widely recognised that care staff are amongst some of the lowest paid staff in the country – this makes it hard to recruit staff as many of those who once may have applied to work in care now choose to work in retail and supermarkets where the pay rate is much improved.
- **The mobile nature of domiciliary care** – this type of care and support is delivered across the county borough which means that carers need to be able to travel to wherever the service is required. The cost of fuel over recent years, use of private vehicles and lack of payment for mileage and travelling time has deterred carers from staying in domiciliary care, instead choosing to seek employment in care homes and day service provision in order to avoid travelling.
- **Retention of carers** – domiciliary care agencies have expressed the fact that they are finding it hard to retain staff once recruited and many are finding that they employ and train staff only to lose them a couple of months later when they find work elsewhere.
- **The introduction of the National Living Wage (NLW). New requirement to pay travelling time and pension enrollment** – this has had a financial impact on agencies as they seek to comply with new legislation
- **The level and complexity of care needs being supported in the community** – the landscape has changed significantly over recent years as people are living to a greater age and being enabled to remain at home longer. There are a greater number of people who have more complex care and support needs and require more than 1 carer to support those needs, very often with 4 support calls a day to ensure needs are met – the nature of these calls means that more care staff are required. Most domiciliary care agencies advise that they are constantly trying to recruit care staff.

12. Priorities

12.1 Priority 1

Improved and Increased Domiciliary Care across the borough

Next Steps

Comprehensive review of the current arrangements for the provision of domiciliary care in the borough in order to develop an updated strategy for domiciliary care, taking the following in to account –

- The fact that older people in the borough are living longer in their own home and their care and support needs have increased
- The level and complexity of care needs that older people living in the community now have
- The current crisis facing the domiciliary care sector
- The focus wherever possible on preventing avoidable hospital admission for older people
- The focus on being able to support safe and timely hospital discharge for older people
- Any need for specialist provision, for example palliative and end of life care for older people, older people with advanced dementia, and older people with substance misuse issues.
- The options for collaborative working with Aneurin Bevan University Health Board and other local authorities for the commissioning of sustainable provision

This would inform the decisions that need to be taken about the future tender process required for domiciliary care in the Caerphilly Borough.

12.2 Priority 2

Ensure quality in long term care – residential and nursing homes

Next Steps

This area of care and support needs to be considered in the context of the other priorities identified for older people in the Borough and is not mutually exclusive.

There is a need to –

- Actively engage with the owners and Responsible Individuals for the care home sector in the Borough in order to continue to support and promote approaches to care that are fundamentally founded on good quality and the maintenance of every day living for people who live in long term care.
- Continue to support care home managers to address the concept of quality assurance in their individual homes and promote the wider aspects of ensuring quality, for example, new approaches to support, innovation and creativity for changing staff culture
- Review the current contracts to ensure that the focus on quality assurance and engagement with the commissioner is adequate
- Continue to work collaboratively with Aneurin Bevan Health Board in respect of monitoring activity within the care home sector
- The quality in care homes agenda is being considered as part of the work being undertaken on a national level by the National (Wales) Commissioning Board – work has already begun on a market analysis of the care home sector in Wales

12.3 Priority 3

Development of alternative ways of working to support –

- Avoidable hospital admissions for older people
- Safe and appropriate discharge from hospital for older people that is timely and promotes well being
- Smaller and more person focused approaches to accommodation for people with all stages of dementia
- A strategy for good dementia care across the County Borough

12.4 Priority 4

GP Practice Based Social Workers.

There is a need for Social Services to get involved at a very local practice level, linking social workers to surgeries to have conversations about people, and support those at a very early stage, who are in need of care and support.

Social workers to work with GP surgeries so that professionals can work together face-to-face to recognise and consider all needs of the individual whether it be for medical or social reasons.

Next Steps

Remove barriers to communication and unnecessary bureaucracy, giving people a better service and helping them to maintain their independence and remain in their own homes and communities

Expand the pilot from 3 Social Workers to cover a wider area, so that every GP practice in the County Borough has access to a Social worker. The pilot has a number of goals to move to a more integrated approach in order to:

- Improve outcomes for residents
- Improve the patient experience
- Save GP time (and of the wider MDT)
- Test revised social work roles on well-being in addition to managed care and support
- Develop community networks
- Reduce avoidable hospital admissions
- Facilitate safer and earlier hospital discharges.

12.5 Priority 5

Increase the provision of EMI Nursing Care

Next Steps

This is an area of provision that needs to be considered and developed in collaboration with Aneurin Bevan Health Board given the nursing element of the service. The nursing needs of people with dementia are increasing and are more complex in nature, with people living longer. Therefore, there needs to be -

- A jointly owned and agreed vision and direction for this section of the market across the Gwent Region.
- Engagement with the sector in order to be able to appropriately shape and influence the development of new provision in a way that better meets need and reduces vacancy levels/improves occupancy within some existing and new care homes

13. Financial resources associated with services for Older People in CCBC.

13.1. CCBC along with all other Local Authorities, need to review the budget spend over the next few years, in light of the Medium Term Financial Plan. Therefore consideration needs to be given to this, when identifying the priorities above.

13.2. Supporting People Funding

The Supporting People Programme supports the delivery of housing related support services to vulnerable people, to enable them to live independently and maintain their tenancies. The total amount of funding via the Supporting People Programme for 2014/15 is £1.8 million, a decrease of £300k on the 13/14 funding and will see further decreases over the coming years which will have a significant impact upon older people.

13.3. Summary of Financial Information for Older People

OLDER PEOPLES BUDGET

	Original Budget 2014/15 £	Original Budget 2015/16 £
Residential Care	14,596,293	14,295,815
External Residential Care	8,201,053	7,885,132
Less Wanless Income	- 303, 428	- 303,428
In House Supported Living	46,883	47,114
Respite	173,559	234, 163
External Day Care	9,344	3,045
Domiciliary Care	6,099,821	5,944,635
Intermediate Care Fund Contribution	- 115,000	-
Direct Payments	195,191	235, 347
Voluntary Organisation Contracts	357,159	322, 165
Income from LHB	71, 289	72,358

14. References:

Social Services and Wellbeing 2014(Wales) Act
All Wales Strategy (1983)
Fulfilling the Promises' (1994) Welsh Assembly Government
Physical Disability/Sensory Impairment Commissioning Strategy - Section 7 guidance on service principles and responses (2009) Welsh Assembly Government
Statement on Policy and Practice for Adults with a Physical Disability/Sensory Impairment' (2007) Welsh Assembly Government
A Strategy for Social Services in Wales over the next Decade: Fulfilled Lives, Supportive Communities(Feb 2007) Welsh Assembly Government
The Well-being of Future Generations (Wales) Act 2015
Communities' (Feb 2007) Welsh Assembly Government
Direct Payments 'Suitable Person' Guidance' (Aug 2011) Welsh Government
Direct Payments Guidance Community Care, Services for Carers and Children's Services (Direct Payments) (Wales) Guidance 2011
Sustainable Social Services for Wales: A Framework for Action' (Feb 2011) Welsh Assembly Government
Social Services and Wellbeing (Wales) Act 2014 Welsh Government
CCBC Webi report Information & Development
Pan Gwent Physical Disability/Sensory Impairment Strategy 2012 – 2017
www.daffodilcymru.org.uk