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DERBY SUPPORTED ACCOMMODATION STRATEGY – October 2005

Executive Summary

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Introduction and context

The Supported Accommodation Strategy was jointly commissioned in April 2005 by Derby City Council's housing, social services and community policy Departments and Central Derby and Greater Derby Primary Care Trusts in partnership with Derby Hospitals NHS Foundation Trust and Derbyshire Mental Health Services NHS Trust. The strategy will contribute towards and inform the commissioning of health, social care and housing services for older people, the development of a Housing Strategy for Older People, the City's Vision for Ageing and the developing neighbourhood agenda.

The drivers for the strategy are to:

- Shift the balance of care in order to reduce the number of admissions to long-term care, and support more older people at home
- Diversify specialist accommodation away from reliance on long term residential/nursing home care into housing models such as extra care
- Develop a whole system approach for planning and commissioning housing, health and social care
- Explore the potential to invert the triangle of care – see Figures 1 and 2 below
 - and shift towards prevention and promotion of well-being
- Strengthen the neighbourhood approach to service planning
- Inform the Vision for Ageing in Derby and a quality of life approach

This approach is in line with the national context. The government is developing a cross departmental strategy for an ageing population, which recognises the changing population pattern and the need to challenge ageism and consider the contribution that older people make to society.

This same approach is also reflected in the recent Department of Health Green paper on Adult Social Care, which is built around a social inclusion approach for vulnerable older people. The starting point for the vision “is the principle that everyone in society has a positive contribution to make to that society and that they should have a right to control their own lives. Our vision is to ensure that these values will drive the way we provide social care”.

Figure 1 Support for People Today

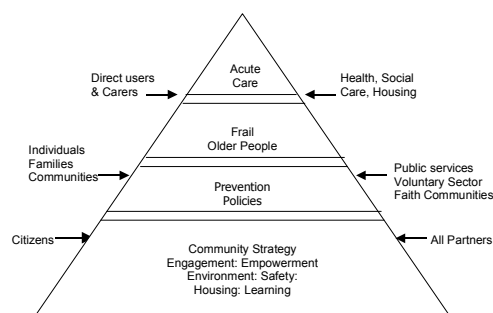
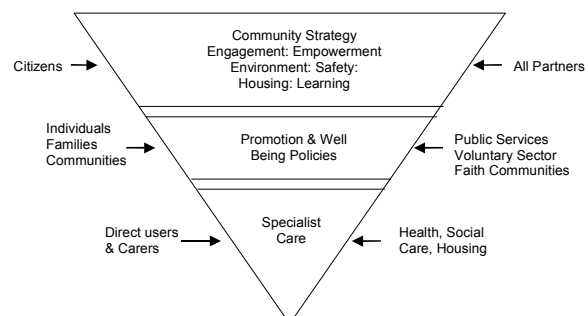


Figure 2 Support for People Tomorrow



Older People in Derby City

- Derby has a significant older population with 20.8% of the total population over 60 and 16.2% over 65
- The older population is growing, over 65's by 13% and over 85s by 33% over the next 10 years
- The number of people aged 65+ with dementia is expected to rise by 17% over the next 10 years
- There is also a significant BME population in the city which is currently weighted towards the younger age groups but which is also ageing
- There is a higher level of limiting long-term illness than the England average
- There is a growing level of owner occupation (69.2%) and the number of older owner occupiers is growing

Supply and demand

The specialist accommodation system has been mapped geographically by the Area Panel areas, using the Geographical Information System (GIS) to bring together for the first time supply information across the nursing and care home and sheltered housing sectors. This will be a valuable planning tool for the city. In addition a point prevalence sample study was carried out of people in hospital and of admissions into care homes, and a further study was carried out of the standards of, and demand for, sheltered housing. Relating demand and supply shows the following picture:

- A significant number of older people in both acute and community hospitals who could have been medically managed in the community had a wider range of support service been in place across social care and community health.
- A shortage of nursing/care home places for people with dementia and the need to further develop inter-agency community services for this group
- An adequate overall supply of nursing and care home places but the need to rebalance current provision to meet the changing needs of local older people and their carers, particularly in the area of dementia care and mental health services and short term rehabilitative support.
- Good skill base within local authority homes but with homes themselves requiring significant capital investment to be 'fit for purpose' within the new set of service needs.
- A shortage of extra care housing for rent and sale
- An over supply of traditional sheltered housing for rent but a shortage of sheltered housing for sale and shared ownership and of floating support services for older people in ordinary housing

Strengths and areas for improvement in the current system

There is a mixture of strengths and areas for improvement in the current system. Examples of these are illustrated below:

Strengths	Areas for Development
<ul style="list-style-type: none"> • Developing a Vision for Ageing in Derby • Joint commission across key agencies in developing this strategy • Plentiful supply of sheltered housing for rent • Some existing sheltered housing provision for BME elders and good models to build upon; well established and funded range of community groups for BME communities • Good Audit Commission inspection report for Supporting People and planning structures in place • Good Care Link service and potential to develop its role and capacity to support vulnerable older people within and beyond the City of Derby • Potential to use the SMART house to inform the development of new services including a local Telecare Strategy • Good DICES service • Range of housing assistance services: well established Home Improvement Agency; equity release; DFGs and Housing Options Centre 	<ul style="list-style-type: none"> • Develop stronger partnership and engagement approach with older people • Joint commissioning structures and systems; key commissioning agencies need a strategic investment plan for providing services and support to local Older People and their Carers in Derby City • Develop approach for extra care, including: local service, tenure and funding 'models' and partnerships with providers to re-model existing provision and bid to the Housing Corporation and DH for capital for new build • Modernise sheltered stock and serviced; de-commission some existing provision (based on the surveys and discussions with providers) and re-invest savings in new services • Work with sheltered housing providers to 'target' schemes for BME elders • Formalise links between Care Link and primary and secondary care • Set up a multidisciplinary group to develop and deliver a local telecare strategy with DH Preventative Technologies Grant funding

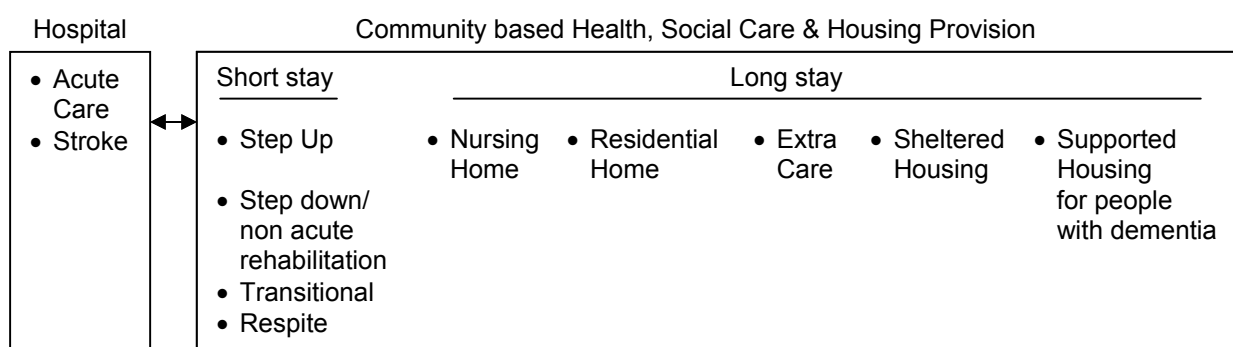
<ul style="list-style-type: none"> • Adequate supply of standard residential and nursing home care • Good performance in relation to delayed discharges from general acute care • Acute hospital plans for redevelopment underway and new community facility being built • Good outcomes from current IC services and pilot with ambulance service; residential intermediate care service developed; Successful road to integration within IC service • Re-provision plans for Older People Mental Health (OPMH) acute capacity; Development work for dementia resource centre taken place and options negotiated • Piloting of in reach and outreach work with independent sector for OPMH to support effective transfers of older people between services • Plans for enhanced day hospital service for OPMH • Plans for more joined up services in local areas 	<ul style="list-style-type: none"> • Improve the links between DICES and sheltered housing scheme managers • Use the HIA and Care Link to provide falls prevention services as part of an integrated falls strategy • Develop a broad-based inter-agency Older Persons Mental Health (OPMH) strategy for the whole service spectrum in Derby City to include agreed Service models for OPMH within residential, nursing and domiciliary care • Rebalance the current supply of residential and nursing home provision by increasing the supply of inter-agency specialist mental health and dementia care provision, alongside enhanced specialist support at home services. • Increase capacity within current joint agency Intermediate Care services to include provision of Intermediate Care services with nursing / medical and mental health components and expand the IC at Home services • Develop partnership with local NHS to target LA residential capacity to meet specialist mental health/dementia care and intermediate care service needs • Plan and agree the use and management arrangements of new community facility at the Derby Royal Infirmary within a 'whole system' inter-agency perspective • Identify the resource shifts possible from secondary to primary care to
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	<p>support inter-agency intermediate care developments</p> <ul style="list-style-type: none"> • Implement recommendations of the Best Value Review Domiciliary Care Services to support the Supported Accommodation Strategy • Enhance primary care services through the introduction of Community matron / specialist nursing roles to develop case management approach • Development of more integrated service models for older people at a neighbourhood level
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Proposals and recommendations

The recommendations in the strategy aim to bring the currently separate elements of the accommodation system closer together – see figure 3 below. The aim is to build ONE system for future planning purposes in terms of both care pathways which can be translated into commissioning services for individual older people, as well as in planning the overall scale and balance of the specialist accommodation system. This means developing a more integrated supported accommodation system which links together the nursing and care home sector with the sheltered housing sector, includes new models such as extra care housing, and rethinks the role of the council's care homes and sheltered housing.

Figure 3 Integrated Derby Supported Accommodation for Older People



The critical components of service change across the whole supported accommodation system for Older People in Derby City are:

1. Consolidating and expanding the current local authority and NHS Intermediate Care services (including time-limited re-enablement home care)
2. Developing a whole system inter-agency approach to meeting Older People's Mental Health needs
3. Enhanced Primary Care services for all Older People and their Carers through resource shifts between the secondary and primary health care sectors
4. Building in a more explicit role for the housing system
5. Reconfiguring the LA residential home provision to provide specialist intermediate care and dementia care services in partnership with the local NHS
6. developing a more integrated supported accommodation system which links together the nursing and care home sector with the sheltered housing sector, and includes new models such as extra care housing

The proposals for taking this strategy forward and developing a broader base of supported accommodation for Older People in Derby are structured within a three phased approach to managing the change.

- Phase One: Building the Baseline 2006-2007
- Phase Two: Re-balancing provision across the system and implementing service models 2007-2009
- Phase Three: Consolidating provision and reviewing direction of travel with emerging needs 2009 onwards

The actions recommended within these phases will:

- Build a stronger community based infrastructure to reduce the reliance on the hospital system in terms of unnecessary emergency admissions, delayed discharges and discharges to the nursing/care home sector of people who could be supported in their own homes or supported housing setting such as extra care
- Enhance Primary Care services for all Older People and their Carers including expansion of the intermediate care at home services
- Developing a whole system approach to meeting Older People's Mental Health needs
- Rebalance the nursing/ care home system to provide more nursing home and fewer care home places, and more places for people with dementia
- Re-configure the city council's own care homes to provide more short-term/intermediate care and specialist dementia care rather than long-term care, in partnership with the local NHS, and improve the quality of provision to

meet current standards and expectations

- Develop extra care housing for rent and sale to provide greater choice for older people and more alternatives to residential care
- Reshape the sheltered housing sector and service by: addressing poor quality provision and over capacity where there is low demand; changing the balance between rented and leasehold sheltered housing; and developing a broader and more flexible range of warden/ housing support services to ensure value for money and support for people in ordinary as well as sheltered housing through floating support
- Build in a more explicit role for the housing system by developing the role and maximising the potential of housing related services to support older people in the community and reduce the level of admissions to hospital and long-term care. These services include: the role of housing support staff, for example in relation to falls prevention and supporting older people with chronic conditions; the further development of community alarm services and assistive technology; home improvement agency and adaptations services; DICES
- Develop a locality pilot in one of the Area Panel areas to develop a more integrated approach to services for older people across housing, health and care and other services such as leisure and transport. This work would contribute to the development of the city's Strategy for an Ageing Population
- Develop specific initiatives to meet the needs of BME older people