1. NATIONAL CONTEXT

Modernising Community Care: An Action Plan summarises its main aims as being to secure:

- ***Better and faster results for people by focusing on them and their needs***
- ***More effective and efficient joint working based on partnership***

Within that broad framework it seeks to modernise community care by moving:

- ***From "service-driven" to "needs-led" approaches***
- ***From rigid "traditional" services to flexible "modern" services***
- ***From doing things to people to doing things with and for them***
- ***From "processes" to "results"***

The Report of the Joint Future Group

The Group's main agenda is rebalancing care of older people and improving joint working. The group makes specific recommendations about:

- ***More intensive care at home***
- ***Rapid response teams in every local authority area***
- ***Free home care for the first 4 weeks after discharge from hospital***
- ***A shopping/home maintenance service in every area***
- ***More short breaks***
- ***Joint resourcing and joint service management of services for older people***

Regulation of Care (Scotland) Bill

This Bill proposes a new Scottish Commission for the Regulation of Care. Work is currently being undertaking on draft National Care Standards for a wide range of social care provision including residential care for older people and homecare. The standards attempt to focus on service users experience of the care service (outcomes) rather than on whether a unit has various procedures or not (processes). The Bill also seeks to establish registration criteria for a single care home rather than separate criteria for residential and nursing homes.

With Respect to Old Age – Report by the Royal Commission on Long Term Care (The Sutherland Report)

Key recommendations are:

- ***Increase capital disregard to £60,000 when assessing eligibility for charging for long term care.***
- ***Nursing care and personal care should be free for individuals who need it***
- ***Living costs and housing costs to be met by individual or state, following a means test***

The Scottish Parliament is considering the potential of implementing these recommendations. This would mean a major change to the current arrangement for placing people in residential and nursing care and for how people in these establishments pay for their care. If free personal care in people's own homes is to be provided then South Ayrshire Council's Homecare Charging Policy would need to be reviewed.

Judicial Review of a decision by South Lanarkshire Council

This decision would mean that Local Authorities could not operate a waiting list for people assessed as requiring residential or nursing home care but would require to find funding immediately. This would have a knock on effect on funding for other services.

Supporting People

This is a government initiative which seeks to "ensure that vulnerable people have the opportunity to live more independently. Through working partnerships with local government, services and support agencies it promotes straight forward, cost effective and reliable housing related solutions which compliment the available care services and support independent living." It will make provision for funding visiting support services to enable older people to remain in their own homes as long as they wish and to provide services in sheltered schemes.

The Scottish Executive is setting up a new unit to work in partnership with older people. It will develop a policy framework to address the needs and expectations of older people now and shape future policy. It will build on the work of the **Better Government for Older People** programme.

2. LOCAL CONTEXT

Ayrshire and Arran Health Board Health Improvement Programme –2000-2005

The top three priorities for development are:

- ***To redesign health and social services which meet the needs of older people and reduces pressure on the acute health care sector***
- ***To develop integrated care pathways across all sectors.***
- ***To prevent inappropriate hospital admissions by enhancing partnership working across sectors.***

Ayrshire and Arran Acute Hospitals NHS Trust Implementation Plan 2000-2005

- ***Integrated care pathway for stroke to other areas***
- ***Improve clinical effectiveness and quality of care – Sign Guidelines***

Ayrshire and Arran Primary Care NHS Trust Implementation Plan 2000-2005

LHCCs to participate within joint planning forums to contribute effectively to community care plans

Stakeholder Conferences November 1999

Main themes identified at these conferences were:

- ***transport***
- ***day care***
- ***representation - advice and advocacy, communication and information, being valued***
- ***integrated service provision - health, home care, accommodation, voluntary sector***
- ***finance and benefits***
- ***community spirit - security, social responsibility***
- ***work, education and leisure***
- ***carers***

Best Value Service Review - elected members are currently considering decisions with regards to:

- ***endorsement of initiatives to support people in their own homes***
- ***the direction for day care***
- ***the funding of sheltered housing***
- ***the future of configuration of local authority residential care***

Conclusion from the Fact File

Older people are major users of community care services. Over the next decade the older population of South Ayrshire is projected to increase markedly particularly in the 85+ age group.

The success of Home Care Services with an increasing number and proportion of people receiving increased levels of home care has contributed to a 16% decrease in the number of older people in residential care over the last 4 years.

Demographic changes and the decline in the number of long stay hospital beds have contributed to a 55% increase in the number of places purchased by the Council for older people in Nursing Homes.

3. ACTION PLAN FROM 1998-2001 JOINT COMMUNITY CARE PLAN

Objectives

- ***Develop the shift in the balance of care towards responsive care at home***

ACTION	ACHIEVEMENTS
Complete and Implement the Home Care Review **This Review has been undertaken in partnership with the Health Service and consequently will be implemented within the same collaborative framework.**	Further to the successful evaluation of a pilot, the Home Care Review is currently moving towards full implementation subject to the finalisation of trade union negotiations.
Complete and implement the Day Opportunities Review	Through the Best Value process a review of Day Opportunities has been completed and all options considered. Implementation of the preferred option will take place during the next 3 years
Assess Feasibility of Care and Repair Scheme	A holistic approach to Care and Repair has been agreed, particularly with Health, and a pilot area within the Girvan Local Health Co-operative (LHCC) area has been agreed.

Objective

- *To meet the care and support needs of older people through well co-ordinated, responsive and targeted services.*

ACTION	ACHIEVEMENTS
Undertake continuous improvement exercise in relation to assessment of need and managing care arrangements	A specialist training/staff development programme has been developed. A review of assessment and care management arrangements has been carried out which has sought to empower service users and carers and reduce bureaucracy. Carer's Assessments have been implemented.

Objective

- *To improve standards of accommodation for and care practice in residential services*

ACTION	ACHIEVEMENTS
Undertake a Review of Residential Services: • **Council's own homes** • **Residential services purchased by the Council** • **Arrangements for Commissioning and Purchasing** • **Continuing Care Provision**	• Through the Best Value process a review of the Council's residential provision and alternatives to independent provision has been undertaken. The preferred option will be enacted over the next 3 years. The following alternatives to Nursing or Residential Homes will be pursued with a view to reducing the use of such accommodation : • Care and Repair • Smart Technology • Up and About • Rapid Response (North Ayr Speedy Action and South Ayr Speedy Action) • Modified accommodation for older people with dementia

Objective

- ***To ensure that the views of older people and their carers inform the develoment, implementation and monitoring of quality and practice***

ACTION	ACHIEVEMENTS
Continue the development of elderly forums	There are active forums in Troon, Prestwick, North Carrick and Girvan. They are dealing with a mixture of local and more strategic issues.
Explore the establishment of service users panels across the Council	Negotiations are in progress with Age Concern to establish such panels in South Ayrshire that would enable more housebound older people to participate in the decision making process.

4. WHAT HAS BEEN ACHIEVED DURING THE LIFE OF THE PLAN?

Case Studies

Mr A

Mr A is an 86 year old gentleman who lives with his wife and daughter. He had recently suffered a stroke which had left him wheelchair dependent and mildly confused.

The majority of his day-to-day care; in relation to dressing/bathing/toiletting (in fact virtually all daily living tasks), had been provided by his wife, aged 84. His daughter worked full-time and due to the nature of her work, was frequently away from home.

Unfortunately Mr A, as a result of attempting to mobilise from his wheelchair, fell onto his wife who suffered a broken hip as a result. Mrs A was subsequently hospitalised for 10 weeks.

During this period, Mr A was assessed at home; and despite extensive physical care requirements, he was able to continue to be maintained within his own surroundings with the provision of an intensive home care support package which was specifically tailored to his individual care requirements.

The support package was able to be reviewed on a weekly basis by the care manager due to the changing levels of support which were able to be provided by the daughter and service provision altered accordingly. The care package itself encompassed appropriate home support and suitable day care provision (which it was hoped would provide social stimulation to him during the day in the absence of his wife and daughter).

The care manager's responsibility in this case involved, in addition, maintaining an overview of Mrs A's progress in hospital and liaising with the relevant hospital staff in order to arrange and provide appropriate support to her and her husband on discharge.

Following discharge, the care package would require to be reviewed regularly in order to take into account the progressive improvement in Mrs A, as her own functional abilities steadily improved over a period of time.

In summary, therefore, Mr A who had extensive physical care requirements was able (due to a change in circumstances) to continue to be maintained appropriately within his own home. In addition, his wife who in her own right required a degree of input following discharge from hospital, was able to be provided with appropriate supports by a service which provided enough flexibility to be able to respond to her own changing abilities as her health steadily improved over a period of time.

Mrs B

Mrs B is a 73 year old lady who was initially referred to social work by the Community Nursing Service. She lives alone and suffers various chronic health problems, including a heart condition and osteoporosis. Her mobility is poor and she is housebound. She had suffered a number of falls, prior to referral.

On assessment it was clear that Mrs B's quality of life had been severely diminished. She presents as unkempt and was unable to maintain a good standard of personal hygiene. An elderly sister visited once per fortnight and struggled to assist with bathing, shopping and housework. Her personal circumstances appeared to have contributed to low mood and Mrs B was seriously considering selling her home and moving to full time care.

Following assessment, home care commenced once per day, Monday – Friday, and assisted with getting Mrs B up; with washing; dressing; meal preparation and shopping. An alert system was installed. Mrs B commenced daycare one day per week at a unit where staff could give her a bath. The worker assisted Mrs B in getting Higher Rate Attendance Allowance and Income Support, which almost doubled her previous income from the State Pension.

As the care package established itself, Mrs B's mood improved and her general appearance was smart. She valued the social contact offered by daycare and opted for a second day per week, which she is able to fund herself.

Prior to Social work involvement, Mrs B clearly felt that the only option to ensure her personal care and safety was permanent care. Subsequently, she was able to acknowledge that the care package allowed her to retain her independence at home and give her round the clock security.

5. WHAT REMAINS TO BE ACHIEVED? GAPS IDENTIFIED.

One door access not only to Social Work, Housing and Health but to all the other support services required for older people.

6. ACTION PLAN FOR 2001 - 2004

Objective

- *Develop the shift in the balance of care towards responsive care at home*

ACTION	HOW WILL WE KNOW WE HAVE ACHIEVED IT?
Implement the Home Care Review across South Ayrshire	• Subject only to budgetary limitations, all older people assessed as requiring it will have access to extended personal care at the times they require it in their own homes.
Pursue the following initiatives and subsume them into actions by 2004: • **Smart Home Technology** • **Care and Repair** • **Rapid Response Services, in particular North Ayr Speedy Action (NASA) and South Ayrshire Speedy Action (SASA)** • **Up and About Intermediate Care**	• More appropriately timed discharge arrangements • Approximately 50 people per annum who would otherwise have been admitted to nursing or residential home care will remain in their own homes.

Objective

- *To meet the care and support needs of older people through well co-ordinated, responsive and targeted services.*

ACTION	HOW WILL WE KNOW WE HAVE ACHIEVED IT?
To build on the continuous improvement exercise in relation to Assessment and Care Management, particularly in relation to integrated working	• By October 2001 to have agreed a single shared assessment process between Social Work, • Housing and Health in keeping with the requirements of the Joint Future Group report • By April 2002 to have in place clear arrangements with GP practices to ensure integrated woring.
To conduct a multi-agency review of all services to older people	• Review completed and priorities identified for action.

Objective

- *To ensure that the views of older people and their carers inform the develoment, implementation and monitoring of quality and practice.*

ACTION	HOW WILL WE KNOW WE HAVE ACHIEVED IT?
Continue to support elderly forums	• Local forums will continue to develop and form links at both local and national levels.
Progress the establishment of service users panels across the Council	• Negotiations with Age Concern concluded and at least two service users panels established.

SERVICES FOR OLDER PEOPLE

ACTION	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	PROVIDER	FUNDING SOURCE
SUPPORT SERVICES							
Ayr Hospital	170570	170570	175687	180958	186386	Local Authority	Social Work, Housing & Health AAHB
Biggart Hospital	60860	60860	62686	64566	66503	Local Authority	Social Work, Housing & Health AAHB
Rapid Response Team	106620	150870	155396	160058	164860	Local Authority	Social Work, Housing & Health AAHB
Carers Services	Shown on seperate sheet					Independant Sector	Social Work, Housing & Health AAHB
RESIDENTIAL CARE							
Permanent Residential - 32 places	201790	201790	207844	214079	220501	Independant Sector	Social Work, Housing & Health AAHB
Permanent Residential - 1 place	6450	6450	6644	6843	7048	Voluntary Sector	Social Work, Housing & Health AAHB
Respite Residential - 586 places	83680	86380	88971	91641	94390	Voluntary Sector	Social Work, Housing & Health AAHB
125 placements	17840	17840	18375	18926	19494	Independant Sector	Social Work, Housing & Health AAHB
RESIDENTIAL CARE -							
LOCAL AUTHORITY							
Local Authority -							
Permanent - 104 places	1461550	1461550	1505397	1550558	1597075	Local Authority	Social Work, Housing & Health
Local Authority -							
Respite 209 placements	102190	102190	105256	108413	111666	Local Authority	Social Work, Housing & Health
SUPPORTED ACCOMMODATION							
Sheltered Housing -							
617 tenancies	490970	490970	505699	520870	536496	Local Authority	Social Work, Housing & Health
DAY SERVICES							
Home Care Services	2443170	2616170	2694655	2775495	2858760	Independent Sector/ Local Authority	Social Work, Housing & Health AAHB
Day Centres	188390	188390	194042	199863	205859	Local Authority	Social Work, Housing & Health
Augmented Care At Home	552220	552220	568787	585850	603426	Local Authority	Social Work, Housing & Health AAHB
Meals at Home	102530	102530	105606	108774	112037	Local Authority	Social Work, Housing & Health
Day Care - Nursing	31800	31800	32754	33737	34749	Independent Sector	Social Work, Housing & Health
Day Care - Residential	22110	22110	22773	23456	24160	Independent Sector	Social Work, Housing & Health
NURSING CARE -							
INDEPENDENT SECTOR							
Permanent Nursing -							
116 places	1205870	1205870	1242046	1279307	1317687	Independent Sector	Social Work, Housing & Health AAHB
2 places	14730	14730	15172	15627	16096	Voluntary Sector	Social Work, Housing & Health AAHB
Respite Nursing -							
466 placements	101060	101060	104092	107215	110431	Independent Sector	Social Work, Housing & Health AAHB
Community Alarm Service	132880	132880	136866	140972	145202	Local Authority	Social Work, Housing & Health Strategic Services
Flexible Care Packages	137920	137920	142058	146319	150709	Independent Sector	Social Work, Housing & Health
North Ayr Speedy Action	63000	63000	64890	66837	68842	Local Authority/ Health Service	Social Work, Housing & Health AAHB
Total	**7698200**	**7918150**	**8155695**	**8400365**	**8652376**		