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## AGE MATTERS – CONSULTATION ON SERVICES FOR OLDER PEOPLE

### 1 SUMMARY

- 1.1 To seek Members' views on this consultation document.

### 2 AGE MATTERS – SERVICES FOR OLDER PEOPLE

- 2.1 North and South Essex Health Authorities and Essex Social Services have produced a consultation document to develop a joint strategy for services for older people in Essex . Responses are required by 31 October 2000.
- 2.2 Copies of the document have been sent to all Members and it is suggested that they be brought to this Meeting.
- 2.3 A representative from Essex County Council, Social Services, will be attending the Meeting to make a presentation and to answer Members' questions.
- 2.4 Suggested responses to some of the issues and proposed priorities are set out in the Appendix.

### 3 RECOMMENDATION

- 3.1 It is proposed that the Committee **RESOLVES**
- (1) That, subject to Members' comments, the response to be sent to the 'Age Matters' consultation document be as set out in the appendix. (HHHCC)

G Woolhouse

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#### Background Papers:

'Age Matters' – consulting on Services for Older People, Essex County Council July 2000

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**APPENDIX**

*Selected Issues and suggested responses*

**Page 4 - Specific proposals – financial issues**

- (a) Review the level and costs of direct provision, particularly for residential care.

*The Council supports a fundamental assessment of needs and provision, but it is important that a mix of residential care providers is retained with some direct local authority provision and that local sensitivities and preferences are taken into account. A crude surplus of residential care beds does not necessarily mean they are in the right place and it is essential older people can remain in their own communities.*

- (b)&(c) Reinvest savings and/or increase investment in older people's services and ring fence budgets.

*The Council has previously noted that spending on older people's services is not as high as in some other counties. It supports reinvestment and/or increased investment. A rolling ring-fenced budget would be helpful.*

- (d) Recommend an increase in relative terms of health expenditure on community and primary care based health services for older people.

*This is supported.*

- (e) Ensure equitable distribution of resources across localities.

*This is supported. The criteria for and actual distribution of resources across localities need to be open to scrutiny.*

**Page 5 - Specific proposals – Assessment and care management**

- (a) Achieve agreed standards for completing assessments (28 days maximum)
- (b) Release existing social work time by e.g.: using support staff
- (c) Increase the number of community support worker posts which assist with some assessment and care planning
- (d) Appoint some dedicated review officers to review existing care packages

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- (e) Extend the number of community nurses approved to undertake community care assessments.

*These proposals will all assist in reducing the severe pressure on assessment and management of care staff and are supported. There will be a need for adequate training and co-ordination to ensure staff are adequately supported in their new role.*

- (f) Extend the number of community nurses seconded to assessment teams.

*It is difficult to comment on this without information on the effect this would have on community nursing work.*

**Page 6 – Specific proposals - Home and day services**

- (a) Recommend the strengthening of community nursing services

*This is supported.*

- (b) Review the declared rate and contracting arrangements with the independent sector in order to increase supply.

*Quality needs to be ensured in any expansion of independent sector provision.*

- (d) Further strengthen existing joint working with housing departments and housing associations.

*This is strongly supported. There needs to be a recognition that adaptation budgets, either in Council homes or through disabled facilities grants, are limited. There needs to be better planning for the provision of housing with support, as traditional sheltered housing schemes are often not appropriate for frail older people with high support needs.*

- (e) Extend availability of more routine support e.g: in conjunction with the voluntary sector, using paid volunteers.

*Supported in principle, but subject to ensuring satisfactory quality standards are met. Some voluntary organisations are not able to deal with complex contract documents and specifications and this needs to be taken into account.*

- (g) Implement the findings of the best value review of meals on wheels.

*The Council believes that the meals on wheels service should provide freshly cooked hot meals.*

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- (i) Reduce waiting times for occupational therapy assessments.

*This is supported.*

- (j) Support an increase in the extent to which the treatment of long term illness or related conditions is undertaken in primary care rather than in hospitals.

*This is supported.*

**Page 7 – Specific proposals - Intermediate care**

- (a) Extend rapid response and crisis intervention home care schemes to all areas.
- (b) Extend corroborative care to all areas in partnership with health.
- (c) Develop admission avoidance and crisis intervention services in partnership with health.
- (d) Develop social rehabilitation services.

*These are supported. There should be equality of service provision across all areas and the use of innovative schemes to prevent hospitalisation, or to assist a faster return to home, is welcomed.*

- (f) Help reduce the number of emergency admissions to hospital (including those due to falls or hypothermia) by developing alternative emergency support services.

*This is supported. The Council is already collaborating with Health and Social Services on a joint funded handyperson service to help prevent falls. More collaborative work is required in the relatively neglected areas of home safety and fuel poverty.*

- (j) Help develop a joint culture of expectation that older people should normally only enter residential care from their own home e.g.: after a trial period at home following hospital discharge.

*Cases should be assessed individually without any presumption as to the appropriate solution. The older person's wishes must be fully taken into consideration.*

**Page 8 - Specific Proposals - Secondary and long term care**

- (a) Increase the external purchasing budget to ensure a reduction in the number of people awaiting discharge from hospital to an agreed maximum e.g. 5% of hospital beds.

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*This is supported.*

- (b) Review the options for reducing the high cost of the current level of directly provided residential care.

*The Council has previously suggested that the County should investigate ways of reducing the costs of directly provided residential care by reducing the overheads arising from centralised County costs.*

- (c) Increase the availability of supply of residential care in areas of greatest shortage (for example West Essex).

*There needs to be a range of providers and adequate provision to meet the needs of local communities without the need to move older people miles from friends and relatives.*

- (d) Review the declared rate in the independent sector.

*The rate must be adequate to enable independent providers to give comparable levels of care and quality with County run homes.*

- (g) Help reduce waiting times for hospital treatment and outpatient services.

- (h) Help reduce the length of hospital stay to the minimum appropriate for each patient.

*These are supported.*

**Page 10 - Specific proposals - Joint working**

- (a) – (f)

*These are supported.*

- (g) strengthen partnership particularly with district councils and the voluntary sector.

*This is important. See also the responses for Page 6(d) and 6(e).*

**Pages 11-13 - Consultation arrangements in respect of the strategy and older persons' homes**

The Council has previously expressed its clear view that there should be a range of providers of residential older persons' accommodation. People should have the option of living in a local authority provided home if that is their preference.

This District has already seen the closure of The Bungalow in Rochford; it has recently been consulted on the possible closure of

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Albert Jones Court and this consultation raises the possibility of changes in the use, ownership or management of Sweyne court, Rayleigh.

The council would wish to seep option 1 "Retain as residential care home as going concern" as the only outcome considered for Sweyne Court.