

NHS

County Durham and Darlington



DCC Adults, Wellbeing and Health and NHS County Durham

Joint Commissioning Strategy for Older People 2010-2013

Strategy Consultation Report

June 2010

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Useful words...	... and what they mean
Acute Hospitals	Acute hospitals provide specific care for diseases or illnesses that progress quickly, feature serious symptoms and have a brief duration.
Advocacy	Advocacy is the process of supporting someone to express their views and say how they feel about a specific issue that affects them or that they are concerned about. It may be about supporting someone in a meeting, helping someone express their rights, helping someone to access services and information or to explore different options, for example, a choice in where to live.
Area Action Partnerships	<p>Area Action Partnerships (AAP) are key ways of listening to and working with local people. They were designed in consultation with local people and we held the first meetings in each AAP area in April 2009.</p> <p>Each AAP is made up of an Area Forum and an Area Board to identify and tackle issues in local communities. AAPs then put plans and actions in place to deliver services where they are needed most.</p> <p>There are 14 partnerships, each with a Board made up of elected members from organisations such as the county council, town and parish councils, and health, police and fire brigade, community and voluntary groups, and the public.</p> <p>More information can be found at: http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=6379</p>
Care of Older People's Excellence Service	Service provided in Durham and Chester-le-Street focusing on specialist medical support for older people.
Care Package	A term used to describe all the different types of care that make up to total care received by an individual. For example, they may receive support from Community Alarms or a Mobile Warden, and have Domiciliary Care and Telecare. All these services

Useful words...	... and what they mean
	together make up the 'Care Package.
Care Plan	A single, overarching plan that records the outcome of discussion between the individual and the professional. It could be electronically stored or written on paper. It should be accessible by the individual in whatever form is suitable to them.
Carer	A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.
Complex	A term used to describe people who have a mix of several health and social care needs. Because of their vulnerability, simple problems can make their condition deteriorate rapidly, putting them at high risk of unplanned hospital admissions or long-term institutionalization.
Consultation	A process by which the public's views on matters affecting them is sought.
Domiciliary Care (Home Care)	Help delivered directly into your own home. Examples include personal care and therapy such as exercises to help your muscles grow stronger.
Equity/Equitable Services	Fairness/Fair Access to Services regardless of age, gender, geographical location, cultural needs or sexual orientation.
Fair Access to Care	The access (eligibility) criteria used by Durham County Council to assess an individuals' need for statutory social care services.
Healthy Homes Partnership	A new partnership created by the Merging of the Rights to Warmth Partnership and the Energy and Fuel Poverty Partnership. The Healthy Homes Partnership has a remit for reducing unnecessary winter deaths, cold-related illness and tackling fuel poverty and energy efficiency.

Useful words...	... and what they mean
Holistic	Used to describe an approach to care that takes into account the whole persons needs, not just the presenting illness, injury or social circumstances.
Hospital Discharge Liaison Team	The service that develops plans with community services to support people coming out of hospital to return home safely and with the appropriate levels of support.
Housing Related Support	A range of floating and accommodation based services to help people maintain their homes thereby sustaining their level of independence
Individual Budget	The amount of money allocated to meet a persons' individual, statutory assessed need for social care services. The budget can be held by the person themselves to manage, or by the local authority. Either way the person still has choice about how they receive the support they require to meet their assessed needs.
Integrated Care	NHS and local authority assessment and care responsibilities are managed together so that both organisations can provide a more streamlined, joined up approach, improving access to services for the individual.
Joint Commissioning Strategy	This is a plan for the future of Intermediate Care in County Durham written by both health and social care organisations.
Local Transport Plan	<p>This is a plan produced every 5 years which outlines the future of transport in the county. The plan sets out our long terms aims and plans.</p> <p>More information can be found at: http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=493</p>
Long-Term Conditions	Those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies.

Useful words...	... and what they mean
Options Appraisal	An assessment of different ways of doing things to see which one is best.
Older Peoples' Urgent Care Assessment Service	Service provided in Derwentside focusing on specialist medical assessment for older people.
Osteoporosis	A bone disease that leads to an increased risk of fracture.
Pathway	The route followed by the service user into, through and out of NHS and social care services.
Personalisation	Care and support services received by a person that are individual and tailored to them.
Pharmacy	Refers to the health profession that is responsible for the safe issue and use of medication (pharmaceutical drugs).
Podiatry	Chiropody (footcare).
Preventative Services	These services help people to do things for themselves as much as possible.
Primary Care	The collective term for all services which are people's first point of contact with the NHS, e.g. General Practitioners, dentists.
Re-ablement	A method of providing care that is focused on helping the individual to develop or regain their ability to do things for themselves; thereby increasing their independence and reducing their reliance on statutory health and social care services.

Useful words...	... and what they mean
Scoping the Level of Service and Viability	A term used in the strategy action plan to describe what needs to be done to research how much of a service is needed, what serviced model would work best and whether the resources needed to deliver the services are available.
Secondary Care	The collective term for services to which a service user is referred to by a by a General Practitioner. Usually this refers to NHS hospitals in the NHS offering specialised medical services and care.
Service Model	Term used to describe the key service elements and how they work together.
Service Providers	An organisation that provides health, social care or housing services.
Service Review	A process used to check how well a service is performing. It includes looking at performance, cost, views of the people who use the service and their carers and whether it continues to meet peoples' health or social care needs.
Service Users	Anyone who uses, requests, applies for or benefits from health or local authority services.
Single Assessment Process (SAP)	Process that ensures older people's care needs are assessed thoroughly and accurately.
Stakeholder	An individual or group of people who have an interest in business organisation or service.
Strategic Review	A process used to look at a group of services together to understand whether they are performing well as a group and the overall cost and whether they continue to meet a defined population's health or social care needs eg the population of older people who need housing adaptations and the services provided by Home Improvement Agencies.

Useful words...	... and what they mean
	The process includes consideration of whether services could or should be provided differently in the future.
Telecare / Telehealth	Telecare and telehealth both use special equipment eg falls detectors, community alarms or tools to let people check their own health, to make sure someone is ok. Telehealth equipment is often used to help people who have a long-term condition look after themselves.

CONSULTATION REPORT

What is this report about?

This report outlines the discussions that took place about the draft Joint Commissioning Strategy for Older People that was prepared by Durham County Council and NHS County Durham and Darlington. The draft strategy was consulted on over a 12 week consultation period from 8th March to 28th May 2010.

What happened during the consultation process?

A variety of promotion and consultation methods were used as follows:

- Durham County Council and NHS County Durham and Darlington websites
- Durham County Council and NHS County Durham and Darlington internal intranet (a private computer system that council and NHS staff only have access to) and staff newsletters
- Three meetings took place for interested members of the public, older people and their carers, social care, health and housing professionals, service providers including domiciliary, residential care, nursing care, day care, housing related support providers and voluntary agencies who provide a wide range of advice, information, active ageing, advocacy, day activities, carers support, social and welfare support to older people

- Age Concern Durham County undertook a piece of consultation work on behalf of Durham County Council and NHS County Durham and Darlington with older people (individuals and groups) and a wide range of minority groups
- Circulation to staff employed within Durham County Council Adults, Wellbeing and Health services and NHS County Durham and Darlington
- Articles in Durham County News, Carers Echo and Northern Echo
- Emails circulation included health providers, service providers including domiciliary, residential care, nursing care, housing and housing related support providers, LINKs and voluntary agencies and independent sector providers

Countywide Consultation Events Summary

The consultation events were well attended and provided people with the chance to give face to face feedback on the draft document. A total of 66 completed questionnaires, emails and written responses were received including those completed at the consultation events.

A total of 87 people attended the events. A total of 61 evaluation forms were completed.

Attendance at the consultation events is broken down as follows:

Summary of Attendees	Social Club, Lanchester	Town Hall, Bishop Auckland	Glebe Centre, Easington
Health Representatives	5	8	2
Social Care Representatives	2	3	1
Housing Representatives	2	5	3
Independent and Voluntary Sector Representatives	21	16	8
Area Action Partnerships	2	0	0
Patients, carers and public	1	3	5
Totals	33	35	19

Table 1: Consultation Event Attendance

Age Concern Durham County Consultation Feedback Summary

Age Concern Durham County were employed to undertake a piece of consultation with older people, including all age ranges from 50 and over, and a range health and social care needs. The consultation took the form of a range of focus groups and discussions with individuals, small and large groups including group members and representatives in respect of the following areas:

- Learning Disability
- Mental Health
- Residential/Nursing/Extra Care
- Hindu

- Lesbian, Gay, Bi-Sexual and Transgender
- Visually Impaired
- Hearing Impaired / Lip Reading
- Older People's Network Groups
- Individuals with Mobility Difficulties
- Stoma Care

A total of 227 people, including 26 carers, took part in this part of the consultation, including 213 people from groups (26 groups) and 14 individual responses/discussion.

A summary of the composition of ages, gender, social and health care needs are detailed in the table below:

Age Range	Male	Female	Unknown	Totals
Under 50	1	1	0	2
50 – 64	8	18	9	35
65 – 74	9	32	11	52
75 – 84	8	41	25	74
85 +	2	24	25	51
Unknown	0	0	13	13
Total	28	116	83	227

Table 2: Age and Gender Breakdown for Age Concern Consultation

From the consultation undertaken by Age Concern Durham County, feedback was provided on the breakdown of people's health needs detailed in the table below:

Health Breakdown	Number of Older People
Physical Disability/Mobility Needs	100
Visual Impairment	59
Hearing Impairment	85
Mental Health Needs	20
Learning Disability	3

Table 3: Health Breakdown for Age Concern Consultation

It should be noted that some people have multiple health needs and therefore have identified themselves as being within more than one area.

This area of consultation resulted in a further 40 written responses being received, recording the discussions with the individuals and groups consulted with by Age Concern Durham County.

Summary

The table below provides a summary of the numbers of people taking part in the whole consultation process.

Type of Feedback	Number of People who Took Part
Consultation Event Attendance	87
Age Concern Durham County Consultations	227
Additional Written Responses	66
Total	380

Table 4: Summary of Numbers of People Taking Part in Consultations

Note, there will be some elements of double counting as a number of people who attended consultation events may have also took part in the Age Concern consultation and/or submitted feedback forms/written responses.

What did People Tell us About the Draft Strategy?

A number of key issues have been highlighted under the relevant headings below:

General Feedback on the Draft Strategy

It is noted that an easy read version in plain English is required and will be produced as opposed to a 'Summary Version'. General comments about the document and action plan were noted as follows:

- Make sure timescales are realistic – some in the draft document look to short, others look to long
- Actions will need to be prioritised
- What other resources are being considered apart from financial? *Other resources refers to staff, knowledge/skills buildings, anything that makes up the delivery of a service, however, it should be noted that all types of resources have some financial cost involved.*
- Document not user friendly – language complicated for ordinary people
- Concerns about achieving actions within existing resources/funding
- Disappointment was expressed that no additional funding is currently available and that given this, some actions within the action plan seemed ambitious to some people

In the main a lot of positive feedback was received about the proposed actions and some comments were received that the document covers the majority of care and support issues for older people.

However, people fed back that there were some things missing. These are listed below:

- 1 Home Improvement Agencies should be part of this strategy and not the Long-Term Conditions Strategy
 - Moved to this strategy – action identified.
- 2 Equipment including Home Equipment Loans Service and Home Independence Service were missing. Should be part of this strategy and not the Long-Term Conditions Strategy.
 - Moved to this strategy – action identified.
- 3 Needs of Lesbian, Gay, Bi-Sexual and Transgender older people not recognised within the strategy.
 - New action in action plan to research the health and social care needs of this specific group of older people.
- 4 Bereavement services
 - Review of these services is located within the Joint Commissioning Strategy for End of Life and Palliative Care (currently in development).

5 Issues around monitoring medication reviews, particularly with reference to sedation medication

- New action to monitor the existing processes for medication reviews for older people and make improvements as required.

6 Issues around the monitoring the implementation of nutritional assessments for older people

- New action to monitor the implementation of nutritional assessments for older people and make improvements as required.

Requests were made to strengthen some other service areas within the final strategy. These areas were:

- Income maximisation including welfare benefit take up
- Advice and information
- Debt and financial advice
- Links to housing
- Telephone and broadband services

Some of these areas have been expanded within the main strategy document and some actions have been revised or added in light of comments received.

It was also commented that there needs to be stronger links with other Joint Commissioning Strategies eg Older People's Mental Health and Carers, within the action plan.

These links were already made within the main strategy document but there are now clear actions within the action plan, Section 4; Joined up Care Pathways.

Some people commented on the unfair cost of care between those who have worked all their lives and therefore, via means testing, often pay part or the full cost of their social/personal care costs as opposed to those who may receive care, via means testing, free of charge or subsidised. It is acknowledged that this is a concern raised, however it was also explained that the cost of care and how it is paid for is a national issue. The new coalition Government has stated that ‘A new independent commission will be established to advise the Government on the future funding of long-term care...’ as announced by Health Secretary, Andrew Lansley on 20th May 2010. See the following weblink for further information:

http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_116236

It was raised that the strategy does not specifically focus on building capacity within the third sector. Information on managing the market can be found in Section 5.5 of the full strategy document – ‘The Market’, which refers to all service providers including the voluntary sector.

An equality impact assessment was suggested this has now been carried out.

Calls for continued partnership working during the strategy implementation were made and a communication/involvement strategy to enable feedback on progress made and input from stakeholders around specific areas will be developed by the Strategy Implementation Group to facilitate this.

Action Plan Section 1.0

Information, Involvement and Engagement

Feedback on this section generated a lot of discussion, debate and suggestions for taking actions forward. There was general support for all actions, except proposed actions 1.4, 1.6 and 1.7 which received mixed feedback. A summary of the key issues/suggestions made under each proposed action is outlined below:

1.1 To pursue joint commissioning for several service areas, to include:

- **Consultation and involvement arrangements for older people with health and social care needs to include those people traditionally considered hard to reach**
- **Wellbeing and Active Ageing activities**

The suggestion to work towards efficiency was generally supported, with a focus on improving outcomes for older people. Concerns were expressed about timescales, and the fact that the NHS and Council have different procurement processes was seen as a challenge. Also that any contracting requires robust performance monitoring.

Several groups commented on the need to find better ways of communicating including older people who are deaf or deafened and in rural areas. Language was seen as a barrier and there was a strong view that older people prefer communication face to face.

It is also recognised that older people seek companionship and providing information face to face enables that opportunity. However, although this is recognised as being important, it is difficult to achieve in practice and therefore it is recognised that it is important to have a range of methods for providing information to older people.

A lot of feedback was received around the provision of advice and information under this action point and this was seen as crucial in enabling older people to find out about activities and opportunities for social contact.

There seemed to be a key issue in making sure people knew where their first point of contact for any type of information was and suggestions to take forward. General Practices were specifically mentioned in how they can support the spread of information as older people often approach them as trusted people, for advice.

Challenges were acknowledged in how we can involve more older people and ideas were suggested in how we can consult and involve people better.

With regard to active ageing and wellbeing activities this was generally supported and there were calls for more of these type of activities. Some comments were received about making sure they were accessible for those with mobility or visual impairment needs as well as having different types of activities to suit both those more and less able.

This action has been split into 2 actions and the wording has been changed to reflect feedback.

1.2 Establish a robust process for the receipt and consideration of consultations with older people in relation to health and social care services and define the role of the Partnership Board for Older Adults in the process.

Generally this action was supported. 'People give their time and need to perceive the benefits of consultation'.

Lots of people said they didn't know what the Partnership Board for Older Adults was or needed clarification of it's role. Some people said their a need for more people to be involved. A newsletter /update was suggested in easy read format. A comment was made that the process of feeling involved was improving.

1.3 Establish a robust process for the receipt and consideration of consultations with older people in relation to health and social care services and define the role of the Partnership Board for Older Adults in the process.

Receiving feedback was highlighted here and that there is a perception that nothing changes if feedback is not received. It is recognised that this is an important part of the process.

In general the action to work closer together with Partnerships and Engagement was seen as positive but it was noted that the same applies to the NHS Public, Patient and Carers Involvement team and some independent/voluntary sector organisations who carry out consultative work on behalf of Durham County Council, NHS County Durham and Darlington or the Partnership Board for Older Adults eg Age Concern Durham County.

1.4 Scope the level of demand and viability for a web based local one stop shop for older people in County Durham in relation to their health and social care needs.

Here mixed views were expressed and there was a marked difference between feedback in relation to the current older generation for whom this type of facility was perceived as not as useful as opposed to the future older generations who were perceived as expected to be much more computer literate and have better information technology access.

There were also split views between a stand alone website for older people or a specific section on an existing website and lots of suggestions of things that needed to be taken into consideration.

1.5 Repeat integration consultation using same methodology 12 – 18 months following establishment of integrated health and social care teams for older people and people with a physical disability countywide.

This was supported and seen as good practice.

1.6 Develop service review processes to involve older people in the review process.

1.7 Develop processes that enable older people to be involved with the evaluation of future service tenders.

Feedback was similar in relation to both of the above proposed actions and included views on how important it was to include older people in service reviews and tender processes, but a lot of feedback included reservations about how this would be achieved in practice, stating that a lot of training and support would be needed, concerns about tokenism, and suggestions that it was more important to include those older people and their carers who actually receive the services.

Since there were lots of reservations and feedback suggested it was most important to make sure that the people in receipt of the services being reviewed/tendered were consulted and that this already happens in practice, **these actions were removed from the final action plan.**

Three new actions have been added to:

‘Develop a communications and involvement strategy’

to enable all stakeholders to receive information about progress on the strategy implementation and enable stakeholders to feed into this process.

‘Review the content of leaflets and marketing information produced by Durham County Council and NHS County Durham and Darlington regarding access to services’

To make sure that marketing information produced is up to date and leaflets produced continue to be appropriate.

And

‘Review how leaflets and marketing information produced by Durham County Council and NHS County Durham and Darlington is promoted and distributed with a view to improving promotion and distribution, with particular reference to those older people who are socially isolated’

To make sure that marketing information produced is up to date and leaflets produced continue to be appropriate.

Action Plan Section 2.0

Live at Home for Longer

Feedback generally supported the strategic direction of supporting people at home for longer and that independence is important for older people. There were some comments about making sure costs of services were reviewed as part of service reviews. Cultural barriers were identified in accessing services which requires further discussion.

It was also noted that some people are very independent and don't actually want the help offered. Resources and targets need to be realistic.

2.1 Implement recommendations following public consultation and options appraisal in the future provision of older persons care in-house residential homes

There was general acknowledgement that this was already being progressed and the options for the future awaited. Some specific comments were fed back to the Residential Care Consultation Team.

2.2 Develop and consult on a proposed revised charging model for extra care and support to reflect individual level of need.

Some overall feedback about high cost of care generally and people feeling they couldn't afford to continue living at home if they needed more care and fears about charging generally.

Also brought out discussion about how we can make charging clearer – like a price list. Acknowledged some people refuse service rather than pay for care.

From those who did comment there were mixed views on moving to an individual needs based charging system. Those who were not in favour were concerned about inequity or the level of service dropping for some people. Others thought it appropriate to charge based on amount of care received.

This action has been removed from the strategy as consultation has now taken place with tenants from extra care service and the

move towards a more personalised pricing structure, partly based on individual care needs has been agreed.

2.3 Scope level of need and viability the provision of an overnight home care service to include night time toileting and turning. Consideration of balance between planned and reactive elements of service.

This action generated a lot of discussion and views. There was a lot of support for investigating the need to provide this type of service and comments about how it would support carers and prevent the need for someone to access long-term care. One person commented 'If I had overnight care my daughters would not have to stay over with me so much.' A pilot was suggested.

There were queries about how the reactive side of this service would be provided eg responding to a need to support someone who needed the toilet in the middle of the night; and recognition that how this type of service worked operationally would need to be explored.

However, it was also recognised that for some people residential/nursing would still be needed.

2.4 Review existing community alarm and telecare services

Positive feedback was received about both types of service and it is recognised that they both help people to retain their independence whilst providing some reassurance of someone

being available to help when needed. However, discussions also revealed some areas for improvement.

Some people had a good understanding of what telecare was and some experience of using it eg falls detectors. Others hadn't heard of it or didn't understand what telecare was. (Please see 'Useful words ... and what they mean' section at the front of this document.) Overall a review of both of these service types was supported.

The discussions also brought out some comments about domiciliary care services which are reported under action point 2.8.

2.5 Review existing Handyperson's service

A review of this service was supported. The feedback about the Handyperson's service was generally positive. Some people didn't understand the scope of the service eg whether it was open to home owners (*which it is*) and the type of small jobs they can help with as well as minor repairs suggesting further marketing may be required.

One organisation commented that they provide a similar service and this would need to be taken into account as part of any future service review.

2.6 Work jointly with Durham Housing Forum to develop and implement Older People's Accommodation and Support Review

2.7 Work jointly with Strategic Housing to develop local Housing Strategy to reflect future housing and support needs of older people

These actions have been moved to Section 5, Partnership.

2.8 Review of new contract arrangements of domiciliary care

Lots of comments were received about making sure domiciliary care is 'flexible and responsive'. Many issues were raised about people being put to bed too early (5pm/6pm); staff training around needs and risk assessment, nutrition and deaf awareness; 15 minute calls being too short. However, some people also commented on how important their domiciliary care workers were to them.

In addition concerns were expressed about making sure that people had regular carers who were known to them to provide a familiar face and consistency – 'consistency of who is attending is a key issue'. It was recognised that there are also wider issues that impact on the delivery of this type of service including constraints on funding available, workload and pressures of the role and challenges in providing a stable labour market for this type of care.

The comments received were supportive of reviewing how domiciliary care is provided and seeking improvements.

2.9 Re-develop in-house domiciliary care with re-ablement focus

There was mixed feedback about this suggestion. Some people thought it was a good idea to help people regain and maintain their independence.

Others were disappointed because they liked someone to pop in on a regular basis and it is recognised that for some people this may be the only or main social contact they have.

2.10 Scope the need and viability to develop a low level support service that includes

- **Supporting older people who live on their own to return home from hospital**
- **Help with shopping, housework, gardening and decorating**

This action generated lot of discussion and feedback. There were really helpful suggestions to consider incorporating into existing services eg Handyperson's Service, Home Improvement Agencies and/or Care Connect which will be explored during the service and strategic reviews as possible options.

It was also acknowledged that provision of these types of preventative services can be crucial to prevent someone suffering from depression, building self worth and helping older people to be happy and feel they are able to continue living in their home environment.

However, resources were also raised as a concern to enable delivery, making sure that services are provided equitably across the County.

Three new actions have been added to the action plan to:

‘Undertake a strategic review of Home Improvement Agencies’

To make sure that Home Improvement Agencies are providing a holistic service in line with that national guidance for ‘Future HIA Services’.

‘Consider the future commissioning options for the Home Loans Equipment Service including linking in with the North East Improvement Partnership as appropriate’

To make sure that the Home Loans Equipment Service is effective and efficient and able to meet the increasing demand for service in the future.

And

‘To consult on the future commissioning intentions in relation to the current Home Independence Service’

To make sure that access to advice and support to choose appropriate equipment for people who are not eligible for HELS via Fair Access to Care is accessible, appropriate and affordable.

Action Plan Section 3.0

Maximising Independence

3.1 Review pilot and develop telehealth services based on evidence

There was mixed feedback about telehealth and a lack of understanding about what it was and the kind of support it can provide. (Please see 'Useful words ... and what they mean' section at the front of this document.) Some people commented that it appears to be working alright in the pilot but there were concerns about it adding to isolation for some older people. There were queries raised about how easy telehealth equipment is to install, use and how reliable it is.

Lessons learnt from the evaluation of the pilot will inform any future development of this type of service.

3.2 Continue to review the current day service provision for older people

A range of feedback about day services included views that older people may prefer traditional day services and it is important to ask them what they want. Some people fed back that they really enjoyed the current day care provision although others fed back limitations.

Overall exploring the provision of a range of different choices was supported and being able to choose what activities, whether on your own or with a group of people, and the length of time you take part are important.

There was some lack of understanding about the fact that access to Council funded day care (both in-house and independent) is based on a needs assessment and therefore some people commented that they didn't understand why some people could access it and some couldn't and why some people paid and others didn't.

Some feedback was received on the provision of day care for older people with mental health needs. This is a specific action (3.5) within the Joint Commissioning Strategy for Older People with Mental Health Needs 2010 – 13.

3.3 To monitor the promotion and take up of case and citizen advocacy through current contractual arrangements for older people

There was quite a lot of support for advocacy services to support older people to speak up, recognising that family aren't always available or the need for an independent person to advocate on someone's behalf.

Lots of older people gave examples of when advocacy would have been helpful for them. There was also a comment about making

sure advocacy was available for those who were deaf or deafened and that deaf awareness skills would be required.

An additional action has been moved from Section 6 – Fair Access to Local Services to this section as feedback was received that this action was more relevant under ‘Maximising Independence’.

‘To make sure there are robust links with the Local Transport Plan’

to make sure the views of older people around transport issues are taken into account with any service improvements and developments.

It was clear from the feedback that transport is an important issue for older people and feedback suggested that a link to the existing transport developments in respect of this strategy was appropriate.

There is a new service called Link2 which has recently been launched with the aim of providing a flexible ‘dial-a-ride’ transport system for people in

- There isn’t a bus stop nearby (within 600m/about 10 minutes walk)
- There isn’t a bus within one hour of when you want to travel
- The journey would require a change of bus

Link2 can be used for any local journey by people who are disabled or have other personal mobility problems that prevent them from using ordinary bus services.

Concessionary pass holders travel for free. Other passengers will pay fare in line with other mainstream public transport services.

Further details on the Link2 service can be found in the full strategy document and on the Durham County Council website:

<http://www.durham.gov.uk/Pages/Service.aspx?ServiceId=7616>

An action has been moved from Section 1 – Information, Involvement and Engagement to this section as it was felt it was more appropriate.

‘To explore joint commissioning between NHS County Durham and Darlington and Durham County Council for wellbeing and active ageing activities for older people’

To make sure that healthy ageing activities are planned in partnership to avoid duplication and achieve a good geographical spread.

A new action has been added:

‘To make sure there are robust links with the Council’s Sports and Leisure Services and the NHS County Durham and Darlington Public Health Team in respect of healthy ageing activities for older people’

To make sure that healthy ageing activities for older people are planned in partnership to avoid duplication and achieve a good geographical spread of activities across the County.

Action Plan Section 4.0

Joined up Care Pathways

There was overall support for reviewing existing service provision stated within the action plan and seeking to achieve a more equitable provision across the County.

4.1 Review Discharge Liaison Service

A lot of people thought the link between someone leaving hospital and making sure they have the right support when they get home is really important and doesn't always happen as well as it should do. There were lots of examples of hospital discharges not going well and people were supportive that the process used in practice is reviewed. There was some feedback about lack of communication about discharge planning with relatives.

A couple of people suggested having one shared plan that is communicated with everyone involved in the persons care, both in and out of hospital.

Some feedback was also received about the information received on discharge not being in a suitable format for someone with a sensory impairment and acknowledgement that someone with dementia may not be able to provide accurate information.

The link to hospitals outside County Durham was also made.

4.2 Commission a Pharmaceutical Health Needs Assessment

Clarification was requested on this action – it is just for older people or part of a wider Health Needs Assessment. Suggestions about pharmacists carrying out health checks as part of a preventative approach was also suggested.

Some positive feedback about improvements in community pharmacy services were received with suggestions of things that needed to be explored eg policy on offered free dosette box, mobile pharmacies and mobile health checks.

A link was also made between hospital pharmacy services and community pharmacy services and that pharmaceutical needs are an important part of the hospital discharge process and some comments about different levels of service being experienced within the community and therefore the need for equity was considered important.

It was also commented that community pharmacies are getting better with a focus on individual need.

4.3 Review of current service provision of Continence Management and Advice, produce review report and Service Specification

A review of continence services was supported. There was discussion around inequity of provision across the County with several references to the number of pads that can be supplied at any one time.

Delays and waiting lists also discussed and the need to make sure that continence needs were assessed within hospital discharge planning processes.

Some issues about dignity were discussed, both in attending a clinic for assessment of need and for the collection of continence aids and home visits were suggested.

4.4 Review of current service provision of Care of Older People Excellence and Older Persons Urgent Care Assessment Services, produce review report and Service Specification

This action refers to two services currently provided in Durham/Chester-le-Street and Derwentside that provide specialist medical assessment for older people with a medical practitioner with specialist knowledge of older people's medical conditions. **The wording has been changed to clarify this action point and the service names and explanations have been added to the glossary as some people didn't understand the action and said it was 'complicated'.**

4.5 Ensure appropriate links with stroke pathways to help make sure that the needs of older people suffering from stroke are addressed within future stroke pathway developments.

There was agreement that this link is appropriate and that stroke, as an area of healthcare sits appropriately within the Joint Commissioning Strategy for Long-Term Conditions.

Again concerns about lack of equity across the County and concerns that the link between hospital and community care is joined up for stroke patients. The issue that hospital stroke units are a long way for those in rural areas to travel was also noted.

4.6 Review of current service provision of Falls and Osteoporosis Services, produce review report and develop service specifications to achieve a number of specified outcomes.

Four outcomes are specified under this action point. Feedback noted that primary prevention needs to be addressed. This comes under outcome four but a clear link to primary prevent has been included within the action point for clarity.

Primary falls prevention is about leading a healthy lifestyle to make sure that your bones remain strong as you grow older.

4.7 Increase capacity in osteoporosis services in DXA scanning for bone density as a guide to treatment.

Some comments were made about having routines screening for osteoporosis. Current screening and bone scanning is provided but resources are targeted at those in high risk groups in line with national guidance.

4.8 Develop links and contribute to review of Podiatry Services

Comments were received about links to falls prevention, and quality of life and the impact on older people's mobility and ability to get out and about to get on with everyday tasks or take part in social or exercise activities was affected if they didn't have regular access to appropriate foot care services.

Issues were noted about difficulty for those in rural areas getting access to a podiatrist (foot care practitioner). Overall there was a lot of feedback about difficulty getting access to this service and comments that availability was limited.

In addition comments were also made about the term 'podiatry' and this needed to be explained to some people. Most people know this as 'chiropody' or foot care services which means the same thing.

4.9 Develop links with the County Durham Alcohol Team and the Drug and Alcohol Action Team to establish level and type of need of older people with alcohol dependency problems, and older carers of relatives with drug/alcohol dependency problems.

There was support for these issues to be explored generally. Specific feedback included comments on holistic assessments needing to record where someone has an alcohol or drug dependency so that agencies have the full picture. Some comments suggested that getting community detox for older people was difficult.

Feedback suggested that this may be an issue for the older lesbian, gay, bi-sexual and transgender community, due to social isolation.

4.10 To contribute to the implementation of the Joint Commissioning Strategy for Palliative Care 2010-13 and to work towards addressing the needs of older people and their carers.

Having clear links to this strategy was seen as important, especially for support for carers. Within this feedback a lot of comments were raised about links to older people with mental health needs and carers support generally. Links to these strategies are detailed in the main body of the Joint Commissioning Strategy for Older People. To make sure these links are made in the action plan, two further actions have been added to the action plan as noted below.

4.11 To contribute to the implementation of the Joint Commissioning Strategy for Adults with Long-Term Conditions 2010-13 and to work towards addressing the needs of older people and their carers

Having a clear link to this strategy within the action plan was generally supported.

In addition, four new actions have been included in the final action plan. These are to:

‘Monitor the existing processes for medication reviews for older people and make improvements as required’

‘Monitor the implementation of nutritional assessments for older people’

To make sure that older people are receiving regular, timely medication and nutritional reviews.

And

‘Contribute to the implementation of the Joint Commissioning Strategy for Older People with Mental Health Needs 2010-13 and to work towards addressing the needs of older people and their carers’

‘Contribute to the implementation of the Joint Commissioning Strategy for Carers 2010-13 in respect of the needs of older carers’

To make the links between other Joint Commissioning Strategies and the Joint Commissioning Strategy for Older People more explicit.

Action Plan Section 5.0

Partnership

5.1 Contribute to the regional work to develop a consistent Quality Assurance Framework for both regulated and non-regulated services

5.2 Implement the regional Quality Assurance Framework within commissioned services across County Durham.

There was mixed feedback about this section. Quite a few people thought these actions should already be in place or supported their development and expressed the importance of quality services.

Others were concerned about duplication with the Care Quality Commission and their inspections on legal regulations and making sure that any quality standards framework implemented by the local authority complements, rather than duplicates existing inspections.

In addition, a new action has been added to:

‘Establish and maintain a strong link with the work of the Healthy Homes Partnership in respect of

- **Reducing excess winter deaths**
- **Cold-related illness**
- **Fuel poverty**

for older people’

To reduce fuel poverty, cold-related illness for older people and reduce excess winter deaths of older people.

And 2 actions have been moved from Section 2 – ‘Live at Home for Longer’ to this section because it was felt they were more appropriately located.

‘Work jointly with Durham Housing Forum to develop and implement Older People’s Accommodation and Support Review’

This review was supported. Suggestions were made for specific accommodation types to be supported for older people including more extra care, purpose built accommodation for people with

disabilities – mobility standard, sheltered housing and more choice generally.

The importance of having accommodation that it is easy to adapt was mentioned, and the need for housing to be adapted for an individual's needs.

The Older People's Accommodation and Support Review has been ongoing, during the development of the Joint Commissioning Strategy for Older People.

A draft report has been received and the final report will directly influence the implementation of the Joint Commissioning Strategy for Older People in terms of future housing and support for older people.

'Work jointly with Strategic Housing to develop local Housing Strategy to reflect future housing and support needs of older people'

This action was supported but there were quite a few comments about the design of accommodation raised, particularly around making sure new build housing took future mobility needs into account so housing could be adapted easily or was already built to mobility standards.

Stronger links to the Council's Housing Policy with specific reference to decent homes standards and the level of resources required was requested.

Action Plan Section 6.0

Fair Access to Local Services

6.1 Review how data is organised and recorded within the commissioning section, including clarity of geographical location and links to commissioning strategies to avoid duplication of reporting. System to be user friendly and easily kept up to date.

There were some queries about the level of data this action referred to. For clarity it is about the organisation of service and contract information including cost and availability information.

It is not about client level data. This will be clarified in the action point wording.

6.2 To ensure that existing links with the Integrated Transport Team are maintained.

This action has now been moved to Section 3, Maximising Independence.

6.3 Contribute to the research in respect of older people's needs, to be undertaken with the Roma, Gypsy and Travelling communities.

There was mixed feedback in respect of this action. Some people thought that it was important that this was done and we had a better understanding of older peoples' needs within these communities. Other people felt there were higher priorities for needs research.

6.4 For Durham Council and NHS County Durham and Darlington to continue to work collaboratively and in partnership with older people and other organisations to

promote the take up of welfare benefits and develop initiatives to tackle poverty for older people.

This action generated a lot of comments and discussion. Some agencies didn't feel that the information within the full strategy document didn't reflect all the agencies involved in these types of service provision and this will therefore be expanded in the final version.

The same agencies also thought that this action needed to be strengthened, particularly with reference to financial and debt advice so the action point wording has been reviewed.

Additional issues were raised, eg that it is known that there is a stigma for older people to claim welfare benefits and that this is a concern because it may mean that some people are not getting all the income they are entitled to and that this may limit their ability to get out and mix with others socially or to pay their bills. A proactive, targeted approach to help older people with welfare benefit maximisation was also suggested.

Some services automatically refer people for a welfare benefits check eg some housing organisations, but there were suggestions that this needed to be expanded ie a suggestion that there should be a referral every time there is a major life changing event that may affect a persons' finances.

It is recognised that access to welfare benefits can make a huge difference to the income levels of older people and that their needs

to be fair access to services that support older people with access to welfare benefits, finance and debt advice across the County.

The wording of this action point has been changed to make it more focused.

6.5 Establish a system for capturing and reporting data on the health and social care needs of older people on release from prison with the Prison Health Team.

On the whole feedback supported this action with acknowledgement that some people would find it harder to adapt and that there was a need for equity for all. Some people felt that this was the responsibility of the prison service or that some minority groups of prisoners would not have their specific needs met.

6.6 Identify whether the social care needs of older prisoners are being met, identify any gaps in service provision and where gaps are identified scope the level of need and viability of service development

There was some acknowledgement that some people being released may not originally have been from County Durham and that people needed to be given appropriate health and social care support on release from prison. One or two people commented that they didn't see this action as a priority.

In addition, 2 new actions have been included in the final action plan to:

‘Research and identify the specific health and social care needs of lesbian, gay, bi-sexual and transgender older people

To ensure lesbian, gay, bi-sexual and transgender older people have equitable access to health and social care services.’

And

‘Make sure that equality and diversity information requested and collated by service providers includes information on gender, religion, belief and sexual orientation’

To monitor that health and social care services are collating equality and diversity information to enable monitoring of service take up and any barriers to access to be identified and addressed.

Action Plan Section 7.0

Personalisation

There was a lot of feedback received about this action point. A lot of comments from the Countywide consultation events, which were predominantly attended by staff, commissioners and service providers, centred around making sure the process was accessible, understood by those working with older people and not too bureaucratic.

Feedback received from older people and minority groups was that choice and ‘to have a say’ was important and supported. Managing the money and having that responsibility was perceived

by some as a negative. Some people still felt that it was all very confusing.

Access to carers/choice of carers was discussed and there were some concerns about higher cost of provision of carers to the more rural areas.

The need to ensure safeguarding processes were in place to prevent misuse of funds was noted.

7.1 Make sure that older people eligible for social care services have the opportunity to choose an individual budget to purchase their social care. Applies to both new and existing service users.

More and accessible information on personalisation and individual budgets was discussed. Also for agencies in contact with older people so they can explain what it is. The Direct Payments Booklet was cited as a good booklet and something similar was suggested for personalisation.

As with the general comments on this issue there was support for choice and control with reservations from some about putting too much responsibility on the individual and some perceptions that only some people will be able to manage an individual budget. Some people felt they didn't know about personalisation/individual budgets or not enough to discuss the actions fully.

It was also recognised in the feedback received that some older people don't want choice and control and are happy for someone else to manage things on their behalf. It was noted that a lot of feedback about personalisation was provided in the All Our Tomorrow's Event in October 2008 and this is referenced in the full strategy document.

7.2 To actively use existing service and contractual review processes to consider how services for older people can move towards a more personalised approach, supported at least in part by individual budgets where possible

There were some reservations about this action with some lack of understanding about the reasons for this approach or what it entailed. However, this approach is needed to make sure that services are able to respond flexibly to meet individual needs. For example to enable someone to use their individual budget to purchase a service.

7.3 To evaluate the outcomes of the DoH individual budget health pilot in and how this can be developed in County Durham for older people

7.4 To pilot the use of individual budgets for health services in County Durham and to evaluate the pilot and make recommendations for the future

There was very little feedback about individual budgets for health services. It is acknowledged that this is an area that will need to be looked at very carefully before applying locally.

Summary

In summary, feedback was quite positive on the issues involved in the strategy and people on the whole seemed to be in agreement with the majority of the actions and breadth of issues for older people covered within the strategy.

However, there were some key areas that generated a lot of discussion, some areas that required strengthening and some additional areas that required to be covered within the full strategy or new actions developed.

Overall concerns were in the main in relation that the strategy is required to be delivered within existing resources unless opportunities 'invest to save' monies or to bid for additional monies arise during the strategy implementation period. However, this reflects the realism of the current financial climate and the challenge for statutory authorities to focus on efficient use of current monies as well as making sure future needs are met.

What happened when the consultation period ended?

After the consultation ended on 28th May 2010, all the feedback received was considered by the Durham County Council Adults Well being and Health and NHS County Durham and Darlington and changes were made to the draft strategy and draft action plan based on the information received.

The final version of the strategy was then approved by the Senior Management Teams for both Durham County Council and NHS County Durham and Darlington.

Where can I see the final strategy that was produced?

The full strategy document, executive summary and easy read version are available on both Durham County Council and NHS County Durham and Darlington's websites:

www.durham.gov.uk or <http://www.countydurham.nhs.uk>

Copies of the full strategy, executive summary and action plan and easy read version are also available in hard copy format by contacting:

The Commissioning Team
Adults, Wellbeing and Health
Room 2/76
2nd Floor, County Hall
Durham City

DH1 5UG

Telephone: 0191 3725498 or

Email: acs.commissioning@durham.gov.uk

APPENDIX 1

Summary of Consultation Event Evaluation Feedback

A total of 87 people attended the consultation events (not including facilitators) with 61 people completing evaluation forms. A breakdown of the background of those who returned evaluations and their responses are summarised below:

A: Who attended the events

Number of People Completing Evaluations	Type of Organisation/Background
9	Statutory sector – health
8	Statutory sector – social care/housing
20	Independent sector provider of residential/nursing care, domiciliary care or day care for older people
12	Provider of other voluntary services for older people/carers
1	Carer
3	Service user
8	Member of the public
1	Other – Fire Officer

B. How useful were the following:

	Essential	Very useful	Quite useful	Not useful
Event pack	19	34	7	0
Presentation on the strategy	13	41	7	0
Workshop 1	17	40	4	0
Workshop 2	13	42	3	0
Event overall	13	39	5	0

C. Event outcomes:

	Yes	No	Unsure
1) Do you feel that you understand the background and purpose of the local strategy?	57	0	3
2) Do you feel that you have an improved awareness of the local issues for Intermediate Care Services?	61	0	0
3) Do you feel that today has provided you with an opportunity to influence the strategy?	51	2	7

D. Additional Comments Received

Lanchester – 13th May 2010

- Very well facilitated
- Good to meet other providers and discuss their issues/ideas (network)
- Additional information required in draft document
- It has been interesting to be part of this consultation and to have a voice

- Lack of front line social care staff involvement in the event
- Good event – well organised/marshalled

Bishop Auckland -14th May 2010

- Strategies are very large and some areas are reflected in other strategies. Useful to have feedback from reviews and actual actions
- Excellent
- Very interesting day
- Feel this was a very productive day. Workshops allowed expression of concerns
- I hope all the discussions are documented – used to improve strategy – not just 3 points which will miss a lot of good points
- Very useful but too involved and at times difficult to understand the meaning behind the text
- Feedback after morning session rather than leave until the end
- Facilitators use microphones and stand up when feeding back
- Lunch – more vegetarian choice
- Networking with people from other agencies on my table useful in increasing my awareness of issues faced in other areas

- Parking facilities around the venue are poor for an event that lasts over 3 hours
- Please ensure that microphone is used at all times
- These events should have taken place earlier regardless of election – this started in March
- Where is the ‘man in the street?’

Easington – 18th May 2010

- Would like the opportunity to be involved in the follow up events
- Will be interesting to see the outcome and agreed plan
- Improved awareness of older people’s services – if feedback received
- Learned more about Services for Older People and other agencies
- Very useful and interesting day

DCC Adults, Wellbeing and Health and NHS County Durham

Joint Commissioning Strategy for Older People 2010-2013

Strategy Consultation Report
June 2010

Please ask us if you would like this document summarised in another language or format.

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