

Section 4: burden of ill-health: disability and conditions effecting older people

Reducing admissions to care homes



a single version of the truth



Related briefings in the JSA for Health and Wellbeing

Briefing (and hyperlink)	Section
Age and the ageing population	Demographics
Projecting the future burden of disease	Burden of ill-health: general health
Cardiovascular disease (CVD)	Burden of ill-health: general health
Mental health	Burden of ill-health: mental health and neurological disorders
Dementia	Burden of ill-health: mental health and neurological disorders
Physical disability	Burden of ill-health: disability and conditions effecting older people
Visual impairment	Burden of ill-health: disability and conditions effecting older people
Hearing impairment	Burden of ill-health: disability and conditions effecting older people
Falls	Burden of ill-health: disability and conditions effecting older people
Carers	Burden of ill-health: disability and conditions effecting older people
Long term conditions	Burden of ill-health: disability and conditions effecting older people
Physical activity & healthy eating	Health promotion and preventative services

Edition

Edition	Version no.	Changes/Comments
2012/13	1	Topic report
2013/14	1	Rewritten as a section briefing and action plan added

Outcome Frameworks Summary

The Adult Social Care Outcomes Framework 2014/15¹ is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. The Public Health Outcomes Framework for England, 2013-2016² outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The NHS Outcomes Framework 2014/15³ sets out how the improvement of healthcare outcomes for all will be the primary purpose of the NHS. The following indicators from these frameworks have been selected as the ones most relevant to this section. There may be others which are relevant to individuals with additional and / or specific needs.

Framework	Reference	Indicator
Public Health	1.6	People with mental illness and/or disability in settled accommodation
Public Health	1.18	Social connectedness
Public Health	2.24	Falls and fall injuries in the over 65s
Public Health	4.13	Health-related quality of life for older people
Public Health	4.14	Hip fractures in over 65s
Public Health	4.16	Dementia and its impacts
NHS	2	Health-related quality of life for people with long term conditions
NHS	2.1	Proportion of people feeling supported to manage their condition
NHS	2.3 (i)	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
NHS	2.6	Enhancing quality of life for people with dementia
NHS	3.A	Emergency admissions for acute conditions that should not usually require hospital admission
NHS	3.B	Emergency readmissions within 30 days of discharge from hospital
NHS	3.3	Improving recovery from injuries and trauma
NHS	3.4	Improving recovery from stroke
NHS	3.5	Improving recovery from fragility fractures
NHS / Adult Social Care	3.6 /2.B	Proportion of older people (65 and over) who were (i) still at home 91 days after discharge into rehabilitation (ii) offered rehabilitation following discharge from acute or community hospital
Adult Social Care	1.A	Social care-related quality of life
Adult Social Care	1.H	Proportion of adults in contact with secondary mental health services who live independently
Adult Social Care	2.A	Permanent admissions to residential and nursing care homes, per 100,000 population
Adult Social Care	2.C	Delayed transfers of care from hospital, and those which are attributable to adult social care

Executive summary

In 2012/13, Wiltshire Council placed 218 people in care homes with nursing and 330 in care homes providing personal care. At 31 March 2013 the Council funded 1,416 older people in residential care setting. Including those people funding their own care in care homes there are a total of 3,635⁴ people living in care homes in Wiltshire. This is a significant reduction on previous years:

2007/08	4,360
2011/12	4,600
2012/13	3,635

In 2013/14 the total budget for adult care is £117.94m of which £59.96m is spent on older people. £32.856m will be spent on placements this year. This accounts for 49.37% a drop from 64% in the previous year. The target for spend is 40% but progress is being made towards achieving this.

On the other hand, the Council spends £16.623m on services aimed at supporting people living in their own homes, 24.98%. Our aim is to increase this funding by reducing the spend on placements and residential care services.

This places the county as the 38th highest (out of 152 councils) in the number of placements made. Conversely, the Council spends 28% of its budget on supporting people at home.

There are two reasons why this causes concern. The first being that most older people wish to remain in their own homes. The second being that the average costs of placements funded by Wiltshire Council is £532.22 for residential and £543.77 for nursing with average lengths of stay being 875 days for residential and 610 for nursing care. Those funding their own care pay more, admit themselves to care homes earlier and live longer, average length of stay is 4 years so their position is considerably worse. 25% of those who self-fund their placements become the financial responsibility of the local authority. Gross costs for average length of stay are £46,000 for residential and £35,000 for nursing. This compares with the average costs for care at home which are £7,700 per annum⁵.

There is evidence from Oxfordshire⁶ and some London Boroughs that specific, targeted interventions can reduce the number of admissions. These include: provision of support to carers, assistance with continence management, improved advice about nutrition and hydration, better support in a crisis, reducing the number of falls, recognising and treating older people with depression and greater support to those caring for someone with dementia.

Delayed transfers of care

For a number of years Wiltshire has experienced high numbers of people delayed in hospital. Between April 2012 and March 2013, 54% of placements made by the Council were people from hospital. There is a clear link between hospital discharge and number of placements with more placements being made when there is an increased number of delays.

Table 1: Average number of delays per week

Year	2009/10	2010/11	2011/12	2012/13
Average delays per week	29.79	30.54	52.83	51.96

The customer perspective

iMPOWER recently researched an aspect of this market and interviewed social workers, directors of adult services and GPs and found that:

- An estimated 30%-60% of people entered care homes too early.
- 57% of social workers agreed that more could be done to support people at home.
- 95% of social workers agreed that most people wanted to remain in their own homes.
- 82% of GPs believed that a large proportion of older people could avoid or delay entry to residential care if better support was available.

This is supported by research undertaken by PSI that found 25% of older people in residential care consider they do not need to be there and by Department of Health analysis of the percentage of adult services budgets spent on residential care for older people which ranges from 70% to 30%.

iMPOWER also looked at what factors influenced older people in their decision about entering care homes and found that 46% were influenced by hospital doctors, 44% by their families, 41% by GPs, 30% by nurses, 29% by spouses and 22% by social workers.

As part of this work, Wiltshire participated in a study examining these findings from a Wiltshire perspective. This work is not yet complete however, some early information shows that:

- 67% of older people questioned said that family, particularly children, had influenced their care choices.
- 54% stated that GPs had some or a lot of influence on their care choices, higher than hospital doctors.
- Only 3% said that social workers influenced their care choices.

These findings will inform the commissioning of a new information and advice service that will offer the public clearer information about the choices available and can be designed to focus on customers, professional staff including doctors, families and carers.

Factors influencing admissions to care homes

A study completed by Oxfordshire⁷ found that 3 out of 5 people moving into a care home lived alone. A number had pre-disposing conditions namely:

- urinary incontinence (45%);
- dementia (40%);
- bowel incontinence (34%);
- depression (25%);
- visual impairment (21%);
- stroke (19%);
- diabetes (17%).

This evidence is supported by work completed by Bebbington, A, 2001 “Care Homes for Older People”. Oxfordshire found that of their sample group 84% had received social care to help them live at home prior to being admitted to a care home. 61% were admitted from hospital, of which 39% had been in hospital for 8 weeks or more. 30% lived in housing that was unsuitable and 41% had fallen in the previous 12 months.

In addition with work undertaken locally these findings informed the Council’s commissioning of its Help to Live at Home service. Four providers have been commissioned to deliver an integrated care and support service that is focused on delivering outcomes for customers that enable customers to remain living independently in their own homes. The expectation that is placed on these providers is to deliver services which are targeted at reducing needs by focusing on falls prevention, continence management, mental health and nutrition and hydration. Currently, as a result of the interventions of the Help to Live at Home providers 76% of customers require less support or no support. (May to August 2013 figures).

In addition to the provision of care and support services there is an expectation that these providers will offer a range of low level preventive services to the wider community through the development of sheltered housing as “community hubs”.

Alongside this work that is focused on customers who are eligible for support from the Council, a range of services are funded by the Council and delivered by the voluntary and community sector. These services are targeted at enabling people to remain in their own homes. Some examples of this include:

- Age UK provide a range of falls prevention activities such as postural stability classes, fitness and friendship groups, befriending service, housing options advice, day centres, and information service.

- Alzheimer's Society provides support for carers of people with dementia and a range of services.
- Carer's Support provides a range of services to support carers to enable them to continue to care if they wish.

There is evidence to suggest from the reducing numbers of people living in care homes, that these interventions are impacting on the number of care home admissions.

Dependencies

A lot of work has been completed already focused on reducing admissions to either hospital or care homes. Examples of this include:

- Falls strategy
- Accommodation strategy
- Dementia strategy
- Stroke pathway
- Carers strategy
- Help to Live at Home programme
- Care pathway work

Each of these strategies has one of its defined outcomes to reduce the number of care home (and hospital) admissions.

Evidence would suggest that these are beginning to impact upon the number of admissions.

Culture change

The London Joint Improvement Partnership 2011 found that

“investment in community services may not change residential admission patterns ifrelationships are not understood”.

They looked at 3 London boroughs, two with high numbers of admissions and one with low and found that the borough with reduced numbers of admissions had a culture of living in the community as a default position, close working between organisations, a different and positive attitude to vulnerability and risk and a system for quality assuring assessments.

The work that is being taken forward in Wiltshire will need to develop proposals for addressing culture change as well as the service improvements identified in the challenges for consideration section.

Challenges for consideration

In 2012, we set out a number of challenges. The action set out to address these challenges is set out below.

Improving our understanding of the factors that influence people's decision to enter a care home.

- Completed Home Truths research to better understand the influencing factors in Wiltshire.
- Research completed and findings used to inform action plan

Complete review of existing strategies and develop one action plan that brings together all actions focused on reducing care home admissions.

- Action plan attached at [Appendix A](#).

Identify resources and governance arrangements and agree timescales.

- Action plan overseen by Older Peoples Commissioning Group and reported to Joint Commissioning Board.

Improving current services:

- Implementation of Help to Live at Home will enable more people to live at home.
- Help to Live at Home is now implemented and delivering outcomes for customers that exceed local and national targets for reabling customers. Between April 2012 and March 2013, 67% of initial support customers required no support or reduced amount of support.
- Expansion of STARR scheme to include non-bed based services, to ensure customers have time to make decisions when not in a crisis.
- The STARR Scheme was reviewed and extended late last year to include community nurses and mental health liaison staff. This has meant that the scheme can cater for a wider range of patients, including those with dementia. STARR trialled a weekend service and 7-day access will now be incorporated into a new Single Point of Access for urgent care.
- A community-based rapid response service, comprising community nurses and domiciliary care, will be implemented from November 2013, accessed through the Single Point of Access.

Implementation of falls strategy will reduce the number of falls.

- Falls strategy group will meet quarterly to oversee implementation of action plan.
- Diverting investment in acute falls services to community services is planned.

Improving new information and advice services to ensure people have information they require when they require it.

- New information and advice portal is being commissioned. Various publications have been produced this year targeted at older people and their families – Care Service Directory, Life is For Living, Help to Live at Home leaflets etc. Also a number of publicity events have taken place throughout the year.

Re-align investment in community services where necessary

- The joint Wiltshire Council/Wiltshire CCG Community Transformation Programme is modelling care around 23 primary care led teams. This work will result in more services available locally. 23 Care Coordinators have been appointed to work with GP practices. Social workers are being aligned to work with the 23 primary care localities. £1m of health monies have been invested in additional Help to Live at Home support.
- The Council has invested in a 24/7 call centre and response service for telecare.
- From November 2013, a new Single Point of Access will be implemented for access to urgent care.
- Increased investment in carers services, including the commissioning of assessment services from Carers Support.

De-commission and re-commission services where necessary.

- Action plan details plans for commissioning services.

Improving Community Care Assessments.

- To be progressed.

Analyse the demand for night nursing services.

- Live in care now available from Help to Live at Home service providers as well as planned night care.
- The Council and the CCG are implementing a Rapid Response service (nursing and domiciliary care) from November 2013. This will be on a pilot basis and will enable us to model demand for future investment.

Actions for 2013/14

These are set out in [Appendix A](#). The focus this year is upon improved management of the care home market to ensure better and more appropriate utilisation and the development of a joint approach to commissioning this sector between the Council and NHS.

In addition to the areas identified in the action plan a key objective this year is to improve the availability of information and advice to enable more people to be able to access care that is appropriate to their needs. This is linked to a review of voluntary

and community sector provision to ensure it is more closely linked to the Council's overall approach to commissioning services to older people and thereby forms part of the Council and NHS's strategy to increase investment in services that enable more people to be supported at home.

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¹ The Adult Social Care Outcomes Framework 2014/15, Department of Health, November 2013.
<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015>

² Healthy Lives, Healthy People: Improving outcomes and supporting transparency, Department of Health, January 2012 <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

³ NHS Outcomes Framework 2014/15, Department of Health, 2013.
<https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

⁴ www.POPPI.org.uk

⁵ Wiltshire Council departmental dashboard 1.4.12 to 31/03/13

⁶ Support to the Early Intervention and Prevention Services for Older People and Vulnerable Adults Programme: Report on Study of Care Pathways, Oxfordshire County Council/ Institute of Public Care, March 2010

⁷ Support to the Early Intervention and Prevention Services for Older People and Vulnerable Adults Programme: Report on Study of Care Pathways, Oxfordshire County Council/ Institute of Public Care, March 2010