
Independence, Choice and Control: Services for older people

An integrated commissioning strategy for Barnet
2008-2017

Developed by:

Barnet Primary Care Trust

London Borough of Barnet Council

Barnet, Enfield and Haringey Mental Health NHS Trust

Barnet Partnership Board for Older People

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1. Summary

Independence, Choice and Control sets out the commissioning intentions of the London Borough of Barnet and Barnet Primary Care Trust for services for older people over the period from 2007-2017.

The commissioning strategy was developed by the London Borough of Barnet and Barnet Primary Care Trust (PCT), and with Barnet, Enfield and Haringey Mental Health NHS Trust and builds upon the joint work and consultations with older people which led to the plan 'Living Longer, Living Better (2006-2009) and the wide range of service developments over the last 3 years.

It is based on the current and future requirements of older people living in Barnet. It is designed to secure appropriate provision of services to meet the population's health and social care needs, to meet people's changing aspirations, offering them and family and informal carers control and choice in the way those needs are met.

Overall, the numbers of people with impairment and dependency will increase in Barnet over the next 20 years and the policy directives for the NHS to 'shift care closer to home', aims to deliver more choice and flexibility in how health needs are met. Both these changes potentially place significant pressures on social care systems as more people are treated in the community.

The new national policy direction challenges local authorities and primary healthcare trusts to focus on whole communities not as in the past on smaller numbers with acute needs. The challenge is to prevent dependency on services. Meeting this challenge will provide better outcomes with the opportunity for more fulfilling lives for older people. It will also be more affordable to the public purse and provide good value for individuals.

The vision for the future role of older people's services reaches beyond Adult Social Services to support the corporate objectives of the borough in creating the environment to support community well being. This strategy will be used to develop and inform other programmes and targets such as those set out in the Local Area Agreement, the Corporate Plan and the Sustainable Community Strategy.

The strategy covers all the health and social care services that older people are likely to use. Its focus is on maintaining the health and well being of older people, but it recognises that age can bring disability and mental or physical ill health – and these must be diagnosed quickly and treated appropriately. The shift of care closer to home

To meet aspirations of older people into the future it is important that commissioners continue to seek the views and experiences of people who are in receipt of services, listen to older people who may be planning for the future and also use population and needs analyses to predict and forecast future requirements. In addition, in order to make effective decisions for individuals and groups, the local authority and PCT need to use and share information in an effective way.

The need analysis demonstrates that demand for social care services for people in the older age groups will be influenced by the future numbers of older people, the success of healthcare interventions in prolonging life; the prevalence of dependency and the future

availability of informal care. The strategy recognises that commissioning for health and well-being means involving the local community to provide services that meet their needs, beyond just treating them when they are ill, but also keeping them healthy and independent, including reducing falls.

The PCT and local authority are both committed to developing services which are more personalised. For social care, this means changing the way that people's needs are assessed and provided for. More than that, it means consulting people about their needs and preferences and making a radical shift to giving them direct control over the decisions about the services they receive so they can shape these to support a lifestyle of their choosing. For the NHS, this means delivering services which are timely, well coordinated and available close to home and, when hospital based care is necessary, choice for people about the timing and location for that care. The local authority and PCT acknowledge that this commitment involves a considerable change and all developments cannot proceed at the same pace: hence a 10 year strategy

The PCT and local authority will commission services which promote independence, choice and control and will build upon work with a wide range of independent and voluntary sector organisations, and with NHS and local authority providers, to achieve those ends.

The analysis of current and projected needs leads to the conclusion that, over the next 10 years, all services will be more flexible and diverse and tailored to the needs of individuals; the number of places required in residential care homes will fall; and the volume of services delivered in or close to people's own homes will rise.

At the heart of the strategy is the determination to shape services so that they deliver better outcomes for older people and their carers. Any plans for developing and changing services must be rooted in what people need and want from services, and what can be achieved by those who provide services, working together.

An outcomes-based approach is important because it defines the reason for changes in service delivery, and the measures of achievement and quality.

The strategy, and services themselves, will be measured against seven key outcomes:

1. Older people and their carers enjoy the maximum level of independence, enabling them to exercise choice and control in the way their care needs are met.
2. Older people and their carers enjoy emotional and mental well-being
3. Older people and their carers are well informed about their mental and physical health problems.
4. Older people and their carers feel valued, have their cultural needs met, and remain part of the wider community,
5. An older person's health problem is recognised and responded to in a timely, effective, appropriate and respectful manner. This is particularly relevant to older people with mental health needs.
6. Older people and their carers feel safe and secure.

7. Older people to enjoy the usual risks associated with independence and exercising personal choices.

The commissioning strategy establishes the basis for a service ethos for older people that draws on the talents of people providing all sorts of care, support and services: housing, employment, social contact, income, information, getting out and about as well as the NHS and social services. They are part of a 'whole system' which offers individuals independence, choice and control.

This approach, which engages a wide range of stakeholders and providers in developing more person centred services is well supported by research, including the work by Better Government for Older People that contributed to identifying seven 'Dimensions of Independence for Older People', described in more detail in the "Opportunity Age" consultation document (DWP 2005).

Key local drivers

In common with the national picture Barnet faces an increase in the numbers of older people in the borough. The relatively high proportion of the very old and the predicted growth in this area leads to a growth in the number of people with more complex needs and long term conditions, including mental health problems.

The following is significant to influencing future demand:

- Barnet has the second highest number of people over 65 in Greater London with nearly 53,000 people over pensionable age in 2006.
- Currently Barnet has the second highest proportion in Greater London of its population over 85 at 2.08% (England average 1.98%)
- The number of people over 65 in Barnet is set to increase gradually from 2010 rising each year, with a steep increase beyond 2020; the first phase of the baby-boomer generation will reach the age of 75 in 2020; this generation will be more familiar with a 'consumerist' approach when accessing services.
- An increase in the number of frail older people: in particular people aged in excess of 90 years of age – an age when people become more dependent on additional support, accompanied by a rise in the number of unpaid carers.
- An increase in the number of older people from BME groups, with the sharpest increase expected to occur in the Indian, Chinese and Black African groups.

Sources: ONS Revised Pop. Projections 27 Sep 2007

There remain considerable health inequalities within the borough amongst the general population including amongst elders:

- The deprivation index places Barnet 15th out of 33 London Boroughs due to some pockets of severe deprivation in the borough leading to greater dependencies on health and social care services. Targeted work can be undertaken to ensure supplementary pension benefits are claimed to help reduce: depression, poor nutrition, hypothermia and social isolation.

Further needs analysis also shows the following:

- Barnet has a diverse population which requires diverse services that meet the aspirations of local communities.
- Increased life expectancy implies longer periods for individuals where health, social care and support are required.
- People when they fall ill in later life, whether that is an acute physical or mental illness, an acute phase of a chronic illness, or a chronic condition that affects an individual's mental or physical well-being often use services in an unplanned or uncoordinated way which leads to poor outcomes for the service users and is not cost effective.
- A significant proportion of care services are purchased independently by individuals (self funders) in Barnet. The procurement activities of the council are unlikely to be sufficient to meet the needs of those individuals and the strategy must ensure a viable and varied choice of services are available for those individuals and that appropriate information, advice and guidance is offered at those critical points in their lives.
- As family compositions change, more people are set to become older carers and legislation will continue to enhance their rights and give consideration to their needs.
- A higher number of older people will live alone reflecting the divorce rates amongst the over 50s and the lower proportion of older people who live with their children.
- Average savings are set to decrease as a result of changes in pension arrangements and more peoples working lives will extend beyond the age of 65.
- Many of the diseases experienced in old age are preventable through lifestyle changes which include increases in exercise, healthy eating/weight control and smoking cessation.
- Some degree of dementia is present in about 5% of people aged 65 years and over and more than 20% of those over 80 years of age. Research evidence on the prevention of dementia is sparse. Evidence-based research should be utilized by the various authorities to reduce the prevalence of dementia in the older age groups.

While some illnesses demand specific outcomes and specialist services, the principles of independence, choice and control are common to all. The commissioning strategy is built on this approach and is designed to promote:

- A widely accepted well-being agenda, in terms of access to sport, leisure, adult education, libraries and arts and transport as part of a wider environment that enhances health and the continued contribution of older people in their neighbourhoods.
- Improved income, through close working with the Department of Work and Pensions to ensure that older people have access to benefits that can help them find solutions to their care needs.

And assure:

- Information and advice that supports choice and empowers as many people as possible to live fulfilling lives in later years.
- Improved access to rehabilitation and recovery from illness in people's own homes.
- Better, more cost effective ways of managing higher level care needs in people's own homes through the use of innovations like assistive technologies and complementary working across health and social care services to shift care closer to home for people with complex needs.
- Changes to the way services are contracted to create more flexible service delivery that meets older people's expectations for person centred care, and outcomes tailored to the individual.
- An overall balance in the future care market which sustains high quality support to people with complex needs to live in the way they choose, however preventing dependency wherever possible by ensuring older people can access support systems and services as part of a wide network of services for the benefit of older people in Barnet within sustainable communities.