

briefing

OCTOBER 1997

The Coming of Age Improving care services for older people

More people are living longer and, at the same time, arrangements for their care have been changing.

- the number of people aged over 85 has nearly doubled since 1981 and will double again by the middle of the next century
- there has been a 38 per cent fall in the number of NHS beds designated for older people since 1983
- the number of nursing and residential beds in the independent sector has risen by 242 per cent in the same period

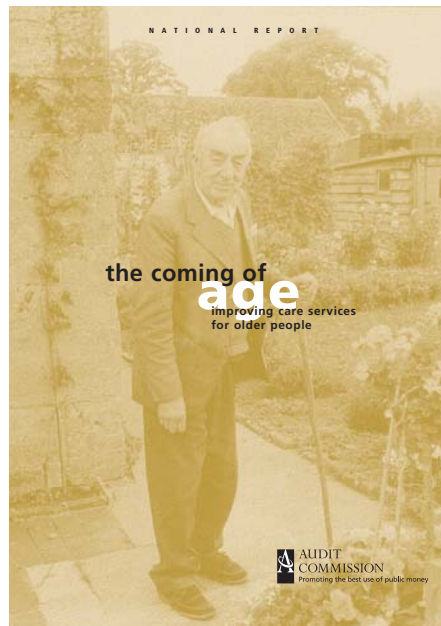
These changes have put pressure on health and social services...

- to agree their respective responsibilities
- to set deadlines and improve the arrangements for long-term care assessments

...and on social services and the providers of care.

- to listen carefully to older people and to involve them more in planning their own care
- to afford care managers greater flexibility to tailor services
- to review packages of care to ensure their continuing relevance

Health and social services are locked in a vicious circle, as hospital



admissions rise and lengths of stay shorten...

- 18 per cent of older people were hospital inpatients at some time in 1994, compared with 13 per cent in 1982
- the average length of stay in geriatric wards fell by 45 per cent between 1990 and 1995

...allowing less scope for recovery and rehabilitation, and placing increasing demands on social services.

- nearly two-thirds of social services gross expenditure on the care of older people is spent on residential and nursing care
- this reduces the amount of money available for community-based preventative services

- and may lead back to admissions to acute hospital care which are unnecessary and disrupt the lives of older people

This circle can be broken only if health and social services commit themselves to joint planning and investment in alternative services...

- mapping existing needs and services
- sharing their findings with each other
- devising new initiatives to rebalance services

...and to more constructive relationships with the independent sector.

- adopting a more flexible approach to contracting that rewards quality and innovation
- working more closely to eliminate inefficiencies and identify opportunities
- monitoring services more efficiently and effectively

These changes at a local level should be combined with a national review of the funding and organisation of long-term care to ensure that care for older people is appropriate, timely and effective.



**AUDIT
COMMISSION**

Promoting the best use of public money

Recent changes in care services

1. More and more people are living longer – a great achievement of the twentieth century, but one that is creating a growing demand for long-term care. Those aged over 65 make up 14 per cent of the population but they account for nearly half of health and social services expenditure. Those aged over 75 and especially over 85 use care services even more intensively. Moreover, the number aged over 85 has nearly doubled in number

since 1981 and will double again by the middle of the next century.

2. The arrangements for providing care changed significantly during the 1980s, leaving two major legacies:

- the amount of long-term care provided by the NHS reduced significantly; and
- the amount provided by the independent sector grew.

Neither change was planned and both have provided major challenges. The NHS has found itself less able to discharge people from acute hospital and be confident that appropriate community care will follow; local authority social services departments have found themselves squeezed between demands from the NHS on the one hand and from the independent sector on the other.

Assessing and arranging care

3. Many older people need ongoing care following a spell in hospital. The NHS and social services must work together to assess their needs and organise necessary care. But all too often they fail to agree who should be doing what. The result can be confusion and delay, with people staying in hospital longer than they need. Clarifying responsibility can help staff to identify and tackle the causes of delay.

4. Some authorities do not specify when things should be done. In those that do, standards vary, with the time allowed from assessment to putting a care package in place ranging from 5 days to 26 weeks. Authorities should agree times and these should be as short as possible. The

quality of the assessment process also varies. This matters because assessment often determines whether older people are able to go home or require care in a residential setting. The assessment process should be subject to quality checks; and more complex cases should be assessed by multidisciplinary teams. Some authorities have introduced multidisciplinary assessment panels to provide an additional check.

5. Social services departments are introducing care managers to assess the needs of older people and to arrange packages of care with providers of services within a framework set by the authority centre [EXHIBIT 1]. All four groups must communicate effectively, but sometimes older people and their

carers do not appear to have as much influence over their care as they should. In practice care managers have limited choice to offer older people. Furthermore service reviews, to check that care packages are still appropriate, often receive a low priority.

6. Social services departments should provide better information and advice, and consider advocacy for older people. They should ensure that care managers have greater influence over services by reducing restrictions on choice, introducing service level agreements with in-house providers and delegating budgets (backed by financial support and systems). Furthermore service reviews should be a priority to ensure value for money.

EXHIBIT 1

Framework for commissioning community care services

All four key groups involved in the commissioning of services must communicate effectively to shape services that meet people's needs.



Source: Audit Commission

Rebalancing services

Older people often occupy expensive acute beds because alternatives are not available

7. But assessing and arranging care better is not sufficient. Those who plan services need to work together to make sure that an adequate range is available. However, change is made more difficult in the NHS by pressures from the rise in the number of

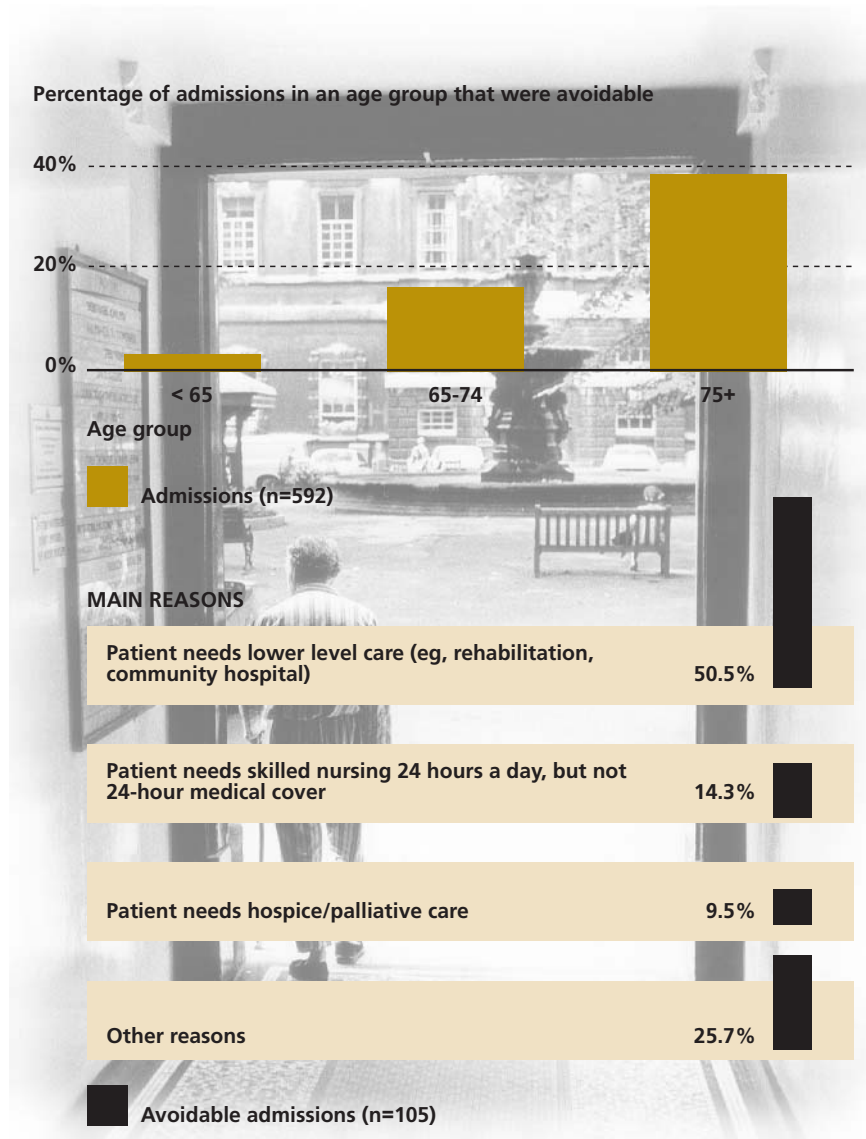
emergency admissions. Older people often occupy expensive acute beds because alternatives are not available [EXHIBIT 2]. Also the pressure to discharge means that lengths of stay in hospitals have fallen.

EXHIBIT 2

Admissions to acute beds

...were often potentially avoidable for older people, particularly those aged over 75...

...but this was largely due to a lack of alternatives locally.



Source: Two hospitals in a major city

8. Social services are feeling the effects, with many departments making increasing use of nursing or residential homes at the expense of care in people's own homes. Nearly two-thirds of social services gross expenditure on the care of older people in England is now spent on care in residential settings [EXHIBIT 3].

9. Pressures are building on the use of hospital beds and beds in nursing and residential homes. Health and social services are locked together in a vicious circle in which it is becoming increasingly difficult to free up the resources for alternative services that might begin to ease the pressure [EXHIBIT 4, overleaf].

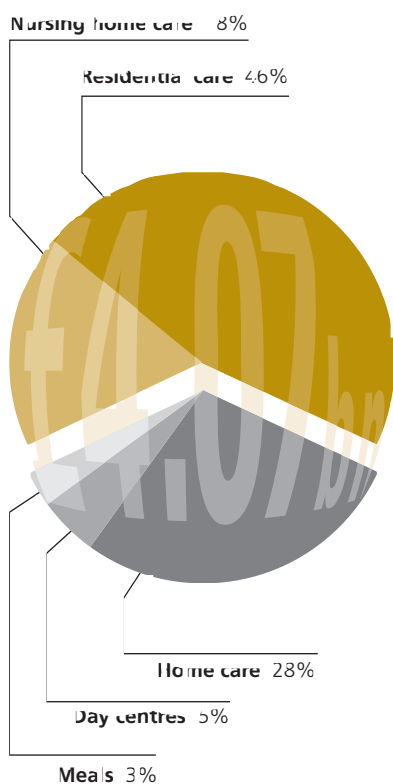
Each agency needs to work closely with its providers to develop new forms of provision

10. To break out of this vicious circle both agencies need to work together. They must start by mapping needs and services and sharing this information to allow them to plan services jointly. Each agency also needs to work closely with its providers to develop new forms of provision. For health this means working with trusts to reduce admissions to hospital and to provide effective rehabilitation for older people prior to discharge. For social services this means working increasingly with independent sector providers. Social services departments need to develop more sophisticated funding and contracting mechanisms to promote improvements in quality and innovation, and eliminate unhelpful bureaucracy. Finally, they need to improve and extend their monitoring capabilities to reduce the risk to vulnerable older people.

EXHIBIT 3

Gross local authority spend on services for the 75 plus age group (England, 1995/96)

Sixty-four per cent of spend on social services in England was on care in residential settings.



Source: DoH, Key Indicators Graphical System

EXHIBIT 4

The vicious circle

The pressure on expensive hospital beds and the high use of nursing and residential homes is making it hard to free up resources for alternative services that might start to ease the situation.

The way forward

11. Action is required at a number of levels, and these actions should be prioritised to make them achievable [CHECKLIST FOR ACTION, overleaf]. But local initiatives alone are unlikely to be sufficient. A clear statement of policy from government, which might include answers to the following questions, is needed:

- Where should the boundaries of responsibility lie between the NHS, social services, housing and other agencies?
- What is the role of the NHS in long-term care?
- Should national standards be set for care and, and if so, how should these be implemented, funded and measured?
- What is the correct balance between acute and preventative and rehabilitative services?
- Should direct payments be extended to older people to strengthen the user's influence? If so, what does this mean for the role of social services?
- Are new arrangements required to develop care management skills further?

12. Alongside a review of the care system, the adequacy of the funding for long-term care needs to be reviewed both for now and for the future. The development of such a co-ordinated framework for the care of older people, together with guidance on local service configuration, would help to ensure that resources are utilised efficiently and provide the quality of care that older people need.

Local initiatives alone are unlikely to be sufficient

*If you want to know more:
The full national report, **The Coming of Age: Improving Care Services for Older People** looks at all these issues in more detail and includes background information, case studies and specific guidance.*

*Audit Commission, **The Coming of Age: Improving Care Services for Older People** (national report)*

ISBN 1 86240 059 8
£20.00

Copies of this report are available from:

Audit Commission Publications
Bookpoint Ltd
39 Milton Park
Abingdon
OX14 4TD

Freephone 0800 502030

Checklist for Action

SHORT-TERM ACTIONS

Understand the immediate pressures...

Map needs and services and share this information with other agencies as the basis for joint planning and commissioning

Health authorities

Health trusts

Social services departments

Central government



Review use of acute beds by older people; identify possible alternative services



Review social services' capacity to respond to changes in health service provision



Streamline discharge arrangements...

Agree discharge responsibilities and time standards; audit all alleged discharge delays and identify who is responsible



Make an officer responsible for monitoring discharge, reporting to the chief executive and director of social services



Review assessment arrangements and consider use of multidisciplinary panels



Ensure that care management is effective...

Ensure that older people are fully involved in care planning and aware of the choices available. Consider use of advocacy for older people



Review allocation of home care packages where this has not been done recently



MEDIUM-TERM ACTIONS

Ensure that mapping becomes routine...

Develop information systems to support the mapping process and update the maps



Strengthen links with service providers...

Work together to develop alternative services for older people. In particular, explore ways of improving rehabilitation after treatment



Seek better relationships with independent providers



Review contracting and funding mechanisms to encourage quality and innovation



Develop monitoring capacity...

Improve the co-ordination and coverage of the monitoring process



Continue to develop care management...

Develop care management's influence over services, introducing service level agreements with in-house providers, making unit costs available and pursuing financial devolvement



Ensure that all services are reviewed regularly to ensure effective targeting



STRATEGIC ACTIONS

Provide a coherent and helpful framework...

Clarify the roles and responsibilities of the NHS and social services in long-term care and the level of funding required to match these



Encourage greater emphasis on prevention and rehabilitation



Encourage development of care management skills

