

Commissioning community care services for older people

Key findings / Prepared for the Accounts Commission and the Auditor General for Scotland

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Key findings

Introduction

Community care services contribute significantly to the quality of older people's lives. Annual spending on older people's services is about £558 million and accounts for almost two-thirds of councils' community care expenditure.¹ It is difficult to quantify health expenditure as older people use services across the NHS both in the community and in hospital and NHS budgets cannot identify different client groups.

The environment for providing community care services to older people is challenging. The older population is predicted to increase significantly over the next 23 years, placing pressure on services in the future. In addition, there have been a number of new national policy initiatives that councils have had to respond to, such as implementing free personal and nursing care for older people and rapid response services.

Councils and their health partners need to plan together to ensure that older people have access to appropriate, flexible community care services to allow them to lead as independent a life as possible. The Scottish Executive needs reliable and comprehensive information from councils and health bodies in order to monitor whether best value is being achieved across Scotland.

The study

This is a report on behalf of the Accounts Commission and the Auditor General for Scotland.

We focused on councils as they have the lead role in planning community care services for older people. Recognising the increasing

involvement of health bodies, through the Joint Future Agenda and community planning, we also comment on how well councils are working with their local health partners when considering future demand, capacity and models of service delivery.

We collected data from 32 councils about how they commission services. We also used data collected at a national level by the Scottish Executive and the Accounts Commission. The key findings arising from our review are outlined in this report.

This study is complemented by our forthcoming report on the management of community equipment and adaptation services.

Key findings

1 Councils and their NHS partners need to plan now for the likely increase in demand for community care services for older people and the expected shortage of carers.

- Over the next 23 years the number of people aged 65 and over is predicted to grow by 46% (from 812,000 to almost 1.2 million). The number of people aged 85 and over is expected to double.
- It is estimated that there are about 500,000 unpaid carers in Scotland who provide care to family, friends and neighbours and save the public purse an estimated £4 billion.² But current predictions forecast that the number of 35-64 year olds, who provide two-thirds of this unpaid care, is due to fall (Exhibit 1).

- A decline in the working age population will also affect the availability of paid carers.

2 There has been some shift in the balance of care for older people from care home provision to more intensive care packages delivered in their own homes.

- Over the period 1999/2000 to 2001/02 there was a shift in the balance of council expenditure on care at home from 32% to 36%. Over the same period, the proportion spent on care homes fell from 50% to 48%. In 21 councils the balance has moved towards care at home but in eight councils the balance has shifted towards care homes.
- More intensive home care packages are now delivered, reflecting the move to target home care on those who need the most help with personal care. The number of home care hours per client increased from 5.6 hours in 2000 to 7 hours in 2002; and the number of older people per 1,000 population aged 65 and over receiving 10 or more hours of care each week rose from 14.6 to 18.8.
- Care at home is also being delivered in a more flexible way, with an increase in the proportion of older people receiving home care outside normal office hours (Exhibit 2).
- But the number of older people getting home care has fallen by more than 9,500 since 1999.³ The focus on more intensive home care may have affected the number of older people receiving lower level, preventative services.

1 Net expenditure on community care services in 2001/02 was £876 million. Expenditure on older people's services is estimated at £558 million (Source: *Scottish Community Care Statistics 2002*, Scottish Executive, Edinburgh 2003).

2 Based on information from the following fact sheet: *Facts about Carers*, Carers UK April 2003, www.carersonline.org.uk

3 *Scottish Community Care Statistics 2002*, Scottish Executive, 2003.

3 The Scottish Executive needs to ensure it collects information about the implementation of policy. This is essential to enable the impact of its policies to be monitored and evaluated.

- Over the last three years the Scottish Executive has introduced three major national policies, which councils are involved in implementing: free personal and nursing care, direct payments and rapid response services.
- The Scottish Executive is not receiving complete data on the take-up of free personal and nursing care, so it is difficult to assess the effect of this policy and forecast future expenditure.
- The number of older people recorded as receiving personal care at home organised by councils rose by 19% between 2000 and 2003, but a more detailed review is needed to assess the impact of free personal care.
- Direct payments for older people are beginning to be more widely available. From a low base, payments have been rising, but most councils have not estimated likely future take-up or the spending consequences. For those councils that have made estimates, the projected costs and take-up vary widely. Significant expansion of direct payments could affect the viability of other service provision so their impact needs to be assessed.
- Rapid response services were to be implemented across councils by 2002. At December 2003, 21 councils had implemented a full service, ten councils had a service that covered only part of the council area, and one council had no service at all.
- There is some evidence that rapid response services have a positive impact in reducing hospital admissions and achieving earlier discharges. But this is based on information from just seven councils. The Scottish Executive should require complete data from all areas so that a full evaluation can take place.

4 Almost every council has a waiting list for care home places and two-thirds have one for home care. But monitoring how long older people wait for services to be provided is patchy and inconsistent.

- Our census of waiting lists (as at 31 March 2003) shows that almost every council (31) has a waiting list for care home places and that over two-thirds (18) have one for home care.
- All councils monitor waiting times for different community care services to some extent, but few monitor these for all services. This information is needed to plan what services are needed where, and to assess whether older people are getting support within a reasonable timescale. The lack of standard data definitions also means it is not possible to make comparisons across councils and use benchmarking to improve services.

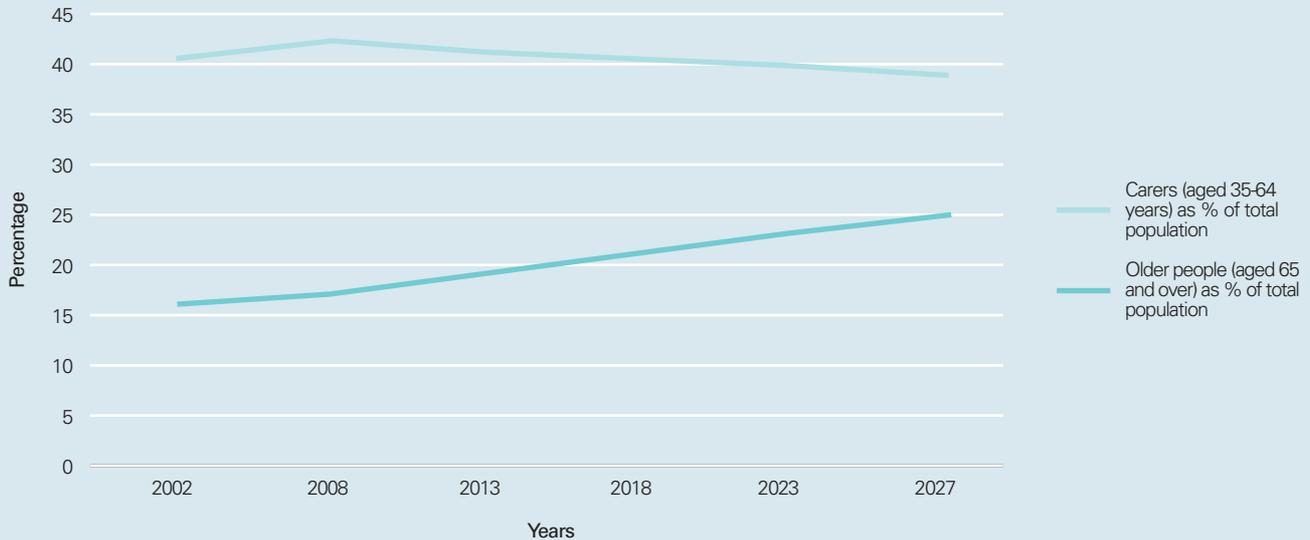
5 Councils and their partners need to use the information they have on older people's needs when planning services. The balance of contracts needs to support strategic planning to ensure value for money and the sustainability of services.

- All councils and NHS partners have a strategy or plan for older people's services which directs the way in which services are planned, purchased and developed. But collected information is not always used to inform planning and there are weaknesses in the assessments of unmet needs.
- Nationally over 50% of expenditure on community care contracts for older people's services is on block contracts and around a third is on spot contracts. However, among individual councils there is a wide range of practice. Councils should regularly review their balance of expenditure on contract types to make sure value for money is delivered and older people's needs continue to be met.
- There is wide variation in the progress of joint working in delivering community care services. Every area has a Local Partnership Agreement but there is wide variation in performance levels across partnerships, with joint resourcing being insufficiently progressed in many partnerships.
- National work is in progress on measuring whether joint working is making a difference for older people. This is an important development, as process indicators about partnership working do not provide a picture of whether partnership working is actually improving outcomes for older people.

Exhibit 1

Population projections for older people and their likely carers, Scotland, 2002 - 2027

As a percentage of the total population, the 65 and over age group will grow while those likely to care for them (35-64 year olds) will decrease.

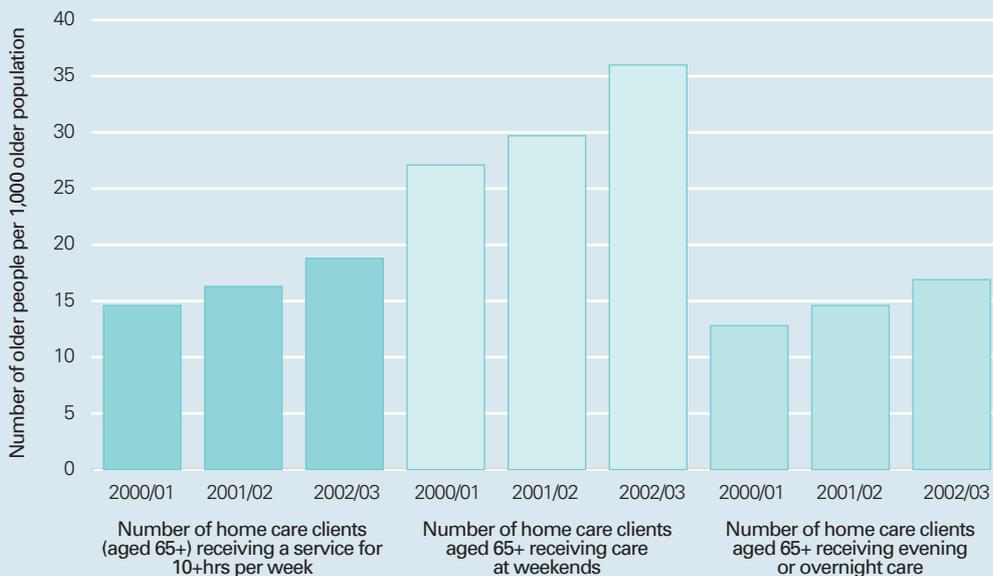


Source: Based on data from General Register Office for Scotland

Exhibit 2

Flexibility in providing home care, councils, 2001/01 - 2002/03

Councils are increasing the levels of care they provide to older people living at home and providing it in a more flexible way.



Source: Accounts Commission Statutory Performance Indicators 2003

Key recommendations

The Scottish Executive should:

- Collect comprehensive information from all partnership areas on the implementation of national policies. This is essential to enable the Scottish Executive to evaluate the impact on service users and the associated costs.

Councils and NHS partners should:

- Use information on their older population to plan and develop services that can both respond to a predicted growth in demand and ensure that older people can live as independent a life as possible.
- Collect information about carers in their area eg, number of carers, hours and type of care provided, support received by carers from the council. They should use this information to inform service developments for carers and to prepare for any future decline in carer numbers.
- Assess local services, including capacity, and monitor progress in shifting the balance of care towards care at home.
- Collect data about their rapid response services to help measure whether they are value for money and having a positive impact on the local care system. This information will support future service development.
- Regularly review their commissioning strategies (for example, on an annual basis) to ensure they are sustainable and deliver value for money.

Councils should:

- Collect comprehensive data about the take-up of free personal and nursing care. This will assist planning and performance monitoring at both local and national levels.
- Plan now for the extension of direct payments due to the potential cost and implications for service provision. They also need to ensure that users who opt for direct payments are supported to achieve their successful implementation.
- Collect waiting times for different community care services. If collected on a consistent basis, councils could use this to benchmark and to promote continuous improvement in services.

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