DOVER DISTRICT COUNCIL

**Democratic Services**
**White Cliffs Business Park**
**Dover**
**Kent CT16 3PJ**

**Telephone: (01304) 821199**
**Fax: (01304) 872452**
**DX: 6312**
**Minicom: (01304) 820115**
**Website: www.dover.gov.uk**
**e-mail: democraticservices @dover.gov.uk**

03 September 2013

Dear Councillor

I am now able to enclose, for consideration at the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** on Tuesday 3 September 2013 at 3.30 pm, the following reports that were unavailable when the agenda was printed.

6b Falls Response Service (Pages 2 - 31)

To receive a presentation from James Lampert, Kent County Council.

7 **FLEXING DOMICILLARY CARE** (Pages 32 - 41)

To receive a presentation from Joanne Empson, Kent County Council.

Yours sincerely

Chief Executive

# Falls Prevention
# A Framework for Kent

Presentation to the Health and Wellbeing Board

17 July 2013

Malti Varshney, Consultant in Public Health, KCC

James Lampert, Commissioning Manager, Families & Social Care, KCC

John Littlemore, Head of Housing and Community services, Maidstone Borough Council

# Introduction

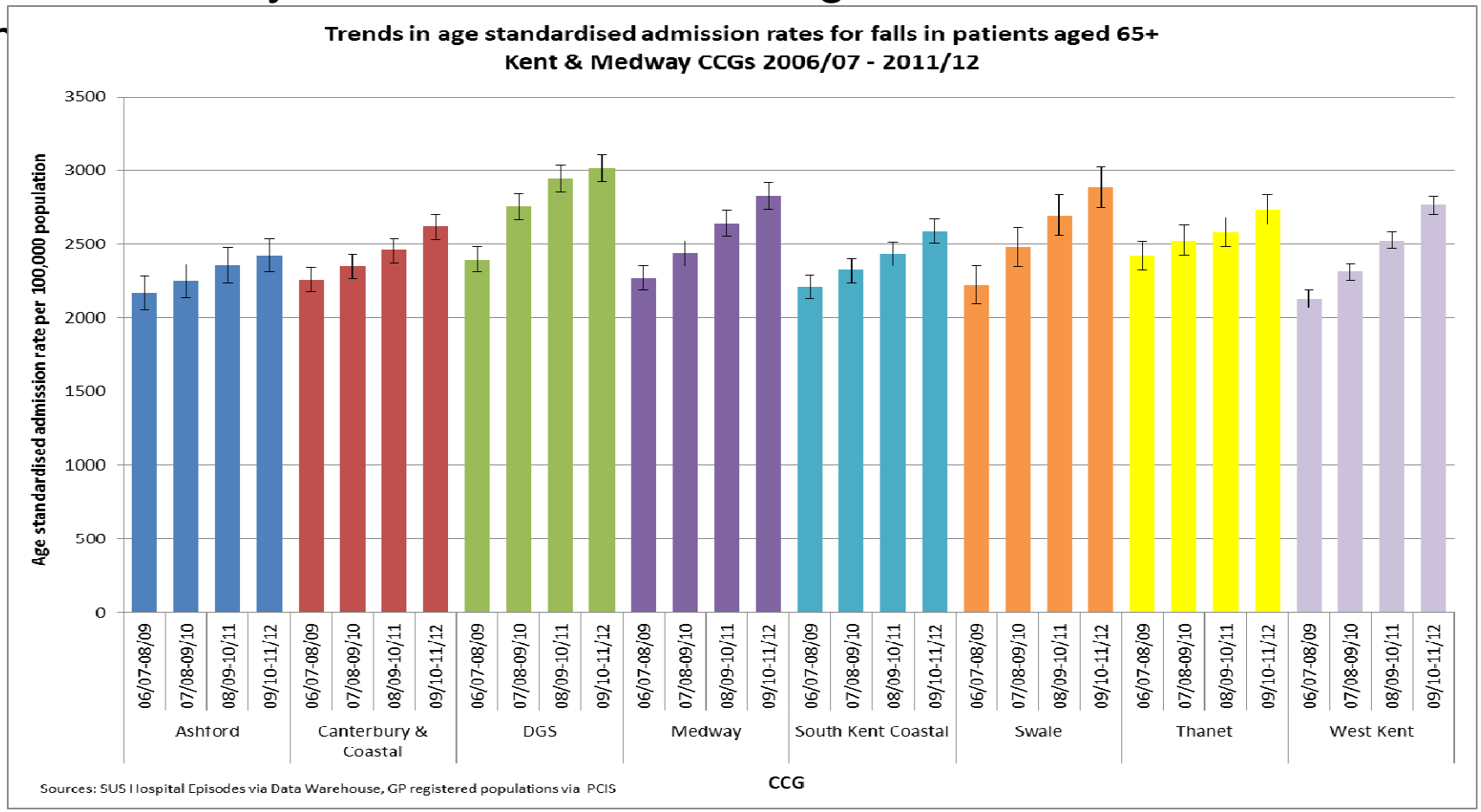
- Falls as an issue : Case for Action
- Evidence Base
- Proposed framework
- Opportunities for Joint working - Public Health, Adult Social Care, Area Team, CCGs, District Councils and other Housing providers

# Case for Action

- Falls is still on the increase (Kent outlier)
- Lack of service coordination both at commissioning and at provision level resulting in gaps affecting delivery of evidence base pathway
- Demographics: Aging population
- Need of cost efficiency: use existing resources more effectively.

# ASAR Falls Data trend based on Clinical Commissioning Groups (CCG)

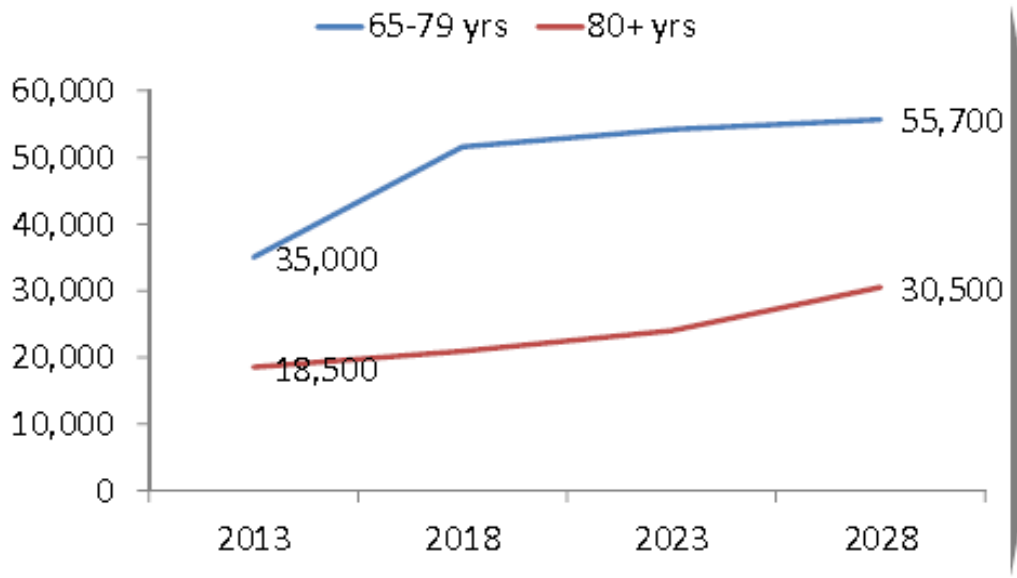
In the last six years there has been significant increase in falls am



# Falls are common in the elderly

- Those over 65: **one in three** will fall each year
- Those over 80: **one in two** will fall each year

**Elderly Population in West Kent**

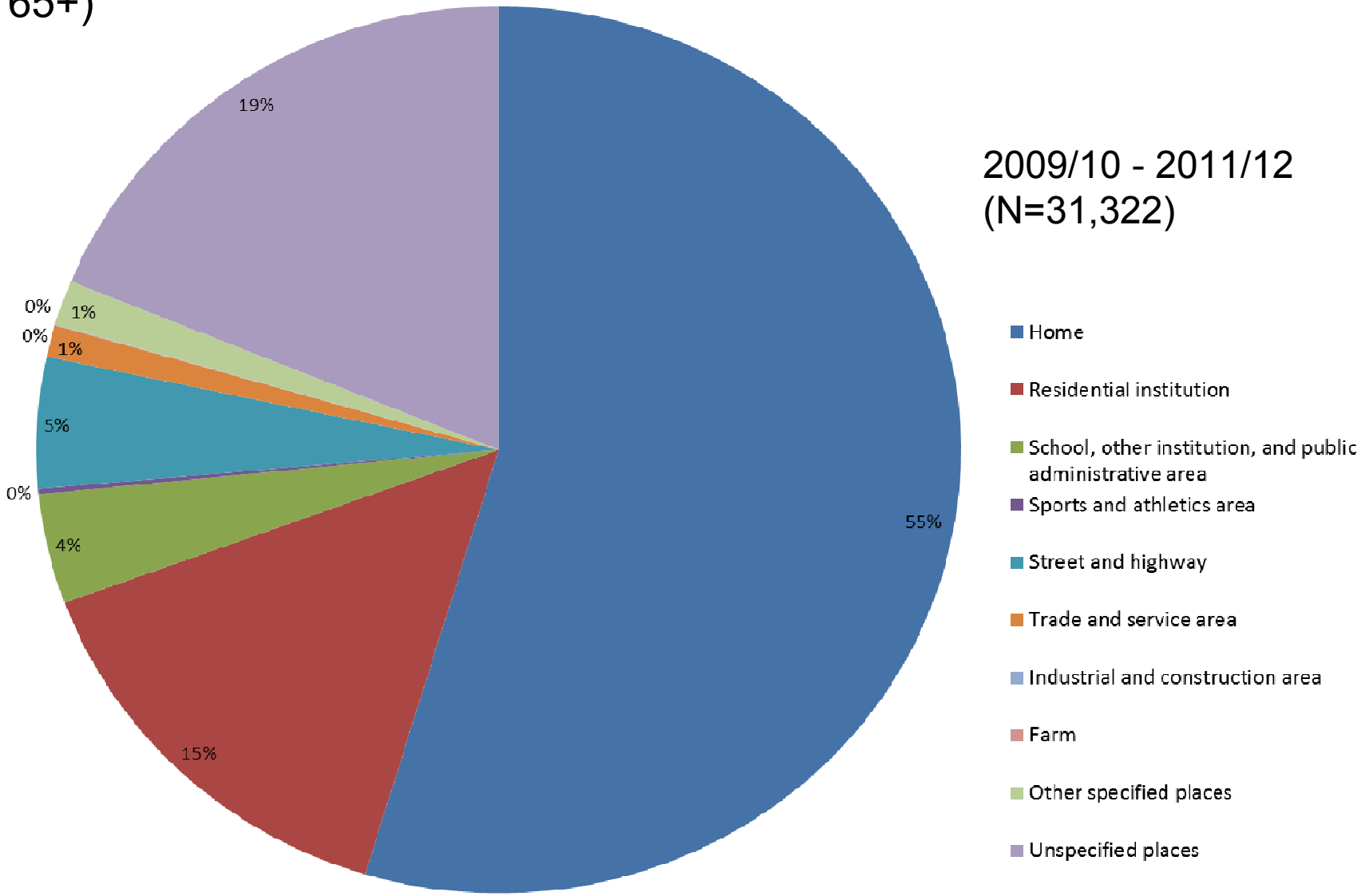



100 falls a day among West Kent over-65s

- Number of falls in West Kent in 2013 estimated at 21,000
- This could increase to 34,000 in 2028 (60% increase in 15 years)

Source: Kent County Council's housing-led Strategy Forecast (Nov 2012); Sum of Tonbridge & Malling, Tunbridge Wells and Sevenoaks

# Falls admissions by place of occurrence and CCGs in Kent and Medway (Age 65+)



# Four Objectives for Developing an Integrated Falls Service (DoH 2001)

- ✓ Objective 1: Improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards.
- ✓ Objective 2: respond to a first fracture and prevent the second – through fracture liaison services in acute and primary care settings.

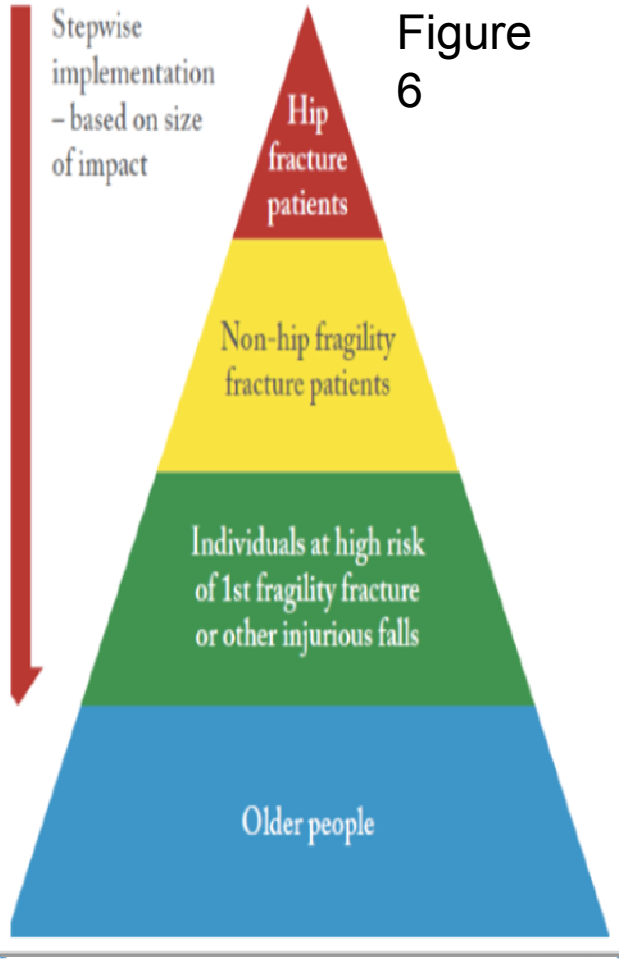



Figure 6

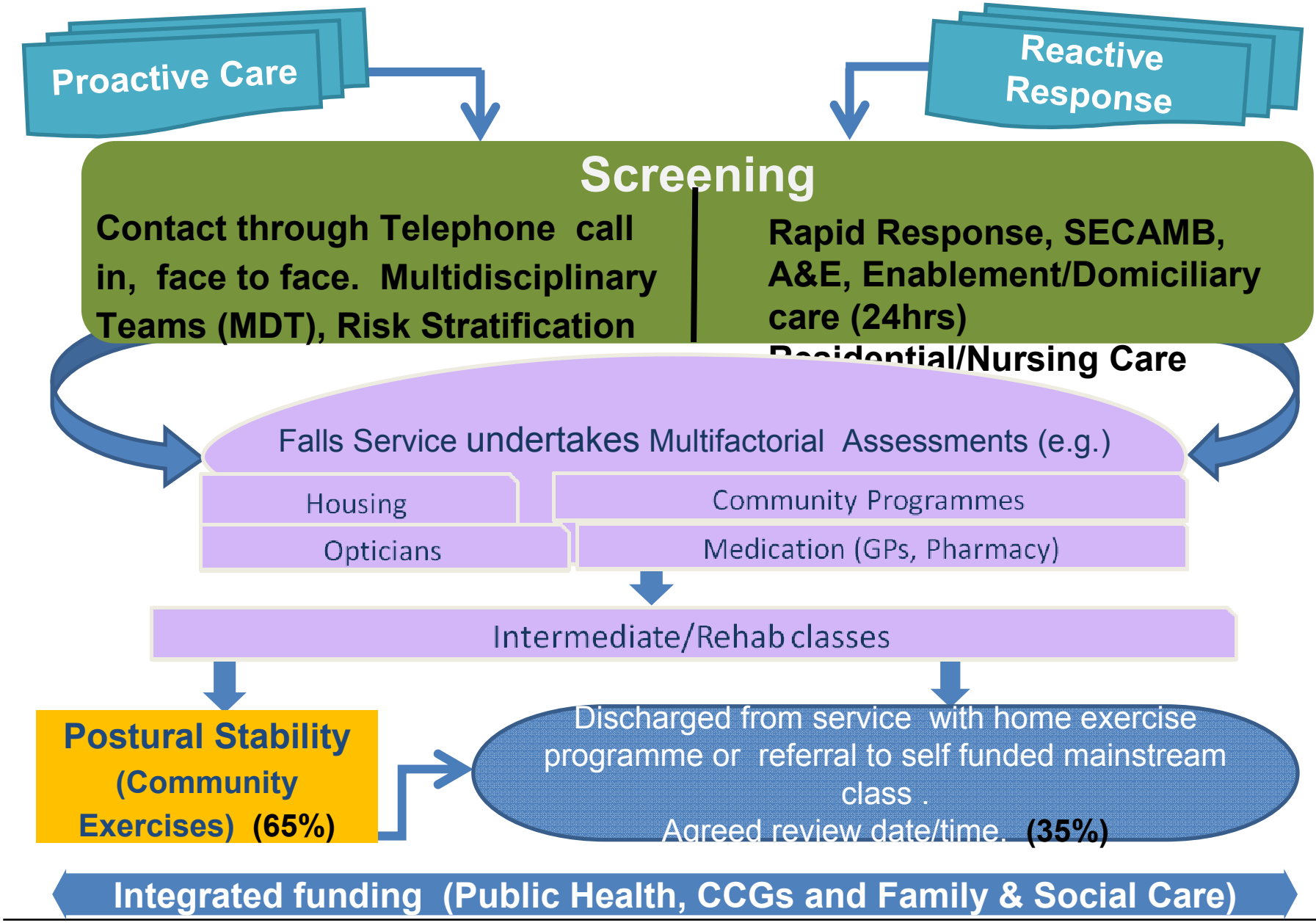
- ✓ Objective 3: early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries.
- ✓ Objective 4: Prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards.

# Ingredients for developing evidence based Framework

- The overall aim
  - Improve the quality of life for Kent residents
  - Reducing the rate of A&E attendances , Emergency admissions and residential care admissions

- Covers the entire spectrum across a range of stakeholders

- Uses Multifactorial assessment and has multifactorial intervention involving:
  - Acute  and Community health trust
  - GPs and CCGs,
  - Adult Social Services and District Councils
  - Housing
  - Voluntary organisations
  - SECAMB
  - Service Users


Proactive Care
Reactive Response
Screening
Contact through Telephone call in, face to face. Multidisciplinary Teams (MDT), Risk Stratification
Rapid Response, SECAMB, A&E, Enablement/Domiciliary care (24hrs)
Residential/Nursing Care
Falls Service undertakes Multifactorial Assessments (e.g.)
Housing
Community Programmes
Opticians
Medication (GPs, Pharmacy)
Intermediate/Rehab classes
Postural Stability (Community Exercises) (65%)
Discharged from service with home exercise programme or referral to self funded mainstream class .
Agreed review date/time. (35%)
Integrated funding (Public Health, CCGs and Family & Social Care)

| Mapping /Gapping of Falls within Kent CCGs | | | | | | | | Comments | |
|---|---|---|---|---|---|---|---|---|---|
| **Service elements required for the Falls pathway** | Ashford | Canterbury & Coastal | DGS | South Kent Coastal | Swale | Thanet | West Kent | | |
| Fracture Liaison Service | | | | | | | | | **Yes / definitely in place** |
| Diagnostic Dual Energy X-ray Absorptiometry (DXA) scanning facilities | | | | | | | | | **No** |
| Fall prevention pathway in existence | | | | | | | | | **Unsure /TBC** |
| Single point of referral (Falls Service) into community classes | | | | | | | | | **No Info** |
| One-to-one exercise in patients own home (Otago) | | | | | | | | | |
| 10/12 Weeks Rehabilitaiton falls program | | | | | | | | | |
| Community Classes such as Postural Stability (PS) programmes of 36 - 38 weeks | | | | | | | | | |
| PS classes provided by Laterlife Trained professional Instructors (Level 4 and above) | | | | | | | | | |
| Provide home exercise materials to complement the PS community exercise classes? | | | | | | | | | |
| Signposting to other community services (e.g. Podiatrist, Chiropodist) | | | | | | | | | |
| | | | | | | | | | |
| Community pharmacies provide an enhanced service focusing on Medicine Use Reviews (MURs) and completing falls risk assessments | | | | | | | | | |
| As above but with the community / local optometrist for eye testing? | | | | | | | | | |
| Joint working with the Ambulance Services, Kent Fire & Rescue Services? | | | | | | | | | |
| Joint working with the Voluntary Organisations to deliver PS classes | | | | | | | | | |
| Work with residential care homes to reduce falls? | | | | | | | | | |
| Work with other agencies? Home Improvement Agencies etc. | | | | | | | | | |
| Falls service linked to other priorities? Such as LTC, Winter warmth, Drug and Alcohol etc. If yes please state. | | | | | | | | | |
| **Other** | | | | | | | | | |
| Falls care directory of community classes / website | | | | | | | | | |
| | | | | | | | | | |

Meet Alf

Had a fall at his place of residence

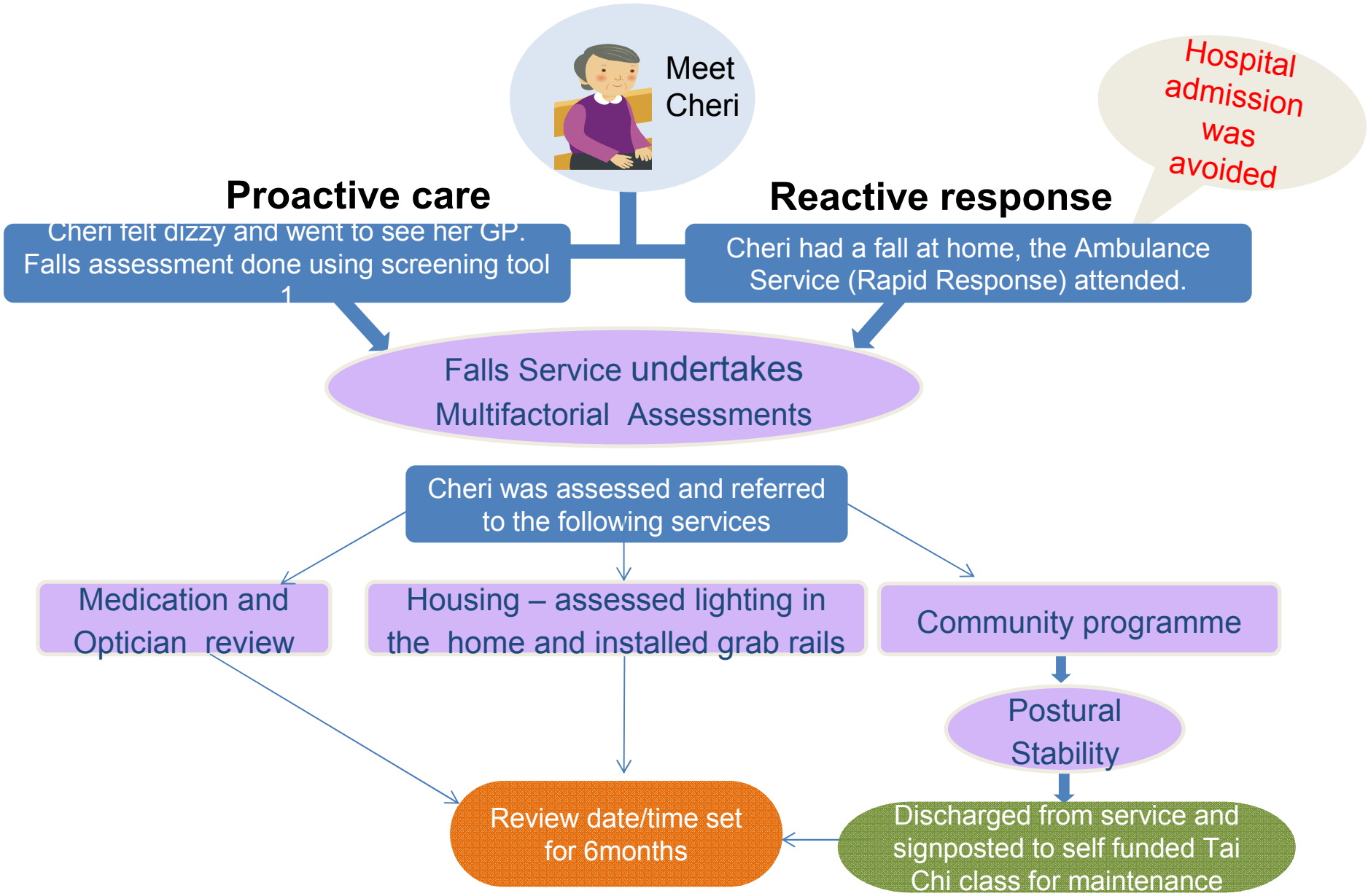
Ambulance called and Alf is transported to A&E

out.
Magnetic resonance imaging (MRI) is carried out.

Alf is operated on within 24 hours of admission.
Alf stays in hospital for X number of weeks.

Alf is referred to a residential care home

Alf did not return home


Meet Cheri
Hospital admission was avoided
Proactive care
Reactive response
Cheri felt dizzy and went to see her GP. Falls assessment done using screening tool 1
Cheri had a fall at home, the Ambulance Service (Rapid Response) attended.
Falls Service undertakes Multifactorial Assessments
Cheri was assessed and referred to the following services
Medication and Optician review
Housing – assessed lighting in the home and installed grab rails
Community programme
Postural Stability
Review date/time set for 6months
Discharged from service and signposted to self funded Tai Chi class for maintenance

# Housing and Falls Prevention

- Services and pathways for falls prevention do not necessarily include the home environment and medical professionals are not always aware of the services offered by housing professionals
- Falls is one of the main hazards that is considered when Private Sector Housing Officers assess a property and assistance can be given to remove this hazard so that falls are prevented from occurring or recurring
- Some housing conditions which contribute to falls are:

➢ **Poor lighting**
➢ **Worn stairs, internally and externally**
➢ **Trip hazards**
➢ **Difficulties getting in or out of baths**
➢ **Excess cold**

# Recommendations -JPPB

- Housing services are integrated into falls referral pathways
- Housing Association sheltered schemes are used for postural stability classes both for residents and the wider community
- A resourced two way referral process be developed between health and housing for those identified most at risk
- Consider additional funding opportunities for adaptations where a rapid response is required
- Develop an evaluative framework for demonstrating effectiveness and cost savings across Health and Social Care system.

# Conclusion
## All partners in the health and care system have a role to play in reducing incidence of falls.

- Falls are preventable and management at individual level should be linked with other levers in the system such as Directly Enhanced Services (DES) for risk stratification.

- Falls management requires a system wide working approach with all relevant stakeholders including the third sector.

- Evidence shows that multi factorial intervention including participation in Postural Stability programme helps in reducing falls.

# Recommendations

- CCGs with the Area Team and KCC to consider their local data and develop joint business cases for commissioning integrated falls management and prevention services.
- Work with the GPs to improve proactive identification of ‘at risk’ populations on prevention and treatment of falls, including those in residential care .
- Adults Social care and Public Health to work with districts to align community based services (through leisure centre) with commissioned pathway.
- Support workforce training & market development as required

# Next Steps

- Understand falls issues in
  - Residential care
  - Acute / hospital environments

- Develop implementation plans with each CCG (dependant on Board approval of the framework)

- Agree timelines and process of monitoring and feedback to the Board on progress.

# Video Link

## Postural stability class and feedback from participants


http://youtu.be/GZ35ll0Q5Ug

# Acknowledgement

Karen Shaw, Public Health Practitioner, Public Health, KCC

Abraham George, Consultant/Assistant Director, Public Health, KCC

Sarah Spencer, Senior Analyst, Kent & Medway Public Health Observatory (KMPHO)

Navdeep Mandair, Commissioning Officer, Families & Social Care, KCC

Lesley Clay, Joint Planning Manager, Kent Joint Policy and Planning Board

# References


Department of Health, Health Profile 2012

Department of Health, The National Service Framework for Older People (2001)

Falls & Fractures, Effective Interventions in Health and Social Care, Department of Health

Joint Strategic Needs Assessment, Kent & Medway Public Health Observatory

NHS Confederation, Briefing 234 Falls Prevention (2012)

National Institute for Clinical Excellence, Assessment and prevention of falls in older people (2013)

| | |
|---|---|
| From: | Andrew Ireland, Corporate Director, Families and Social Care, KCC |
| | Meradin Peachey, Kent Director of Public Health, KCC |
| To: | Kent Health and Wellbeing Board, 17 July 2013 |
| Subject: | Kent Framework for Prevention and Management of Falls |
| Classification: | Unrestricted |

**Summary**:

This is a briefing paper providing background information to stimulate discussion around developing a 'framework' for falls prevention and management for Kent's population. A comprehensive picture across Clinical Commissioning Group (CCG) areas will be presented at the meeting. This will provide platform for further discussion and how this framework can contribute towards reducing A&E attendances, emergency admissions and need for residential care.

**Recommendation(s)**:

The members of Kent Health and Wellbeing Board are asked to consider this report, along with the information that will be presented at the meeting.

Falls prevention and management services should be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector.

Once agreed, the implementation of the framework should be led locally by commissioners represented at the local Integrated Commissioning Groups, reporting progress to the local Health and Wellbeing Boards.

Commissioners need to work with stakeholders (providers and voluntary sector) to identify 'at risk' population for timely intervention.

## 1. Introduction

Kent has an aging population, and over the next five years it is anticipated that the population over 65 years will increase by at least 15% (and by more than 20% for >85 years).

Both health and social care organisations are facing unprecedented challenges, and the need to focus on preventative and early measures through joint working has never been greater. A lot of falls especially amongst the older population can be prevented, provided at risk individuals are identified from the first fall, with infrastructure in place to prevent a second fall.

Findings from a scoping exercise in Kent suggest that the current falls prevention pathway across the health and social care system can be better coordinated. The findings also suggest there are currently gaps in the provision of appropriate

services which need addressing for effective prevention and management of falls, especially amongst older people. Therefore, falls as a public health issue should not be seen in isolation and should take into consideration a system wide approach. This methodology can help to reduce the frequency, and effectively improve the management, of falls.

Given current financial constraints across all organisations there is an urgent need to use existing resources more effectively for instance by identifying 'at risk' population across the health and social care system.

This paper therefore introduces the concept of a 'framework' for falls prevention and management, highlighting the elements that should be taken into consideration when commissioning integrated services for at risk population.

## 2. National and Local context

Falls and fractures are significant public health issues particularly as individuals' age, and it is estimated that one in three people aged 65+ will fall each year and one in two people aged 80+ will fall each year (NHS Confederation, April 2012)[1]. The cost associated with management of falls and fractures is very high, with hip fractures costing the NHS £2 billion per year in England. It is estimated that falls account for approx. 10 to 25% of ambulance callout at £115 per call-out, (NHS Confederation).

Kent is an outlier for falls with hip fractures in the over 65s, significantly worse than the national average, (Health Profile 2012)[2]. The last six years (2006 -2012) have seen a significant increase in the rate of falls amongst over 65s across all CCG areas (detail information will be available at the meeting).

Aside from the obvious importance to the NHS, this is of strategic importance to KCC. In June 2012, at the start of the KCC Adult Social Care Transformation Programme, the Institute of Public Care (Oxford Brookes University) were commissioned to investigate some of the reasons for social care spend. The findings from their review were similar and reinforced prevention of falls as a priority. Effective prevention and management of falls is also part of Public Health's 100 day plan.

[1] http://www.nhsconfed.org/Publications/Documents/Falls_prevention_briefing
[2] http://www.apho.org.uk/ HEALTH_PROFILES

It is well-known that the interaction of biological factors with behavioural and environmental risks increases the risk of falling. For instance the loss of muscle strength leads to a loss of function and to a higher level of frailty, which intensifies the risk of falling due to some environmental hazards. A recent study[3] in Kent identified that reduced mobility and the risk of falls were the most important ('primary') factors for admissions to care homes in Kent. The study also highlighted that falls risk was the primary reason for admission to care homes for 12% of the study population and was secondary factor for 62% of those in care homes at the time. In financial terms almost 50% of the adult social care budget is currently used to fund care home placements.

Suitable accommodation also plays a major role in prevention of falls and a separate paper is available on Kent's approach, from a housing perspective, in prevention and management of falls.

## 3. Proposed Falls Framework: a system wide commissioning model

The falls framework is proposed following the review of falls service and is based on published evidence.

Nationally the NHS Confederation suggests that a falls prevention strategy could reduce the number of falls by up to 30% and that effective falls prevention schemes can be implemented at little cost with the involvement of professionals working in health, social care and in the community[4]. The report further suggests that prevention by one partner can create efficiencies for others and that when addressing falls and fractures, health and social care organisations should be encouraged to align their own budgets to support joined-up working in this area.

Therefore the Kent framework promotes an integrated multi-agency, multi-disciplinary service for the secondary prevention of falls and fractures and is based on a recommendation made by the Department of Health (DH 2009)[5] for developing an Integrated Falls Service. The DH identified four main objectives:

| | |
|---|---|
| Objective 1 | improve patient outcomes and improve efficiency of care after hip fractures through compliance with core standards |
| Objective 2 | respond to a first fracture and prevent the second – through fracture liaison services in acute and primary care settings |
| Objective 3 | early intervention to restore independence – through falls care pathways, linking acute and urgent care services to secondary prevention of further falls and injuries |
| Objective 4 | prevent frailty, promote bone health and reduce accidents – through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards |

[3] The University of Kent, Personal Social Services Research Unit report (September 2012), "Admission Risk to Care Homes – Phase 1, Older People".

[4] Falls prevention: New approaches to integrated falls prevention services (NHS Confederation: Ambulance Service Network / Community Health Services Forum, April 2012)
http://www.nhsconfed.org/Publications/briefings/Pages/FallsPreventionNewApproaches.aspx

[5] Falls and fractures: *Effective interventions in health and social care, Department of Health 2009.*

The overall aim of the proposed 'framework' is to focus on objectives 2 and 3, and improve the quality of life for Kent residents (particularly over 65yrs of age).

The 'framework' also covers the entire spectrum across a range of stakeholders including acute trusts, community health trusts, CCGs, adult social services, district authorities and voluntary organisations (Figure 1).

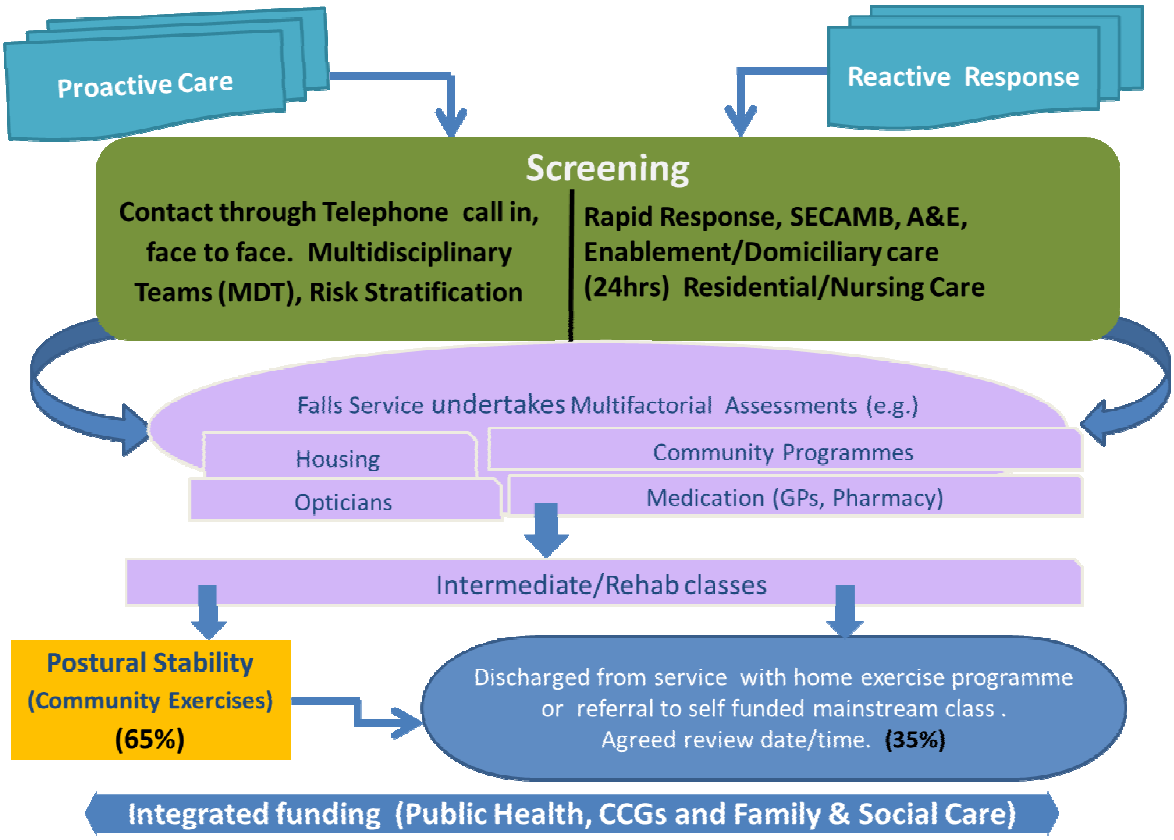
Considering the guidance from NICE and the National Service Framework, the framework recommends following interventions, which if undertaken in a systematic way will prove beneficial at a population level. These include:

1. Screening of adults who are at a higher risk of falls
2. Integrated multi-disciplinary assessment for the secondary prevention of falls and fractures
3. Use of standardised Multifactorial Falls Assessment and Evaluation tool across Kent
4. Availability of community based postural stability exercise classes
5. Follow on community support for on-going maintenance closer to home

These interventions should be available as a "core offer" for the population of Kent if we are to see a reduction in the number of falls related hospital admissions and reductions in numbers of older people living in residential care as a result of falls. KCC and all CCGs are urged to consider the adoption of the framework and implementation at a local level in order to achieve these outcomes. The 'integrated' falls management services in each area should be based on best practice, using a Multidisciplinary Team approach involving trained therapists, geriatricians and social workers.

The model proposes that the 'at risk' person is identified irrespective of their place of residence and receive agreed interventions. However, the location of intervention is based on the reasons that the individual person is 'at risk' for, and takes into consideration the individual needs, for instance an intervention such as exercise programme can be provided in a community or care home setting.

Figure 1




## 4. Conclusions

The Kent Health and Wellbeing Strategy (2012) highlighted prevention and management of falls as an important issue requiring action from all partners across the health and social care system.

The joint falls prevention and management framework developed between Public Health, Families and Social Care and CCGs should provide system wide approach to ensure that Kent achieves the right outcomes for older people who fall or are at risk of falling.

**5. Recommendation(s):**

The members of Kent Health and Wellbeing Board are asked to consider this report, along with the information that will be presented at the meeting.

Falls prevention and management services should be seen as an important component of integrated services with specific outcomes for reducing the falls related burden of ill health across health and social care sector.

Once agreed, the implementation of the framework should be led locally by commissioners represented at the local Integrated Commissioning Groups, reporting progress to the local Health and Wellbeing Boards.

Commissioners need to work with stakeholders (providers and voluntary sector) to identify 'at risk' population for timely intervention.

## 6. Contact details

Report Author

Malti Varshney, Consultant in Public Health, KCC, Malti.varshney@kent.gov.uk

James Lampert, Commissioning Manager, Strategic Commissioning, Families and Social Care, KCC, James.Lampert@kent.gov.uk

Karen Shaw, Public Health Practitioner, KCC, Karen.shaw@kent.gov.uk

Director Lead: Meradin Peachey, Director of Public Health

Meradin.peachey@kent.gov.uk

# Joint Policy and Planning Board (Housing)

*Working with Partners across Kent*

By: Kent Joint Policy and Planning Board (Housing)

To: Kent County Health and Wellbeing Board 17th July 2013

Subject: **HOUSING AND FALLS PREVENTION**

Classification: Unrestricted

---

**Summary**: Briefing sets out the ways in which the Kent local housing authorities and housing associations can assist with falls prevention

**Recommendations**: Housing Services to be part of falls referral pathway

## 1. Introduction

(1) Falls and fractures are a major cause of disability and the leading cause of mortality due to injury in older people aged over 65 in the UK. Hip fracture is the most serious injury related to falls in older people and can lead to loss of mobility and loss of independence, forcing many to move into residential care. –*Mind The Gap Kent's Health Inequalities Action Plan 2012/2015*

(2) One in 3 people over the age of 65 and one in 2 people over the age of 80 fall each year and hip fractures cost the NHS £2.3billion each year. –*NHS Confederation*

(3) Kent has an older age profile than the national average with a greater proportion of people aged 40 plus than in England. –*Office of National Statistics*
The Department of Health Guide on Falls[i] cites that 35% of over 65s experience one or more falls and approximately 45% of over 80s fall in their homes each year. –*Kerry Petts, Shepway District council - Department of Health (July 2009) Falls and Fractures – Effective interventions in social care*.

(4) While there are services and pathways in place for falls prevention, these do not necessarily include the home environment, but rather the medical model. Many falls do occur in the home for a variety of reasons apart from medical reasons.
For example: the KCHT prevention service in West Kent has had a restructured falls service but does not mention housing as part of the 'rapid response'.

(5) Some of the housing conditions which contribute towards falls are: poor lighting, worn stairs either in or outside of the property, trip hazards, difficulty getting in

and out of baths and so on. Excessive cold can also contribute towards falls as well as general ill health. Falls are likely to recur once a person has already suffered a fall, whether inside or outside of the home, so any measures which can be taken to improve safety at home will improve outcomes for that client group.

(6) Although private sector housing officers can assist with ensuring the hazard is reduced or completely removed by remedial works to the property, there has not always been a mechanism to offer other advice regarding the health of the persons occupying the premises, in relation to their risk of falling over.

(7) Private Sector Housing teams inspect properties for a number of reasons e.g. in response to complaints about conditions in the private rented sector, for Disabled Facilities Grant purposes and in response to concerns about living conditions. When an Officer is considering the condition of a property they assess the properties under the Housing, Health and Safety Rating System (HHSRS).

## 2. Housing Interventions

(1) Within the HHSRS there are four specific hazards identified that are related to falls and that an Officer must consider if present in a property. They are:

- Falls associated with baths etc.
- Falling on level surfaces etc. (change of level less than 300mm)
- Falling on stairs etc.
- Falling between levels

If a serious hazard is identified the local authority has a **duty** to take action. If a less serious hazard is identified the local authority **may** take action. The action may include informal liaison or more formal action such as service of notices under the Housing Act 2004 and possible carrying out of works in default. These identified hazards, when rectified, will help to prevent falls from happening or re-occurring in the home.

(2) Housing Assistance Schemes - Some local authorities offer discretionary grants/loans to cover falls prevention work. Normally these are limited in eligibility e.g. on means-tested benefits and a serious hazard must have been identified within the property. Typical works could include repair/replacement of dangerous paths and provision of handrails. These schemes are not available across all districts due to lack of funding.

(3) Disabled Facilities Grants – (DFGs) are a mandatory grant that the local housing authority administer. They are means tested (apart from children's cases) and can cover works such as provision of stair lifts, replacing baths with level access showers, provision of ramps or safer access; all of which can reduce the incidence of falls in and around the home. A DFG is only made available after a referral from KCC Occupational Therapy team who will have carried out a needs assessment. However, this is a finite pot of money and some districts and boroughs have long waiting lists.

(4) Home Improvement Agencies (HIAs) – are usually responsible for administering the DFGs in conjunction with KCC's Assessment and Enablement Team. They also run a Handy Person Scheme for elderly and vulnerable clients. HIAs can undertake safety and security measures with regard to falls prevention such as handrails, including galvanised exterior rails, moving furniture, bannister rails, repairs to steps, room clearing, changing doors round, ramps and also general handyman services.

(5) Private sector housing teams and HIAs are able to do a health and safety risk assessment on properties and will advise clients on how to stay safe within their homes and signpost to other services if necessary.

(6) The local housing authority, (lha) can on occasion, facilitate a move for a vulnerable person to a more suitable property within their stock if their existing property is dangerous or in serious disrepair. The lha can also give advice on housing options for older people when required.

(7) Housing Associations who own most of the social sector sheltered schemes for older people also have initiatives within those schemes. Some examples are:

- West Kent Housing association -Facilitating courses at sheltered schemes, for residents and other older people in the community on postural stability or yoga and armchair exercise that includes fall prevention exercises as part of their Healthy Lifestyles activities. Their own disability team works with residents when concerns are raised either directly by tenant, via staff or via GP to install grab/hand rails, remove raised thresholds etc. to assist in falls prevention. They also provide anti-slip flooring in bathrooms and kitchens when refurbishing.

- Town and Country Housing Group will also provide grab rails, ramps, half steps etc. where recommended by a medical professional. They will not let properties with steep stairs to those over 60.

## 3. Housing and the Falls Referral Pathway

(1) There is currently a lack of awareness of what Private Sector Housing teams can assist with, particularly as falls is one of the main hazards that is considered when assessing a property. There needs to be an awareness raising and an appropriate referral mechanism in place between health and social care professionals and Private Sector Housing teams. This would be a positive way forward in reducing falls and improving outcomes in the health of Kent's older population.

(2) Not all of the district LAs have discretionary funding available to undertake targeted falls prevention work nor do some have enough staffing resources to cope with a large increase in referrals for falls prevention work, but there could be some scope for joint targeting of those most at risk within the KCC falls prevention work, specifically aimed at preventing people going into residential care, or be part of the re-ablement package for those leaving intermediate care.

(3) There is also scope for undertaking lesser adaptations than a full DFG in order that the client can return home from hospital/intermediate care by creating a 'safe

space' within their home. This can include interventions such as room clearing, moving a bed downstairs and widening doors.

## 4. Recommendations

- That housing services are integrated into any falls strategy or falls referral pathway via Kent Joint Policy and Planning Board and Kent Housing Group.
- That Housing Associations' sheltered schemes are used for postural stability classes for both residents and the wider community – there is a real willingness to do this.
- That a resourced two way referral process be developed between health and housing, particularly with regard to those identified most at risk or needing to return home from an inpatient setting. This would enable a safer environment and better quality of life for the client and would also reduce the heavy costs involved in residential/inpatient and health care and reduce re-admissions.
- That health services via the CCGs and the Health and Wellbeing Board consider some additional funding for adaptations for the above where a rapid response is required. The private sector housing teams will also advise clients of other improvements which could be provided and also take enforcement action where necessary for private rented properties with category 1 hazards. This could be piloted in West Kent initially with the KCHT falls preventions service.

---

Report prepared for Kent Health and Wellbeing Board on behalf of Kent Joint Policy and Planning Board by

Lesley Clay
Joint Planning Manager
Kent Joint Policy and Planning Board

Linda Hibbs
Private Sector Housing manager
Tonbridge & Malling Borough Council

# Moving Towards Outcome Based Homecare

## Flexible Domiciliary Care

**July 2013**

Kent County Council kent.gov.uk

# Listening this far…

- Transformation Events
- Members
- KCCA Members Meetings/Core Provider Group
- Case Management Workshops
- Co-produced Business Process Walk Through Workshops

# What we learnt…

- Acceptance that there was room for improvement
- Support service users when they most need it - right intervention at the right time
- Avoid unnecessary hospital and respite/care home admissions and delayed discharges
- Support capacity issues
- Providers should be able to flex levels of support without the approval of case managers
- Listened to operational staff about the pressures on operational staff
- Professional staff should not spend too much of their time on administration and data input
- Enablement should be an ethos
- 100+ providers performing as single entities – encouraging and enabling collaborations to develop

# Flexing Domiciliary Care – Outcomes…

- Improving individual outcomes for Service Users
- Supporting Service Users out of hospital and back into their communities
- Trusting our service providers and allowing more freedom to make decisions
- Supporting Transformation themes
- Spending public money wisely and ensuring *'every penny counts'.*
- Reducing hospital admission and admission into long term care services
- Supporting Case Management and Health partner capacity pressures

# Flexing Domiciliary Care – What is it?...

- The increase in the support provided to a Service User to provide up to 24 hour support for a maximum of 7 days (not just 'hand on' care). This increase is usually initiated by a need/crisis identified by the Service Provider/Care Worker (maybe GP, District Nurse).

- Open to all contracted, 'approved' and individually contracted providers who are providing existing domiciliary care services (and sign up to new contract – subcontracting arrangements available).

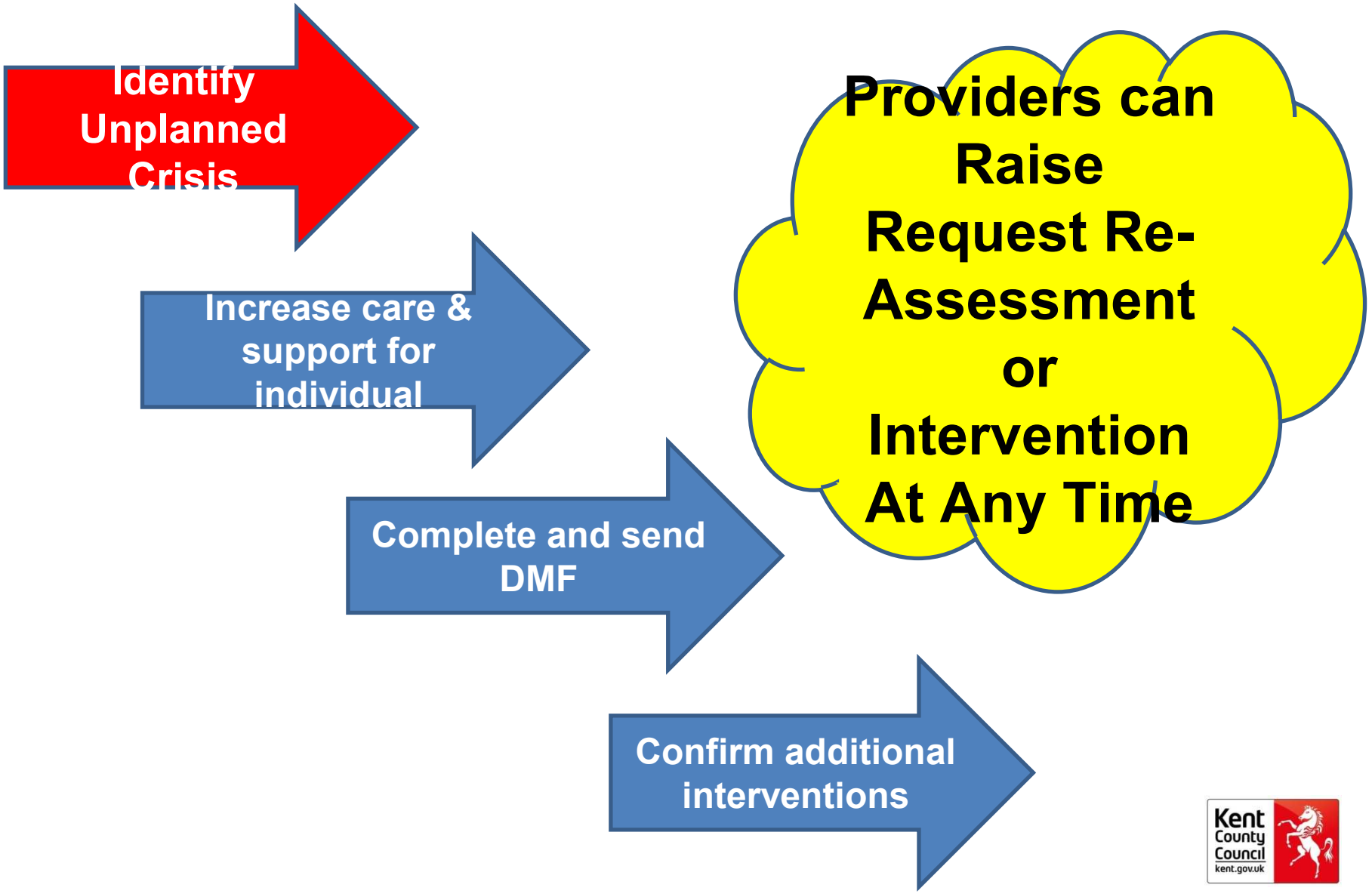
- Shift of decision making power to service providers.

- Non – chargeable to the service user.

- Not just 'hands on' care – achieve delivery of outcomes for Service Users.

- Available to all Service Users who fall within the Older People and People with a Physical Disability category and who are in receipt of care package managed and funded by KCC (and are not eligible for an Enablement service).

# How does Flexible Domiciliary Care work?...



# How do I provide Flexible Domiciliary Care?…

- **Thanet & Dover Launch – (Contract 1st August 13 – 31st July 14)**

- **Service Provider who is either contracted, holds the relevant 'Approved Provider Status' and/or is delivering Domiciliary Care Services within the Thanet and Dover locality.**

- **Service Providers must agree and sign up to the Contract Terms and Conditions for Flexible Domiciliary Care, together with the associated appendices:**



- *Appendix 1 - Flexible Domiciliary Care Specification*
- *Appendix 2 - Service Provider Letter*
- *Appendix 3 - Flexible Domiciliary Care Operational Guidance for Service Providers (Dynamic Monitoring Form – Appendix A of this Guidance)*
- *Appendix 4 - Flexible Domiciliary Care Provider Process Chart*
- *Appendix 5 - Thanet and Dover Postcode Data*
- *Appendix 6 - Thanet and Dover Service Provider List*

Kent County Council kent.gov.uk

# How will we monitor Flexible Domiciliary Care?...

- SWIFT
- Dynamic Monitoring Form

- Improved outcomes for service users


- Reduction in unnecessary hospital admissions

- Evidence of savings and return on investment

- Reduction in unnecessary care home admissions

# Flexing Domiciliary Care – Exclusions

- Exclusions in Phase 1:
  - Supporting Independence Service
  - Better Homes Active Lives services
  - Extra Care Housing
  - Direct Payments
  - Privately Funded Clients
  - Learning Disability and Mental Health client groups
  - Client eligible for Enablement services

# Phase 1 – Where we are

- Dynamic Monitoring Form & Tracker
- Operational and Provider Guidance
- Business Process Flowcharts
- SWIFT Testing
- SWIFT Contract Updates
- SWIFT Performance Monitoring Report Development
- Centralised Purchasing Officers within Access to Resources (Flex specific) recruited
- Centralised telephone number and e-mail box developed
- TDM £999 p/w limit increased to £3000 p/w
- Interim Equipment arrangements underway
- Governance Arrangements and Authorisation Confirmed
- Contract Specification and Terms & Conditions
- Phased Implementation/launch