PUBLIC

EXECUTIVE COUNCIL

CONFIDENTIAL

Title of Report: Developing Older Peoples Services

Paper No: 41/15

Date: 25th March 2015

Report of: Director of Health and Social Services

1.0 Purpose

1.1 The purpose of this paper is to seek ExCo approval to a proposed process to plan and develop modern services to support older people and other vulnerable adults.

1.2 ExCo approval is also sought for the underlying aim and purpose of such a new integrated range of services, to not only respond to illness and vulnerability when these present as a crisis, but to develop enabling and preventive services that maximise people's independence, choice and control. This is likely to both maximise quality of life for all concerned, but also prove to be the best use of resources in the medium to longer term.

2.0 Recommendations

That Executive Council is advised to approve:

(a) the recommended scheme to develop a plan for the range of integrated services needed to promote vulnerable adults' independence and well-being;

(b) that the scheme will include engagement with the public, consulting on a preferred option to gain the richest mix of perspectives possible and maximise the emergence of a consensus, while also using proven best practice as applicable to the Falklands;

(c) that a key part of that plan should be to design and build a new facility flexible enough to provide for the needs of people who do become highly dependent and in need of care, while also maximising people's degree of choice and control;

(d) that while the central purpose of the development of new services should be to respond to the needs of Older People, there should also be sufficient flexibility in the plans so that younger adults with substantial disabilities may

also be supported without conflicts of interest between the needs of differing age groups;

(e) that the costs, both capital and operating costs, will be the subject of further detailed work and approvals, as in 6.0 and possible charging arrangements;

(f) that the underlying aim and purpose of such a new integrated range of services is to both respond to illness and vulnerability when these present as a crisis, but also to develop enabling and preventive services that maximise people's independence, choice and control, so maximising quality of life for all concerned using resources to best effect.

3.0 Additional Budgetary Implications

A further paper will be submitted in due course in line with recommendation (e) above, prior to any commitment to the project.

4.0 Background

4.1 The population of the Falkland Islands contains numbers of older people and some adults with substantial needs who may be vulnerable and needing support, for whom the current range of services is insufficient and not designed to best and most economically meet the needs. The numbers of people needing such support are increasing.

4.2 Even though the total numbers within the Falklands population is small compared with comparator populations in UK, Europe or other democratic countries, there are significant issues and principles that need to be recognised clearly in the development of plans.

4.3 Fundamentally it should be recognised that services that respond only to crisis and/or which rely heavily on a medical model rather than a whole-systems and independence promoting strategy, will inevitably have some significant unintended consequences. Such results will involve heavier than necessary use of resources, deprive people of a degree of independence and quality of life unnecessarily early, and may intrude upon their choices and ability to maintain or maximise control of their lives.

4.4 Clarity of purpose is therefore fundamental to the design of the new network of services and as well as public engagement and debate about this, staff will need to have excellent opportunities to engage, explore and train in the principles involved.

4.5 Where adults have mental competence, people should be encouraged and if necessary supported in making informed decisions about their lives particularly when facing disability, illness or challenges to maintaining their independence. At times this will involve people deciding for their own reasons on risk taking balanced against what they want to achieve as their personal goals.

4.6 Disengagement with family, friends and the community can often result from institutional or well intentioned services that may unconsciously seek to remove all risks within daily living, but also unintentionally and unnecessarily remove a large degree of individual choice and control.

4.7 Many international comparators of best practice have shown that minimising institutional care and/or designing care that can respond flexibly to increasing need, overcomes many of the potential dangers referred to above. Rehabilitative services are another key component of effective and efficient modern services that support maintaining independence and dramatic comparisons have proven the wisdom of investment in such enablement.

4.8 The development of effective Public Health analysis and public awareness campaigns to influence community choices and lifestyles is also a significant ingredient in longer term outcomes for healthy ageing of a population. Whether this is addressed or not will affect the assumptions made to plan adequate support service capacity.

5.0 The Proposal

5.1 The Director of Health and Social Services will initiate a process by which a preferred plan is agreed and delivered for future services, support and empowerment. This plan will, within resources available, best meet the needs of eligible and vulnerable adults, many of whom will be Older People.

5.2 The process to achieve this agreement and maximise a public consensus, will include a number of successive stages. These include taking stock of previous work, population needs analysis, consideration of alternative best practice options and principles, their relative pros and cons and applicability to the circumstances of the Falklands, along with consultation with the community.

5.3 This will produce a preferred option to meet the needs of the people of the Falklands, finding the best possible balance of investment in the range of services including options for community support and empowerment, Sheltered Housing, Extra Care Housing, Rehabilitation, Residential and/or Nursing Care, and inpatient hospital care.

5.4 Once decisions are confirmed through the democratic machinery, detailed design and costings will inform further decision-making before commissioning any new build facility and the delivery of such new construction to implement the service aims.

5.5 The arrangement of an integrated range of services comprising a variety of elements will be as important as any one part of it. Staffing and HR issues will be considered as part of the overall service design as well as policy and procedure development covering all aspects of empowerment, support in the community, charging and service delivery.

6.0 Financial Implications

6.1 The detailed costings options will be developed as part of the planning process described. An initial position suggests a capital envelope of £3 million plus development of options for ongoing operating costs. A budget of £3 million capital is already approved in principle and a notional operating budget of £250,000 p.a. is included from 2016/17.

6.2 A very small part of the capital allocation may be spent in the current financial year to June 2015 and will include one-off consultancies. The major balance will occur in 2015/16 once ExCo approves a more detailed scheme for construction of a new facility.

6.3 The overall budget envelope (capital and operating) will be the subject of further detailed proposals and will be submitted back to ExCo with the policy recommendation to progress the project.

6.4 The best distribution of resources should not be assumed to be solely with respect to building and operating a new facility but the best return to meet the service aims will be considered across the range of integrated support.

6.5 There will necessarily be a consideration of how and to what extent people are required to contribute to the costs of care and support. Wherever possible the aim will be to achieve this by means already familiar to the people of the Falkland Islands rather than introducing new “means test” mechanisms.

6.6 If the principle of health care being free at the point of consumption for eligible people is maintained, there will need to be distinctions made between elements of care that are health and non-health (i.e. housing and social care).

6.7 Consideration will also be given to how some people may wish to buy privately their care and support within a FIG service, potentially up to full cost recovery. Others, who do not have the means to do this may be supported from within state funding. This could involve not just simple question of charging, to shared ownership within facilities.

7.0 Legal Implications

7.1 In due course, new ordinance may be necessary to form the basis of charging and shared ownership options within some of the new network of services.

7.2 The concept of shared ownership and/or full ownership of parts of any new facility that may be built and the legal basis for any such to be sold back to the state when no longer required, will need to be developed.

7.3 Any issues of eligibility and alignment with the constitution will need to be checked to safeguard the most appropriate use of service capacity for people with status.

8.0 Human Resources Implications

8.1 The staffing of any new service will need to be fully explored; feasibility, costs and standards will all be examined as part of the detailed planning of costs and delivery to good and acceptable standards.

8.2 The balance of staffing between the various parts of the proposed new network of services will be carefully determined so as to give the best estimated outcomes to promote people's independence and wellbeing for the affordable net investment by the state.

8.3 The need to train staff and to have an ongoing rolling program of training will be a recognised and costed part of proposed service developments.

8.4 Recruitment and retention issues for both qualified and unqualified grades of staff will be considered as part of the plan.