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**City of York Commissioning
Strategy for Older People 2006 –
2021**

2010 Refresh

November 2010

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1. Executive Summary

The Older People's Commissioning Strategy was developed in 2006 to take a long term view of the services that older people will need in York. It looked at the next 10-15 years and identified priorities to deliver the vision of services that older people will want.

Changing services takes time; time to plan; to identify investment opportunities and funding; and time to develop new models and pathways. Setting out our plans for the longer term helps with this, but it is important we regularly review and refresh the strategy to make sure it is still relevant and takes account of changes in policy, information about needs and service provision.

A review of the information on population projections, on known need, and the aspirations of older people has shown that the messages within our original strategy remain sound four years on. Policy developments nationally and locally have reflected and supported the messages from our original strategy.

We know that the numbers of people over 85 in York are growing fast, and we know that some conditions, such as dementia are much more likely to affect people over the age of 85 and so more of those over 85 are likely to need help and support.

Older people, nationally and locally, say they want to live in their own homes for as long as possible, and would prefer not to have to use residential care if they could be supported to stay at home.

Since 2007 we have made some significant changes to services. In response to consultation with older people we have added to the menu of early intervention and prevention services, including delivering the top three priorities from the consultation. We have moved to outcome based domiciliary care contracts. We have developed additional housing with care schemes and have worked with housing and planning colleagues to

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begin to expand the choices for those who are homeowners. We have increased the number of beds in our council homes offering specialist care, as the demand for 'standard' care has been reducing. We have increased the number of people using telecare as a way to keep them safe and independent at home. We have agreed a Joint Vision for the health and well being of older people in York, with our health commissioning partners. And we have worked with our council colleagues to ensure they are thinking about the impact of an ageing population in the city on all council services.

There are still some big challenges ahead. Public funding is reducing, and although there is recognition of the demographic pressures in the most recent spending review, we still need to continue the transformation of our services. We know there are still some gaps in some of our services, in their ability to meet demand, in the way they are not yet joined up with health services, and in the way we are still heavily investing in residential care rather than community based care and early intervention services.

Our commissioning plans for the next three years will see us completing a review of our accommodation for older people, to deliver increased capacity to provide quality care for those with dementia and high dependency needs, and to invest in services that can help people stay at home rather than move to a care home. We will need to continue to increase our capacity in reablement services, and make sure we provide integrated services with our health partners. And we need to support the range and capacity of our voluntary sector services to be maintained.

Alongside this we need to ensure that our commissioning arrangements adapt to both the personalisation and stronger communities agendas, and the changing landscape for health commissioners. We want to maximise the opportunities for joint commissioning and make sure we deliver the joint vision agreed with health commissioners this year, which we believe will support the health and wellbieng of our older citizens.

2. Introduction

We know that nationally and locally the proportion of the population aged over 65 will increase dramatically over the next 15 years. Older People are living longer, staying active for longer and making the most of the opportunities of age. But with even higher increases in the numbers of older people over 85, we can expect a greater number of people will need care and support as they do become more frail. We also know that funding for care services is not likely to grow at the same rate as the population growth.

This refresh will look specifically at the changes that have occurred within the last four years. It will review what progress has been made since the strategy was first produced, update the strategic and policy drivers, and the information on needs analysis. It will outline our commissioning plans for the next three years.

Although there have been changes during this time, the key messages and objectives within the strategy remain unchanged. Aspirations of people about the way they want to be helped remain the same. There are clear and strong messages that in future services need to be flexible and responsive to individual choice. Older people will expect to take more control and will expect services to support them to remain independent and healthy and active in their community. This combined with the pressure that the growing population will put on the public purse, means that we must find the most efficient and effective ways to deliver the care and support that will be needed.

Key outcomes that this strategy seeks to deliver remain as before:

- Improved health and emotional well being enabling older people to stay healthy
- Improved quality of life
- Older people able to make a positive contribution
- Increased choice and control
- Freedom from discrimination

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- Economic well being
- Maintaining personal dignity and respect

In 2006 we concluded the following:

- Our population of older people was set to increase by over 30% during the lifetime of the strategy, with the highest growth in the Over 85's. This is the group who are most likely to need support from health and social care agencies.
- Best Value will be achieved by knowing what conditions can be managed by early intervention, and targeting services to people to provide that intervention.
- We need to improve our identification and support to carers and work with primary and secondary care practitioners to do so.
- Day time support services need to provide more effective respite care, and to allow those with health and personal care needs access and choice in day time activities.
- As the number of older people with dementia increases we need to ensure our services are as comprehensive and effective as possible. The focus will be on the development of more community based health and social care, including more intensive and crisis response services, and more support for carers. Development of more integrated working, and improved support at GP practice level.
- The way we collect and analyse information will need to change to allow us to understand more about care pathways and effective interventions, and thus deliver services that will provide best value.
- We need to have a range of services which are outcome focussed in respect of personal care, domestic support, practical help, advice and information and social activities and inclusion. Continued investment in services that will support people to remain in their own homes will be needed, and we will need to ensure that preventive services can

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support those in need who do not meet the Council's Eligibility Criteria for services.

- A growing number of older people will be interested in using technology within their homes to help maintain their independence. The next generation of older people are already likely to be used to using the internet, digital communication and technical innovations.
- We will need to shape and manage the development of specialist housing options for owner occupiers.
- We need to influence a range of other council services to ensure that the growing needs of older people are addressed
- Older people may need some help to make best use of individualised budgets and direct payments, but if they are encouraged to take more control over the services they use, we will need to change the way we commission and manage the market.
- As the proportion of the population of older people increases, the available workforce within York will decrease. The development of strategies for the recruitment and retention of staff will be a key priority, if care and support is to be offered to this growing population, both in their own homes and in any residential settings. All services will need to use staff in the most effective ways possible and duplication will have to be avoided if the best use is to be made of staff available. Ways of attracting people to support vulnerable adults who would not normally see themselves as social care workers are required.
- We think there will still be a role for residential and nursing home care, but we would expect to see it primarily provided for those with complex, 'high dependency' or EMI needs. We would aim to ensure that the majority of the increased demand for services due to the demographic pressures, can be met by community based options.

3. What we agreed to do and progress made since 2006

Shared commissioning framework with health.

1. We now have an Adult Commissioning Group, with senior management representation from the Primary Care Trust, York Health Group (the GP commissioning consortium) and the Council. The group also has representation from York Hospital Foundation Trust, the PCT Provider, and CVS representing the voluntary sector.
2. A Whole System Partnership Board has been working together to understand and respond to the pressures within the health and social care system, particularly around hospital care.
3. Both these groups are supporting the development of a shared Levels of Care Model. This is led by the PCT, and will guide service change to ensure people are cared for in the most appropriate setting and with the required mix of skills.
4. Our Performance teams have begun to meet and develop shared used of information.
5. We are working to join our commissioning capacity together to work as a single team

Prevention strategy.

1. We consulted with older people during 2008 and identified their three top priorities for prevention and early intervention support.
2. We have delivered all three of these priorities, with a new information and signposting service, a new handyperson service and a footcare service. The handypersons service has been commissioned in partnership with health and probation through the Supporting People programme. The footcare service was given 'pump priming' funding jointly by the Council and York Health Group. All three services are producing evidence of good outcomes which are supporting improved health and well being and prolonging independence.
3. We have supported the establishment of a new user led organisation. York Independent Living Network held its official launch at the end of October 2010, and has already undertaken

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work within the city on behalf of the Department of Work and Pensions.

4. We have supported the voluntary sector to develop more collaborative working, and three groups are exploring options around more joint working in mental health, advocacy and the provision of support and advice for customers.
5. We have increased the use of telecare, with both safety packages and bespoke risk management packages. We now have over 600 people benefiting from telecare, and have worked successfully with care managers to consider telecare as a standard option within care packages. Currently around 30 referrals a month are received by the service. Alongside this we have supported North Yorkshire and York Primary Care Trust in their pilot of telehealth monitors, for COPD, heart failure and diabetes patients.
6. We have an independent new Carers Centre offering support and advice to over 1600 carers. We have introduced an Emergency Card scheme, have developed two discount schemes for carers, and have a new and vibrant carers forum.
7. We have led a council wide review of services to identify what is already in place to respond to a growing older population and what still needs to be done.

Care at home

1. We have entered into a Knowledge Transfer Partnership with University of York St John, to improve our reablement team's skills. The team is beginning to deliver better outcomes for customers, who are using less care at the end of the 6-week service, but the team is still not operating at the level we would wish.
2. We have retendered our locality home care contracts, and from mid November 2010 will have two main providers, with an additional 5 providers with whom we will work on a framework agreement. The new specifications are outcome based, and the contracts offer choice and control for customers. Customers will be able to agree with providers how and when they will use the care hours they have available to them.
3. We have introduced an online self-assessment for basic equipment and aids to daily living, and are in the process of setting up a clinic which will enable people to access advice, be assessed and try out equipment.

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Older People's Housing Strategy

1. A refresh is now ready for approval by the Executive Member. We worked with housing and planning colleagues to commission an analysis of older people's housing needs, and this has informed both the new housing strategy and the Local Development Plan.
2. A Housing Options Team has been developed to provide better information and advice to anyone looking for accommodation.

Development of Extra Care

1. We supported a local social housing provider in the remodelling of a sheltered housing scheme to provide Extra Care in Huntington, one of the wards with high older population and no Council housing properties.
2. We have worked with housing colleagues and another social housing provider to develop a purpose built scheme which will open in the new year, and which will pilot a hub and spoke approach to support provision.
3. We are linked in to a project initiated by Joseph Rowntree Foundation to explore ways to combat social isolation for older people, to explore how a 'virtual' extra care community might be established within a neighbourhood. The project will work in two wards in York and two wards in Bradford and we expect it will connect in to the Council's work on piloting neighbourhood management.

Review of Council residential care homes

1. We agreed with Members in December 2009 to develop options for the future use of the resources invested in our nine care homes by June 2011.
2. As an interim measure we have been consolidating our respite care provision within one home. This will provide an additional 4 long-term beds for people with confusion in our two specialist homes.
3. We have also increased our capacity to provide high dependency care by 4 beds, and will be offering more short-term beds to meet winter pressures. We are still in discussion with the Primary Care Trust about potential use of further beds for transitional care.

4. Changes to National and Local Policy

National policies

The Local Government and Public Involvement in Health Act 2007

introduced Joint Strategic Needs Assessments (JSNA). Directors of Adult Social Care, Children's Services and Director of Public Health are now required to undertake a needs assessment to inform the planning, commissioning and development of services to improve health and wellbeing across the City of York area. York's first JSNA was published in 2008, and the second in September 2010. The JSNA brings together what we know about health needs and presents findings from the data that is collected locally and nationally and from the key themes gathered from engagement with our community. The refresh of the needs analysis for this Long Term Commissioning Strategy therefore now reflects the messages within the JSNA.

The National Carers Strategy June 2008 outlines the improvements expected to support Carers. Our strategy in 2007 had identified carers as key partners in ensuring older people can be supported to live in their own homes. The national strategy confirmed this with strong messages about the support carers need including: planned short breaks for carers; support to obtain or remain in employment; piloting of annual health checks for carers, and easily accessible information. The Government published **Recognised, valued and supported: next steps for the Carers Strategy** in November 2010. Messages within this document confirmed the importance of: enabling those with caring responsibilities to fulfil their educational and employment potential; providing personalised support both for carers and those they support, enabling them to have a family and community life; and enabling carers to remain healthy and well. It emphasised the need to support those with caring responsibilities to identify themselves as carers at an early stage, recognised the value of their contribution and of involving them from the outset both in designing local care provision and in planning individual care packages.

Transforming Social Care (LAC(DH)(2008)1) described the vision for development of a personalised approach to the delivery of adult social care. Supported by the concordat *Putting People First*, the circular builds

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on the messages in Our Health Our Care Our Say to deliver outcomes that allow people to live independently, stay healthy and recover more quickly from illness, participate in family and community life with a quality of life and with dignity and respect. It requires delivery of more choice and control for service users, more focus on prevention and early intervention, greater use of telecare and assistive technology, a reablement approach to service delivery, and joined up working with health and other council services.

In November 2010 the Government produced a **New Vision for Adult Social Services: Capable Communities and Active Citizens**. It builds on the personalisation agenda and seeks to offer people real choice and control. It puts outcomes centre stage and looks at the opportunities in strong and resilient communities for people to support themselves and each other. Local authorities are to help shape the local care and support markets, foster 'co-production' or the full involvement of customers and carers in the design and delivery of services, and use a personalised approach to balance risk and choice to help people stay safe

Living Well with Dementia - National Dementia Strategy February 2009 was produced by the previous government but has been updated by the new coalition government with **Quality outcomes for people with dementia** September 2010. This gives with a clear focus on the outcomes for patients and their carers. We need to deliver better awareness, more early diagnosis intervention and support, more appropriate treatment, support for carers, dignity, choice and control for those living with dementia and improved end of life care.

Liberating the NHS is a White Paper, produced in July 2010. It aims to deliver choice and control for patients. It seeks to enhance the role of Local Involvement Networks (LINks) which will develop into HealthWatch with additional responsibilities to provide advocacy and support to help people access and make service choices, and to make a complaint. Local authorities will become responsible for delivering national objectives for improving population health outcomes. Councils will become responsible for a ring fenced public health budget. Local Directors of Public Health will be appointed jointly by the local authority and a new national Public Health service. Health and Well-being Boards will be established by local authorities or within existing strategic partnerships, to take a strategic approach and promote integration across health, adult social care and

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children's services, including safeguarding, as well as the wider local authority agenda. Most of the commissioning currently undertaken by Primary Care Trusts (PCTs) will transfer to local consortia of GPs, who will be approved by an autonomous statutory NHS Commissioning Board.

Local Policy

A corporate review of the impact of an ageing population was undertaken in 2009/10 to understand the implications for all Council Departments, identify what was already being addressed and what more could be done. The review identified areas where we could do more:

- Understanding our customers' needs and aspirations;
- Promoting positive messages and images about ageing;
- Improved co-ordination between initiatives in different directorates;
- A shift to more Community Level Planning;
- Tackling social isolation and increased access to leisure, learning and activities;
- Harness the role and contribution of the voluntary sector more in helping deliver this agenda.

A Joint Vision for the health and wellbeing of older people was developed and agreed during 2010 between the Council, North Yorkshire and York Primary Care Trust, and York Health Group, the York GP commissioning consortium. The overarching vision for older people in York, to be achieved over the next five years, is one where a higher proportion of older people remain within the community, having fewer hospital and care home admissions and are able to enjoy: greater independence; a wider choice of accommodation options; and greater social engagement. The vision sets out to define overarching outcomes which can be applied across health and social care provision and where those outcomes can only be achieved by health and social care working together, and with voluntary organisations and other third sector bodies. Five strategic outcomes have been developed through which the vision can be achieved. These are that more older people will:

- Be demonstrably treated with dignity and respect.
- Have greater involvement in family and community life.
- Be able to achieve greater independence.
- Report that they are able to maintain good health.
- Remain within a home of their own.

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A renewed **Older People's Housing Strategy** is currently out to consultation. The draft findings within the strategy are:

- There is need for more accessible and clear information about housing for older people and services available to support independent living.
- Three in four older households own their own home and a large number have significant equity. There is scope for some of this equity to fund housing and support in later life.
- One in every two older households is under occupying their home. The reasons for this are complex, but in part due to a lack appropriate housing options.
- There is significant need for more help maintaining homes, adaptations to keep homes safe and accessible, and assistive technology to enable older people to remain in their homes for longer.
- There is a need for further home support options.
- There is a need for better designed homes offering longevity and flexibility for the changing needs of ageing.
- Within homes offering greater levels of support, such as sheltered housing, sheltered housing with extra care and residential care or nursing homes, there is under provision of affordable two bedroom accommodation and an over supply of one bedroom. There is also demand for a greater range of tenure options, particularly ownership, shared ownership and leasehold schemes.

The following strategic aims and objectives, are expected to form the basis of our older people's housing action plan for 2010-2013:

1. Ensure older people can make informed housing choices and plan ahead by providing accessible and clear information on their housing options.
2. Ensure older households can remain independent in their own homes for longer.
3. Where there is need for housing with greater levels of support ensure it promotes and enables maximum independence and choice.

5. Review of Need and Demand

Population needs assessment/Population Profiling

Census data within the original report remains unchanged with the new census due to be undertaken in 2011. This means the maps and information based at ward level remain unchanged from the original strategy document.

Since the original Long Term Commissioning Strategy was written the Institute of Public Care, who supported our work in 2007, have developed a web based national population projection tool, (POPPI <http://www.poppi.org.uk/index.php?pageNo=314&areaID=8301>) which provides local, regional and national data for many of the areas we looked at in our original needs analysis. POPPI data offers us projection up to 2030.

We have decided to use the information available through POPPI, together with the information from the York Joint Strategic Needs Assessment to refresh the needs analysis within the strategy. The POPPI information has the advantage of being consistent across the region and country and so has greater validation than the local data that was used in 2007 before this resource was available. However this means that our information sources are different from those used within the original strategy document and so minor changes in figures should be regarded with caution.

The broad messages from this population analysis remain unchanged. Our population of older people is increasing, and particularly in the over 85 age group. This population growth drives the increasing projections of older people experiencing a range of health issues, with dementia one of the conditions most likely to impact on more people's lives and require more from care and support services.

Appendix 1 provides the refreshed tables, including additional information not available in 2006, concerning:

- The numbers of older people living alone
- Admissions to hospital as result of a fall

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- Contenance
- Hearing impairment

New information from surveys and consultation

In 2008 the Council undertook consultation, on the key messages and challenges identified in the Long Term Commissioning Strategy, with local older people. This was conducted through dialogue with local stakeholders and voluntary sector organisations, through an online and postal questionnaire (which was distributed with the help and support of voluntary sector partners, including York Older People's Assembly) and through small facilitated focus groups.

What we found out:

- There was a clear view that we should be lobbying for an increase in the funding available for older people's social care services, given the increasing numbers of older people over the next 15 years.
- 63% of the survey respondents wanted to see us working with housing providers to enable people to stay in their own homes as their care needs increase.
- Home adaptations (73%), receiving help with the practicalities of running a home (70%) and help with personal care (70%) are considered the three most important aspects for helping people live in their own homes for longer.
- 58% would possibly consider moving to supported housing or housing with care, and a quarter of these would be interested in buying a property,
- 50% of survey respondents felt we should develop the use of telecare sensors linked to the community alarm service to help people manage risk and receive support when they need it.
- Over 80% agreed residential care should focus on the needs of those with dementia and high dependency care.

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- 46% thought we should look to see if we can provide residential care in the independent sector at a lower price, but the same quality as council run care. However 61% want to see both the council and the independent sector providing residential care in the city, and the focus groups told us that people were concerned to ensure that the Council takes a central role in assuring the quality of care.

- 35% wanted us to develop more low level services, to reduce the need for more intensive care services. However there was concern that we should not change our eligibility criteria or reduce our funding for the more intensive services to pay for this, because it is recognised that at some point people will still need the more intensive services.

- To help older people live more independently respondents would like to see handyperson services (72%), one point of contact for advice and information (68%), and the footcare and toenail cutting service (67%) more widely available. There is also a need for better support for those diagnosed with dementia, assistance with gardening and help with shopping. (60%)

Service user and carer profiling

The 2009/10 data available through the NHS Information Centre shows we have lower than average numbers placed in residential and nursing care, compared to both our comparator group of authorities and the national average; and higher than average number of people receiving community based support packages.

We have high numbers of people discharged from hospital into residential care and are the fourth highest in our comparator group (4/47)

We also have high number of hospital bed days (2072 in the year) for over 75's with 2 or more emergency admissions to hospital (13/47 in our comparator group). This relates to 65 individuals (20/47).

As a result of the analysis within the original strategy we predicted that demand for services was likely to grow at around 7.4% a year on average. Our referral rate has grown in line with this prediction.

6. What has changed in our services

Quality

Although we have many good quality services in the city we need to continue to promote and encourage improvement in quality in some of our care services. The CRILL data provided by the Care Quality Commission has some limitations, with data being historic, but it shows we were below the regional and national benchmark on our purchasing of quality care in 2009/10. This is within a national context of increasing quality across all sectors. These issues apply to a small number of both in house and independent sector providers, but where we have had a significant number of customers served by the provider, and to some historic out of area placements.

We continue to work robustly with any providers who are identified as having issues with quality, supporting them with improvement plans, and using contract monitoring and management to underpin this work.

Prevention and early intervention services

We have already listed the new services now in place as a result of our action plan from the original strategy.

We know that the new signposting and information service, provided by Age Concern is offering a valued service, and that in the first year it helped nearly 500 older people to access services and support to enable them to stay warm, stay safe, reduce their social isolation, access health services and practical help to maintain their independence.

The new handyperson scheme has proved extremely popular, and this has caused some issues with waiting times for a service. The service is funded through our Supporting Team, and is provided by one of the local social landlords. We continue to work with the provider to find ways to improve access to the service within the funds we have available.

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The new footcare service, provided by Age Concern has had a slow start but has helped to identify significant numbers of people who need a health care service. Age Concern has worked very positively with the local podiatry service and now has an agreement for direct referrals to the health service.

The new independent carers service has delivered improved information to carers. It has managed a new emergency card scheme, which works with our community alarm service, to allow carers to record the arrangements they have put in place in case of an emergency and they are unable to care as planned. The centre has also facilitated two discount schemes for carers, one with the Council's Leisure Services and one with local businesses.

Housing and housing related support

We have increased the number of extra care schemes within the city over the last four years by two, six of the eight schemes within the city are provided by registered social landlords. The other two are provided by a voluntary organisation.

There are still limited housing choices for owner occupiers in the city, but the new Older People's Housing Strategy and the Local Development Plan will address this. Information on housing choices has been improved, through the Housing Options Team, but we know it can be further enhanced.

We have a fairly traditional model of housing related support within the city, based primarily within designated sheltered housing schemes. These continue to be very popular with tenants, but there are indications that this may not be the best way to target the resources we have on those who most need them. A number of the residents in sheltered schemes tell us they do not need the support provided, and would prefer not to have to pay for it. We have remodelled some services to offer 'floating support', particularly in those schemes which do not have a community room. Alongside this we are looking to increase the 'floating' support available to older people who are not living in designated schemes, to offer more flexibility, and move the concept of 'extra care' out of buildings and into the community.

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The demand for housing adaptations support still outruns the resources available. We have moved to a new loan based offer, but funding reductions will add additional challenge in this area.

Home care services

Our reablement team has made progress in the development of skills within the team and a knowledge transfer partnership has been established with University of York St John to support our workforce development. This is beginning to lead to customers needing reduced levels of support by the end of the six weeks of reablement service. However this has not been achieved as quickly as anticipated, and is still not at the levels we would hope for. Issues remain about value for money. Based on evidence from CSED and other authorities who have and effective reablement services we will need to deliver double the number of hours currently delivered.

Our other in house home care services continue to be costly to provide, and although they remain popular there is no evidence from quality ratings and customer feedback to show that this additional cost delivers any higher quality than independent sector providers can offer.

We have just agreed new contracts with the independent sector, which are outcome focussed and designed to offer more choice and control to customers. Providers will work with customers, direct, to plan how the outcomes, agreed between the customer and our care managers, are to be achieved within the resources allocated through our new support assessment processes. We have two locality based preferred providers and alongside this a framework agreement with a further five providers, which offers choice, and brings flexibility into the market.

Intermediate Tier services

Hospital discharge delays have increased over the last three years. Some of this has been seen as a lack of capacity within home care services, but even with additional capacity added, the problems have not resolved.

The Use of Resources information shows we have higher numbers of older people with repeat emergency hospital admissions. It has become

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clear that there are no discrete community based health intermediate care services within the city. Instead the 'virtual wards' pick up referrals from both hospital discharge and from the PCT's rapid response team, who offer up to 6 days 'step up' emergency care.

In spite of our transitional care beds we still have too many people being discharged from hospital into residential care, and an MCAP analysis of hospital bed usage in 2009, undertaken by Tribal Consulting for the PCT, shows that our hospitals have excessive numbers of people who are being cared for in the wrong place. The Use of Resources Information shows that we have relatively high numbers of over 75's with 2 or more emergency admissions to hospital.

Work is currently underway with the Primary Care Trust to model what a good community based intermediate service should look like. This work will link to the developments of our own reablement service, and to our review of residential care resources

Residential care

We still do not have sufficient capacity to meet the demand for residential and nursing care for those living with severe dementia.

New independent sector providers are still interested in developing new homes within the city, and we have encouraged them to provide capacity for dementia care and those with high dependency needs. One home has opened within the city and no homes have closed during the last four years

We still directly provide residential care in nine council homes, and have significant resources tied up in this provision. These homes are unlikely to meet the aspirations of older people in the future, with very small numbers of the rooms having ensuite facilities. We are in the process of reviewing these homes, with a view to increasing the capacity within the city for residential care for those with dementia and high dependency needs and moving more of our resources to support people in the community.

Carers Support

Carers still tell us that they find it difficult to get the breaks they need. Our Flexible Carers Grant scheme continues to be very popular, but is under significant pressure and does not yet work on an outcome based model. Respite care services within the home are still under pressure, with waiting lists, and one of the respite services, for those with Multiple Sclerosis is planned to close at the end of March 2011.

7. Funding

In 2007, based on the projected increases in demand for service, we predicted that we could be facing an additional £10m budget pressure by 2020. We are already seeing this pressure in our budgets.

We await the details of the Comprehensive Spending review but anticipate that we will need to make savings as well as move investment from some services, to develop new services. Government has committed additional funding for adult social care nationally, and expects that additional money will be transferred from the NHS for investment in social care services. This will help us in our commitment to move to Place Based budgets, but we expect the challenges of reducing funding for all public services to be a real challenge.

The Supporting People programme is anticipating a minimum of 5% annual reductions due to the allocation formula introduced by government three years ago, with an additional 3% potentially as a result of the Comprehensive Spending Review

The voluntary sector continues to feel very vulnerable to funding reductions.

The most recent benchmarked data on activity and use of resources 2009/10 available through the NHS Information Centre shows that York spends 53% of the older people's budget on residential and nursing placements and is almost exactly midway in the comparator group of local authorities (23/47). We spend 33.5% of the budget on day and domiciliary care and are ranked 22/47 in this respect. 12.7% of the budget is spent on care management (22/47).

8. Our priorities - What we will do next

Taking account of the continued relevance of the messages from our original strategy; the messages from our consultation with our older population, and the changes we have achieved together with the challenges we still have within our services, the following sets out our commissioning intentions for the next three years.

We will:

- Develop proposals to allow us to increase the reablement capacity and deliver better outcomes for customers. This should help us manage the increasing demand for long term home care services
- Embed telecare and carers' support in our reablement model
- Work with the PCT to integrate our remodelled reablement service with the health intermediate care services, improve the links between telecare and telehealth services, and develop alternatives for people coming out of hospital into permanent residential care
- Review our in house care services and produce recommendations to improve cost effectiveness
- Develop more flexible housing based support services which will allow older people to access the support available to those in sheltered and extra care schemes without having to move
- Bring forward proposals for the best use of the resources invested in our nine council homes to provide increased capacity for residential and nursing care for those with dementia and high dependency care needs, and increase housing choice and community support for older people in the city
- Secure suitable partners to help us deliver the extra housing and care facilities which will be high quality, fit for the future and cost effective

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- Invest some of the savings produced through our efficiency programmes to ensure that community based support (domiciliary and overnight care, respite care, practical support at home, housing related support, befriending and social interaction) is expanded to meet the growing numbers who remain independent at home.
- Continue to support carers and develop services that enable them to continue in their caring role and maintain a life of their own
- Work with the voluntary sector to retain sustainability of their services by ensuring those we commission are delivering outcomes that support our strategic aims.