

**Decision Session of the Executive Member for Health  
and Adult Social Services**

**27 July 2010**

**Director of Adults, Children and Education**

## **A Joint Vision for Older People's Health and Well Being in York 2010-2015**

### **Summary**

1. This paper seeks agreement to a joint vision for health and social care services in York for older people. The vision will underpin work to develop an integrated approach to commissioning and service provision, across health and social care, as a means to ensure we can better meet the needs of our population, and provide services more efficiently and effectively.

### **Background**

2. Our Long term Commissioning Strategy for older people was agreed by Members in January 2007 and included a priority to establish joint commissioning arrangements with our health partners.
3. This was driven by the messages from local and national policies, and by consultation with older people. All of these emphasise the importance of seamless services and the need to improve health and well-being.
4. Since 2007 we have worked on a number of joint projects and set up a Joint Commissioning Group for Adults, with representation from the Council, the Primary Care Trust, NHS North Yorkshire and York (NHSNYY) and York Health Group (YHG), the local GP Commissioning Consortium.
5. The Vision has been developed through this group, with support from the Institute of Public Care, and funding made available by the Department of Health to support improvements within the Council following an inspection of Adult Social Care in 2007.
6. The Vision has been shaped by key messages from *Transforming Social Care* LAC (DH)(2008)1, and The Darzi Review – “High Quality Care for All” Department of Health, July 2008. It is influenced by *A Sure Start to Later Life: Ending Inequalities for Older People - A Social Exclusion Unit Final Report 2006*, and it draws from key strategic documents from the three local partners.
7. The Vision was drawn up ahead of the publication of the White Paper ‘Equity and excellence: Liberating the NHS’, however the contents of the vision transcend changing institutional configurations, and has been developed with both primary care and Gp commissioners in York.

## **Consultation**

8. The draft vision has been reviewed by key stakeholders at two workshops. Representatives of York Older Peoples Assembly, the voluntary sector, York Foundation Hospital Trust, the PCT provider service, the Council's care management and provider services and the Older People's Champion, were all engaged in these workshops, and their suggestions shaped the final draft.
9. This final draft has been further consulted on through the voluntary sector, the Older People's Partnership Board and the Healthy City Board.
10. Feedback has been positive from all directions. There is a real wish to see the vision used to shape services in York for the future. Some drafting changes have been incorporated into the final version attached at Annex 1. Other comments, From York Older People's Assembly, included:
  - Concern that the intentions within the Vision be translated into outcomes
  - A wish to see partnership working as the norm and not the exception
  - Agreement that avoiding duplications and waste is a prerequisite in the current financial environment
  - A strong view that it is essential to identify the total resources spent on older people within health, social care and housing agencies, and to use pooled budgets for example in the provision of aids and adaptations
  - A view that the recognition given to the needs of single people living alone needs to be strengthened.
11. The attached draft now contains more explicit reference to the needs of single older people within paragraph 4.5. We accept and value the feedback that has been provided to date.
12. It is proposed that the other issues will be best addressed through the work currently starting to deliver a joint health and social care commissioning function.

## **Options**

13. Option 1 is to approve the Vision as the framework for future joint commissioning.
14. Option 2 is not to approve the Vision but to ask for further work to be undertaken on any areas of concern

## **Analysis.**

15. The Joint Vision is attached as Annex 1. It provides in our view, an inspiring description of a world where services are designed on the basis of the views of users of those services. Designed to retain and prioritise independence, dignity and choice.
16. The intention for the Vision is 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.

17. 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.
18. It is not intended that this statement covers every aspect of health and social care, neither should it replicate the range of statements and strategies that already exist. Instead, the intention is 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.
19. For each of the outcomes there are a range of evidence based 'outputs' and processes described, by which the outcomes should be achieved. The outcomes are also accompanied by a set of principles, which can be applied, not only to the outputs but also to any health and social care activity.
20. Each of the outcomes are based either on existing policy goals within the local authority or our local health community, or on research / audit evidence of need, and where their achievement can be measured by a set of local indicators.
21. The Vision has been developed within a very clear context of increasing demand for services and reducing financial resources and is intended to support redesign and reshaping of services rather than an investment programme for additional services. It seeks to ensure however, that such redesign and efficiency is achieved not opportunistically but within the context of a clear agreed vision.
22. Delivery of the Vision will be achieved through an integrated commissioning function. Proposals for this are currently being worked up, and more details on these proposals will be available in the autumn for the Executive Member's consideration. The comments and suggestions from the York Older People's Assembly will be fed into the work to establish a joint commissioning function, and subsequent joint commissioning plans

### **Corporate Objectives**

23. The Vision will help to deliver the Council's objectives in respect of:

A Healthy City – we want to be a city where residents enjoy long healthy and independent lives. For this to happen we will make sure people are supported to make healthy lifestyle choices and that health and social care services are quick to respond to those that need them

### **Implications**

#### **Financial**

24. There are no financial implications to agreeing to the Joint Vision.

#### **Human Resources (HR)**

25. There are no proposals within the Joint Vision that commit the Council to actions that have direct HR implications. However, to achieve aims of the Joint Vision will require staff to change current practice and work in different ways with older

people. Where necessary appropriate training and guidance will be provided to staff as required.

### **Equalities**

26. The Joint Vision will support better outcomes and services for all equality strands and in particular people affected by age and disability.

### **Legal**

27. There are no legal implications to agreeing to the Joint Vision

### **Crime and Disorder**

28. There are no crime and disorder implications to agreeing the Joint Vision

### **Information Technology (IT)**

29. There are no IT implications to agreeing the Joint Vision

### **Property**

30. There are no property implications to agreeing the Joint Vision

### **Other**

31. There are no other implications

### **Risk Management**

32. The risk associated with the demands for services from an ageing population is recorded on the Council's risk register. The recommendation of this report will potentially help to reduce this risk. There are no new risks associated with adoption of the Vision.

### **Recommendations**

33. It is recommended that Option 1 is adopted:

To approve the Vision as the framework for future joint commissioning

Reasons: To ensure we can better meet the needs of our population, and provide services more efficiently and effectively

## **Contact Details**

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**Report Approved**

**Date** 14 July 2010

**All**

**For further information please contact the author of the report**

**Annex**

Annex 1 - The vision for older people's health and well being in York 2010-2015