

JSNA Frail/Elderly Deep Dive Update

**Summary of progress against findings and feedback arising from the JSNA frail/elderly deep dive work**

1. To date the frail/elderly JSNA deep dive work has not been considered by the Health and Wellbeing Board; this means that it has not formed the direct focus of work over the last year. However the work is part of the evidence base for, and the key themes identified are significant components of, the work underway to allow social care to respond to the future challenges around care for frail and elderly residents.
2. Over the past year, work has continued in support of the Better Care Fund (BCF), amounting to £12.127M in 15/16. Progress has been made in some significant areas, such as the Care Hubs with Priory Medical Group. The BCF is now being reviewed with the aim of agreeing an approach based on shared priorities, fully considering the impact on the whole system of decisions to invest or not in specific services, which will maximise the ability of the system to prevent hospital admission and help people to live independently in the community.
3. Chief Officers of CYC, NYCC and health organisations have established a System Leaders Board, committed to working together as partners, setting direction for their teams to address collective priorities, unblocking barriers to support effective action and holding each other to account for delivery.
4. In addition, partners across health and social care have identified a number of key principles for working together in this way including i) a focus on reducing dependency and encouraging self care, ii) prioritising health and wellbeing alongside support services, iii) ensuring that information and services support dementia friendly communities, iv) creating services which deliver defined outcomes designed collaboratively with service users and partners, and v) supporting the sharing of information between agencies
5. An Integrated Commissioning Executive (ICE) has recently been established to co-ordinate a consistent approach to commissioning services which deliver these principles.

The shared work programme for ICE is being developed, with initial priorities highlighted around the Integrated Care pilots, rehabilitation, reablement and intermediate care services.

6. A number of the priorities identified through the JSNA frail/elderly work and through the feedback received at the engagement event are however being worked on as follows:
  - a. **Prevention** – The future operating model for Adults’ services will have prevention as a primary focus. We are looking at models of community based support which put co-ordination roles within the community to signpost people to the most appropriate (and wherever possible, non-service) support based on their own wishes for a good life, taking account of their particular characteristics, such as self-identifying as LGBT. Supporting carers to help them continue to provide support will remain a priority, with carers’ needs viewed on an equal basis.
  - b. **Independence** - People living independently in their own homes is core to the council’s work and as part of the Better Care Fund. To achieve this, people must be able to access information and advice when they need it, in a format accessible to them. CYC is reviewing information and advice provision across its services and those of partners to ensure people can find information to support their own wellbeing and to stay as healthy as possible. The greater use of assistive technology at an earlier point and the design of Lifetime homes which facilitate easy adaptation to meet people’s changing needs. Recently built council houses on Lindsey Avenue follow this approach, which is also at the heart of the older people’s accommodation strategy.
  - c. **Integration** - The development of a new Adult Social Care case management system will facilitate the greater integration of adult social care and health information. Allowing professionals access to a broader range of information will help us to provide services which are more person-centred and less constrained by the systems we have in place. Equally, there is also general

agreement to sign up to integrating service pathways around a “primary care hub” model, which itself focuses on promoting self care/management and supporting people to remain in their own homes. We are also exploring the potential for statutory sector co-located community bases.

- d. Continuous improvement** - In line with the agreed principles of the Integrated Commissioning Executive, future services will be designed with and around customers.
  - e. Safeguarding** - York has continued its work to embed the concepts of Making Safeguarding Personal, now enshrined within the Care Act, which ensures that the individual exercises as much choice and control as possible in determining and achieving the outcomes they want from safeguarding enquiries.
7. There is good alignment with the themes running through the JSNA work for Adult Social Care and there are no areas which are not either directly addressed or impacted by future plans.
  8. Whilst Adult Social Care are developing plans for future provision, aligned with the CCG, it is clear that the closest and most appropriate support to prevent issues escalating will often be found within an individual’s community. Future models will expand the capability to link customers with services and support close to them, but it should be recognised that looking after our vulnerable residents is everyone’s business. It will be through the close working of officers from many different disciplines and of their interactions with members of the community that support can be identified at the earliest point to prevent escalation.
  9. Supporting the streamlining of governance arrangements which facilitate joint working and integration through the deployment of resource in line with shared strategic aims will be key in achieving more integrated services.

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