

Meeting of the Executive Members for Housing
and Adult Social Services and Advisory Panel

29 October 2007

Report of the Head of Adult Services

**Progress on the Accommodation and Support and Long Term
Commissioning Strategies for Older People**

Summary

1. This report provides information on a range of initiatives which are in progress and which will help to deliver the objectives of the Long Term Commissioning Strategy for Older People by developing support and accommodation within the community, and by linking service developments more closely with the Primary Care Trust (PCT).
2. It seeks agreement in principle to the proposed approach to develop joint commissioning arrangements with the PCT.

Background

3. In December 2005, a report " Accommodation with Support for Older People" was brought before Members. The report indicated a need to explore the feasibility of developing Council Elderly Person's Homes to ensure capacity within the city for dementia and mental health residential care, high dependency, and respite and day care.
4. Initial feasibility has been undertaken but this report will not be making any recommendations. Decisions about further capital and revenue investment in our homes will need to be considered in the context of the report on the challenges facing social care in providing services for older people.
5. In January 2007 Members agreed a Long Term Commissioning Strategy for Older People. The strategy identified that the needs of older people were changing and that the numbers of older people in the city were increasing. The strategy highlighted the need to do more to develop housing choice, ensuring that 24 hour support and care is available, as well as the need to develop services which will help older people stay more independent for longer, by promoting health and well being, and by ensuring access to practical help within the community.

6. The strategy was clear that both services and the strategy need to be developed jointly with health commissioners and providers. The PCT however has found it difficult to engage until very recently, because of organisation changes and financial pressures.
7. This report therefore looks at work that is under way and planned, which will address issues raised within the earlier reports. These are:
 - The need to increase housing choice and options for older people
 - Ensuring 24/7 risk management and response services
 - Diverting and reducing demand for services
 - Working in a more integrated way with the PCT.

Housing choice

8. We have been developing housing choices as an alternative to residential care for over seven years, including the development of both residential care homes and sheltered housing schemes to provide extra care accommodation within the Council's housing stock.
9. The Discus Bungalow project provides an example of how current services can be reshaped to provide accommodation that is fit for the future and offers more choice to older people. The project will deliver a minimum of 30 Extra Care units, for older people with higher care needs, and has the potential to increase the choice available to homeowners in the city if we are able to include some units that are affordable to buy.
10. As part of the development of an asset management strategy for our housing stock we have the opportunity to consider whether there is any need to change any of our sheltered housing schemes. A future report to members is planned to consider the best future use of some of the sheltered street schemes with hard wired alarm systems.
11. Some sheltered schemes may be suitable to 'grow' into more of an extra care model of support, if we can adapt the care and support around properties that can offer good disability access. Where this is possible it could allow more tenants to remain in their accommodation as their care needs increase.
12. To ensure that we can make best use of these 'extra care' options there is a need to ensure that allocation to vacant tenancies both minimises void times but also targets those tenants most likely to need the care and support. This will need:
 - A review of the way that care is managed within the schemes,
 - Earlier identification by care management staff of potential tenants
 - A review of the tenancy allocation process, which could be addressed within the agreed review of the Housing Allocation policy.

13. Just as we would wish to see as much as possible of our own stock of housing for older people 'grown' into an extra care model, there is also work which can be undertaken with other housing providers. The Supporting People review of Older People's services has just started, and this will provide an opportunity to explore what the potential might be to enhance the support and care within the sheltered schemes run by Registered Social Landlords and charities, and whether there is the potential to develop an extra care model within the community which is not building based and which allows older people to remain in their own homes, rather than having to move to receive the support they need.
14. The Supporting People programme, of which the Council is a partner and the Administering Authority, provides £1.19m funding for housing related support for older people, mainly through sheltered housing and community alarm schemes.
15. If we are able to make changes to Supporting People services, they will need to be achieved within the budget constraints of the Supporting People programme. Older people with mental health needs and who are frail are now groups who are identified as priority groups, which may attract additional funding, however there is little uncommitted funding within the programme at present.
16. The Supporting People service review will therefore need to look at whether there are any efficiencies, which could help to create some flexibility to develop new services. The Supporting People Review will consult with customers; it will review quality and value for money of current services and will take account of strategic relevance and best practice from elsewhere. Any proposals to change services will be considered by the Commissioning Body in the New Year. If there are proposals that affect City of York services a further report will be provided for Members.
17. Most of these initiatives will primarily benefit tenants. We also need to influence the development of alternative accommodation and care models in the City that would appeal to those with sufficient equity to buy the accommodation. This will include influencing the planning proposals of developers, as well as ensuring we utilise our assets, where appropriate, to deliver quality and choice for older people's housing across all tenures. Information on older people's housing needs will need to be fed in to the development of the Local Development Framework to provide clear messages to developers. Information for customers about the options available will need to be developed as well.

Risk management and 24/7 cover

18. The Council supports over 2,500 customers through Warden Call, our community alarm scheme. We are in the process of reviewing the

delivery arrangements for warden call to ensure the service is working as effectively as possible, and in a way that provides robust 24/7 cover for all customers of the Community Alarm scheme.

19. Warden Call has just launched an additional 'Telecare' service, using grant funding from the Department of Health to target more vulnerable customers at risk of hospital admission, or admission to residential care, because of falls or dementia. We expect the numbers benefiting to increase over the next year, and to be able to show how this support can reduce the need for more costly and intrusive services, which take people away from their own homes and independence.

Diverting and reducing demand for services

20. Other community based support services for older people are funded both through grant funding from the Council, agreed by the Executive member for Adult Social Services and also by the Primary Care Trust.
21. The funding available is limited by financial pressures, but there is work in progress within Housing and Adult Services to develop a Prevention Strategy, which will consider how services can be developed to provide a more coherent and effective range of support to improve health and well being. This is one area where we aim to work more jointly with the PCT if Members agree to the recommendations in this report

Consultation

22. Representatives of the Older People's Assembly, from the voluntary sector and from independent providers were involved in the drawing up of the Long Term Commissioning Strategy. Further meetings with all of these stakeholders have confirmed that they are keen to be actively involved in delivering the objectives of the Strategy. All have said they would welcome clear messages from the Council, and the PCT about what the priorities for action will be.
23. Discussions with the PCT Chief Executive and Director for Commissioning have made good progress in agreeing that there is a need for joint commissioning and joint work to improve services and outcomes for customers and patients. There is a wish within the PCT to identify four – five key areas for joint action, and to develop our joint working processes and structures as these work streams are delivered.

Joint work with the Primary Care Trust

24. Good progress has been made in the last months in agreeing a way forward with North Yorkshire and York Primary Care Trust (PCT) towards a joint commissioning approach in response to the Council's Long Term Commissioning Strategy for Older People.

25. Work is in progress to agree joint priorities for action, based on shared objectives, which can be mapped from our Long Term Commissioning Strategy to the PCT's recovery plans and draft commissioning intentions. These can also be linked to the Commissioning plans for the local Practice Based Consortium of GPs.
26. These priorities are likely to link to the outcomes identified within the Long Term Commissioning Strategy to:
- Reshape dementia and older peoples mental health services to ensure more support within the community
 - Reduce hospital admissions and admissions to residential and nursing care by making best use of intermediate, transitional, fast response re-abling and rehabilitation services
 - Use technology to support independence and improve risk management for customers and patients
 - Develop an integrated health and social care approach to helping patients and customers manage their long term conditions
 - Develop community based preventive services and carer support which will improve health and well being
27. Joint project groups will be set up, with staff from both the PCT and the Council, and where appropriate the GP commissioning group, to develop and deliver specific changes and measurable outcomes.
28. It is proposed that these project groups will report to a joint PCT and Council commissioning group, with membership from PCT Non Executive Board Members and the Commissioning Director, together with the Executive Member for Adult Social Services and the Director of HASS. The group will have agreed terms of reference and a reporting structure to the Health and Council Chief Executives. Where any proposals for change are significant, and go beyond agreed policy and delegated authority, further reports will be provided for Members.

Options

29. Option 1 is to agree in principle to the joint priorities and proposed joint arrangements to deliver these.
30. Option 2 is to delay agreement until full details for the projects and oversight of the projects have been scoped and terms of reference are available

Analysis

31. Option 1 will allow further progress to be made more quickly in setting up joint arrangements with the PCT. The proposed areas for the priorities fit with the objectives already agreed by Members through the Long Term Commissioning Strategy, and the proposed commissioning group will enable both agencies to ensure that the work to deliver these

priorities is progressed. Any proposals to change policy or which would not fall within delegated authority will be referred back to Members.

32. Option 2 will allow Members to consider the proposals in more detail, however it will add delay to establishing agreement and a joint health and social care commissioning approach process. The Council has been seeking to establish for some time.

Corporate Priorities

33. The development of joint commissioning arrangements with the PCT, and the other developments of housing choice and support will contribute to the following corporate priorities:

- Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.
- Improve the way the Council and its partners work together to deliver better services for the people who live in York

Implications

34. **Financial.** There are no financial implications to these options, although the projects will have financial implications as they develop.

35. **Human Resources (HR)** There are no HR implications to these proposals at this stage

36. **Equalities** There are no equalities implications to these proposals. Any of the change projects will need to consider Equality Impact Assessments

37. **Legal** There are no legal implications.

38. **Crime and Disorder** There are no crime and disorder implications

39. **Information Technology (IT)** There are no IT implications

40. **Property** There are no property implications

41. **Other** There are no other implications

Risk Management

42. In compliance with the Councils risk management strategy the main risks that have been identified in this report are those which could lead to the inability to meet business objectives (Strategic) and to deliver services (Operational), damage to the Council's image and reputation and failure to meet stakeholders' expectations (Governance).

43. Measured in terms of impact and likelihood, the risk score all risks has been assessed at less than 16, This means that at this point the risks need only to be monitored as they do not provide a real threat to the achievement of the objectives of this report.

Recommendations

44. It is recommended that Option 1 be agreed.

45. The reason for the recommendation is that it will support the development of partnership working and enable progress to be made in the delivery of strategic objectives for older people's services, without additional delay.

Contact Details

Author:

Kathy Clark
Corporate Strategy Manager
HASS
554143

Chief Officer Responsible for the report:

Bill Hodson
Director of Housing and Adult Social Services

Report Approved

Date 16th October 2007

Chief Officer's name
Title

Report Approved

Date 16th October 2007

Specialist Implications Officer(s)

N/A

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers: Long Term Commissioning Strategy for Older People