



Notice of meeting of

Decision Session - Executive Member for Health & Adult Social Services

To: Councillor Morley (Executive Member)

Date: Tuesday, 21 December 2010

Time: 3.45 pm

Venue: The Guildhall, York

AGENDA

Notice to Members – Calling In

Members are reminded that, should they wish to call in any item on this agenda, notice must be given to Democracy Support Group by:

10.00 am on Monday 20 December 2010 if an item is called in before a decision is taken, or

4.00pm on Thursday 23 December 2010 if an item is called in after a decision has been taken.

Items called in will be considered by the Scrutiny Management Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by 5.00pm on Friday 17 December.

1. Declarations of Interest

At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda.

2. Public Participation - Decision Session

At this point in the meeting, members of the public who have registered their wish to speak at the meeting can do so. The deadline for registering is **5:00pm on Monday 20 December 2010**.

Members of the public may register to speak on:-

- an item on the agenda;
- an issue within the Executive Member's remit;
- an item that has been published on the Information Log since the last session. Information reports are listed at the end of the agenda.

3. Minutes (Pages 3 - 4)

To approve and sign the minutes of the meeting held on 23 November 2010.

4. Court of Protection (Pages 5 - 14)

This report presents to the Executive Member the option to implement the prescribed fixed costs for administering Court of Protection cases as set out in the Court of Protection rules 2007.

5. Older People's Commissioning Strategy - (Pages 15 - 64) 2010 Refresh and Commissioning Plan

This paper seeks agreement to a refreshed commissioning strategy for older people and to a new three year commissioning plan based on this refresh.

6. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Information Reports

No information reports have been published on the Information Log for this session.

Democracy Officers

Catherine Clarke and Louise Cook (job share)

Contact details:

- Telephone – (01904) 551031
- Email catherine.clarke@york.gov.uk and louise.cook@york.gov.uk

(If contacting by email, please send to both Democracy officers named above).

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

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Further information about what's being discussed at this meeting

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Holding the Executive to Account

The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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City of York Council

Committee Minutes

MEETING	DECISION SESSION - EXECUTIVE MEMBER FOR HEALTH & ADULT SOCIAL SERVICES
DATE	23 NOVEMBER 2010
PRESENT	COUNCILLOR MORLEY (EXECUTIVE MEMBER)

5. DECLARATIONS OF INTEREST

The Executive Member was invited to declare at this point in the meeting any personal or prejudicial interests he might have in the business on the agenda. None were declared.

6. MINUTES

RESOLVED: That the minutes from the last meeting of the Decision Session for Health and Adult Social Services, held on 27 July 2010 be approved as a correct record.

7. PUBLIC PARTICIPATION

The Executive Member heard representation from a carer in respect of item 4 on the agenda (minute 8 refers) – “Update on Implementation of the Keyless Service”. The speaker stated that he had concerns regarding the lack of consultation that had taken place prior to the implementation of the changes. He was also concerned that, although some insurance companies had “acknowledged” the Supra UK C500, this did not mean that it had their approval. He stated that he was also concerned about the costs involved and cited an example of a key safe not working.

8. UPDATE ON IMPLEMENTATION OF THE KEYLESS SERVICE

The Executive Member considered a report that provided an update on the implementation of the move to become a non-keyholding adult social care provider service following approval by the Executive Member on 27 April 2010.

It was noted that a petition had been presented at Council on 8 October 2010 by Councillor Boyce on behalf of the residents of Heworth, objecting to the discontinuation of the key holding service by Warden Call and calling on the Council to continue this service. The action that had been taken following the petition was outlined in the report.

The Executive Member noted that good progress had been made to date on the implementation of non-key holding services, which would bring the

authority in line with the vast majority of other authorities and deliver efficiencies as well as speeding up access to customers' properties in an emergency.

At the request of the Executive Member, officers responded to the concerns raised by the speaker under the public participation item on the agenda. They stated that other authorities had used keysafes for a long period of time and they were not aware of problems that had arisen in terms of insurance, design or security. They gave details of the consultation that had taken place, including individual contact with customers, and expressed regret if customers felt that they had not been fully consulted. They were confident that the new arrangements were in the best interests of customers and their families.

Officers explained that, in addition to the work that the two organisations undertaking the installation of keysafes were carrying out, consideration was being given to using the council's own repairs team in order to increase capacity. Because of the demand for installation, it was also proposed to extend the original deadline set for completion. The Executive Member expressed his support for this proposal in order to ensure that the implementation was not rushed.

Officers stated that the Executive Member would continue to be kept informed of progress in the implementation of the keyless service.

- RESOLVED: (i) That the contents of the report and the response to the petition received at the Council meeting on 8 October 2010 be noted.
- (ii) That the views of Age Concern be sought in respect of their experience of the implementation of a keyless service, including any issues that they may be aware of nationally in respect of keysafes¹.

REASON: In order to complete the implementation of a keyless service.

Action Required

1. Seek views of Age Concern

GT

Councillor J Morley – Executive Member

[The meeting started at 4.00 pm and finished at 4.40 pm].



Executive Member for Health & Adult Social Services**21 December 2010**

Report of the Assistant Director of Adult Assessment & Safeguarding (ACE) & Financial Services (CBSS)

Court of Protection**Summary**

1. This report presents to the Executive Member for Health and Adult Social Services the option to implement the prescribed fixed costs for administering Court of Protection cases as set out in the Court of Protection rules 2007.

Background

2. The council has for a number of years administered Court of Protection cases without claiming the fixed amount of remuneration to which it is entitled. The council does not necessarily have to claim these costs however other neighbouring authorities do including Leeds and Doncaster (See paragraph 7).
3. The number of cases is not significant with 8 cases currently been managed and a further 8 to be transferred from Legal. The current cost of managing these cases is born by the Council Tax Payer. .

Implementing the charges

4. The basis for the remuneration is set out within Section 19 of the Court of Protection Rules 2007 and the supplementary Practice Direction – Fixed Costs. The council currently makes no charge for this service and delivers it within the capacity of the Customer Finance Team which forms part of the Income Service within the Customer & Business Support Directorate. The fees applicable for all cases lodged after the 1 May 2009 are set out at Table 1 below and are charged directly against the estate.

Table 1

<u>Court of Protection Fixed Costs</u>		
<u>Category</u>	<u>Description</u>	<u>Amount</u>
1	Work up to and including the date upon which the court makes an order appointing a deputy for property and affairs	£645 (Plus VAT)
2	<p>Annual management fee where the court appoints a local authority deputy for property and affairs, payable on the anniversary of the court order</p> <p>a) for the first year</p> <p>b) for the second and subsequent years</p> <p>Provided that, where the net assets are below £16K, the local authority deputy for property and affairs may take an annual management fee not exceeding 3% of the net assets on the anniversary of the court order appointing the local authority as deputy.</p> <p>Where the court appoints a local authority deputy for health and welfare, the local authority may take an annual management fee not exceeding 2.5% of the net assets on the anniversary of the court order appointing the local authority as deputy for health and welfare up to a maximum of £500</p>	<p>£670 (Plus Vat)</p> <p>£565 (Plus VAT)</p>
3	Annual property management fee to include work involved in preparing property for sale, instructing agents, conveyancers, etc or the ongoing maintenance of property including management and letting of rental property.	£260 (Plus VAT)
4	Preparation and lodgement of an annual report or account to the Public Guardian	£185 (Plus VAT)

5. The fee income from implementing these charges is not intended to make any profit for the council but to meet the costs of administering these cases from the Estate as opposed to the Public Purse. The council does not seek to take the role of deputy but only does so when there is no one else able or willing to do so or it is in the interest of the customer.

6. If the implementation of these charges are approved they would be applied from 1 April 2011. The next of kin of all the current customers benefiting from the service will be made aware of these charges in advance of 1 April 2011 except where the council acts as deputy to protect the financial assets of the customer.

Consultation

7. Consultation has been undertaken through the Association of Public Authority Deputies (APAD) with other councils (Bradford, Leeds, Doncaster, Wakefield, Kirklees, Rotherham) who charge in line with the fees set out by the Court of Protection, and More for York Council Management Team (CMT).

Options

8. There are two options for the Executive Member for Health and Adult Social Services to consider in relation to this report. These are:
 - i. to continue to provide this service at the councils expense;
 - ii. to apply the Court of Protection Charges as set out at Table 1 from 1 April 2011.

Corporate Priorities

9. The effective and efficient management of income collection directly supports the corporate strategy objective of delivering an Effective Organisation. Improved income to the council also provides cross-cutting financial support in delivering all eight corporate objectives.

Implications

10. There are no implications relating to equalities, crime and disorder, ITT, property or HR issues arising from this report.

Financial

11. There are no direct implications to the Council in implementing these charges.

Legal

12. The legal direction to make these charges is set out within the Court of Protection Rules 2007.

Risk Management

13. There are no significant risks associated with this decision.

Recommendations

14. The Executive Member for Health and Adult Social Services is asked to:

Approve the implementation of the Court of Protection Fixed Costs as set out at Table A and Annex 1 of this report.

Reason To remove the expense of providing this service from the councils budget.

Contact Details

Author:

David Walker
Head of Financial Procedures
01904 552261

Chief Officer Responsible for the report:

Anne Bygrave
Assistant Director, Adult Assessment & Safeguarding

Report Approved

Date

8 December 2010

Specialist Implications Officer(s) Not applicable

Wards Affected Not applicable

All

For further information please contact the author of the report

Background Papers

Court of Protection Rules 2007

Annexes

Annex A – Practice Direction – Fixed Costs

PRACTICE DIRECTION – FIXED COSTS

This practice direction supplements Part 19 of the Court of Protection Rules 2007

PRACTICE DIRECTION B – FIXED COSTS IN THE COURT OF PROTECTION

General

1. This practice direction sets out the fixed costs that may be claimed by solicitors and public authorities acting in Court of Protection proceedings and the fixed amounts of remuneration that may be claimed by solicitors and office holders in public authorities appointed to act as a deputy for P. Rule 167 enables a practice direction to set out a schedule of fees to determine the amount of remuneration payable to deputies. Rule 168 enables a practice direction to make provision in respect of costs in proceedings.
2. This Practice Direction applies where the period covered by the category of fixed costs or remuneration ends on or after 1 May 2009. The Practice Direction supersedes the earlier Practice Directions and Practice Notes relating to fixed costs issued by the Court of Protection. However solicitors and office holders in public authorities should continue to claim the rates applicable in the previous Practice Directions and Practice Notes, where the period covered by the category of fixed costs or remuneration ended before 1 May 2009.

When does this practice direction apply?

3. Rule 156 provides that, where the proceedings concern P's property and affairs, the general rule is that costs of the proceedings shall be paid by P or charged to his estate. The provisions of this practice direction apply where the solicitor or deputy is entitled to be paid costs out of P's estate. They do not apply where the court order provides for one party to receive costs from another.

Claims by solicitors - generally

4. The court order or direction will state whether fixed costs or remuneration applies, or whether there is to be a detailed assessment by a costs officer. Where a court order

or direction provides for a detailed assessment of costs, solicitors may elect to take fixed costs or remuneration in lieu of a detailed assessment.

Solicitors' costs in court proceedings

5. The fixed costs are as follows:

		<i>Amount</i>
Category I	Work up to and including the date upon which the court makes an order appointing a deputy for property and affairs.	£825 (plus VAT)
Category II	Applications under sections 36 (9) or 54 of the Trustee Act 1925 or section 20 of the Trusts of Land and Appointment of Trustees Act 1996 for the appointment of a new trustee in the place of 'P' and applications under section 18(1)(j) of the Mental Capacity Act 2005 for authority to exercise any power vested in P, whether beneficially, or as trustee, or otherwise	£370 (plus VAT)

6. The categories of fixed costs, above will apply as follows:

- Category I to all orders appointing a deputy for property and affairs made on or after 1 May 2009.
- Category II to all applications for the appointment of a new trustee made on or after 1 May 2009.

Remuneration of solicitors appointed as deputy for P

7. The following fixed rates of remuneration will apply where the court appoints a solicitor to act as deputy:

		<i>Amount</i>
Category III	Annual management fee where the court appoints a professional deputy for property and affairs, payable on the anniversary of the court order	
	(a) for the first year:	£1,440 (plus VAT)
	(b) for the second and subsequent years:	£1,140 (plus VAT)
	Provided that ,where the net assets of P are below £16,000, the professional deputy for property and affairs may take an annual management fee not exceeding 4.5% of P's net assets on the anniversary of the court order appointing the professional as deputy.	
Category IV	Where the court appoints a professional deputy for health and welfare, the deputy may take an annual management fee not exceeding 2.5% of P's net assets on the anniversary of the court	

order appointing the professional as deputy for health and welfare up to a maximum of £500.

Category V	Preparation and lodgement of the annual report or annual account to the Public Guardian	£225 (plus VAT)
Category VI	Preparation of an HMRC income tax return on behalf of P	£225 (plus VAT)

8. The categories of remuneration, above will apply as follows:

- Category III and IV to all annual management fees for anniversaries falling on or after 1 May 2009.
- Category V to reports or accounts lodged on or after 1 May 2009.
- Category VI to all HMRC returns made on or after 1 May 2009.

9. Where the period for which an annual management fee claimed is less than one year, for example where the deputyship comes to an end before the anniversary of appointment, then the amount claimed must be the same proportion of the applicable fee as the period bears to one year.

Remuneration of public authority deputies

10. Where an office holder in a public authority is appointed to act as deputy for P, he may claim the following fixed costs:

		<i>Amount</i>
Category I	Work up to and including the date upon which the court makes an order appointing a deputy for property and affairs.	£645 (plus VAT)
Category II	Annual management fee where the court appoints a local authority deputy for property and affairs, payable on the anniversary of the court order	
	(a) for the first year:	£670 (plus VAT)
	(b) for the second and subsequent years:	£565 (plus VAT)

Provided that, where the net assets of P are below £16,000, the local authority deputy for property and affairs may take an annual management fee not exceeding 3% of P's net assets on the anniversary of the court order appointing the local authority as

deputy

(d) Where the court appoints a local authority deputy for health and welfare, the local authority may take an annual management fee not exceeding 2.5% of P's net assets on the anniversary of the court order appointing the local authority as deputy for health and welfare up to a maximum of £500.

Category III	Annual property management fee to include work involved in preparing property for sale, instructing agents, conveyancers, etc or the ongoing maintenance of property including management and letting of a rental property.	£260 (plus VAT)
Category IV	Preparation and lodgement of an annual report or account to the Public Guardian	£185 (plus VAT)

11. The categories of remuneration, above will apply as follows:

- Category I to all orders appointing a deputy for property and affairs made on or after 1 May 2009.
- Category II to all annual management fees for anniversaries falling on or after 1 May 2009.
- Category III on the anniversary of appointment as deputy where the anniversary falls on or after 1 May 2009; or upon completion of the sale of a property, where the transaction was concluded on or after 1 May 2009.
- Category V to reports or accounts lodged on or after 1 May 2009.

12. Where the period for which the annual management fee ends before an anniversary, for example where the deputyship comes to an end before the anniversary of appointment, then the amount claimed must be the same proportion of the applicable fee as the period bears to one year.

This Practice Direction is made by the President with the agreement of the Lord Chancellor, and will come into effect on 1st May 2009.

Sir Mark Potter
President

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**Decision Session of the Executive Member
for Health and Adult Social Services****21 December 2010**

Report of the Director of Adults, Children and Education

**Older People's Commissioning Strategy – 2010 Refresh and
Commissioning Plan****Summary**

1. This paper seeks agreement to a refreshed commissioning strategy for older people, and to a new three year commissioning plan based on this refresh.

Background

2. Our Long Term Commissioning Strategy for older people was agreed by Members in January 2007. It took 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 services that older people will want.
3. Since 2007, and as a result of the Strategy, 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 identified from consultation with older people.
 - We have moved to outcome based domiciliary care contracts.
 - We have developed two additional housing with care schemes and have worked with housing and planning colleagues to 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 worked with our council colleagues to ensure they are thinking about the impact of an ageing population in the city on all council services.
4. Other developments since the original strategy include a Blueprint for Adult Social Care, which was agreed by the Executive in October 2009, as part of

the More for York programme. It contained four main elements that Adult Social Care Services should deliver:

- Services that are customer focused – simple to understand and accessible
 - Personalised approach and Choice – customers who are eligible for services will know how much money is available to fund their care and have the opportunity to control that directly if they want to.
 - Maximisation of independence and optimising people's health and well-being – support that enables rather than disables, intervenes early to prevent problems becoming acute and uses assistive technology.
 - Universal support for everyone – all citizens to get the information, advice they need to live independently even if they are self-funders.
5. We have developed our joint commissioning arrangements with our health partners, and in July 2010 the Executive Member agreed a Joint Vision for the Health and Well Being of Older People in York, produced with our health commissioning partners.
 6. Local and national policies have moved on since 2007, and with the new coalition government new challenges are facing us, particularly from both the planned changes in Liberating the NHS, and from the Comprehensive Spending Review.
 7. It is in the light of all these changes and challenges that we have reviewed our strategy and updated our commissioning plan.

Consultation

8. Consultation undertaken in 2008 with older people is reflected in the refresh of the strategy. The outcome of the consultation was previously reported to the Executive Member in June 2008.
9. The refreshed strategy documents have been shared with the Older People's Partnership Board, and with Health Overview and Scrutiny. Any feedback will be shared verbally with the Executive Member at the meeting on 21 December.
10. Consultation on specific commissioning projects, as outlined in the Draft Commissioning Plan will be undertaken in line with project plans, and through the Council's efficiency programme, More for York.

Options

11. Option 1 is to approve the refreshed strategy and accompanying commissioning plan.
12. Option 2 is not to approve the documents but to ask for further work to be undertaken on any areas of concern

Analysis

13. The draft Refresh of the Commissioning Strategy is attached as Annex 1. It includes an appendix with the updated population predictions, and condition prevalence predictions.
14. Annex 2 contains a draft commissioning plan for the next three years.

Commissioning Strategy

15. The review of population projections, information on known need and of the aspirations of older people has shown that the messages within our original strategy remain sound, four years on. Policy developments locally and locally have reflected, underpinned and supported the messages from our original strategy.
16. Older people told us in 2008 that what they wanted most was more services that helped them stay independent in their own homes. Just over half were willing to consider moving to new accommodation if it helped them stay independent for longer, and over 80% agreed residential care should focus on those with specialist care needs, such as dementia and high physical dependencies. The Council was seen as key to ensuring quality services were available in the city.
17. The message remains therefore that 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.
18. This review confirms we have made important progress in the last three years, with new services established, a move to outcome focussed contracts and a more joined up commissioning approach with health.
19. However public funding is reducing, and although there is recognition of the demographic pressure in the most recent spending review, we still need to continue the transformation of our services, to deliver the additional capacity for dementia and specialist care, to ensure we have the right community based services in place to support more people in their own homes and to offer the choice and control that people expect.
20. We know there are still some gaps in our services: in the ability to meet demand for some specialist support; in the way that some services 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.

21. The five strategic outcomes developed through the joint vision with our health partners are reflected in the objectives of the refreshed strategy and commissioning plan. 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.

Commissioning Plan

22. The commissioning plan sets out the actions we plan to take over the next three years in the key service areas:
- Prevention and early intervention
 - Housing and housing relates support
 - Domiciliary and community care
 - Intermediate care
 - Residential care
23. It sets out the objectives, identified through the commissioning strategy, and reflecting the More For York Blueprint and the Joint Vision:
- To ensure best value for money, and best use of resources to support a growing number of older people.
 - To invest in services that reduce the need for and funding for residential and hospital based care and increase independence
 - To increase the capacity for EMI residential and nursing care and high dependency residential care within the city, and reduce the number of 'standard' care beds provided by the Council
 - To reinvest some of the savings achieved through these programmes in community based care and support
 - To increase the housing based choices for older people, and develop our care and support models to enable more people to be supported at home
 - To offer more support to carers to enable them to continue their caring role
24. This will be the next step on the transformation of our service options and delivery, as required by Putting People First and the New Vision for Adult Social Services. The plan outlines the actions to be taken, timescales and the funding implications together with the lead officer, service or team.
25. There are a number of actions, and investment decisions that are dependent on the outcome of the evaluations which will be presented to Members next June, as part of the More for York Programme. It is anticipated therefore that

the plan will be updated following these reports being received and considered.

Corporate Objectives

26. 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

27. There are no immediate financial implications to agreeing the refreshed Strategy and commissioning plan. The commissioning plan does envisage a need to change the current investment profile over the next three years. Annex 2 indicates where there will be investment decisions to be taken and what our current investment is.
28. The details of any changes and any financial implications within the commissioning plan will be addressed through the individual projects and will be brought to the Executive Member as required, and through budget proposals.

Human Resources (HR)

29. There are no immediate HR implications to agreeing the refreshed Strategy and commissioning plan. Where there are any potential HR implications within the commissioning plan, these will be addressed through the individual projects, with appropriate consultation with staff and will be brought to the Executive Member as required.

Equalities

30. A desktop equality impact assessment has been undertaken in respect of the strategy. All of the issues raised in the strategy have, by definition, an age impact, and a disability impact. The strategy is intended to address any equality issues for both of these strands. None of the actions planned are considered to disadvantage any of the communities protected by the council's equality scheme. Each commissioning project will undertake a more specific impact analysis.

Legal

31. There are no legal implications to agreeing the refreshed Strategy and commissioning plan.

Crime and Disorder

32. There are no crime and disorder implications to agreeing the refreshed Strategy and commissioning plan.

Information Technology (IT)

33. There are no IT implications to agreeing the refreshed Strategy and commissioning plan.

Property

34. There are no new property implications to agreeing the refreshed Strategy and commissioning plan. Where there may be any potential property implications within the commissioning plan these will be addressed through the individual projects.

Other

35. Delivery of the Joint Vision for Older People's Health and Wellbeing: The refreshed strategy and commissioning plan will support the delivery all five of the outcomes within the joint vision.

Risk Management

36. 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 refreshed strategy or commissioning, but any commissioning project will be required to assess and manage specific risks.

Recommendations

37. It is recommended that Option 1 be adopted:
To approve the refresh of the commissioning strategy and the updated commissioning plan.

Reason

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

Contact Details

Author:

Kathy Clark
Corporate Strategy Manager
Adults, Children and Education
01904 554003

Chief Officer Responsible for the report:

Pete Dwyer
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Report Approved

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Wards Affected:

All

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Annexes

Annex 1 - Draft Refresh Older People's Long Term Commissioning Strategy 2006-21, and Appendix – Population projections update

Annex 2 - Draft Commissioning Plan 2010-2013

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

2010 Refresh

November 2010

City of York Commissioning Strategy for Older People 2006-2021
2010 Refresh

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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.

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.

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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.

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2010 Refresh

Appendix 1 – updated tables for needs analysis

UPDATE on Table 1 Population projections for over 65's 2009 – 2029

Information taken from York JSNA 2010

All Ages	ONS 2008 mid year estimate	Projected populations ⁱ			
	2009	2014	2019	2029	
	197,500	209,400	219,400	239,300	
65-69	8,400	10,800	9,900	11,900	
70-74	7,900	8,000	10,300	9,900	
75-79	6,500	7,100	7,300	8,800	
80-84	5,100	5,300	6,000	8,300	
85-89	3,400	3,500	3,900	5,000	
90+	1,400	2,100	2,500	4,100	
Total	32,700	36,800	39,900	46,000	

These projections remain in line with, but are slightly higher than our earlier projections of 40,000 people over the age of 65 by 2020.

Overall the population of York is expected to increase from a baseline in 2009 by 6% by 2014, rising to nearly 11% in 2019. Within that period there will be increases by 30% in the 70-74 years and 33% in the 85+ year's age group. The increase in older people will have a significant impact on public services for this age group and for carers within the community. However, it is important to recognise that the projected increase is lower than that expected for region and nationally

NEW Table 2 Projections of over 65's living alone in York

POPPI provides us with new information about the numbers living alone, based on the percentages in the National Household survey 2007.

Age and gender	2010	2015	2020	2025	2030
Male 65-74	1,540	1,820	1,940	1,920	2,120
Male over 75	2,278	2,584	2,992	3,638	4,046
Female 65-74	2,640	3,030	3,150	3,120	3,480
Female over75	6,161	6,588	7,137	8,418	9,089
Total 65- 74	4,180	4,850	5,090	5,040	5,600
Total over 75	8,439	9,172	10,129	12,056	13,135

POPPI 12/11/10

Those living alone are more vulnerable to social isolation and are less likely to have informal carers

UPDATE Table 3 Breakdown of BME residents in York over 65

POPPI uses experimental data from ONS 2007 mid year estimates

	People aged 65-74	People aged 75-84
White	15,737	11,460
Mixed Ethnicity	35	14
Asian or Asian British	94	19
Black or Black British	18	5
Chinese or Other Ethnic Group	46	12
All people	15,929	11,511

POPPI 12/11/10

Our JSNA also uses this source, but only gives data for the whole population. It also highlights that in February 2010 the Joseph Rowntree Foundation published the results of research into rapidly changing minority ethnic populations in York which suggested that York's population is much more ethnically diverse than is often supposed¹. The researchers identified 78 different first languages within the city and estimated that the minority ethnic population (all groups other than White British) in 2009 could be as high as 11% of the total.

It is not possible to give the exact numbers of gypsies and travellers in York, partly due to mobility. The Department of Communities and Local Government operated a bi-annual caravan counting system, and this estimated a total of 111 caravans in the York area in January 2008¹. This is estimated to correspond to around 390 travellers living in caravans in York at that time.

UPDATE Table 4 Breakdown of older people's tenure in York

Tenure	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	82.17%	74.22%	65.43%
Rented from council	9.90%	13.46%	14.36%
Other social rented	4.60%	7.03%	10.62%
Private rented or living rent free	3.34%	5.29%	9.59%

POPPI 12/11/10

This uses the same information as our 2006 document but provides more details of the age breakdown, and shows that the implications of a high number of owner occupiers will grow over the coming 15 years.

Health conditions
UPDATE Table 5 Estimated prevalence of Dementia

Age Group	2010	2015	2020	2025	2030
65-69	107	137	122	132	150
70-74	215	223	284	257	276
75-79	394	423	445	568	508
80-84	613	657	728	785	1,010
85+	1,172	1,326	1,571	1,890	2,205
Total	2,500	2,767	3,149	3,631	4,148

POPPI 12/11/10

This new information suggests the numbers of people living with dementia will be higher than estimated in 2006, confirming the importance of developing new approaches and support for dementia sufferers and their carers.

UPDATE Table 6 Estimated prevalence of rates of clinical depression

Age group	2010	2015	2020	2025	2030
65-69	728	929	823	895	1,023
70-74	657	680	861	776	835
75-79	573	617	645	822	734
80-84	480	518	575	622	802
Over 85	459	513	599	718	832
Total	2,897	3,256	3,503	3,834	4,225

POPPI 12/11/10

NEW Table 7 Estimated prevalence of serious depression

Age Group	2010	2015	2020	2025	2030
65-69	218	275	245	265	303
70-74	126	131	168	150	163
75-79	231	252	263	340	308

80-84	153	162	183	198	255
85+	195	222	265	316	371
Total	923	1,043	1,124	1,269	1,399

POPPI 12/11/10

UPDATE Table 8 Estimated number of over 65's experiencing at least 1 fall

Age Group	2010	2015	2020	2025	2030
65-69	1,773	2,265	2,014	2,183	2,493
70 -74	1,881	1,948	2,465	2,223	2,391
75-79	1,569	1,688	1,772	2,259	2,021
80-84	1,671	1,798	1,993	2,154	2,773
85+	2,150	2,451	2,924	3,526	4,128
Total	9,044	10,150	11,168	12,345	13,806

POPPI 12/11/10

NEW Table 9 Estimated hospital admissions due to a fall

Age and gender	2010	2015	2020	2025	2030
65-74	45	57	51	55	63
Over 75	73	75	97	86	94
Total	615	673	751	898	986

POPPI 12/11/10

NEW Table 10 Estimated number of people living with a life limiting illness

Age and gender	2010	2015	2020	2025	2030
65-74	6,258	7,238	7,653	7,540	8,407
75 -84	6,093	6,562	7,082	8,488	9,009
Over 85	2,816	3,210	3,830	4,562	5,350
Total	15,167	17,010	18,565	20,590	22,766

POPPI 12/11/10

NEW Table 11 Numbers estimated to be living with a visual impairment

Age	2010	2015	2020	2025	2030
65-74	930	1,075	1,137	1,120	1,249
75+	2,071	2,269	2,530	3,026	3,323
Total	1,069	1,171	1,306	1,562	1,715

POPPI 12/11/10

NEW Table 12 Numbers living with a moderate or severe hearing impairment

Age	2010	2015	2020	2025	2030
65-74	3,137	3,660	3,859	3,820	4,237
74-85	7,342	7,899	8,516	10,129	10,686
Over 85	4,244	4,839	5,773	6,962	8,151
Total	14,723	16,397	18,148	20,911	23,073

POPPI 12/11/10

NEW Table 13 Estimated numbers unable to undertake at least one mobility activity unaided

Age	2010	2015	2020	2025	2030
65-69	733	937	834	903	1,031
70-74	1,048	1,084	1,370	1,234	1,328
75-79	1,137	1,224	1,281	1,632	1,458
80-84	1,248	1,331	1,472	1,584	2,036
85+	2,260	2,550	3,010	3,620	4,215
Total	6,426	7,126	7,967	8,973	10,068

POPPI 12/11/10

Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet;

getting in and out of bed. These are all activities that would indicate someone might need support either from an informal carer or from social care services.

Commissioning Plan Older People 2010 – 2013

This commissioning plan is based on the intentions and aims within the following documents:

- Long Term Commissioning Strategy for Older People 2006-10, including a refresh in November 2010
- More for York Blueprint for Adult Social Care – agreed December 2009
- Joint Vision for the health and wellbeing of older people – agreed July 2010

Objectives:

To ensure best value for money, and best use of resources to support a growing number of older people.

To invest in services that reduce the need for and funding for residential and hospital based care and increase independence

To increase the capacity for EMI residential and nursing care and high dependency residential care within the city, and reduce the number of ‘standard’ care beds provided by the Council

To reinvest some of the savings achieved through these programmes in community based care and support

To increase the housing based choices for older people, and develop our care and support models to enable more people to be supported at home

To offer more support to carers to enable them to continue their caring role

Summary of actions from Long Term Commissioning Strategy Refresh

We are committing to:

- 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 reducing unnecessary hospital admissions and length of stays, and the numbers moving straight from hospital to long term 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 for older people in the city
- Secure suitable partners to help us deliver the extra housing and care facilities which are high quality, fit for the future and cost effective
- Invest some of the savings produced through our efficiency programmes to ensure that community based support is expanded to meet the growing numbers who remain independent at home
- Increase the support available to carers
- Work with the voluntary sector to retain sustainability of their services by ensuring those we commission are delivering outcomes that support our strategic aims

Action Plan

Service area	Year	Objective	Actions	Funding	Who
Prevention and early intervention services	2010 -11	Sustainability of services that help support health wellbeing and independence.	Review services funded by Social Care Reform Grant and plan for sustainability or exit strategy	Funding in place for 2010/11. Potential investment needed £50 – 70k for 2011 –12 onwards - to be considered in 2011/12 budget plan	Commissioning and Contracts team
		Expand voluntary and community services to support more people	Continue to support CVS with development of collaborative working	£5k Social Care Reform Grant	
	2011-12	Sustainability of services that help support health wellbeing and independence.	Work in partnership with health commissioners	Health funding to be reviewed by PCT.	Adult Commissioning Group
		Commissioned services deliver	Deliver plans for sustainability of services previously funded by Social Care Reform Grant	As agreed in 2011-12 budget plan	CYC Commissioning and Contracts (C&C)Team
			Review contracts due to expire March	Current contracts approx value £500k	

		value for money and are strategically relevant	2012 re strategic relevance, value for money and delivery of outcomes Recommission or remodel services Learn from Joseph Rowntree project on loneliness	Within existing resources	CYC C&CTeam Corporate Strategy Manager And Neighbourhood Unit
	2012-13	Sustainability of services that help support health wellbeing and independence. Commissioned services deliver value for money and are strategically relevant	Monitor new contracts	Within agreed resources	C&C Team
Housing related support	2010-11	Develop more flexible housing based support services	Remodel schemes with no communal facilities to 'floating support'	£18.5k saving to SP Programme from 2011-12 , rising to £28.5k saving 2014-	Supporting People Team

			<p>Decommission or reduce funding to schemes judged poor value for money</p> <p>Develop plans to introduce 'tiered' service options for Warden Call community alarm service</p> <p>Develop plans to remodel Home Support floating support service and consider tendering new specification</p> <p>Pilot 'hub and spoke' support to sheltered schemes</p>	<p>15</p> <p>Total SP funding for elderly support services £1. 28m pa</p>	
	2011-12	Develop more flexible housing based support services	<p>Consolidate community alarm schemes</p> <p>Consolidate floating</p>	<p>To be confirmed. Some savings will be used to increase floating support services</p>	Supporting People Team

			<p>support services</p> <p>Ensure all sheltered schemes provide support hours per person per week in line with regional average</p> <p>Review hub and spoke model and consult on wider use if successful</p> <p>Develop role of Housing Options Team</p>	Within existing resources	Housing Services
	2012-13	<p>Develop more flexible housing based support services</p> <p>Increase housing choice for self funders</p>	<p>Potential roll out of hub and spoke support model</p> <p>Identify opportunities for new developments</p>	<p>To be confirmed</p> <p>Independent sector investment and home owners</p>	<p>Supporting People Team</p> <p>Commissioning and Contracts and Housing</p>
Domiciliary and community care and support	2010 -11	Ensure that community based support is expanded to meet the growing numbers who remain	Monitoring new home care contracts to ensure quality and delivery	<p>Within agreed budgets</p> <p>Current external home care budgets</p>	C&C Team

		independent at home	Continue to increase use of telecare as part of care packages	£3m Within agreed budgets	Telecare service and care management
			Review day care provision within council care homes	Within agreed residential care budgets	C&C Team
			Model additional capacity and new services needed to support those who currently use 'standard' residential care	To include in investment plans for Accommodation Review paper next year	More For York C&C team
		Increase the support available to carers	Review Flexible Carers scheme to be more outcome based.	Current budget £140.4k pa	Carers Strategy Manager and Putting People First Team
	2011-12	Ensure that community based support is expanded to meet the growing numbers who remain independent at home.	Develop proposals to deliver in house home care more cost effectively for June 2011. Implementation of	Savings and reinvestment options to be included in proposals. Current budget	More for York C&C Team

		Increase the support available to carers	<p>agreed proposals</p> <p>Increase capacity and range of services as planned last year</p> <p>Review respite and short breaks services</p>	<p>£1.6m</p> <p>Based on agreed investment from home care and residential care savings</p> <p>Within agreed budgets £166k contributed to care packages/respite budget £82k short breaks</p>	<p>C&C Team</p> <p>Carers Strategy Manager and C&C team</p>
	2012 -13	<p>Ensure that community based support is expanded to meet the growing numbers who remain independent at home.</p> <p>Increase the support available to carers</p>	Continuation of implementation of agreed investment plans		
Intermediate Care	2010-11	Increase the reablement capacity deliver better	December - Reablement team proposal to	Funding within current budget levels	More for York and Anne Bygrave

		<p>outcomes for customers and manage the increasing demand for long term home care services</p> <p>Integrate reablement service with the health intermediate care services, and reduce unnecessary hospital admissions and length of stays</p>	<p>Members January – June implementation plan</p> <p>December - Joint intermediate care/reablement model to Adult Joint Commissioning Group</p> <p>December – January - Draft joint investment proposal to PCT</p>	<p>£1.4m</p> <p>Bid for PCT funding from Department of Health</p>	<p>Adult Commissioning Group</p>
	2011-13	Integrate reablement service with the health intermediate care services	Implementation and delivery of new reablement and intermediate tier model	Savings to be released from acute sector care to contribute to efficiencies and for reinvestment	Anne Bygrave and Commissioning and contracts team

Residential care	2010-11	<p>Increase capacity for dementia and high dependency care</p> <p>Reduce the number of 'standard' care placements and replace with appropriate community support</p> <p>Ensure residential care is provided in quality environments, with good quality care, dignity and respect</p>	<p>Review bed use in 9 homes to increase to dementia placements and high dependency placements</p> <p>Complete analysis of options for longer term use of CYC resources</p>	<p>Within current budgets: £7m and delivering More for York savings</p> <p>Within existing resources</p>	<p>Graham Terry</p> <p>Graham Terry More for York</p>
	2011-12	<p>Increase capacity for dementia and high dependency care</p> <p>Reduce the number of 'standard' care placements and replace with appropriate community support</p> <p>Ensure residential</p>	<p>Deliver proposal for residential care for Members approval June 2011</p> <p>Identification of any partners to deliver proposals</p> <p>Stage 1 of Implementation of</p>	<p>Savings and investment plan within proposals</p>	<p>Graham Terry</p> <p>C&C Team</p> <p>To be agreed</p>

		care is provided in quality environments, with good quality care, dignity and respect	agreed proposals		
	2012 - 13	<p>Increase capacity for dementia and high dependency care</p> <p>Reduce the number of 'standard' care placements and replace with appropriate community support</p> <p>Ensure residential care is provided in quality environments, with good quality care, dignity and respect</p>	Continuation of implementation of agreed proposals	To be agreed	To be agreed

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