

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

2 June 2008

Report of the Head of Corporate Services

Outcome of the Consultation on the Future Challenges for Social Care.

Summary

1. The report reports on the consultation agreed by Executive Member in October 2007, and the progress in delivery of the initial commissioning plan for the Long Term Commissioning Strategy. It seeks agreement to undertake an option appraisal in respect of the Council's residential care homes, to consider the opportunities and costs to develop appropriate care choices for older people in York.

Background

2. In January 2007 Members agreed a Long Term Commissioning Strategy for Older People. The strategy identified that the needs of older people were changing and that the numbers of older people in the city were increasing. The strategy highlighted the need to do more to develop housing choice, ensuring that 24 hour support and care is available, as well as the need to develop services which will help older people stay more independent for longer, by promoting health and well being, and by ensuring access to practical help within the community. The strategy was clear that both services and the strategy need to be developed jointly with health commissioners and providers.
3. In October 2007 members received a report outlining the potential impact of demographic changes. It was agreed that a wide consultation process should be undertaken to explore views on some challenging options which the council has to address, given the demographic pressures of a growing older population, and the changing aspirations of this population. These options were:
 - Focus effort on increasing the budget for adult social care, through Government and Council funding
 - Seek to reduce demand for social care services, either by increasing investment in preventive and early intervention services, or by increasing the eligibility levels at which the Council would fund care
 - Consider ways to deliver greater efficiencies in service delivery, reviewing the Council's own role as a provider of home care and residential care services.

4. The report in October explained that it is essential to consider these options because it is not sustainable to continue to provide services for older people in the current service models. If we continue using the same approach the growing numbers of older people who might be expected to need social care support could mean an increase in costs of around £10m per year by 2020.

Consultation

5. The consultation has been undertaken with two events for stakeholders, one at the beginning of the process and one at the end. The first event used an 'Ask the Audience' style approach to exploring initial reactions to the key questions and options. The second event allowed feedback from the rest of the consultation and reflection on the proposals contained within this report.
6. A survey of over 50's in the city was undertaken for a 4-week period in March – April 2008. This was available on line through the Council's website and was posted to around 3,000 people, who are on the mailing lists of the following voluntary organisations:
 - York Older People's Assembly
 - Age Concern
 - Alzheimer's Society
 - York Blind and Partially Sighted Society
 - OCAY
7. The postal surveys were undertaken with the help of all of these organisations, and were co-ordinated by the Older People's Assembly.
8. Four focus groups were conducted, one each for staff, customers and carers, stakeholder organisations and representatives from the Council's Talkabout panel. These took place during April/May, with an independent facilitator, and each group had between 9 and 13 attendees.
9. The first stakeholder event was intended to give an initial reaction to the options presented. Those present commented on the complexity of the issues and the difficulties, but generally there was agreement that no one option was likely to provide an answer.
10. Approximately 3,000 people aged over 50 were invited to take part in the postal survey. 725 people responded to the consultation: 638 by postal survey and 87 online. Advice from Marketing and Communications is that this represents a very good response rate of 24%, and that based on an estimated over 50s population of 62,000, the results are accurate to within a +/-3.6% at a 95% level of confidence. Just under two thirds of respondents to the consultation were aged over 70 years, half have a disability, two thirds are female and respondents live in all areas of York. 93.7% of respondent belong to the White British ethnic group. A summary of the results is attached as Annex 1.

11. The survey indicates that three fifths of respondents would consider moving into housing with care, of which a quarter would consider buying. Four fifths of respondents feel that residential care should focus on providing specialist care for people with high dependency / dementia (and 60% favour this in both council run and independently provided homes). In order to address the growing number of older people and the funding shortfall there is strong support for the council to work with housing associations and the independent sector, providing older people with "Telecare" and looking at ways council staff can work differently to deliver more care, although only a small number would want to see us reduce the number of care homes run by the council.
12. Although only just over a third of respondents considered we should be trying to reduce demand for more formal care services by providing more low level support, more than two thirds believe the following services should be more widely available: Handyperson services; one point of contact for information and advice; footcare/podiatry services; support for people diagnosed with dementia; gardening and shopping.
13. The focus group responses indicated that the most favoured option was to lobby for additional funding. Older people are thought to be relatively low on the list of Government and council priorities, and it is believed that an increasing population means that funding needs to increase.
14. There was support for the Council working to increase low level preventive services but not at the expense of reducing formal care services. There was a very strong theme emerging from all of the discussions on the importance of more holistic and human care – someone to listen and understand. However there was also a strong sense that there will always be a point when a much higher level of care is needed, and so we should not be aiming to reduce the level or amount of formal care available in home care or residential care.
15. Most participants initially disagreed with suggestions to deliver efficiencies within Council run services, although as the issues were discussed it emerged that a number of the participants had experience of good quality care in the independent sector. There was some recognition that if we can ensure quality within the independent sector we may be able to make the resources available go further. The key concerns about the independent sector providing care instead of the Council were that it would be less clear that the Council is responsible for providing care; that the Council is more accountable than independent providers and not focussed on profits and so it is thought that the Council is more likely to provide better quality care. There was also a concern that if someone is cared for within the independent sector they may be asked to move if their funding runs out
16. The second stakeholder group was held in mid May and was an opportunity for our partners to hear the key messages from the survey and focus groups and reflect on them together. There was much support for the Council trying to influence the development of housing with care within the city. There was also support for the Council working jointly with the Primary Care Trust to develop more preventative services and provide better, and more targeted, access to information. There was a recognition of the importance to develop

neighbourliness, especially if more technology, such as telecare, is to be promoted. There was general agreement that a combination of all three options will be needed to address the challenges we face.

Options

17. The options available to Members are presented in line with the original options within the October 2007 report on The Future Challenges.
18. **Option 1.** Increasing the funding available for older people's services:
- To lobby for increasing funding for older people's services from Government
 - To increase Council Tax to fund additional services for older people
 - To seek redirection of current funding from other council services
19. **Option 2.** Reducing demand for services:
- Raise the eligibility level from moderate to substantial or critical
 - Develop new preventive low level and preventive services to increase health and well being.
 - Provide older people with the resources to choose their own support arrangements through personalised budgets.
20. **Option 3.** Delivering services more efficiently, including reviewing the Council's role as a provider:
- To note that some action has already been taken as a result of the budget proposals to reduce inefficiencies within the in house home care service. To agree that consideration of further savings targets within home care services will only be within the context of the review process of the current 3 year contracts and Service Level Agreements (currently scheduled for December 2009)
 - To agree that an option appraisal be undertaken to explore the opportunities to develop more appropriate specialist residential care and housing choices for older people in partnership with other providers, and to consider the options for development of Council run homes to provide more specialist care

Analysis

Increasing the funding available for older people's services

21. There has been general agreement amongst stakeholders and the focus groups that additional funding should be sought, to reflect the growing numbers of older people. However there is an understanding that relying on this option alone is not the answer.
22. The Government announced on 12 May a review of the funding arrangements for the care of older people. It is recommended that any opportunities to lobby government regarding the funding requirements should be used, such as through the Association of Directors for Adult Social Services, or the Local Government Association.

23. Any future bids for additional funding from the Council budget will need to be considered as part of the budget proposals, and so no recommendations are made in respect of this option at present.

Reducing demand for services

24. Eligibility criteria. The consultation on the Council budget proposals for 2008/9 included an option to change the eligibility criteria for social care services. The response to the consultation was very clear that this was a savings option that was not supported within the city.

25. The results from the survey support this view with just over a quarter of respondents suggesting that we should focus our efforts to meet the challenges we face by reducing the number of people we support and focusing on those who without our help would lose their ability to stay at home independently

26. There is evidence from other authorities that increasing eligibility criteria does not provide a sustainable impact on the level of demand for services. Discussions with our stakeholders confirm that there would be concern that if we were to try to manage demand by changing the eligibility criteria; that this would be unpopular and ineffective.

27. Since the report to members in October, it has become clear that the current guidance on eligibility criteria provided by the Government (Fair Access to Care Services – FACS) is likely to be changed. The Commission for Social Care Inspection (CSCI) published its annual report The State of Social Care in England on 28 January 2008. The report includes new research that shows that who does or doesn't get help varies not only between but also within the same council. As a result the Government has announced a review of the FACS guidance, which is due to report later this year.

28. Consideration of the eligibility criteria as a way to manage demand for services is therefore not recommended as a long term option. However whilst the current Guidance continues to be active there is an obligation on the Council to consider each year whether the eligibility level should be adjusted, and that this should be undertaken following consultation with service users.

29. Provision of more low level preventive services. 50% of the survey respondents would want us to be using telecare more widely. Just over a third of the survey respondents believe we should seek to reduce the need for personal care services by working to improve older people's health and well being (eg through exercise, social contact, providing peace of mind through better contingency plans).

30. Respondents would like to see a wide range of services available, but more than 60% of respondents would like to see the following services more widely available:

- handyperson support,
- one point of contact for information and advice,

- footcare,
- support for those diagnosed with dementia,
- gardening and
- shopping

31. In general, the focus group participants were highly supportive of an increase in lower-level services as carefully targeted early interventions, and of developing more holistic and human care. The importance of a consistent caring relationship, as opposed to multiple brief visits from a large number of relative strangers, was stressed by all groups. A link was made between the absence of someone to really listen and understand, and an escalation of the older person's physical care needs. However, they did not wish to see these low level services developed as an alternative to higher level services. It was felt that, however successful the provision of low level services and personalised services, there would always come a point at which a much higher level of care was needed. The idea that one could replace the other was not accepted.
32. The White Paper, 'Our Health, Our Care, Our Say' and the Government's concordat with key partners, 'Putting People First', both emphasise the need to develop earlier interventions and more prevention services. There is a growing, but still limited, body of evidence, including the evaluation of the first POPPs sites (Partnerships with Older People Pilots) that suggests that a combination of 'casefinding and signposting' (actively seeking out older people who may be vulnerable to health problems or social exclusion, and helping them to access support), good, joined up information and practical support services can lead to a reduction in the cost of hospital admissions.
33. One of the Joint Projects now underway with the Primary Care Trust is focussed on developing new preventive services and will enable us to develop a 'menu' of prevention services we would want to see in York. Another of the projects is looking at how to provide more community based support for older people with mental health needs and includes a review of the diagnosis and early support available to people with memory problems.
34. The Social Care Reform Grant (which is dealt with in a separate report to Members) is intended to allow initial pump priming for prevention services, as well as the delivery of more personalised care. It is recommended that this option be pursued through these routes.
35. If the prevention services are to be sustainable however it will be necessary to change the balance of current investment in services, for example redirecting some of the funding currently spent on hospital or residential care. There is still a need to agree with all partners how prevention services could be funded in the longer term.
36. Use of more personalised budgets to support greater use of informal support arrangements. This is another area where the Government has made it clear they expect to see significant changes in the next few years. Feedback from the first stakeholder event is that there is an interest in this approach, but also a caution

about how it could be delivered for older people with sufficient supports in place to help customers with the practicalities of organising their care.

37. The feedback from the focus groups is that there is much sympathy with the principles of personalised care and individual budgets but concern that older people will need to be supported to make this work, especially where there are issues of mental capacity. It was felt that adequate protection needs to be in place to avoid the risk of exploitation or abuse, and to make sure that necessary care is not removed because money has been spent on something that is not essential.
38. This is also an area where the Social Care Reform Grant will help us to bring changes to the way we assess and provide care for people, and provide independent support and advice but again we will need to make changes in the way we use current budgets if this is to be sustainable in the longer term. It is recommended that this option be pursued through the Transformation Agenda, with due regard taken of the concerns that have been expressed.

Delivering services more efficiently, including reviewing the Council's role as a provider

39. There is clearly support for a mixed economy of care in York, with the Council being perceived as an important player in ensuring quality. There is a strong message about the importance of accountability, and about the Council's role in ensuring quality as both a provider and a commissioner. Most people want to see the Council continue as a provider of services. Within the focus groups many did have experience of well-run, high quality private residential homes and of good agency home carers. They agreed that properly regulated and monitored, independent care could be made as good as Council care, and there was also an understanding that it may be possible to provide more care for the same money in the private sector.
40. Home Care Services It was agreed as part of the budget proposals that in 2008/9 efficiencies of £316k could be found from the in house home care services. This will have a full year effect of £950k. It will be achieved by reducing the capacity within the teams to better reflect current demand for services and by introducing new management arrangements. It will not however release resources for investment in other services.
41. Making more changes to home care would be potentially unpopular, if it meant that customers again had to change their care provider. This has been the main concern that has been picked up; both from the feedback from current home care customers in the quality checks made on all service providers, and from the focus group feedback.
42. Current contracts and service level agreements for home care are due to be reviewed in December 2009. It would be helpful to maintain stability within the system until the planned review is undertaken and so it is recommended that any consideration of setting further efficiency targets for the commissioning of home care should be only be undertaken within the context of this review.

43. Residential Care. The Council currently manages nine residential care homes within the city. This is considerably higher than many authorities, which have either outsourced the homes, or have moved to new models of provision, such as in North Yorkshire, where a programme of replacement of residential care homes with Extra Care housing is under way.
44. There are clear pressures within the city on the availability of residential care homes for older people with significant memory problems, and dementia. Two of the Council's homes have been adapted to provide the environment and the staffing levels to better care for people with dementia, and there is evidence that the demand for places in these homes could justify more of the Council's homes being adapted.
45. However the cost to achieve these changes, both to the buildings and to the staffing levels, would raise issues of value for money. It would mean that the cost of care in these homes could be more expensive than care that can be purchased within the independent sector. Information on this was outlined in the report to members in October 2007, and is summarised in the background information provided to the focus groups (Annex 2)
46. Feedback from the consultation suggests that there is support for the Council continuing to provide residential care, but that there is also an interest in considering whether there are ways that specialist care and housing with care can be provided in partnership with other providers. There is a concern that the current capacity should not be reduced.
47. More work would be needed to understand both the opportunities and costs of the different options for the future use of Council residential homes. An option appraisal would need to consider the suitability of homes for adaptation, the capital cost of any feasible adaptation and the implications for staffing and other budgets. It would also need to market test the opportunities for development of our resources in partnership with others, and would take account of the joint project work with the Primary Care Trust around reshaping mental health services and support within the City. This work would need additional capacity, but it is considered that the initial stage of the work, to produce an option appraisal, could be undertaken within current resources, by use of the Social Care Reform Grant, through the proposed additional commissioning capacity.

Corporate Priorities

48. Ensuring that resources are used to best effect to meet the needs of a growing older population in York will help to 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest'

Implications

49. **Financial** There are no immediate financial implications to the recommendations in this report. Proposals to utilise the Social Care Reform Grant are contained

within a separate report. An option appraisal will provide the detail of financial implications of any possible changes to the Council's Residential Care Homes.

50. The report to members in October outlined the potential financial impact for the Council of the growing numbers of Older People if services are not changed.

51. **Human Resources (HR)** There are no human resources implications to this report.

52. **Equalities** There are no recommendations within the report that have immediate equalities implications. The development of new preventive services, the development of a personalised approach to services and the review of the future of the Council's residential care homes will all need to include Equality Impact Assessments.

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

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

55. **Information Technology** There are no IT implications

56. **Property** There are no immediate property implications in the recommendations of this report. An option appraisal on the future use of residential care homes will need to consider the property implications

57. **Other** There is no other implications.

Risk Management

58. There are existing financial and operational risks of the Council being unable to provide for the needs of a growing older population if action is not taken to address the growing level of demand and the changing aspirations and expectations of older people.

59. The options considered in this report, and through the consultation, have been identified as the means to mitigate and reduce this risk, based on an assumption that any savings will be reinvested in new preventive services or in providing additional packages of care to the growing number of older people

60. New risks associated with the proposals within this report include:

- Sustainability of new prevention services
- Possible concerns within staff and customer groups regarding potential change

61. The risks associated with the recommendations within the report are assessed at a net level below 16.

Recommendations

62. It is recommended that

- (1) Any opportunities to lobby government regarding the funding requirements should be used
- (2) Work to develop new preventive low level and preventive services to increase health and well being should continue through the joint project with the Primary Care Trust
- (3) . Work to develop personalised budgets for older people should be undertaken as part of the Transforming Social Care Agenda
- (4) To agree that any consideration of further savings targets within home care services will only be within the context of the review process of the current 3 year contracts and Service Level Agreements (currently December 2009)
- (5) To agree that an option appraisal be undertaken to explore the opportunities to develop more appropriate specialist residential care and housing choices for older people in partnership with other providers and to consider the options for development of Council run homes to provide more specialist care.

Reason: To begin to address the challenges that face social care for older people and to take account of the feedback from the consultation.

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Report Approved **Date** 19th May 2008

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 Director of Housing and Adult Social Services

Report Approved **Date** 19th May 2008

Specialist Implications Officer(s)

None

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

All

For further information please contact the author of the report

Background Papers:

Long Term Commissioning Strategy for Older People (available on the Councils website at http://www.york.gov.uk/health/Services_for_older_people/)

Challenges for the future delivery of social care for older people: Report to Executive Member and Advisory Panel

Annexes

1. Findings from the postal and online survey
2. Background information provided for the Focus Groups (attached below)
3. Focus group report – summary and conclusions