CITY OF YORK COUNCIL

Agenda Item

Cabinet **19 July 2011**

Report of the Cabinet Member for Health, Housing and Adult Social Services

A Review of City of York Council's Elderly Persons Homes (EPHs)

Summary

1. This report describes a review that has been conducted of residential care homes for older persons provided by the council. It is widely recognised that the council's care homes are well run and that both those who live in the homes and their relatives and friends recognise the quality of care provided. The review highlights the need for change to the current provision and proposes options for how it could be replaced by modern facilities offering high quality care and accommodation that are able to meet the needs and aspirations of a growing population of older people in the city for the foreseeable future.

2. The Cabinet is asked to agree a three month period of consultation on the review and its options for the future and to agree to receive a further report in November 2011. The consultation will be with all interested parties, including users of the service, relatives, staff, trade unions, elected members and members of the public.

Background

3. The review seeks to progress the Joint Vision for the Health and Well Being of Older People in York (Annex A) which was produced in conjunction with health commissioning partners and approved in July 2010. The overarching vision for older people in York, to be achieved over the next 5 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.

4. The older population of York is set to grow in line with national trends. There are currently 33,000 people over the age of 65 and this is expected to grow to 37,000 by 2015 and 40,100 by 2020.

5. In December 2010 the previous administration's Executive Member approved a three-year Commissioning Plan for Older People based on the refresh of the Long Term Commissioning Strategy (Annex B) and the Joint Vision. The Commissioning Plan sets out the intentions:

   - 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 Elderly Mentally Infirm (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 ensure best value for money, and best use of resources to support a growing number of older people
   - 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 such as sheltered housing, 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

6. Clearly the council operates in a challenging time for public sector funding. The council's 2011/12 budget was developed within the constraints of an extremely challenging financial climate, set out in the government's Spending Review and provisional finance settlement information. This saw total reductions in government funding of 28% over the next four years heavily frontloaded with CYC's grant being cut by 13.3% in 2011/12.

7. More optimistically 2011 has seen an investment by central government in preventative services to support health and health gain, to be spent by social care, but with agreement from health. Within City of York this investment is £1.997m. This new funding

will allow a better opportunity to provide more preventative services such as Telecare/warden call, which will in turn alleviate the budget strain on longer term provision, and help to deliver the Joint Vision described above.

8. An Investment Plan has been developed in conjunction with health and general practitioner colleagues.

9. The CYC Long Term Commissioning Strategy predicts that the demand for the provision of residential beds for people with dementia and nursing care will increase and that the demand for residential beds for older people with physical needs will decrease.

10. This review is also seeking to respond to the views of older people and their representative groups who have been calling for the modernisation of provision in York and increased choice and availability of accommodation with support. In 2008, 63% of those responding to the survey, *Future Challenges Facing Older People*, wanted to see the council enabling more people to stay in their own homes as they become frailer. 48% of the survey respondents agreed strongly that residential care in the future would need to focus on providing specialist care such as for those with dementia, or with high dependency physical care needs; 33% tended to agree; only 6% disagreed. In summary the public are seeking a redirection of resources towards more prevention and home based support.

11. The council owns and operates nine elderly persons homes (EPHs) that were built between the 1960s and 1970s. They are coming to the end of their useful life as fit for purpose care homes. The majority of beds provided are for frail elderly people but the greatest demand now and expected in the future is for specialist dementia beds. The council only has 57 dementia beds and there is a shortage of dedicated dementia beds in the wider private sector in York. The CYC homes were not designed for this specific purpose and the overall care home design falls some way short of care homes being built today to modern standards. There are only 33 out of 276 beds which have en-suite facilities and room sizes and day facilities are well below an acceptable modern specification.

12. There is a total of 323 staff employed across the nine EPHs which equates to a total of 195 full time equivalents.

13. Based on demographic predictions for York it is estimated that CYC will need 180 beds providing a mixture of dementia, high dependency, and nursing care. In line with the Long Term Commissioning Strategy there will be a requirement to increase the number of respite care beds from 14 to 20 which will help support carers in the City. This will bring the total number of beds required to 200.

14. Some limited daycare activity is provided in six of the EPHs. However, this is not undertaken within dedicated facilities; visitors join with residents in activities but numbers are restricted in line with regulations and the impact on permanent residents. Whilst this model of daycare provides a welcome break for carers and the people who use the services it is a poorer model than found in daycare facilities designed and operated specifically for that purpose. A number of re-provision options have been considered and these will form the basis of consultation with daycare users.

15. Care homes being built today are designed to meet not only current needs but, as they are expected to last in excess of 30 years, they are also built in anticipation of future needs. In summary, in a "future proof" EPH, the specification aimed for should be:

- bigger bedroom sizes, at least 14 sqm
- all bedrooms to have an en-suite facility
- rooms to be flexible in operation so that they can switch between dementia care, nursing care or even intermediate care
- a range of smaller areas for day space, rather than one or two large spaces
- wider corridors, wide enough to allow two wheel chairs to pass and broken up with features such as small seating areas to create interest
- wider door openings to facilitate wheelchair access
- gardens that provide a secure environment but offer scope for exercise, particularly important to dementia sufferers who enjoy walking

- a maximum of two storeys - more than two floors become difficult to operate and require increased staff numbers hence they are less economical to run
- sprinkler systems - to significantly reduce the risk to residents of death or injury should there be a fire

16. The past 10 years have seen a change in the level of need of people admitted to residential care. As people live longer and stay at home longer those admitted to residential care are often more physically frail. Recent years have also seen a significant increase in the number of people in residential care suffering from dementia which ranges from mild signs of confusion to more acute forms where they are very confused and often demonstrate challenging behaviour. The average age of people entering residential care in York is now 86 years old and the average stay for an older person in CYC homes is 18 months. This all means that a change in a person's level of need, and a consequent move, can occur in a relatively short space of time.

17. The size and design of CYC's EPHs does not allow for people with different categories of need to be cared for in the same home. This frequently means that as the needs of residents in council run elderly persons homes change there is a need to move to homes that can provide EMI or nursing care.

18. The EPHs have an average size of 31 beds which is small compared to the size of homes currently being built. Larger homes allow a design that can offer a continuum of care. Current CYC homes are not able to provide this within one home and this can lead to unnecessary moves for residents as their needs change.

19. With the exception of Fordlands and Haxby Hall, the sites on which the CYC EPHs stand are small and there is little scope to meet a modern specification by extending and refurbishing or demolishing and rebuilding on the sites (paragraph 25 option B). In addition to the Fordlands and Haxby Hall sites there is a large council owned site at the former Lowfield School in Acomb. At 6 acres this site is large enough to provide two good sized care homes as well as a range of other older people's accommodation which would combine to provide a continuum of care on the same site. This "Care Village" would meet some of the aspirations for supported

accommodation highlighted in the Long Term Commissioning Strategy.

20. A summary of key information on the council's nine EPHs is at Annex C and includes details of beds provided, site sizes and values, staff numbers and gross budget. There are currently 45 permanent beds vacant in the nine EPHs.

Consultation

21. The key strategic documents listed in Annexes A and B were informed by consultation with York residents in the lead up to and early stages of this review. This report seeks permission to begin a widespread consultation on the review and its options for the future. This consultation would be conducted over three months before submitting a further report to the Cabinet in November 2011.

Options

22. The following options have been considered:

A - Take no action and retain current operating model and provision.

B - Extend and refurbish existing homes.

C - Purchase all or an increased proportion of beds from the private sector.

D - CYC fund the design and build of new care homes and continue to operate them with council staff. Four homes would be required on the 3 available sites in order to provide 200 beds - 55 beds each on the Fordlands and Haxby sites and 90 beds (2 x 45 bed homes) on the Lowfield site. The Lowfield site could be significantly larger if the demand increased.

E - Similar to option D, but enter a partnership with a commercial developer to fund and build a new home. The operator partner chosen to run the new home could come from the "not for profit" or, independent sector. The operator could also be a social enterprise or local authority trading organisation. council staff could transfer to the operator.

23. Additionally a further option could be to combine a number of the options above.

Analysis of the Options

24. **Option A - Taking no action and retain current operating model and provision.** Based on analysis to date, this option does not address the problem of the age of the buildings or the continually increasing operating costs. Energy and maintenance costs are higher; CYC Property Services advise of a maintenance backlog of £404,059. Kitchens, lifts and heating systems are ageing and there is an inherent risk of failure as time goes on. The buildings have no sprinklers fitted. The changing need of those who live the homes or the need to avoid unnecessary resident moves is not addressed in this option. The option fails to provide a suitable future proofed care environment.

25. **Option B - Extend and refurbish.** This option has been fully analysed by CYC Property Services. Small site sizes combined with 40 year old buildings make this a very difficult solution to implement. It is not simply a case of increasing the number of bedrooms; existing bedrooms will require an en-suite bathroom, which initially means a reduction in the overall number of beds. New bedroom wings and/or storeys will need constructing to add the required number of new en-suite bedrooms but these can only be constructed in line with the existing building footprint. This therefore restricts the ability to make full advantage of the shape and size of the site. Kitchens, lifts and heating systems will require either replacing or refurbishing. Dayspace will also need to be increased and better fire systems installed. Corridor widths are fixed and there is little that can be done to improve them. CYC Property Services consider that there are only two sites, at Fordlands and Haxby Hall, on which a two storey extend and refurbish option could be feasible. However, the cost of modernising these has been estimated to come close to or exceed the cost of demolishing and building a new care home on the same site. Furthermore this option appears not to be able to reach the specification requirements outlined for a future proofed modern care home.

26. **Option C - Purchase all or an increased proportion of beds from the Private Sector.** There is a current shortfall of dementia care beds in the independent sector beds within York.

Consequently there are not enough beds available to re-provide those beds currently supplied by CYC care homes. There is, however, interest from private sector developers who may wish to build in York. One developer has already purchased a site and is building a care home in the city which will provide 83 beds when completed in Spring 2012. It is understood that there is another site in the Clifton area which is available for sale with planning permission for a 71 bed care home. This option could see the council increasing contracts with new and existing providers. This option does not offer a complete solution to the re-provision of CYC's residential care but it could form part of a long term or interim solution if used in conjunction with other options.

27. **Option D - CYC fund, build and operate three new care homes.** In this option the council would need to find £13.4m of capital in order to build on the three available sites. As part of a three or four year re-provision the council would undergo a phased rebuilding programme. Given the potential availability of the Lowfield site and the number of bed vacancies in the current operation an early start to the programme could be made, subject of course to planning approval. Annex D shows concept drawings of what could be possible on each of the three sites. The Lowfield site could suit a range of developments with increased numbers of care beds if required.

28. This option (and Option E below) presents an opportunity to re-provide the City of York with fit for purpose, "state of the art" residential care homes which can provide a range of care solutions that will sit alongside other strategies designed to keep older people at home for longer. Options D and E also present the opportunity of working with health colleagues to implement residential intermediate care facilities in line with the investment plan described earlier.

29. This option is likely to result in an ongoing increase in running costs associated with the extra cost arising from council staff terms and conditions.

30. **Option E - CYC enters a partnership with a developer/operator to fund, build and operate three new care homes.** Similar to Option D but here a partner developer takes responsibility for financing and building on the sites. The specific finance costs will depend on the way any deal is constructed with factors such as

ownership of the site and ownership of the completed home being of significance. Subject to the regulations relating to procurement a partner chosen to operate the home could be a social enterprise, local authority trading company, commercial organisation or a "not for profit" organisation. Existing staff would transfer under TUPE (transfer of undertakings (protected employment)) arrangements.

31. All of these options - with the exception of Option A, in the short term - will impact on current EPH residents in that they will involve a move from their current home at some point in the future. It is recognised that, until the consultation process has been completed and the Cabinet has decided how it wants the council to proceed, there will inevitably be a period of uncertainty for residents. The council is keen to reassure residents and their relatives that, whatever the conclusions, they will not receive any reduction in care. Indeed, the council fully expects the review to result in improved facilities for residents and provide a continuum of care that addresses the current situation where some residents have to move to have their care needs met.

32. The council recognises that moving very elderly people can be detrimental to their health and well being but there is much that can be done to reduce the impact of a move. The council has a 'Moving Homes Safely' protocol - developed with input from Age UK York and Older Citizens Advocacy York - that builds on best practice identified in NHS Guidance and recently published national research. The protocol explains how the council would ensure that any move is well planned and carefully managed and how residents and their relatives would be involved in all aspects of the decision as to where they move.

Corporate Priorities

33. The protection of vulnerable people lies at the heart of the council's priorities. Over 7,000 vulnerable adults receive social care services in York. The council's overarching objective is to safeguard such adults, to promote their independence, enable them to make real life choices and give them control over their daily lives.

Implications

Financial

34. There are no immediate financial implications arising from this report at this stage in the review. The total revenue spend on our EPHs in 2011-12 is expected to be £7m. We anticipate that the provision of 200 specialist residential care beds in improved facilities could cost up to £5.75m in revenue costs. More detailed financial information will be provided on the evaluated options in the November report to Cabinet following the consultation.

Human Resources (HR)

35. Staff will have a full opportunity to comment on the proposals and put forward any suggestions during the three month consultation period.

36. Full and formal consultation will commence with affected staff groups, following the decision of the Cabinet in November 2011. We anticipate that all options can be delivered without the need to make compulsory redundancies. Should options C or E be taken forward, staff would be eligible to transfer to any new provider under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

37. We will also explore further requests for early voluntary severance, and movement between homes in order to minimise any impact on staff during the programme of change.

Equalities

38. Work on the Equality Impact Assessment (EIA) began at an early stage with the Equality Advisory Group (EAG) considering the scope and content of the review to help shape it. During the proposed three month consultation period we will consult with all interested parties to inform the full and final EIA that will be included in and inform the report to Cabinet in November.

Legal

39. Legal Services have been advising the Project Board throughout the review, and particularly on the approach to consultation. The essentials of any such consultation are as follows:

    (i) Consultation must be at a time when proposals are still at a formative stage.

    (ii) The proposer must give sufficient reasons for any proposal to permit intelligent consideration and response.

    (iii) Adequate time must be given for consideration and response.

    (iv) The product of consultation must be conscientiously taken into account in finalising any statutory proposals.

    Legal Services will continue to be involved throughout the review process.

Crime and Disorder

40. There are no crime and disorder implications.

Information Technology (IT)

41. There are no IT implications.

Property

42. Due to the lack of comparable evidence in the market, the values given in Appendix C are based on pre-downturn levels. A recent report by a firm of independent valuers has indicated that the council will not achieve these values, in current market conditions.

43. The valuations are subject to obtaining planning permission for change of use. The title deeds have not been inspected, therefore a clean title has been assumed.

44. It should be noted that the Lowfield School site is currently declared surplus. A capital receipt is required from its disposal to fund the council's capital programme. If the site is to be used as part of any of the options outlined in this report, there will be the

need to find an alternative source of funding for the capital programme.

Other

45. There are no other implications at this stage.

Risk Management

46. There are no risks at this stage arising from this report which seeks permission to begin a period of consultation on the review and its options.

Recommendations

47. It is recommended that full and meaningful consultation begins on the review and its options for the future re-provision of the council's nine elderly persons residential care homes. The consultation should last for a period of three months and involve residents, day care and respite care service users, relatives, staff, trade unions, elected members, health colleagues, older people's groups and any other interested parties (see Annex E, Consultation Plan). A further report to members outlining the result of the consultation and recommendations for action will follow in November 2011.

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Background Papers:

Annexes

Annex A - Long Term Commissioning Strategy Refresh 2010

Annex B - Joint Vision for Health and Social Care in York July 2010

Annex C - Summary of Information on City of York Council's Nine EPHs

Annex D - Concept Drawings for each of the Three Sites

Annex E - Consultation Plan

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City of York Commissioning Strategy for Older People 2006 – 2021

2010 Refresh

November 2010

Annex A

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

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

- 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

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

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.

<u>Care at home</u>

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 emphasied 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

on the messages in Our Health Our Care Our Say to deliver outcomes that allow people to live independently, stay healty 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 opportunties 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 invovlement of customers and cares in the design and delivery of servcies, and use a personlised 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 internvention 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

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 developped 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**.**

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

- Continence
- 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.

- 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.

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.

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

clear that there are no discrete community based heath 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.

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

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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

- 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.

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

1 Introduction

1.1 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.**

1.2 During the same time period, the deteriorating financial climate combined with the growth in the numbers of older people, will inevitably mean meeting greater demand with fewer resources.

1.3 This makes it essential to transform the services that health and social care fund, to reduce demand through successful and targeted health and social care interventions and to avoid duplication and waste.

1.4 If the vision is to be achieved then health commissioners and the local authority need to work ever more closely with each other and with voluntary organisations and other third sector bodies, in order to agree common targets for improving the health and well-being of local people and communities. This will require an improved understanding of need, and the ability to better define service requirements and use of resources.

1.5 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.**

1.6 It is not intended that this statement covers every aspect of health and social care, neither should it replicate the range of statements and strategies that already exist. Instead, the intention is to define overarching outcomes which can be applied across health and social care provision and where those outcomes can only be achieved by health and social care working together.

1.7 For each of the outcomes there are a range of evidence based 'outputs' and processes described, by which the outcomes should be achieved. The outcomes are also accompanied by a set of principles which can be

applied not only to the outputs but to any health and social care activity.

1.8 Each of the outcomes are based either on existing policy goals within the local authority or the health community or on research / audit evidence of need, and where their achievement can be measured by a set of local indicators. The final section on implementation begins to explore some of these issues.

2 Principles

Below are outlined a set of principles designed to underpin the vision for older people in York. They are intended to be used by staff and managers in order to guide them in a range of situation regarding older people not just in delivering the specific outcomes linked to the vision statement. In this light all professionals are responsible for delivering all the outcomes, not just those that might be seen as belonging to one particular professional group.

2.1 Together we will ensure that our services are available to all irrespective of gender, race, disability, age, religion or sexual orientation and to pay particular attention to groups or sections of society where improvements in health and life expectancy and quality of life and sense of wellbeing are not keeping pace with the rest of the population.

2.2 Our services will reflect the needs and preferences of the people who use our services, of their families and their carers.

2.3 We are jointly committed to providing best value for taxpayers' money and the most effective and fair use of finite resources. We should always ask ourselves 'why shouldn't we work together' rather than 'should we do this together'.

2.4 We will give the people who use our services, their carers and the public the opportunity to influence and scrutinise our performance and priorities; and people, public and staff will be involved in relevant decisions.

2.5 We will expect all our staff, and staff in the services we commission, to deliver quality care and support. Wherever it makes sense we will deliver services through integrated teams, and support staff to work together to create simple access to the care and support our customers need.

2.6 We will work together to ensure that skill development and workforce planning promote quality and encourage integrated working between health and care services.

Outcomes and outputs that flow from the vision

3 Outcome 1 – All older people are demonstrably treated with dignity and respect

3.1 Services should only be purchased from agencies and organisations that have a written and verifiable policy with regard to dignity[1].

3.2 People with dementia should receive help and support from staff knowledgeable about their condition whether in a social care or a health care setting[2].

3.3 Carers of older people, particularly where they are caring for someone with dementia, should be offered an agreed package of support. This should be flexible enough to cope with unexpected changes in circumstances, from the point of diagnosis onwards,[3] as well as information about the relevant condition.

3.4 There should be an improved inter-agency response to first contact. For example; whoever responds to the first contact with an older person, should be skilled enough to find out the whole story. Sufficient time should also be allowed for that person to tell their story in their way and at their pace, and appropriate arrangements should be in place to allow information to be shared between agencies.

3.5 In care settings where there is a key worker the older person should always be offered a choice of who that key worker is. The same should be true when any member of care staff is asked to carry out intimate personal care.

3.6 Where older people have a terminal condition it is important that they die in a place of their choosing and that services work together to help achieve this[4]. Where people indicate they wish to make 'living wills' staff should support and encourage this. Peoples wishes with regard to faith and beliefs should also be recorded and respected.

[1] *Need to make sure this is included in the new home care contract and should be raised at the provider's forum.*
[2] *Development of the Dementia psychiatric liaison service. Shared pathway of care. Carers passport about that person.*
[3] *See York Strategy for Carers 2009-2011 and Dementia Review, Nov 2008.*
[4] *See End of Life Strategy (under development) and Recommendation 5, End of Life, Delivering Healthy Ambitions*

4 Outcome 2 – More older people have greater involvement in family and community life

4.1 All older people should have the opportunity, regardless of capacity, to engage in activities that they enjoy, whether living in their own homes in health care setting or in a care home[5]. Older peoples own contribution to the community through employment and work as volunteers should be recognised and encouraged.

4.2 Good up to date information about the range of services and opportunities should be available to all older people. There should be an offer of support available to those who need it, so that they can take up community provision rather than people simply being signposted to alternative services.

4.3 The local authority and health agencies need to work together to understand where there are risks and barriers to older people participating in community life, eg, snow clearance, access to transport, presence of banks and post offices, etc. Leisure services should ensure that there is proportionality in the activities they offer to ensure they are relevant to and accessible by older people.

4.4 Funding partners need to explore investing in a programme of community leadership. Local existing leaders of voluntary effort should be encouraged and resourced to identify and deliver greater community support for older people[6].

4.5 The impact of living alone in older life, whether as a result of divorce, death, separation , or never having been in a partnership will need to be a consideration in reaching and finding people and in offering support.

4.6 All policies of the local authority and health commissioners should recognise that by 2030 25% of the population of the City will be aged over 65. This should be reflected in the type of services and facilities that are available.

[5] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*
[6] *See The Westfield Project led by economic development*

5 Outcome 3 – More older people are able to maximise their independence

5.1 Older people should always be consulted about any service to be provided and their wishes and views ascertained. Where desired, the option of a personal social care budget should be offered that is sufficient to meet peoples assessed needs. There should be encouragement for older people to self manage health conditions, rather than allowing a potential crisis to occur[7].

5.2 There should be a greater emphasis on collecting the views of service users, carers and those who do not use health or care services but could benefit for doing so. For example, there should be a range of ways to collect feedback, including internet based forums for service users and carers to express consumer views about the care and health services that they receive. Such collections should avoid duplication across agencies and wherever possible should be combined.

5.3 There should be an increased use of technology focussed on alleviating specific risks to service users. The range of technological services available should be explained to service users and carers. Use of technology should be planned and of demonstrable benefit, and should include opportunities for short term usage designed to improve independence and self care[8].

5.4 Older people should be encouraged and enabled to self manage their health conditions.

5.5 Health and care assessments should have an emphasis on what people can do as well as what they cannot and should record activities that people used to participate in and why they no longer do so[9]. There should be a statement about the degree of independence and choice the older person would like to achieve.

5.6 Longer term and intensive care and support should be planned and provided only after looking at rehabilitation and 'reablement' opportunities, which are intended to help people regain skills and confidence to care for themselves. This will include technology based supports. All of which could increase independence and reduce reliance on care services.

[7] *Recommendation 1 & 9, Long term conditions, Delivering Healthy Ambitions*
[8] *Electronic Home Care Monitoring, Blue Print for Adult Social Care Sept 2009*
[9] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*

6 Outcome 4 - More older people report that they are able to maintain good health

6.1 Health and care services should proactively identify those at risk of hospital admissions and then act to reduce the risks. Alternatives to hospital admission should be available for those who can be cared for outside an acute hospital setting. This will include good care at home as well as care in community based units. These options should be available to avoid admission and to speed up discharge

6.2 Planning for discharges form hospital needs to improve. An older person should only be discharged from hospital when it is both timely and safe for this to occur. Greater attention should be paid to older people's confidence to manage on their own as well as their physical capabilities.

6.3 Where an older person has suffered a stroke then there should be improved restoration of functionality and a diminution in the number of older people who have further strokes or TIAs. The levels of permanent impairment to individuals should be reduced[10].

6.4 Where older people have had a fall that has required a health service intervention, then they should receive a targeted falls prevention service. This is particularly appropriate for older people who have had a fall in a care homes[11].

6.5 There should be a targeted increase in the detection of continence problem in older people with an equivalent diminution in the proportion of older people with a continence problem who are catheterised or use pads to 'manage' the problem[12].

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[10] *York hospital under achieved in terms of its 2008/09 meeting of the stroke standard with only 28% of stroke patients in 2008-09 spending time on a specialist stroke unit. Nationally a third of all patients admitted to hospital for a stroke have previously had an earlier stroke or a TIA. 11% go on to a care home 2% within two weeks.*

[11] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009 and York Health Group Commissioning Intentions 2009/2010 – 2010/2011. Nationally. 80% of hip fractures are to women. Average age is 83. The 2007 RCP Audit showed that 22% of all hip fractures occur in care homes. 27% of older people who have had a hip fracture go on to have a continence problem brought about from their hospital admission although in 60% of those cases no referral is made to a continence service. 11%of patients have an unplanned re-admission to hospital within 12 weeks of their fall. There is a strong connection between the falls and depression, with a 30% increased risk of hip fracture for older women if they are suffering from depression.*

[12] *People with continence problems often suffer for years before they reveal their problem. Just over half of hospital sites and only a third of mental health sites offer structured training in continence care. Documentation of continence assessment and management has been described nationally as "wholly inadequate". 90% of PCTs have a written policy saying continence products (pads) are supplied on the basis of clinical need*

6.6 There is a need for improved services focusing on depression in older people particularly where the person has experienced the bereavement of a long term life partner[13].

6.7 All older people should have access to regular dental care regardless of where they live and their ability to access a dental surgery unaided[14].

6.8 Where older people have difficulty in cutting, or are unable to cut, their toenails, access to an appropriate service that can help with this should be made.[15]

yet 73% limit the number of pads to four a day. The average age of those known to the PCT with a continence problem was 80.

[13] *The majority of older persons who commit suicide are widowed although only a small proportion of the oldest old have experienced the recent loss of a partner. However in absolute terms the oldest old men experience the highest increase in suicide risk immediately after the loss of a spouse.*
A comprehensive Dutch study in 2008 showed there was a link between a history of depression and Alzheimer's. Amongst those who have experienced the death of a spouse in old age 30-60% meet major depression criteria at one month, 24-30% at two months and 25% at three months. The most effective interventions at alleviating social isolation are group activities at a social and educational level. Individual interventions are less effective but work best where the giver of support is matched in terms of age and interests with those of the recipient.

[14] *Older people suffer a wide number of likely additional dental problems yet conversely are less likely to receive treatment. For example; The Adult Dental Health Survey 2008 for Portsmouth reviewed dental care of older people in care homes. Found that 465 had no teeth 73% had dentures, 24% suffered oral pain, 29% not seen a dentists in ten years, 25% felt they needed dental treatment tomorrow.The additional problems include those that stem from the type of medication being taken impacting on the capacity to swallow and the likelihood of introducing dental decay, through a diminution in effective soft tissue holding teeth in place and softer diets, which require minimal chewing and thereby reduces stimulation of muscle tone and the condition of the oral tissues. As a consequence, sugar is retained in the mouth for a longer period of time which promotes dental caries.*

[15] *Help the Aged reported in 2005 that over two thirds of older people have foot problems and there is some evidence that the proportion may be higher as many people are too embarrassed to seek help. The longer term impact of denying treatment to those considered to have a low risk is yet to be established although Malkin et al suggested that 25% of people needing foot care are not receiving it.*

7 Outcome 5– More older people remain within a home of their own.

7.1 There should be a continued development of a programme of extra care housing particularly providing a stimulus to the independent sector to develop provision for older owner occupiers. There is a need to develop ECH on a community basis rather than a just a housing basis, ie that people can receive the range of extra care services within particular given neighbourhoods[16].

7.2 There needs to be much greater clarity about who the Local Authority would fund in residential care and why[17].

7.3 Older people need to be assured that when it comes to hospital discharge they will have the opportunity to fully explore the choices and the implications of those choices that are available to them.

7.4 Where aids and adaptations do not exacerbate people's dependency then there should be a greater funding emphasis on providing property adaptations. Funding partners should also be aware of the costs and benefits of the adaptation programme and the impact of delays in delivering adaptations[18].

7.5 Over and above access to health and care provision older people's confidence to remain in the community is based on their ability to maintain their property, play a part in their neighbourhoods and to feel safe. The local authority will work with a range of agencies across the City to ensure that these ambitions can be achieved and that older peoples feelings of safety and security are regularly monitored.

[16] *This is similar to the Dutch model of integrated neighbourhoods called 'Woonzorgzones'. These are now being planned in about 30 neighbourhoods and villages all over the Netherlands. The woonzorgzones are geographical areas that offer round-the-clock care and a certain percentage of adapted housing within 200 m walking distance of integrated service.*

[17] *The EPH review should respond to this (likely that care home provision will be seen as for those needing high physical care needs and dementia where people are at risk).*

[18] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*

8 Aspects of implementation

8.1 There should be improved measurement of service success by outcomes rather than outputs. In achieving this the test should be who can provide the best outcome at the best possible price rather than professional groups being allowed to 'colonise' areas of service provision, ie, we are the only group who can deal with dementia, continence stroke etc[19].

8.2 There should be a greater capacity to monitor and measure why hospital admissions and care home admissions occur and those results fed back into the commissioning process. From this there will be an increased capacity to target key populations most at risk.

8.3 In order to consolidate skills and knowledge, reduce costs and give service users a more consistent experience, consideration should be given to the balance of services necessary to achieve the outcomes required within the funding available.[20]

8.4 There should be less repeat assessments by different professional groups and organisations and greater service user satisfaction with the assessment process. Where assessments are completed by 'front door' services they should be accompanied by good risk analysis.

8.5 There should be a greater transferability of skills across health and social care.

8.6 Health and care should look to provide greater support to family, friends and communities to support older people. Consequently, there should be a shift in expenditure away from funding whole services to one of investment, wherever possible in supporting and extending an existing activity. A greater test of investment should be applied, ie, if this amount of money is spent what is the desired return from that expenditure and is this cost effective.

8.7 Where consultation exercises are undertaken the norm should be that they are jointly undertaken between health services and the local authority unless there is a good reason for not doing so.

[19] *Recommendation 2, Planned Care Delivering Healthy Ambitions.*
[20] *Improving Clarity and Efficiency of the End to End Customer Process, Blue Print for Adult Social Care Sept 2009.*

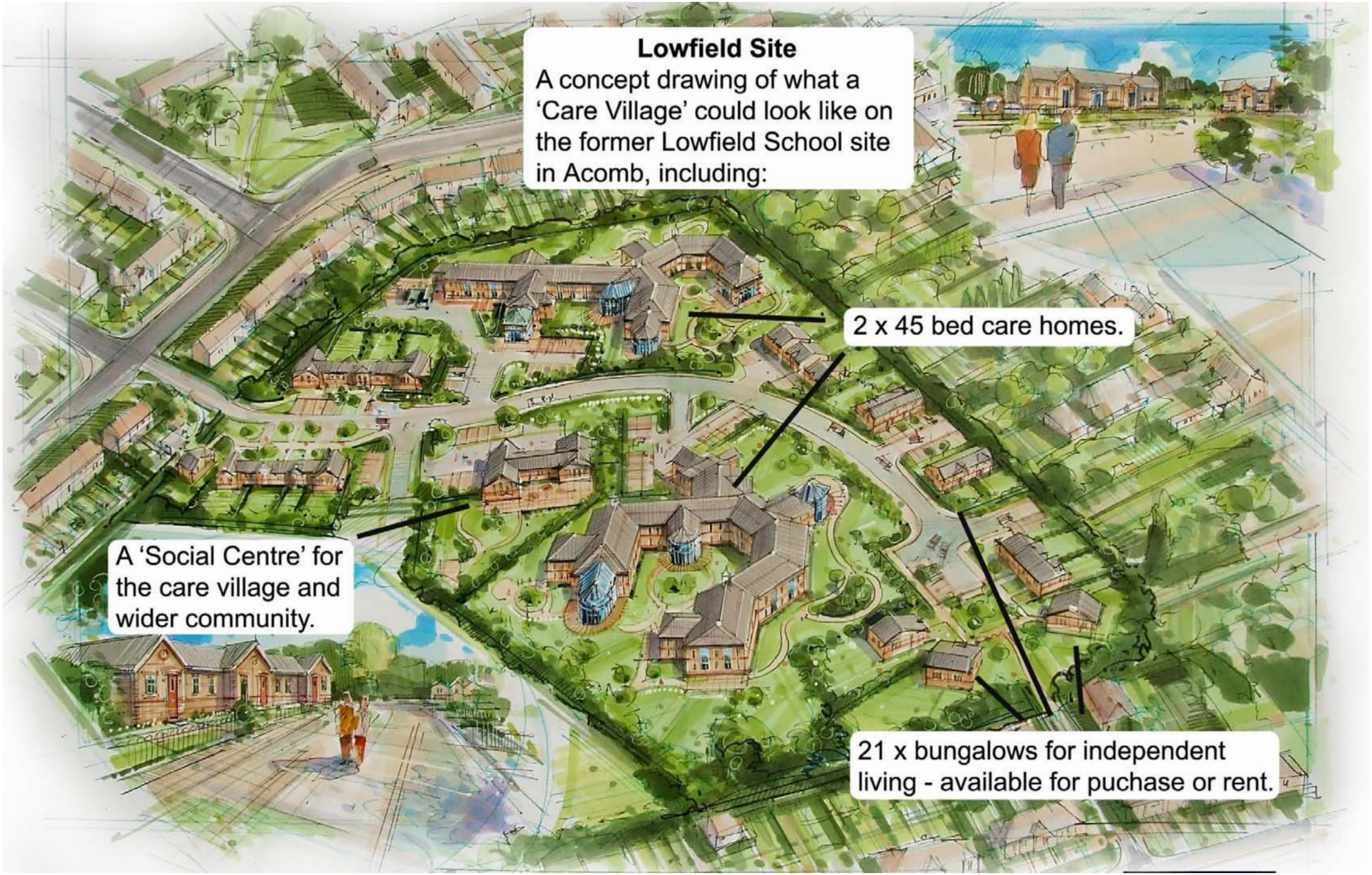
Annex C

City of York Council's Elderly Persons Homes - Summary of Key Information

EPH	Location	Beds					Day Care	Buildings			Staffing		Costs	
			Permanent			Temporary								
	CYC Ward	CQC Registered Beds	Frail Elderly	Elderly Mentally Infirm	High Dependency		Service Users	Site Size (Acres)	En-suite rooms	CYC Property Services Valuation	Full Time Equivalents	Staff	Gross Budget (Excl Capital) 2011/12	Gross Budget (Incl Capital) 2011/12
Fordlands	Fulford	31	21			10	11	0.98	1	£850-900k	16	28	£766,110	£899,710
Grove House	Guildhall	33	23		6	4	14	0.6	1	£700-750k	21	37	£718,650	£783,430
Haxby Hall	Haxby	42	16		23	3		1.08	7	£950k-£1M	30	47	£1,040,450	£1,150,740
Morrell House	Clifton	29		27		2		0.62	8	£400-450k	29	45	£899,640	£995,330
Oakhaven	Holgate	27	24			3	10	0.8	14	£750-800k	17	30	£657,780	£717,570
Oliver	Micklegate	19	17			2	12	0.33	1	£700-750k	20	35	£586,090	£632,920
Willow	Guildhall	33	32			1	3	0.57	0	£500-£550k	18	28	£698,320	£786,400
Windsor	Westfield	28		26		2		0.37	1	£350-400k	26	44	£823,280	£869,210
Woolnough	Hull Road	34	25			9	1	0.71	0	£500-550k	18	29	£768,080	£829,400
TOTAL		**276**	**158**	**53**	**29**	**36**	**51**	**0.67**	**33**	**£5.7-6.1M**	**195**	**323**	**£6,958,400**	**£7,664,710**


Fordlands Site
A concept drawing of what a 55 bed care home could look like on the current Fordlands site in Fulford.


Haxby Site
A concept drawing of what a 55 bed care home could look like on the current Haxby Hall site.


Lowfield Site
A concept drawing of what a 'Care Village' could look like on the former Lowfield School site in Acomb, including:
2 x 45 bed care homes.
A 'Social Centre' for the care village and wider community.
21 x bungalows for independent living - available for puchase or rent.

Annex E

A Review of City of York Council's Elderly Persons Homes

Consultation Plan

There are three elements to the Consultation Plan included within this Annex, as follows:

1.	**Consultation Background** This is a Plain English version of the Cabinet Report. This is the 'public document' that will be used to explain the background to the review and the issues and options that the council is consulting on.	Draft at pages 2-6
2.	**Consultation Questionnaire** These are the proposed questions that will be asked in the postal survey questionnaire and the on-line questionnaire. The same questions will form the basis of the consultation meetings with all stakeholders including residents, relatives, staff, and partner organisations like Health and the Voluntary Sector.	Draft at pages 7-17
3.	**Consultation Plan** The consultation plan sets out: • **who** the Council will be consulting with, and • **how** – the different mechanisms that will be used to capture feedback	Draft at pages 18-20

Have your say on the future of City of York Council's Elderly Persons Homes

CONSULTATION BACKGROUND

DRAFT

City of York Council wants to hear your views on the findings of a recent review of the residential care homes that it provides for older people in the city, which are known as Elderly Persons Homes (EPHs).

It is widely recognised that the council's Elderly Persons Homes are well run, and that the people who live in them, as well as their friends and family, recognise the quality of the care provided to them.

However, the review has concluded that there is a need to update the range of care and accommodation available to older people to make sure that the council can continue to meet their needs in the future.

There are currently 33,000 people over the age of 65 in York, but this figure is expected to rise to 37,000 by 2015 and 40,100 by 2020. It is also expected that the demand for places in residential care homes from people with dementia and specialist nursing care needs will also increase.

This increasing pressure on services for older people comes at a time when the council, like public sector organisations across the country, is facing a major reduction in the amount of funding that it receives from the government. In York, the council's funding is being cut by 28 per cent over the next four years, and 13.3 per cent of this has been cut from the grant that the council received for the current financial year.

On a more positive note, this year York has received £1.997 million from central government to invest in preventative measures such as Telecare/warden call that will help to reduce some of the pressure on health and social care services in the future. The council has worked with local NHS organisations to decide how best to spend this money on preventative services which will, in turn, ease the budget strain on longer term provision.

The long-term aims of the council and local NHS organisations are to allow as many older people as possible to enjoy their independence for longer, reducing the need for care home and hospital admissions, and to give older people a wider choice of accommodation and more opportunities to socialise.

This reflects the findings of a survey carried out by the council in 2008 in which 63 per cent of those who responded said that they would like the council to help older people to remain in their own homes for longer. An overwhelming majority recognised that, in the future, the council must focus on providing specialist care for people with dementia and those who need nursing care needs.

The council's current care homes

The table at Appendix A provides a summary of information on the council's nine Elderly Persons Homes including location, site size, staff numbers, and the number and type of beds provided.

Built in the 1960s and 1970s, these homes are now dated and do not provide the same standard of accommodation as modern care homes being built today. Only 33 of the 276 beds available have en-suite facilities, and the bedroom sizes and daytime facilities do not meet modern standards. In these homes, the council only has 57 beds for people with dementia, even though demand for them is rising rapidly and will continue to do so. Although private sector care providers also provide some beds for people with dementia in York, there is a shortage across the city as a whole.

A limited day care service is provided in six of the nine care homes, with day care service users joining with permanent residents for activities and meals. Whilst this model of day care service provides a welcome break for the people who use the service, and their carers, it is a poorer model than that found in day care facilities that are designed and operated specifically for day care.

Another important issue is that the size and design of the council's existing care homes for elderly people does not allow people with different needs to be cared for in the same home. This means that, all too often, people have to be moved from one home to another as their needs change. The council's existing homes are small, with just 31 beds each on average. Modern residential care homes tend to be much larger so that they can accommodate people with a much wider range of needs. That way, there is less chance of people having to be moved.

With the exception of the Fordlands and Haxby Hall sites, most of the sites on which the council-run Elderly Persons Homes stand are small and offer little or no scope for the buildings to be extended. However, the council owns a six-acre site at Acomb (formerly the site of Lowfield School) that is large enough for two good sized care homes and a range of other accommodation for older people. The development of this land could create a 'Care Village', making it possible for older people to continue receiving care on the same site, even as their needs change.

Based on demographic predictions for York it is estimated that the council will need to provide 180 care beds, providing a mixture of dementia, high dependency, and nursing care. There is also a requirement to increase the number of respite care beds from 14 to 20 which help increase support available to carers in the city. This will bring the total number of beds required to 200.

Options for the future

In order to meet the many challenges facing the council in the future, a number of different options have been put forward for consideration, comment and discussion. These are as follows:

Option A – Take no action: If the council fails to act, the energy and maintenance costs of the existing buildings will only increase. The kitchens, lifts and heating systems are getting older and the buildings do not have sprinkler systems fitted. The existing homes already require a backlog of maintenance work totalling £404,059.

Also, this option would do nothing to address the changing needs of older people and the growing pressures on these existing care homes as the percentage of York's population over the age of 65 increases each year.

Option B – Extend and refurbish the existing homes: The small sites and dated buildings would make it very difficult to extend and refurbish the existing care homes. It is not simply a case of adding more bedrooms, as en-suite facilities would also need to be added to the existing bedrooms. Daytime space would need to be extended and improved, and better fire systems, kitchens, lifts and heating systems installed.

The council's property services team believes that there are only two sites - Fordlands and Haxby Hall - where it would be possible to extend and refurbish the existing buildings, although it is feared that the cost of doing so could be more than the cost of demolishing them and building a new care home on the

same site. There are also concerns that it may not be possible to refurbish them in a way that would meet modern day residential care home standards.

Option C – Buy more beds from private sector care providers: Because there is a shortage of beds for people with dementia across York as a whole (not just in the council-run homes), private sector care providers would not currently be able to provide the extra beds that the council needs.

However, there is some interest from private sector developers in building new care homes in York. One developer has already bought a site and is building a care home that is due to be completed next spring (2012). Although the council could buy more beds from new and existing private sector care providers in the future, it is thought that this option would only provide part of the overall solution.

Option D – City of York Council funds, builds and operates three new care homes: The council would need to find £13.4 million to build new homes on the three available sites – Fordlands, Haxby Hall, and Lowfield - over a three or four-year, phased rebuilding programme.

This is an opportunity to create new council-owned and run residential care homes that provide a much wider range of care. This approach would be supported by preventative work to help older people remain in their own homes for longer, providing an opportunity for the council and local NHS organisations to work together using the funding given to York by the government for that purpose.

Option E – City of York Council enters a partnership with a developer/operator to fund, build and operate three new care homes: This approach is similar to option D, but the council would enter a partnership with a developer or care home operator that would be willing to fund the project and build the homes. The cost to the council would depend on the way the partnership deal is drawn up, and discussions about the ownership of the site and the completed home would be part of any negotiations. The council's chosen partner could be a social enterprise, local authority trading company, commercial organisation or a 'not for profit' organisation. Staff working in the council's existing care homes could transfer to the new provider.

Concept drawings of what new care homes could look like on the Fordlands, Haxby and Lowfield sites (in Options D and E) are attached at Appendix B.

All of these options - with the exception of Option A, in the short term - will impact on current EPH residents in that they will involve a move from their current home at some point in the future. It is recognised that, until the consultation process has been completed and the Cabinet has decided how it wants the council to proceed, there will inevitably be a period of uncertainty for residents. The council is keen to reassure residents and their relatives that, whatever the conclusions, they will not receive any reduction in care. Indeed, the council fully expects the review to result in improved facilities for residents and provide a continuum of care that addresses the current situation where some residents have to move to have their care needs met.

The council recognises that moving very elderly people can be detrimental to their health and well being but there is much that can be done to reduce the impact of a move. The council has a 'Moving Homes Safely' protocol - developed with input from Age UK York and Older Citizens Advocacy York - that builds on best practice identified in NHS Guidance and recently published national research. The protocol explains how the council would ensure that any move is well planned and carefully managed, and how residents and their relatives would be involved in all aspects of the decision as to where they move.

The consultation process and next steps

The council plans to consult with a wide range of people who are interested in the future of older people's accommodation in York. The consultation period will last for three months, from mid-July to mid-October. During this time the council will aim to talk to, and hear from, current residents and service users in the council's nine care homes; their family and friends; care home staff; trade unions; health colleagues; older people's groups; and many other interested parties. Opportunities for people to give feedback on the issues and options will be available through:

- A 'Have Your Say' questionnaire
- Meetings with council managers

The feedback from this three month consultation period will be collated and form part of a report to the council's Cabinet on 1 November. It is at that meeting that the Cabinet, having considered the consultation feedback, will decide how it wants the council to proceed.

Have your say on the future of City of York Council's Elderly Persons Homes

QUESTIONNAIRE

DRAFT

Your feedback in this consultation is important to us.

Please read the Consultation Background document **before** completing this questionnaire as it provides background information on the review and explains the issues and options that the City of York Council is consulting on.

Please return it using the FREEPOST envelope provided by CLOSING DATE???

Alternatively you can complete the questionnaire online at www.????

The results of all questionnaire responses and feedback from all our consultation meetings will be collated and form part of a report to the Council's Cabinet in November 2011.

If you need further explanation or help in order to be able to complete this questionnaire please leave a message on the voicemail at Tel: (01904) 554359 or e-mail carehomes.consultation@york.gov.uk and someone will come back to you.

If you wish to make additional comments on any of the questions please use the extra space provided at Question 13.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

☎ **01904 551550**

If you would like this questionnaire in large print or in another accessible format, for example, braille, on CD or by email, then please contact (01904) 554359.

Q1 Have you read the Consultation Background which explains the review of the council's elderly persons homes and the consultation process?

Yes ❑ No ❑

Q2 Do you agree or disagree that the Council should redirect more of its money from residential care into helping people stay at home with appropriate support for longer?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Q3 Do you agree or disagree that the Council should be focussing its residential care on specialist needs for people with dementia, high dependency and nursing care requirements?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Q4 Do you agree or disagree with the Council's ambition to ensure that people do not have to move between different types of care home as their needs change?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Q5 Do you agree or disagree that the Council should modernise its residential care homes to better meet the needs and aspirations of York residents over the next 40 years?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Q6 Currently six of the Council's care homes provide day care activity. Do you agree or disagree that it is better to provide day care in dedicated facilities in the community rather than in a residential care home?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Please note that the Council's current day care users will be contacted separately in order to consult on specific proposals on this issue.

If, after consultation, the council does decide it needs to build new care homes:

Q7 Do you agree or disagree that the following are requirements you would expect to see in the specification for a modern care home?

	Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
Bigger bed room sizes (at least 14 sqm)	❑	❑	❑	❑	❑
All bed rooms to have an en-suite facility	❑	❑	❑	❑	❑
Rooms to be flexible in operation so that they can switch between dementia care, nursing care or even intermediate care	❑	❑	❑	❑	❑
A range of smaller areas for day space, rather than one or two large spaces	❑	❑	❑	❑	❑
Wider corridors for wheelchair access	❑	❑	❑	❑	❑
Wider door openings for wheelchair access	❑	❑	❑	❑	❑
Gardens that provide a secure environment but offer scope for exercise	❑	❑	❑	❑	❑
Maximum of two storeys high	❑	❑	❑	❑	❑
Sprinkler systems to reduce risk to residents should there be a fire	❑	❑	❑	❑	❑

Q8 Is there anything else not listed above that is important to you?

The council predicts that it needs to provide 200 residential care beds. The care homes need to be of a certain size to be economical and to provide a continuum of care. The council thinks that 200 beds could be provided across three sites – a 55 bed home at Fordlands in Fulford, a 55 bed home at Haxby Hall in Haxby, and two 45 bed homes on the Lowfield 'Care Village' site in Acomb.

Please look at the concept drawings for these three sites at Appendix B in the Consultation Background document.

9a Do you agree or disagree that these buildings can be designed in such a way that they do not become too big and impersonal?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

9b Do you agree or disagree that these three sites would offer a reasonable geographical spread of residential care across the City?

Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
❑	❑	❑	❑	❑

Q10 If new care homes were to be built, who would you want to actually provide **the care** within these new buildings? Please rate **<u>all</u>** of the options.

	Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
The council	❑	❑	❑	❑	❑
A private care provider	❑	❑	❑	❑	❑
A not for profit care provider	❑	❑	❑	❑	❑
No preference providing the solution provides best value for money	❑	❑	❑	❑	❑

Q11 To what extent would you support each of the options presented in the Consultation Background? Please rate **all** of the options.

	Strongly agree	Agree	Neither / nor	Disagree	Strongly disagree
Option A Take no action	❑	❑	❑	❑	❑
Option B Extend and refurbish	❑	❑	❑	❑	❑
Option C Purchase all or an increased proportion of beds from the private sector	❑	❑	❑	❑	❑
Option D The Council funds, builds & operates three new care homes	❑	❑	❑	❑	❑
Option E The Council enters a partnership with a developer/operator to fund, build and operate three new care homes	❑	❑	❑	❑	❑

Q12 Are there any other feasible options which you feel the Council has not considered in the paper? If so, please provide details.

Q13 Have you any other comments that you would like to add as part of your consultation response?

About You

We want to make sure that the council is a fair and inclusive service provider. Your answers to the following questions will help us make sure that everyone's needs are considered in council policy and practice.

The information you provide is anonymous and will be kept confidential. Only council employees will process this information. Thank you for helping us continue to improve our policies and practices.

Q14 Please tick the most appropriate box from the options below:

I live in one of the council's nine care homes ❑

I have a relative/friend who lives in one of the council's care homes ❑

I receive day care or respite care at one of the council's care homes ❑

I have a relative/friend who receives day care or respite care at one of the council's care homes ❑

I work in one of the council's care homes ❑

I am an interested member of the wider York public ❑

Q15 We may wish to follow up on some of your comments and suggestions. If you would be happy to talk to us about your responses, please could you provide your name and contact details so that we can come back to you?

Name _____

Contact details _____

Gender

Male ❑ Female ❑ Prefer not to say ❑

Do you identify yourself as trans?

Yes ❑ No ❑ *Prefer not to say ❑*

Age range

16-24 years ❑ 25-34 years ❑ 35-44 years ❑ 45-54 years ❑ 55-64 years ❑ *65-74 years ❑*

75 years and over ❑ Prefer not to say ❑

1st Part of your Postcode(e.g. YO31 2)

Prefer not to say ❑

Ethnic Origin

Please choose one section from A-E and then tick the appropriate box to indicate your ethnic background or please tick this box:

Prefer not to say ❑

A. White:

❑ British

❑ Irish

❑ Any other white background, please specify _____

B. Mixed Race:

❑ White and Black Caribbean

❑ White and Black African

❑ White and Asian

❑ Any other Mixed background, please specify_____

C. Asian or Asian British:

❑ Indian

❑ Pakistani

❑ Bangladeshi

❑ Any other Asian background, please specify _____

D. Black or Black British:

❑ Caribbean

❑ African

❑ Any other Black background, please specify _____

E. Other Ethnic Groups:

Do you consider yourself to be disabled?

Yes ❑ No ❑ Prefer not to say ❑

If you tick “Yes”, please tick as many boxes below as apply:

❑ **Physical impairment**

(such as using a wheelchair to get around and / or difficulty using arms, legs etc)

❑ **Sensory impairment**

(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

❑ **Mental health condition**

(such as depression or bipolar)

❑ **Learning disability**

(such as Downs syndrome or dyslexia or cognitive impairment (such as autism or one resulting from head-injury)

❑ **Long-standing illness or health**

Sexual Orientation:

❑ Heterosexual / Straight

❑ Lesbian / Gay woman

❑ Homosexual/ Gay man

❑ Bisexual

❑ Prefer not to say

Relationship Status:

❑ Married

❑ Co-habiting

❑ Civil Partnership

❑ Single

❑ Other

❑ Prefer not to say

Please tick the appropriate box to describe your religion or belief:

❑ Prefer not to say

❑ Buddhist

❑ Christian

❑ Hindu

❑ Jewish

❑ Muslim

❑ Sikh

❑ No Religion

❑ Other please specify _____

Thank you for completing this questionnaire. Please return it using the FREEPOST envelope provided by ???

The results of all questionnaire responses and feedback from all our consultation meetings will be collated and form part of a report to the Council's Cabinet in November 2011.

Consultation Plan

This review has a huge significance for the city and how we care for our most vulnerable older people, and we want to ensure that everyone who wants to, has the opportunity to comment on the issues and options presented within the 19 July Cabinet report.

During a three month consultation period (19 July – 19 October) the council will be writing to and, where requested or appropriate, meeting with the following interested parties to invite and hear their views on the issues and options contained with the report.

Current EPH residents	Permanent residents
	Day care service users
	Respite care service users
	Family & friends of residents and day care/respite care service users
	Other Local Authorities with residents placed in CYC EPHs
EPH staff	EPH staff – including relief staff and volunteers
	Trade Unions – Unison and GMB
Older People Representatives & Voluntary Sector Providers	Age UK York
	Alzheimer's Society
	Churches Together
	Equalities Advisory Group
	Older Citizens Advocacy York (OCAY)
	Older People's Network (OPeN)
	Older People's Partnership Board
	Older People Providers' Forum - Supporting People
	York Blind & Partially Sighted Society

	York Carers Centre
	York Carers Forum
	York CVS
	York Older People's Assembly (YOPA)
	York Racial Equality Network (YREN)
Health	Joint Commissioning Group
	Leeds Hospital Partnership Foundation Trust/Mental Health Board
	Levels of Care Group
	North Yorkshire and York Primary Care Trust
	Vale of York GP Commissioning Consortium
	York Hospital Foundation Trust
Other key stakeholders	Care Quality Commission
	CYC Care Managers
	Elected Members
	Independent Care Group – private residential care providers
	Local MPs
	Wider York public

All interested parties will have the opportunity to give feedback on the issues and options contained within the Consultation Background document via a range of mechanisms including:

- Face-to-face meetings
    - Residents
    - Day care users
    - Respite care users
    - Relatives of all residents and service users
    - Staff
    - Other interested parties
    - 4 x Public Consultation meetings to be held in Acomb, Fulford, Haxby, and central York – venues and dates to be confirmed.

- A postal questionnaire – sent to:
    - Residents
    - Day care users
    - Respite care users
    - Relatives of all residents and service users
    - Staff
    - A sample of 3,000 older people from across York

- An on-line questionnaire
    - Available on Council website for any member of the public to complete

- Ringing a dedicated voicemail account - Tel: (01904) 554359

- E-mailing a dedicated e-mail account - carehomes.consultation@york.gov.uk

- Writing to: Care Homes Consultation Feedback, City of York Council, 10/12 George Hudson Street, York, YO1 6LP.

Final report to Cabinet – Tuesday 1 November

The feedback from this three month consultation period will be collated and reported in another report which will be considered by the Council's Cabinet on 1 November. The Council will write to all stakeholders after the meeting to communicate any decisions taken by the Cabinet and to outline the next steps.