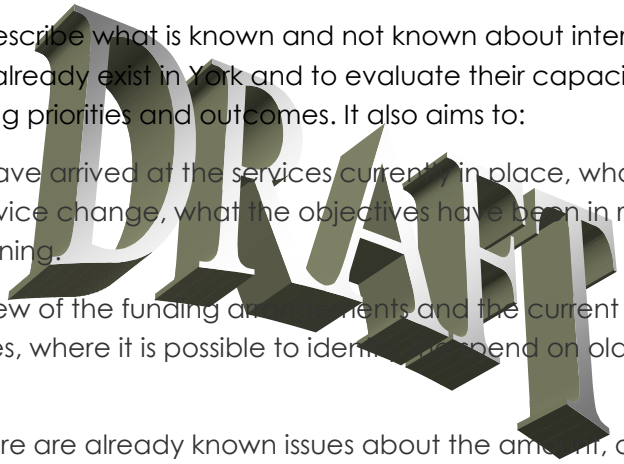
Annex 2

DRAFT SERVICES REVIEW



This chapter aims to describe what is known and not known about internal and external services that already exist in York and to evaluate their capacity to meet strategic commissioning priorities and outcomes. It also aims to:

- Explain how we have arrived at the services currently in place, what the drivers have been for service change, what the objectives have been in recent service commissioning.
- Provide an overview of the funding arrangements and the current levels of funding for services, where it is possible to identify spend on older peoples' services.
- Identify where there are already known issues about the amount, quality, cost or sustainability of any service over the next 15 years, and consider key pressures that will affect all providers over that timescale.

How we have arrived at the current configuration of services

The Best Value Review of 24 hour Care for Older People was completed in 2001, and has been one of the key drivers for service change over the last five years. It built on a report from the Nuffield Institute[1], and included extensive consultation with older people and providers, as well as a review of best practice. It recommended that additional capacity be developed in Extra Care housing, home care, day care and care management time, and that specialist residential care for older people with mental health needs, and rehabilitation needs be developed within the local authorities own establishments. However, the review was not conducted jointly with health and a more integrated review might have realised even more benefits.

The review aimed to deliver services that would support more older people to live independently for longer in their own homes, and meet an anticipated increase in demand for services because of the growing older population (expected to be 10% between 2000 and 2005). There was an expectation that demand for residential care would reduce, and that needs of older people supported by the local authority in a care home setting would increase and become more complex.

The implementation of the action plan following the review has delivered a wider choice of services for older people and helped to reduce the number of older people needing a care home placement. The number of admissions to care for

[1] Making Connections – a review of options for 24 hour care for older people in York ,Nuffield Institute, 2000

supported residents has decreased from 113 in 2001/2 to 75 in 2005/6. The service changes have also supported the reduction in numbers of people waiting in hospital for suitable discharge arrangements. In 2001/2 delayed discharges were regularly at 50 plus. Last year they were in single figures and often at zero.

Other changes that have helped achieve this turn round have been the strengthening of the care management arrangements and the introduction of services which allow key decisions about any move to residential care to be taken outside of a hospital setting.

Overall the outputs from the review were:

- The development of a specialist residential home for older people with dementia,
- Investment in two sheltered housing schemes to provide an additional two extra care schemes, complementing the two residential homes already converted to provide extra care, within the local authority stock,
- The decommissioning of a sheltered housing scheme with shared bathrooms, and the re-development of the building as an Intermediate Care facility
- Additional 10% investment in home care services and
- 10% increased capacity in care management teams.

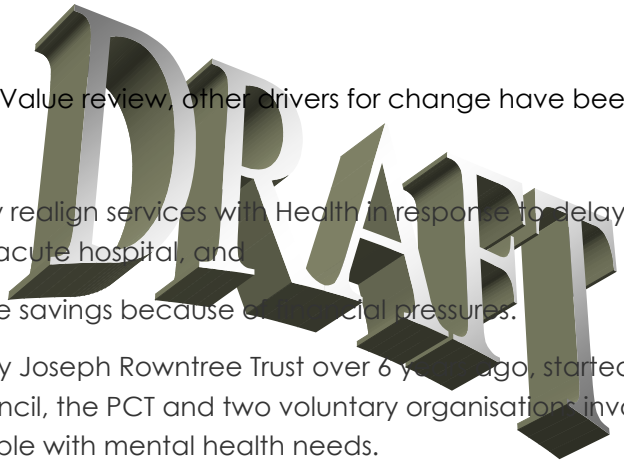
The locations for new services were chosen carefully, so that:

- Geographical distribution was well balanced
- Services were in locations which offered good access to local shops and transport links and where there were significant populations of older people
- Existing suitable establishments could be appropriately and cost effectively adapted.

The four Extra Care schemes are based in Westfield, Heworth, Micklegate and Clifton wards. We do not have properties in some of the wards where there are high numbers of older people, (Huntington and New Earswick, Haxby and Wigginton) but we are in discussions with our RSL partners to explore the possibility of developing properties in New Earswick and Huntington.

Because of capacity issues and other pressing priorities we have not addressed the issues raised through the Best Value Review about day care services. Thus we have

not added any significant investment or remodelled services to deliver the 10% increase in capacity that was considered necessary. This means that we are probably not making best use of the resources we do have, and not offering the quality of care that we would wish to.



In addition to the Best Value review, other drivers for change have been:

- The need to jointly realign services with Health in response to delayed discharges in the acute hospital, and
- The need to realise savings because of financial pressures.
- A local initiative by Joseph Rowntree Trust over 6 years ago, started discussions between the Council, the PCT and two voluntary organisations involved in the care of older people with mental health needs.

The objective of this last initiative was to agree on the options for improved services for older people with mental health and led to the joint commissioning of a report by Dementia North in 2002[2]. From this a shared vision was agreed in 2003/4 and dialogue continues on ways to achieve the aim of changing current investment across the statutory agencies, to provide a greater community focus.

Other services have not been the subject of in depth review. Service patterns and models of delivery are on the whole historic, and any changes have been prompted by the need for efficiency savings. It is not always clear that services meet the needs of those in highest need therefore, what outcomes they are trying to deliver, or whether they are the best delivery models to achieve the required outcomes.

Preventive services in particular have grown incrementally. They have often been developed as the result of the knowledge and initiative of the voluntary sector seeking funding for new ideas. The resulting services have been popular and well thought of, but are often vulnerable to funding changes. As a result Voluntary Organisations spend a lot of time chasing funding.

Funding arrangements

Both health and social care agencies are likely to be subject to significant financial pressures over the coming years. For the last two years social services budgets for community support have overspent. The Authority has a low tax base, and one of

[2] Review of Services for Older people with Mental Health Problems in York; Dementia North 2002

the lowest grant settlements from the government. This financial pressure is not expected to change significantly over the next 15 years, unless local government financing is changed significantly.

The PCT has just completed a Financial Recovery Plan, as a result of a £23m deficit last year. Budget reductions are planned across the whole organisation, with a reduction in capacity in intermediate care planned, and a review under way to reduce costs for unplanned care for older people.

Although these financial pressures bring big challenges, there is also an opportunity for better joint commissioning, as both organisations have to look more closely at which services are effective and which need to be changed. It is expected that the new York and North Yorkshire PCT will soon start discussions on a joint commissioning framework with both local authorities covered by the new organisation.

At present there are no pooled budgets in York for older people. Within social services the budgets are allocated at locality level to teams who provide services to both older people and people with disability or health conditions. Community Health services budgets are not allocated according to age, save for the PCTs mental health services for older people which operates as a separate management unit.

It is recognised that there could be benefits in pooling budgets, particularly in relation to older people with mental health needs. The Dementia North report made it clear that our current service configurations could be changed to provide more integrated community based services. However financial issues for both organisations, and capacity issues, have delayed any real progress on this.

In 2005/6 City of York Council spent around £21m on older peoples services, including assessment and care management.

- £6m was spent providing care at home with £2.48m spent in the private sector.
- £9.5m was the net expenditure on residential and nursing home care with £5.3m spent in the independent sector
- £1m on day care and
- £550K on equipment and adaptations (PSS Expenditure 2005-06).

In general unit costs for in house services are higher than for independent sector services. This is partly because of the recharges assigned to in house services for all corporate functions within the council; there are issues about 'non –contact time' and costs associated with sickness cover as well.

Voluntary sector groups are funded through a range of funding streams, of which the Council is one. £230k is currently spent on preventive (non care managed) voluntary sector services from Housing and Adult Social Services Directorate. This funding supports 21 schemes within the city, run by 7 different organisations (Age Concern, Alzheimer's Society, Carers Centre, Resource Centre for Deafened People, York Blind and Partially Sighted Society, Disability Information and Advice Centre and APS). Ward Committees vote each year to spend their own allocation of neighbourhood funding, and voluntary organisations do receive support through this, for example some of the Age Concern schemes have attracted funding in some wards. Funding is allocated on the basis of voting by ward residents. Some funding has previously been available through Safer York Partnership.

Discussions were held with the voluntary sector in 2005, to explore the possibility of them increasing their services, should changes to social care eligibility criteria be necessary, to achieve a balanced budget. The voluntary sector has already delivered a wider choice of services for older people and helped to reduce the number of older people needing residential care. It has also supported the reduction in numbers of people waiting in hospital for suitable discharge arrangements.

The Supporting People Programme spent £895k on older people's schemes in 2005-6, providing support to around 5000 older people through the community alarm schemes, and nearly 1700 in supported accommodation. In 2005, unit costs, on average, were within the regional benchmarked third quartile. There are no current plans for additional investment in this part of the programme, although older people with mental health needs is a priority customer group for investment, if efficiencies can be found from other services. It is planned that all Supporting People services will be subject to market testing within the next three to six years.

There is a risk that the Supporting People Grant from DCLG will reduce in real terms over the next nine years, if the historic allocation of money is replaced by a distribution formula. Efficiencies will need to be found in all customer groups if this is the case.

Analysis of current services; challenges and opportunities

Our analysis of our current services has focused in the main on:

- Quantitative analysis– the location of services in York, price, levels of demand, and relevance to future types of service provision required.
- Qualitative analysis – evaluating the quality of the service based on outcomes

Whilst required to complete a comprehensive analysis of services, the following areas are to be addressed as part of our on-going development of our commissioning strategy.

- Mapping best practice for the future – looking at models of good practice built on research and best practice examples with a rationale as to how this provision would be better than that currently available.
- A cost benefit analysis of current provision - to determine whether services offer value for money or whether alternative forms of provision or re-configurations might offer both a better service at a lower price.

We have looked at the services within four main categories:

- Prevention,
- Housing,
- Help at Home (which includes domiciliary care, equipment and day care) and
- Residential and Nursing Care.

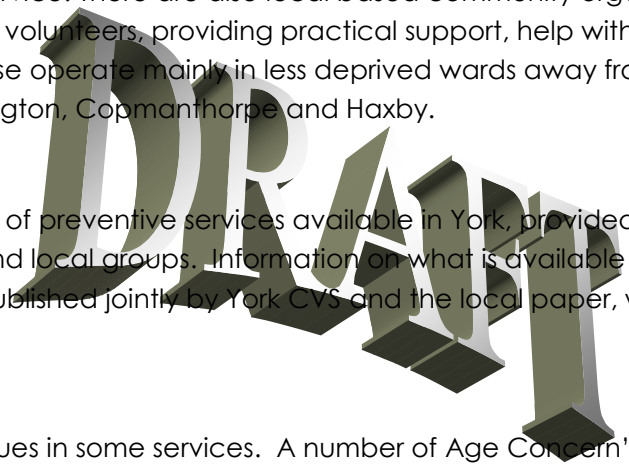
Any future changes to services will impact on services in other categories, but for this section within the Commissioning Strategy we will not attempt to map all of the links and dependencies between services. Outline details of the services currently available are provided in Annex 1, which contains a service map.

Preventive services

We do not have a Prevention strategy and this is reflected in the way services have grown up incrementally, and in a rather ad hoc way.

Funding is a concern for the voluntary sector, which provides most of the preventive services. Although there is a Voluntary Sector Compact, to which the Local Authority and the PCT are signed up, there is some tension over funding reductions this year from the PCT and the Council, as well as the Safer York Partnership. The reductions have been partly because of financial pressures for the funding organisations, but other issues have been raised about how funders know whether services are effective as well as popular

Most funded services are available across the city, but there are some services that are funded by ward committees that have a more local focus. For example Age Concern receives support from some, but not all ward committees for their community support service. There are also local based community organisations, who rely on very local volunteers, providing practical support, help with shopping or transport help. These operate mainly in less deprived wards away from the city centre, such as Huntington, Copmanthorpe and Haxby.



There is a good range of preventive services available in York, provided by a number of national and local groups. Information on what is available is provided through two guides published jointly by York CVS and the local paper, with support from the Council.

There are capacity issues in some services. A number of Age Concern's services, such as the befriending and sitting services, have waiting lists for example.

Practical support is identified by older people in York, and in Government strategies, as important in helping older people remain in their own homes. Practical support is available from Age Concern's Handyperson scheme, from some community voluntary groups, and through the Housing Department for Council tenants. Funding for the Age Concern scheme is uncertain and some services do not operate across the whole of the city.

Opportunities for active involvement within the community are important to ensure the well being and inclusion of the older population. Isolation and exclusion can contribute to depression, which we have already identified can lead to increased need for health care and residential care services. Social activities are offered through a wide range of interest groups, faith groups and voluntary organisations. The Older People's Assembly supports an annual Over 50's festival which aims to encourage greater awareness and involvement in community activities. Older people can also access leisure, sport and learning opportunities with some classes and activities targeting older people. For those with mobility and health needs there are some specific services, with Age Concern, the Deaf Resource centre and the Carers centre all offering activities and outings.

Financial advice and support is available, and effective in increasing income from benefit take-up. It is estimated that an additional £4.3m benefits was claimed as a result of the work of the CAB, Age Concern, DIAC (Disability Information and Advice Centre) and the Council Welfare Benefits Team in 2004/5. There are financial advisers within the private sector to offer advice on pensions, investments, equity release, but we have a limited understanding of this market at present. The new home care services will include a new Home Support Team, funded jointly by

social care and Supporting People, which will be able to help older people with day to day finances, including collection of pensions. We provide a limited amount of support to older people in receipt of services, who are in need of Court of Protection

Advice, information and advocacy are all available from a range of organisations, some specialist, such as the Alzheimer's Society, York Blind and Partially Sighted Society and the Deaf Resource Centre and some more general such as CAB, Age Concern and Older Citizens Advocacy York (OCAY)

We know that regular physical activity improves health and well-being. The PCT has some good initiatives; In Selby & York PCT's 2005 Annual Public Health Report specific activities that promote improved strength, coordination and balance beneficial to older people were highlighted. Consequently local actions were identified to:

- Further develop and support chair based exercise programmes;
- Further develop and support postural stability classes across the PCT locality, targeting older people who may be at risk of falling;
- Maintain the successful Health Walks programme, which undertake up to 240 such walks each year.

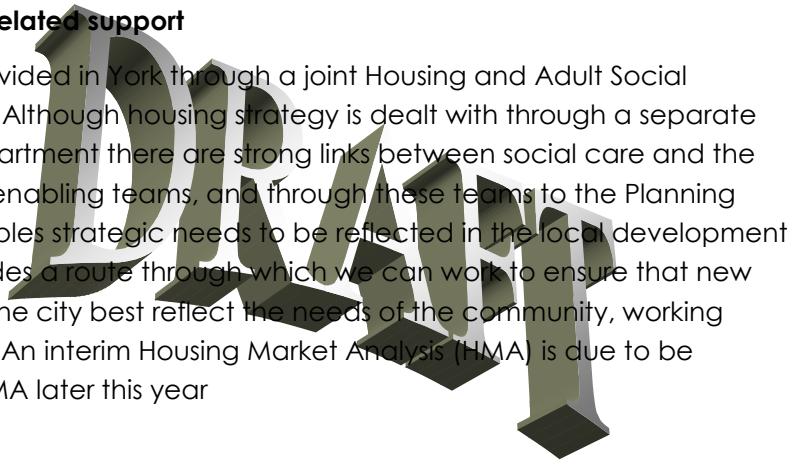
In our discussions with older people, we have been considering how we might encourage older people, and care workers to train as trainers to support these initiatives.

Podiatry services can alleviate conditions that affect mobility, isolation and risk of falls. Services are provided through the PCT for the whole of the Selby and York PCT locality and as such information specific York is difficult to disaggregate. The aim of these services is to reduce pain and achieve maximum improvement in foot and lower limb conditions, thus improving or maintaining the patient's mobility. Access to the service is via GPs, hospital consultants or district nurses.

50% of new referrals tend to be for people over the age of 65. The vast majority of this work is for chronic conditions which requires ongoing treatment. As these people get older their foot conditions get worse, which therefore result in the need for more capacity for appointments each year. This is reflected in activity figures for 2005, which indicated that 51% (1,400) of all new referrals were for people aged 65 and over and almost 80% (43,000) of subsequent contacts. All this is provided by a

workforce of 30WTEs, providing a capacity of 215 new patients each month against a referral rate of 250.

Housing and housing related support



Social services are provided in York through a joint Housing and Adult Social Services Department. Although housing strategy is dealt with through a separate division within the department there are strong links between social care and the housing strategy and enabling teams, and through these teams to the Planning Department. This enables strategic needs to be reflected in the local development framework, and provides a route through which we can work to ensure that new developments within the city best reflect the needs of the community, working within this framework. An interim Housing Market Analysis (HMA) is due to be replaced with a full HMA later this year

Older people want to live independently for as long as possible. This, for many, means staying where they have lived for many years. To support this we need to ensure that we can offer advice and support with regard to property adaptation and repair and maintenance. However, some older people will want to move to specialist accommodation. This may be for improved security, company, on site support or lower maintenance requirements. 40% of older adults now find themselves needing or wanting to move home at least once past the age of 65 years (including into residential and nursing care)[3] and a quarter of adults over the age of 60 indicated that some form of specialist housing would be their preferred future option of housing[4].

Our Adaptation service is located within the Housing Strategy and Enabling team, with good links to the Occupational Therapists and with the new Home Improvement Agency. The team works alongside the service for private landlord property improvements. The service manages demand within budget at present but with more property owners we should expect the demand for help with property adaptations to increase. Funding for the service, however, is likely to reduce as financial pressures continue to affect the Council.

The Home Improvement Agency in York is only two years old. The contract was awarded, by tender, to a local housing association. There are some issues about security of some of the funding, but it will be important to ensure sustainability of a service if we are to be able to help older people find ways to repair and maintain

[3] Bebbington, Darton, Netten, *Care Homes for Older People; Volume Two, admissions needs and outcomes.* 1995

[4] MORI : The Aspirations of Older People, 2004

their property. The service currently has good links with the Age Concern Handyperson scheme, and this is a link we would wish to preserve.

The balance of provision for sheltered housing is mainly within the social rented sector, with 33 schemes and 1700 tenancies receiving Supporting People subsidies. Within the whole social rented sector there is at least one scheme in each of the wards in the city, with the exception of Wheldrake, which has the second lowest number of people over 65 (380) according to the 2001 census. 17 schemes are managed by the Council, with a high proportion of those in city centre wards. 10 of these schemes have on site support during office hours. Five are dispersed property schemes. All have access to the Community Alarm scheme out of office hours.

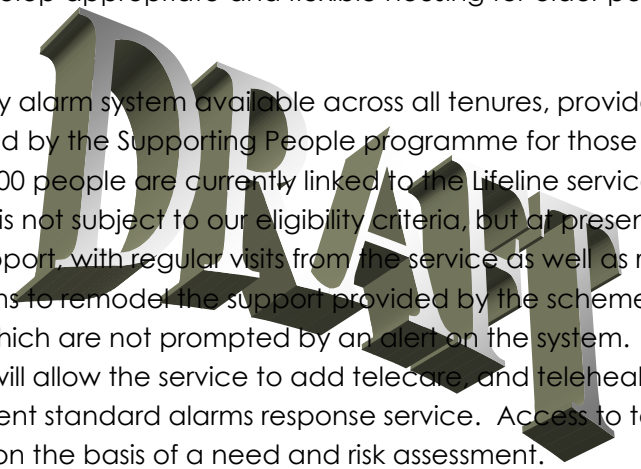
With the changes in tenure expected over the next 10 years, there may be over capacity within the rented sector. There are already some schemes which experience delays in filling tenancies, and the Council has recently decommissioned one of the hard –wired schemes, which was proving difficult to let. The scheme did not have an on site warden and had higher support charges than the Community Alarm scheme.

There are six extra care or very sheltered housing schemes within the city, and one retirement village with residential and nursing care available within the village. Four of the Extra Care schemes are Council owned. We have continued discussions with two RSL's to explore the possibility of adapting other sheltered housing schemes to provide additional extra care choices, to the north of the city in Huntington and New Earswick, where there are large numbers of older people, with over 20% living in social rented sector properties, but where the local authority holds no housing stock.

The Council is just embarking on a project to demolish 100 bungalows which would not easily meet Decent Homes standards. There is a commitment to ensure that these 100 homes are reprovided in the redevelopment plans, with new accommodation for older people incorporating innovative design, and best use of any new technology to help support people at home for longer. The Council is seeking to work in partnership to reprovide these homes.

There is a much smaller choice at present within the private 'to buy' sector. We hold and provide limited information about those schemes that do exist. We know of 9 schemes in York.

An interim Housing Market Assessment undertaken this year shows that York already is a net importer of pensioner households in respect of house moves. There are two major planning enquiries underway at present, the outcome of either could offer an opportunity to develop appropriate and flexible housing for older people.



We have a community alarm system available across all tenures, provided by the Council, and subsidised by the Supporting People programme for those on benefits and low incomes. 2,500 people are currently linked to the Lifeline service. Access to the lifeline scheme is not subject to our eligibility criteria, but at present it offers only one model of support, with regular visits from the service as well as response to alarms. There are plans to remodel the support provided by the scheme to reduce the monitoring visits which are not prompted by an alert on the system. The increase in capacity will allow the service to add telecare, and telehealth monitoring to the current standard alarms response service. Access to telecare services is likely to be on the basis of a need and risk assessment.

Help at home

Domiciliary care

We would expect that when the remodelling of home care services is complete we should have a service that is fit for the medium term future. All new referrals will be to the Rapid Response team, who will aim to increase the customers' independence and reduce the level of care needed beyond six weeks. Those who do still need help with personal care will be referred on to either a locality based team, (external provider) or if the needs are more complex to one of a number of specialist teams (in house provider), or if they need no personal care but do need support with daily living, to a Home Support Team. It is expected that the new service models and new contracts will offer savings to bring the budgets back in balance, after two years of overspending, and increase capacity to meet growing demand.

We have seen over the last two years that the introduction of a rapid response team has reduced the longer term care packages to a significant proportion of cases. Since the team was introduced around 62% of referrals from hospital and 45% of those from the community based Intake team have resulted in reduced or no care packages after 6 weeks. This finding had a significant influence on the development of the new home care service model

Although we can meet most of the assessed demand for home care through the current providers, there are issues about value for money from the in house services. Within the new commissioning arrangements there is a requirement that the amount of non – contact time funded within the in house services will reduce.

This will release capacity to meet growing demand, and at the same time bring the budgets back within planned expenditure.

The introduction of three locality based contracts will reduce the number of care providers that the Council places business with, but it will hopefully help to address recruitment and retention issues as the agencies will have guaranteed business.

CSCI's Local Authority Market Analyser indicates that domiciliary care agencies in York in general meet a higher percentage of the standards than the England average. Areas where there are lower than average scores are safe working practices, risk assessments and business premises.

Intermediate care and transitional care

We believe there is evidence that Intermediate Care services and the introduction of Transitional Care beds (which allow time to assess more fully whether someone could return home, or need residential care after a hospital admission) have contributed to the reduction in delayed discharges, referred to at the beginning of this chapter. An evaluation of the impact of the conversion of a decommissioned sheltered housing scheme to provide 29 intermediate care beds at Archways in 2004 had to be shelved because of cost and capacity issues. The PCT Financial Recovery Plan identifies a planned reduction of funding for the residential beds, from 40 to 24, and it is not clear what impact this will have on the whole system.

The current Intermediate Care services will offer a service to someone with mental health needs, if their primary need for rehabilitation is for a physical condition. There is interest in both the PCT and the Council in looking at whether a more specialist service for people with mental health needs would be beneficial.

Transitional care has offered older people, their families and care managers a service which allows them to be discharged from hospital safely and quickly when there are concerns that they will not be able to return to living independently at home. It allows time to undertake a more through assessment and explore any opportunities to provide care at home. The reduction in both delayed discharges and residential admissions shows this. The current provision does not offer a dementia service however.

Mental health services

It is clear that increasing numbers of older people with dementia will be a key pressure for the whole health and social care system. There are elements of service that are not fit for purpose now, and so we risk major issues over the next 15 years as the demographic pressure increases the demands for EMI services.

The Dementia North report in 2001 highlighted that there was a shortage in specialist residential and nursing home places in York, and a lack of specialist supported housing for people with dementia. There was very limited provision for social care respite, although the NHS provision was reasonable. There was only a small volume of social day care. Home Care was not available over a 24 hour period at this time and there was not a city wide specialist service available. Care pathways and services were not integrated across health and social care.

The report also suggested that there was an overprovision in NHS continuing care beds, and day hospital provision was higher than would be expected in a community focussed service. There was a high level of delayed discharges. In 2001 this was running at around 50. In 2006 the numbers are still high, but have reduced to around 35. This still means that care is not being provided in the best place, and it means that expensive NHS resources are not being used in the most effective way

Following on from the Dementia North report in 2001, there is agreement between the Council and the PCT that the current service patterns for older people with mental health problems would be improved if resources could be increased in community based care, and care pathways could be more integrated. Some of issues have been addressed in part since 2001, with the development of two Council homes to provide EMI care, the opening of a new nursing home with 40 EMI beds, and the development of overnight care and a city wide specialist EMI home care service.

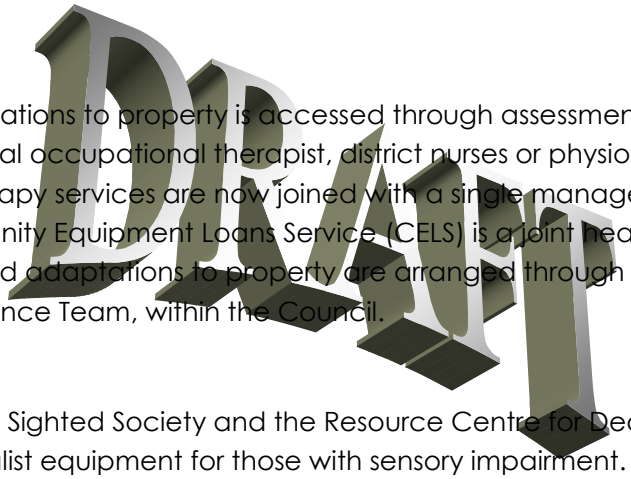
One Community Unit (CUE) has been decommissioned over the last year, and resources reinvested in one of the PCT's community teams, to provide more intensive and extended hours of support outside of hospital.

Work is continuing between the PCT and the Council to look at how further changes can be agreed and managed. There is an active debate on how to improve integration, without isolating mental health services from mainstream social care provision for older people.

As highlighted in the section on Intermediate and Transitional Care, there is the potential to develop both intermediate care and transitional care for older people with mental health needs. The services now in place do not exclude people with mental health needs, but do not cater for those whose primary need is mental health.

Equipment

We achieve good performance in the delivery of equipment, but demand for OT and equipment services is high and waiting times for an assessment can lead to delays.



Equipment and adaptations to property is accessed through assessment by either a community or hospital occupational therapist, district nurses or physiotherapists. The occupational therapy services are now joined with a single management structure. The Community Equipment Loans Service (CELS) is a joint health and social care service, and adaptations to property are arranged through the Housing Regulation and Assistance Team, within the Council.

York Blind and Partially Sighted Society and the Resource Centre for Deafened People provide specialist equipment for those with sensory impairment.

There are a number of retailers who sell aids to daily living within the city. Our links with these providers is limited at present.

In 2005/6 94% of items of equipment and adaptations were delivered within 7 working days of the order being placed, and the average length of time waiting for minor adaptations from assessment to work beginning was 1.4 weeks. Major adaptations took on average 22 weeks. Times taken for adaptations was an improvement on previous years, with the time taken reducing from 5 weeks and 36 weeks.

There are discussions ongoing on how to revise access to services and whether the development of a Centre for Independent Living should include a demonstration centre and web-based access for individuals, to provide better information about what is available and what it can provide help with. The Council has made a bid to the Department of Health for funding to develop self assessment for more simple equipment, to free up time to reach the more complex assessments quicker.

Day care services

The Best Value Review identified five years ago that capacity within day care services needed to be increased by 10%, based on the demographic projections of a 10% increase in population between 2000 and 2005. This is the one area from the Review that has not been acted upon, because of capacity issues and other priorities

We know there are quality issues with the day care, provided in our residential homes for up to 70 people a day. The care is not adequately resourced, with only two homes having dedicated space within the home for day care customers and does not meet CSCI standards. Customers are kept safe, and the service provides respite for carers, but the range of activities is limited.

The Dementia North report highlighted the gaps in service for social day care for people with mental health needs, and the overprovision of day hospital places. The PCT have worked with Age Concern' to provide more social day care in the CUEs, and day care is now provided 2 days a week at Beckside in Fulford, for up to 8 people a week but there is still a limited availability of day care for people with EMI needs.

Day clubs within the voluntary sector are popular but are increasingly finding they cannot meet the care needs of those who attend or wish to attend. Approximately 1015 customers a week attend clubs run by Age concern and APS. Some day clubs have vacancies a well as waiting lists, because they cannot always provide transport for those who need it

Support to Carers

Of the 607 carers identified in the year to March 2006 as carrying out substantial and regular care, only 86 accepted a separate assessment of their needs.

Even at this low level there are reports of delays in the assessment process for carers, and this will need to be addressed if we are to reach and support carers at the right time to offer support.

The level of carers' assessments is expected to increase this year, with the number completed by the end of August already exceeding the total for last year. The introduction of a Direct Payment scheme for carers has been very popular, with over 40 people using the option between April and August 2006.

Carers have said they would like more services to be available to provide respite care within their own homes. We have begun to address this is in a small way with additional hours in the overnight care team specifically for carer support

Direct payments

We have a very low take up of direct payments. The 2005/6 PSS survey asked older people about direct payments. The main reason preventing people from using direct payments was because they did not understand what direct payments is

about (29%), with 13% saying they thought it would be too much hassle to apply. However 28% said nothing would prevent them.

Heath care

In order to deal with the growing demand on secondary care of people with long-term conditions, Selby and York PCT have developed multi-professionals teams (MPT) to provide a proactive and targeted approach to the management of individuals with ongoing health needs. Currently there are four MPTs across the PCT locality each consisting of a Community Matron, Physiotherapy and Occupational Therapy. The role of the Community Matron provides a means to intervene and prevent unplanned admissions through effective case management of those deemed at high risk.

A business case has been considered for a Falls Co-ordinator post in York, but it has not been possible for the` PCT to fund this initiative

Residential and Nursing Care

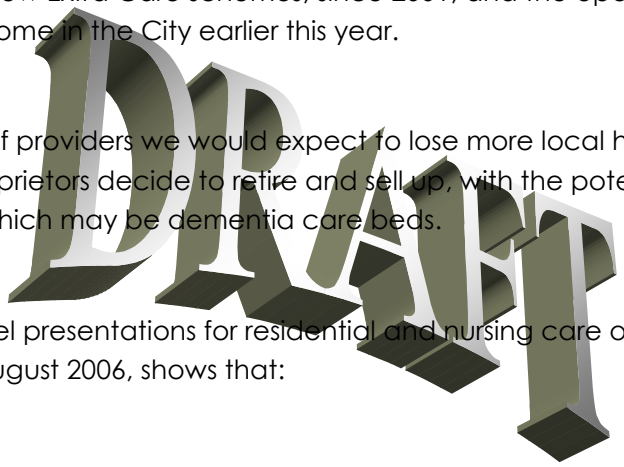
There are 17 Registered Care Homes in York, with a total of 575 beds. 9 of the homes are run by the Council. Four homes offer 91 beds for EMI care, including one CYC home. The Council is in the process of adapting a second home to provide specialist EMI care. Four other CYC homes provide specialist care alongside standard beds: one home currently has an Intermediate Care Unit, and three homes provide 'high dependency care', with additional input from community nurses to support care staff. The Intermediate Care Unit has been funded by the PCT but funding is to be withdrawn as part of the PCT's Financial Recovery Plan.

Nearly a half of the total residential beds in the city are provided by CYC. This is higher than some other local authorities, but it has provided a balance within the market when the independent sector has been more vulnerable, and has provided the opportunity to develop more specialist services with support from health professionals.

There are 13 registered nursing homes in the City, offering 695 beds, 254 of these for Emi care. 8 beds are registered for palliative care.

The Best Value Review anticipated that admissions to residential homes would decrease, but that those who need residential care would have increasingly complex needs. We have reduced from 113 admissions to residential care in 2001 to 75 in 2005. The highest demand is for EMI and 'high dependency' care.

We have lost capacity from the market over the last six years, in both residential and nursing care, with approximately 170 beds lost since 2001. This loss of capacity has been addressed through the reduction in numbers of admissions, the development of two new Extra Care schemes, since 2001, and the opening of one new 80- bed nursing home in the City earlier this year.



From our knowledge of providers we would expect to lose more local homes in the next 5-10 years, as proprietors decide to retire and sell up, with the potential loss of 50-60 beds, some of which may be dementia care beds.

An analysis of the Panel presentations for residential and nursing care over the two years August 2004 – August 2006, shows that:

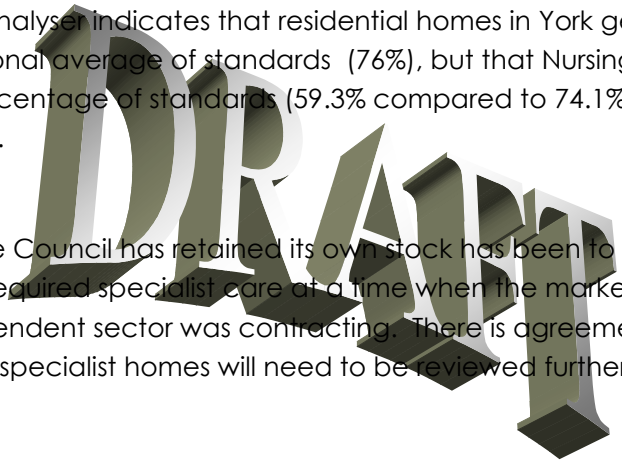
- 31% (109) were primarily because of dementia concerns.
- 15% (52) were referred following strokes, and
- 11% (38) following falls.
- A further 31 people had confusion as a secondary issue, and
- A further 35 had secondary concerns about falls.
- 6% (21) were suffering from Parkinson's disease, and
- 6% (21) had mental health needs linked to depressions and anxiety.
- 50 of the 343 people considered had carers who were unable to cope. 16 of these were either ill or disabled themselves. And 11 were caring for people over 90.
- 12 people were diagnosed as needing terminal or end stage care, and 45 had to move from one home to another because their needs had increased.

Although we have adapted one of our homes and are in the process of adapting a second home to provide specialist EMI residential care, we struggle to find residential placements for people with dementia. There are over 35 people waiting in the community and in non acute hospitals for placements. As a result the equivalent of one further CUE (NHS provision) is being used for inappropriate care, at a much higher cost than necessary.

We currently have a waiting list of 9 people needing 'high dependency care' which allows people who do not need frequent nursing interventions, but do need for example two carers to provide frequent care tasks, to remain in residential care. It is planned that the capacity released by decommissioning of the Intermediate

Care beds at Grove House will be used to develop additional High Dependency beds therefore.

CSCI's Local Market Analyser indicates that residential homes in York generally meet around the national average of standards (76%), but that Nursing Homes in York meet a lower percentage of standards (59.3% compared to 74.1% nationally) than homes nationally.



One of the reasons the Council has retained its own stock has been to ensure that we can develop the required specialist care at a time when the market was fragile, and the independent sector was contracting. There is agreement that the future roles of the non specialist homes will need to be reviewed further.

The Council funds only approximately one third of the available independent sector beds within the city. There is a strong self funding market, and fee levels are higher than the regional average. Many independent sector homes will now accept City of York Placements only with a third party top up. York pays on average at the lower end of the regional average for fees. However the market rate for York is similar to areas in the south of the country, rather than the regional average for Yorkshire and Humber.

Increasingly this means that the level that York will fund for supported placements is below the fee charged by a home. This is limiting choice for some older people, if they cannot fund 'top-ups'. We are working slowly towards achieving a 'Fair Price for Care' having used the model from William Laing[5] to agree a local model with our local provider representatives, and will need to continue to do so.

However the in house unit costs are still higher than the fees we pay for residential or nursing care and so we will need to keep in mind whether these costs can be reduced, or whether there are more cost efficient ways to deliver the specialist services that we are now providing within our homes.

Workforce issues

All providers struggle to recruit and retain staff. Competition over wage levels with other sectors, including retail and call centres mans that it is not easy to attract and keep staff.

[5] Calculating a fair price for care: A toolkit for residential and nursing care costs by William Laing 2004 The Policy Press

Over the next ten – fifteen years the demographic profile of York suggests that it will continue to be difficult to recruit staff. The working age population in the city is expected to decrease, as the older population increases. We know that our current workforce has a high proportion of people close to retirement age and so turnover is expected to be high in the next 3 years.

York also has a shortage of affordable housing. The cost of accommodation in the city adds to the difficulties in recruitment and retention, as it is difficult to recruit a workforce in to the city if housing options are limited. It is a corporate priority to increase the affordable housing options within the city, but current estimates suggest that the authority will struggle to fully meet demand.

Just as it is difficult to recruit and keep paid employees within the sector the voluntary sector also faces issues recruiting sufficient volunteers. There is a shared ambition with the voluntary sector to increase the contribution the voluntary sector makes to the well being of older people, but this will need capacity within the sector to be supported and increased

Responses

Therefore, it will be essential to make more effective use of the workforce available, and to ensure that there is no duplication of effort between services. Wage levels are already higher than some locations within the region and are likely to continue to rise as the available workforce reduces. Effective management of the workforce issues, and continued joint working with all providers and the Economic Development Unit for the city will need to be part of our commissioning activity

A number of residential and nursing care providers have recruited from other countries to fill the staff and skill shortages they face. This approach is understandable, but brings with it additional training needs, to ensure that standards can be met and maintained, and that communication between staff and residents is not compromised.

Summary of service analysis

- We have a good range of popular preventive services in the City, provided mainly by the voluntary sector. The lack of a Prevention Strategy means that sustainability, equitable access and capacity issues are not addressed systematically.
- We have an increasing lack of capacity in voluntary sector provided day clubs, this is exacerbated by the lack of transportation.

- There are some good health promotion programmes run by the PCT but we know these need to be improved and extended to encourage more physical activity, and thus improve health and well being.
- We have limited knowledge about the impact and outcomes from many community health interventions, but we know there are not sufficient podiatric interventions to meet demand.
- We have seen an increase in demand for property adaptations.
- York has a large supply of sheltered housing within the social rented sector, and there may be some over capacity, but the choices are limited for owner occupiers if they want specialist accommodation. The Council's warden call service offers an inclusive service to all tenures however, and is well placed to provide a first response service to new telecare clients.
- Extra Care developments have helped to reduce the number needing residential care, but these developments have so far been primarily in Council owned stock. There are areas of the city with high numbers of older people and no local extra care resource, and the options for owner occupiers/self funders are very limited.
- We believe that our reconfigured domiciliary care services will release capacity and funding, and ensure that older people are helped wherever possible to regain self care skills and independence but receive a service best suited to their needs if they need long term personal care.
- Intermediate Care bed provision is set to reduce over the next year, but together with the transitional care beds the service has contributed to very low levels of delayed discharges from the acute hospital. Further work is planned with the PCT look at both step up and step down services.
- Mental health services are not yet configured in the most effective way to deliver community based care and support, nor to make best use of the resources invested in mental health services. Consequently this means that for this particular group of older people we see that there is limited provision in transitional care, specialist residential and nursing home care, a lack of supported housing, limited social care respite, and small volumes of day care, a lack of 24 hour home care and a lack of a city wide specialist. Additionally we see a lack of integrated services across health and social care.
- We perform well in the delivery times for equipment, but could improve the waiting times for assessments.
- Day care services are overdue a comprehensive review. We know there are quality issues in some of the services we provide and we know some people are not able to access services because we do not have the right support in place.

- There is still a lot of work to do to ensure that carers needs are understood and met. If we do not do this we risk not supporting as many older people as possible to stay in their own homes for as long as possible.
- Demand for, and capacity within, the residential care sector is reducing. The pressures within the sector are for EMI vacancies, and 'High Dependency' residential care, and this is where City of York Council have been focussing development of their role within the market.
- There are high unit costs for in-house residential provision
- There is an overprovision of NHS continuing care and day hospital provision
- We predicted that there will be an on-going loss of capacity in residential and nursing home beds, particularly dementia beds
- A high proportion of those needing residential or nursing care are self funders.
- All services are already struggling to recruit and retain staff, and this is likely to continue to be the case.

Further Supply Data to be identified and the contribution this will make to the commissioning strategy

We believe that the above analysis helps us to form a good position statement on our existing service provision. However, in order to conclude our assessment of current services we will continue our evidence gathering to help us to form a view on the following:

- Do we have a good balance of service providers? For example, the independent and "third sector", large and small providers.
- Are our services suitably distributed geographically?
- Can we identify good examples of innovative service design and delivery and are they effective?
- Are our services "good quality" and do they provide value for money?

We feel that this work has been a first attempt at forming this picture and we acknowledge that we will need to re-visit this area if we are able to improve the quality of our analysis. For example we would like to look at each service and form clear statements about what quality is to be expected, on what is that based and how is it to be tested. Is there clarity about what the service is trying to achieve and is this based on outcomes or outputs? Therefore, we intend to pursue the following areas for evaluation:

- What are the best practice models of care and support in the community for older people with dementia across England, Scotland and Wales in the following service areas:

  - Home Care
  - Extra Care and Specialist Housing
  - Day Care

- What services/interventions for people with dementia extend an individual's stay in the community – for how long? How much do these cost? Who should they be aimed at?
- What are the current advances in medication and technology for older people with dementia and what is the affect of such?
- What do carers need/ want to enable them to continue with their caring role?