

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

15th January 2007

Report of the Director for Housing and Adult Social Services

Long Term Commissioning Strategy for Older People in York

Summary

1. This report informs the Executive Members for Housing and Social Services and the Advisory Panel of the development of a long term (10-15 year) commissioning strategy for older people and seeks agreement to the framework for the development and delivery of this strategy.
2. In particular Members are asked to agree that the strategy is developed further, in consultation with all stakeholders, to produce an implementation plan with clear objectives for reshaping services, initially for the next 3-5 years, supported by a financial commissioning plan.

Background

Strategic context

3. A long term commissioning strategy for older people has been developed with the support of the Department of Health's Better Commissioning Learning Improvement Network, with input from the Institute of Public Care at Oxford Brookes University. Three local authorities took part in the project to develop long term commissioning strategies – City of York Council, North Yorkshire County Council and Leeds City Council.
4. There is a growing emphasis on the strategic commissioning role of both local government and health agencies. Changing services takes time; time to plan; to identify investment opportunities and funding; and time to develop new models and pathways. If we can identify now the changes needed over the next 10-15 years, we can produce the required financial plan to achieve these, give clearer messages to providers to enable them to take up the challenge. And we can plan with older people how they can continue to shape the services for the future.
5. We are now at a watershed, with a need to address an anticipated large increase in demand for support by older people, and an opportunity through the framework provided by the Government's White Paper 'Our health, our care, our say'. This strategic Commissioning strategy will put us in a position to work with our partners to address these challenges.

6. A recent CSCI publication 'Relentless Optimism: Creative Commissioning for Personalised Care' says, "Commissioning is at the heart of effective social care. It offers the opportunity to transform people's lives through better services"
7. 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.
8. 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.
9. Aspirations about the way of people want to be helped are already changing. Older people will expect to have more choice, they will want to take more control than they currently have, 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.
10. The Government's White Paper 'Our health our care our say' (2006) reinforces what older people have been telling us for some time. The White Paper sets a new direction for community health and social care services to offer more choice, flexibility and independence. The goals of the White Paper are not exclusively for older people's services but they should underpin this commissioning strategy, and will provide a good framework against which to reshape services.
 - Better prevention and early intervention for improved health, independence and well being
 - More choice and a stronger voice for individuals and communities
 - Tackling inequalities and improving access to services
 - More support for people with long term conditions
11. The Government has been clear that the aims of the White Paper cannot be achieved overnight but has set out in 'Our health, our care, our say: making it happen' a 'road map', which shows what implementation of the White Paper will look like. For older people's services this road map includes:
 - A reduction in the prevalence of damaging underlying determinants of health (e.g. smoking and obesity) and associated service usage.
 - A shift in resources and in planning emphasis to prevention and early intervention, supported by robust cost-benefit analysis
 - Increased self care and condition management among service users
 - More people who need care being supported to live in their own homes
 - Service users and their carers having more say over where how and by whom their support is delivered and better access to information that helps them make choices about this

- Individuals and their communities being able to influence the shape and delivery of local services and to trigger action to look at problems
- People using services being more satisfied with their overall experience of care
- More services provided in the community through:
 - Promoting emotional health and well being and preventing physical and mental illness
 - Appropriate support on discharge from hospital
 - Better support at home, using new technologies to prevent unnecessary admissions to residential or hospital care
 - More services moving out of acute hospitals
- Improved range of services for urgent care
- Local health and social services communities working together to understand and address inequalities.

12. In 2005 the Older People's Strategy 'Never Too Old' was developed jointly between the Older People's Partnership Board, City of York Council and Selby and York Primary Care Trust. The strategy sets out priorities for older people locally. It anticipated, and reflects, the national agenda in the themes and outcomes that older people in York want to see:

- Power and Control
- Staying Healthy
- Independence
- Planning for the Future.

13. There are specific objectives in the Local Area Agreement relating to Healthy Communities and Older People. These are to:

- Reduce inequalities in health and the determinants of health;
- Reduce the incidence/impact of CHD, respiratory disease and cancer;
- Reduce the number of people who smoke;
- Improve the overall physical activity level within the city;
- Reduce levels of obesity
- Help more older people to live independently in their own home;
- Reduce the number of falls suffered by older people;
- Increase the number of carers who are supported by statutory and voluntary agencies

Development of the commissioning strategy

14. Strategic Commissioning is an approach that looks at the whole needs of the local population and the services that are available to meet these needs. It seeks to forecast future demand for services and identify the gaps in the services and processes to meet these future demands. It looks at how a range of different investments and influences could be brought to bear to benefit the population. Strategic commissioning works at a higher level than traditional commissioning activity, but will be supported and delivered through more traditional, detailed commissioning plans.

15. To date we have been able to undertake a review and analysis of information on needs. This includes demographic information available from census data;

prevalence and incidence of key health conditions, available from local and national public health reports; and information about the customers we know and their assessed needs for current services.

16. We have also reviewed the information on current services, looking at quantity, cost and quality issues. Our information is best for the services we directly fund.
17. We have looked at demand forecasting and we have begun to analyse the gaps that we can anticipate as a result of the expected future demand and the aspirations of older people, against the service pattern from which we are starting. Some of this work has been less robust than we would have liked, as it became clear that our information is not robust in some areas of the analysis. However there are already some good indications of where there will be 'hotspots' if we continue with our current service models, as well as clear indications of where we need to improve our understanding of issues.
18. This is not yet a joint commissioning strategy with local health services. It has been developed in consultation with the Selby and York Primary Care Trust (PCT), but commissioning strategies and plans have continued to be developed in parallel to date. The restructuring of the PCT to form a new North Yorkshire and York PCT has meant that there has been a period where engagement from the health commissioners has been difficult. It is hoped this will change, with the appointment of new Directors at the PCT. National guidance on a joint commissioning framework for health and social care was issued for consultation in December 2006, and this will be a key item for discussion and agreement with the Directors in the new North Yorkshire and York Primary Care Trust. There are potentially many benefits that can be gained for a more joined up approach to commissioning. Ill health and disability are key factors in social exclusion and the need for people accessing social care services, and delivery of the White Paper outcomes will not be possible without more integrated working
19. Within the strategy there are information gaps, which will require us to think about what information we collect and how we can improve on this.
20. Further work is needed to define more fully the likely volumes and locations where services are needed. Funding opportunities and costs will need to be detailed in order that implementation plans can be proposed to develop the service changes that are required. Further work is also needed to ensure that the outcomes we seek to deliver are reflected in the way we specify, contract for, and monitor, services.
21. Procurement of services for those that we have responsibility for is just one part of commissioning services for the community. We will also need to look at how we influence and support the development of the right services beyond this. Universal services can be made more accessible and responsive to older people's needs. Community and voluntary services can provide a range of support and opportunity for engagement. Housing options need to be available across all tenures

Consultation

22. This strategy has drawn heavily on the vision and outcomes agreed through a Joint Older People's Strategy, 'Never Too Old', drawn up by the Older Peoples' Partnership Board in 2005. The joint strategy was drawn up with extensive consultation with and involvement from the Older People's Assembly in York.
23. Further consultation has been undertaken in the needs and service mapping analysis with both the Older People's Assembly representatives, and with other stakeholders. This has included:
- Representatives of private and voluntary sector provider organisations
 - CSV York
 - Selby and York Primary Care Trust (prior to reorganisation)
 - Selby and York Mental Health team
24. All stakeholders have been very positive about the development of the strategy and are keen to influence it as it develops. The messages that have emerged so far have been shared and have met with general approval and interest.
25. There are plans to involve all of these stakeholders in the more detailed work needed to develop a way forward and an initial 3-5 year implementation plan.
26. Consultation with customers is one of the areas that the analysis so far has identified will need to be improved. Whilst we do survey and record customers and carers feedback on services we do not yet have a robust approach which can help us identify if there are any areas where services or responses could be changed to deliver better outcomes.

Options

27. **Option 1** - Would be to aim to continue providing services in the same way, but increase capacity and funding to meet growing demand. This option is unlikely to meet the challenges of the Government's White Paper, and is unlikely to meet the vision contained within the joint strategy for York Never Too Old. It is unlikely that funding will increase in line with demographic growth to make this option affordable.
28. **Option 2** - Alternatively we should embark on a longer-term programme to reshape services and to target interventions where they are most needed and most effective. This will include a new emphasis on prevention and inclusive services, which offer control and choice and which allow statutory services to focus on those with the most complex needs.
29. Specifically work will be needed to:
- a) Develop a joint commissioning framework with the Primary Care Trust, aimed at providing services and interventions that will allow greater integration and links with PCT services. This will probably be around GP surgeries and community health localities and will include long term conditions, rapid response and out of hours services.

b) Work with users and carers, and providers in the private and third sector to agree a way forward and develop a commissioning plan for the next 3-5 years.

c) Progress with the agreed Accommodation and Support Strategy and the Older People's Housing Strategy to ensure best use is made of current resources, and housing choices continue to be increased including for owner occupiers.

d) Develop the use of Assistive Technology and explore ways to maximise its use with the Primary Care Trust to offer older people more independence and dignity, and release resources from current health and care provision and thus create capacity to meet growing demand.

e) Develop a Prevention strategy that will look at how community networks and universal services can be developed and supported to reduce isolation, enable access to practical support and ensure that new care delivery models, such as Assistive Technology, do not leave people without company and social interaction, To ensure good signposting and access to preventive services, which can help improve and sustain health and well-being.

f) Develop commissioning and contracting arrangements that will focus on outcomes for customers and deliver new models of care that are compatible with the use of individual budgets or Direct payments

g) Working in partnership with residential and /nursing providers to ensure a secure market.

30. Key challenges in achieving this will be to provide imaginative and flexible support to ensure that carers are helped to continue supporting friends and family, and to develop services that can better support older people with dementia to remain longer in their own homes.

Analysis

Key messages from needs analysis

31. We can expect the population of people over 65 in York to grow by 31% over the next 15 years, an additional 9540 people over 65 by 2020. Of these 4644 will be over 75.

32. Dementia will affect around 700 more people within the next 15 years.

33. Physical and sensory disabilities can be expected to affect an additional 6,000 people within the next 15 years.

34. We currently offer social services to around 40% of the population expected to have a physical disability, and around 14% of those with dementia, based on prevalence rates. If our current service provision continues at the same level these increases in population and associated needs will mean an additional 105

people could require services because of dementia, and an additional 2322 because of disability by 2020. Around 433 of these additional customers could need residential or nursing care, based on our current service delivery ratios.

35. If we were to continue providing the current pattern of community based and residential and nursing home care services to the increasing numbers of older people the additional costs to the Council would be £7m per annum by 2020 – an increase on the expenditure in 2005/6 of 43%.
36. An analysis of the reasons why older people were considered as needing residential and nursing care over the last two years shows that the highest number were because of dementia and confusion (31%). 15% needed care following a stroke, 11 % because they were falling at home. 6% were diagnosed with Parkinson's disease and 6% were experiencing serious anxiety or depression. Any plans to keep more people at home for longer will need to look at how these needs can be better met within the community.

Key messages from service mapping

37. We have a good range of popular preventive services in the City, provided mainly by the voluntary sector. Continuity of funding is an issue for many of these services. The lack of a Prevention Strategy means that sustainability; equitable access and capacity issues are not addressed systematically.
38. Extra Care developments have helped to reduce the numbers 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 are very limited.
39. We believe that our new model for 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.
40. 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.
41. Older Peoples' 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.
42. Whilst the flexible carers budget is proving very successful 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.
43. 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. A high proportion of those needing residential or nursing care are self funders (around two thirds).

44. All services are already struggling to recruit and retain staff, and this is likely to continue to be the case.

Corporate Objectives

45. The development of a long term commissioning strategy for older people will help to deliver five of the Council's 13 priorities:

- Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.
- Improve the quality and availability of decent affordable homes in the city
- Improve our focus on the needs of customers and residents in designing and providing services
- Improve the way the Council and its partners work together to deliver better services for the people who live in York
- Improve efficiency and reduce waste to free-up more resources

Implications

46. The commissioning strategy will have the following implications:

Financial

47. There are no immediate financial implications at this stage of the strategy development. The following table however summarises the financial implications of the growth in numbers of older people should service models stay the same as they are currently. This does not allow for inflation or any additional real term costs to provide services, such as those assumed in the Wanless report of 2005 'Securing Good Care for Older People', which suggested there will be a real term annual increase of 2% in the costs of services for older people over this period.

Service	Customers supported 2004/ 2005	Cost £m	Projected customers 2020	Projected cost 2020 £m
Home care	2120	6	3108	8.9
Residential/nursing care	995	9.5	1428	13.6
Total	3135	15.5	4536	22.5

48. If services are to be reshaped in line with the objectives of the White Paper and the local strategy Never Too Old there will be future proposals to release and reinvest current investments to develop new services. If Members agree to the further development of the strategy it is proposed that a more detailed financial plan will be produced by the summer 2007.

Human Resources (HR)

49. There are no immediate HR implications. If services are to be reshaped there may be HR issues in the future. These will be identified and addressed once an Implementation Plan is developed.

Equalities

50. The Commissioning Strategy will have at its heart a need to ensure equitable access to services for all older people. The strategy specifically looks at the needs of older people with a disability, who, with their carers, are most likely to need the support of social care services. More choice and control will ensure individual needs and preferences can be better provided for. This will be the same for elders from ethnic minority groups, where the numbers in any one group are still low and not suggesting the need for specific services for any one community. Population changes will need to be monitored over the next 15 years, to identify if this position is changing over time.

Legal

51. There are no legal implications

Crime and Disorder

52. Older people often fear crime. There are no specific recommendations at present with respect to this, but it is anticipated that the development of a preventive strategy and support will help to address these fears and enhance well-being.

Information Technology (IT)

53. It has become clear during the development of the strategy that we and many other local authorities do not currently collect and analyse information in a way that best supports strategic commissioning needs. This is part of the reason why there are some gaps in the information within both the needs and the services analyses. In preparation for the implementation of the new Social Care Information system work is planned to look, with the Institute of Public Care, to identify the commissioning information requirements so that new IT systems can better address these.
54. As the strategy is developed and delivered there will be new information requirements. Greater integration with health services will require more information sharing. This is already identified within the Department's IT strategy. Information sharing arrangements for preventive services will need to be explored.

55. As service models are reshaped there will be further impacts on the information systems. These will need to be scoped as change is planned and implemented.

Property

56. There are no property implications

Other

57. There are no other implications at this stage in the strategy development

Risk Management

58. The growth in numbers of older people bring significant risks in relation to both the capacity to meet the needs of those who require support and care, and the costs of doing so.
59. Option 1 (maintaining current service models and increasing capacity) will do little to manage these risks, and we would need to plan to source and fund the additional care for over 2400 additional individuals at a potential cost of an additional £7m. With workforce pressures not expected to ease, this is unlikely to be feasible. Further risks would be that the Council would fail to meet future Government targets, in line with the White Paper objectives, and the pressure on the health service will also be unsustainable. Planning to address these issues on a traditional 3-5 year cycle could address some of the issues as they arise, but would mean that opportunities for change may be lost and responses will be more reactive to actual problems and less effective.
60. Option 2 (developing a long term strategy) offers more opportunity to manage the risks. Capacity and costs are still likely to grow, but if services are reshaped and aligned with health provision there will be a greater opportunity to reduce the level of dependency on the most costly services for complex needs, as well as to maximise people's independence. There is a risk that the delays in being able to engage the PCT will reduce the opportunities for joint commissioning of services, and there are risks that our current information does not fully allow us to understand the demands, or to shape the way the market develops. These risks can be managed by ensuring action is taken now to address both issues.

Recommendations

61. That the Advisory Panel recommend the Executive Members to agree Option 2 which recommends embarking on a longer-term programme to reshape services for older people in York and to target interventions where they are most needed and most effective.
62. Reasons:
- i) Government messages are clear that strategic commissioning should become a core activity for both local authorities and health.

- ii) There will be major challenges in the next 15 years to meet the needs and aspirations of the growing older population in York.
- iii) Government policy and local strategy has identified that the current service models need to change to meet these major challenges.
- iv) It is essential that we engage user and carers, providers and other stakeholders in identifying the way forward and the long term commissioning strategy will help that dialogue develop.

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29/12/06

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

All

For further information please contact the author of the report

Background Papers:

'Our health, our care, our say; a new direction for community services'. Department of Health 2006

'Our health our care our say: making it happen' Department of Health 2006

'Never Too Old' Joint Strategy for Older People York Older People's Partnership Board 2005

Annexes

City of York Council Draft Long Term Commissioning Strategy for Older People –

- Needs Analysis – Annex 1
- Service Mapping – Annex 2
- Gap analysis – Annex 3

[Please note that the above Annexes are available to view on the Council's website. Copies are available, if required, from Democratic Services – contact details at the foot of the agenda frontsheet)]