

The wider context for change - overview of reasons for change in Home Care and EPH provision

1. Demographic change and growth in demand

The York Long Term Commissioning Strategy for Older People (2007) projected:

- an increase of 60% in the number of people over 85 by 2020 (2,300 more people over 85)
- an increase of 1,150 in community care packages and of 268 residential and nursing placements by 2020

These projections were based on the assumption that:

- over 85s are more likely to need support from health and social care services
- services continued to be provided in the same way

1.1 The table below shows the predicted increase of people needing care and support at home as well as going into residential and nursing care in York. This indicates an overall increase of 24% from 2009 to 2030 and a year on year increase of 7.4% (average) for both these provisions. These projections are based on the current use of services. The way we meet these needs should be changing, as we transform social care services and implement the Putting People First agenda. The information in the table below is as reported by Projecting Older People Population Information (POPPI) and is likely to be a conservative estimate as CYC actual data, as stated in the column to the left, for 2008/2009 is higher in all instances.

	Actual 08/09 ¹	Projection				
		2009	2015	2020	2025	2030
Number of older people helped to live at home	3,095	2,863	3,276	3,522	3,838	4,207
Number of households receiving intensive home care for people aged 65 and over	292	240	275	295	322	353
Number of older people receiving community-based services provided or commissioned by the CSSR (Council and Social Services Responsibility)	4,449	4,131	4,727	5,082	5,538	6,070
Total number of older people in residential and nursing care during the year, purchased or provided by the CSSR	1,016	948	1,085	1,166	1,271	1,393
Number of older people admitted to supported permanent residential and nursing care	233	227	259	279	304	333
Number of carers aged 65 and over receiving services	234	205	235	252	275	301

POPPI (November, 2009), DoH

¹ Data source from RAP 2008/2009

2. Financial pressures

- The figures from the 2007 Long Term Commissioning Strategy projected additional costs of £4.4m by 2010 to meet the care needs of older people rising to £10.7m by 2020.
- The growth in HASS expenditure in these areas since 2007 reflects this upward trend. In the Quarter 2 Monitor report it is projected that the adult social care budget could overspend by approximately £1.1m despite savings of £800k during the course of the year.
- The current and future national economic environment that CYC is operating in is one where reduced investment in public services is anticipated. This adds to the imperative for HASS to contain its costs by seeking efficiencies and investments that reduce demand.

3 Strategic challenges

- 3.1 The projects will take into account the push to decrease the number of people who need to access residential care by providing more preventative solutions (such as creative use of assistive technology), investing in improving people's health (through re-ablement and intermediate care) and extending the range of options in the community (through increased use of personal budgets, availability of extra care housing etc.). This will shift services to be more in line with what people have said they want in the future and should also achieve some savings given the comparative costs of residential and community care packages.
- 3.2 The need for this direction of travel is reinforced by a recent report from the Department of Health "Use of Resources in Adult Social Care" which highlights best practice and compares how councils use their resources to meet care needs. For example, this shows that in York we are spending more proportionately than the average council on residential care for older people as compared to community care alternatives.
- 3.3 The projects will also need to be seen in the context of how they fulfill key national and local strategies that include:
 - Our Health, Our Care, Our Say – White paper 2006
 - Transforming Adult Social Care LAC (DH) (2008)¹
 - Shaping the Future of Care Together - Green Paper 2009
 - City of York Long Term Commissioning Strategy for Older People 2006-2021
 - York HASS Directorate Plan 2009/10 – 2011/12
 - More for York Programme
- 3.4 The vision for the development of significant changes to the way that services are provided is shaped by four main factors:

- ❑ changing expectations of older people and the wider community about the type of care services that they want - with a focus on the desire to live independently in the community
- ❑ the need to increase CYC's capacity to address the growth in demand without unaffordable escalation of expenditure
- ❑ the delivery of services should be from the provider that offers the best value to the citizen and customer in terms of cost, quality, access and effectiveness
- ❑ the Council should only deliver services directly where it can demonstrate it is best placed or it is more appropriate for it to do so.

4. Immediate Service challenges

- 4.1 The existing portfolio of CYC in-house residential provision no longer matches demand or expectations across the board. As at 30th September 2009 there were 23 vacancies in CYC EPHs but a waiting list for specialist places for older people with mental health problems. These vacancies are significant and are clearly a drain on resources. The provision of residential care needs to be re-aligned to supply more of what people need ('specialist' care) and less of what is no longer in such demand ('standard' care).
- 4.2 As the council's re-ablement service is relatively early on in its development timescale it is not currently demonstrating sufficient outcomes for customers (i.e. ceased or significantly reduced packages of care following 6 weeks of intervention) and it does not have sufficient capacity to meet all demands. This necessitates the provision of ongoing packages of support on leaving the service. Consequently, there is a waiting list of customers for re-ablement and a number people are not moving on quickly enough to ongoing packages of community care due to lack of overall home care capacity.

5 Conclusion

The demographic, financial, strategic and service drivers all point to a pressing need for significant changes in the focus and nature of residential and community care services.