**Notice of a public meeting of**

**Health Overview & Scrutiny Committee**

**To:** Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Douglas, Hodgson and Watson

**Date:** Wednesday, 25 March 2015

**Time:** 5.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

## A G E N D A

**1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

**2. Minutes** (Pages 3 - 12)
To approve and sign the minutes of the meeting held on Wednesday 18 February 2015.

**3. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 24 March 2015** at **5:00 pm**.

**Filming, Recording or Webcasting Meetings**
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**4. Chair's Report-Health and Wellbeing Board** (Pages 13 - 18)
This is one of the regular update reports provided by the Chair of the Health and Wellbeing Board agreed as part of the working protocol between Health Overview and Scrutiny Committee and Health and Wellbeing Board.

**5. Residential, Nursing & Homecare Services-Quality Standards** (Pages 19 - 26)
This six monthly monitoring report provides details of the performance by York based providers against Care Quality Commission (CQC) standards and the Adults Commissioning Team's Quality Assessment Framework together with details of the CQC's approach to the regulation and inspection of care homes.

6. **Supporting Older People Scrutiny Review** (Pages 27 - 78)
**Interim Report**
This interim report presents details of the work carried out to date by the Task Group appointed to undertake the Supporting Older People Scrutiny Review.

7. **Older Person's Accommodation** (Pages 79 - 176)
This report puts into context changes to the Council's Elderly Person's Homes programme.

8. **Urgent Business**
Any other business which the Chair considers urgent.

**Democracy Officer:**
Name- Judith Betts
Telephone – 01904 551078
E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

**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)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

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

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

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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# Agenda Item 1

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

| | |
|---|---|
| Councillor Doughty | Member of York NHS Foundation Teaching Trust. |
| Councillor Douglas | Council appointee to Leeds and York NHS Partnership Trust. |
| Councillor Funnell | Member of the General Pharmaceutical Council<br>A Non Executive Member of Be Independent<br>Member of the York Health and Wellbeing Board's Mental Health and Learning Disabilities Partnership Board. |
| Councillor Hodgson | Previously worked at York Hospital.<br>Member of UNISON. |
| Councillor Richardson (Substitute) | Niece is a district nurse.<br>Undergoing treatment at Leeds Pain Unit and York Sleep Clinic. |

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| City of York Council | Committee Minutes |
|---|---|
| Meeting | Health Overview & Scrutiny Committee |
| Date | 18 February 2015 |
| Present | Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Hodgson, Watson and Richardson (Substitute for Councillor Douglas) |
| Apologies | Councillor Douglas |

**60. Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda.

Councillor Richardson declared standing personal interests in the remit of the committee as his niece was a district nurse, he was undergoing treatment at Leeds Pain Management Unit and at York Sleep Clinic. In regards to Agenda Item 7(Update Report on merger of Haxby and Gale Farm practices) he declared a personal interest as a patient of the Haxby practice.

Councillor Runciman also declared a personal interest in the same item as a patient at the Haxby practice.

**61. Minutes**

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 14 January 2015 be signed and approved by the Chair as a correct record.

In relation to Minute Item 53 and feedback sought from GP's on health checks for people with Learning Disabilities. It was reported that data had been requested from a third of all practices in the Vale of York area.

The Chair also announced that he had submitted a Freedom of Information request in regards to an overspend in the Elderly People's Homes budget.

## 62. Public Participation

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Chris Edmondson spoke about the wheelchair service as contracted out by the Vale of York Clinical Commissioning Group (VOYCCG). He raised concerns about waiting lists to receive appropriate seating and how there had been very little consultation with service users at the wheelchair centre about how the breakdown cover had been moved from a York based company to a Leeds based one. In addition, incorrect personal information was passed on which meant that mechanics did not have the correct parts when servicing the wheelchairs.

Councillor Doughty suggested that if Members were minded to agree, that a review into the wheelchair service could be considered for the new municipal year. Councillor Funnell added that Healthwatch were currently gathering data on the issues raised and that it was recognised to be an ongoing problem.

## 63. Chair's Report- Health and Wellbeing Board

Members received a report an update report from the Chair of the Health and Wellbeing Board which focused on the areas of work that the Board were doing that were the most relevant to the Committee's work plan.

The Chair reported that at the next meeting, the Board would focus on the retention of staff working in health care and if funding was located correctly.

In response to a question about what changes had come about as a result of the establishment of the Health and Wellbeing Board, the Chair stated that one of its standout achievements was in providing a Place of Safety within the city. In addition, as a strategic board it allowed for partners across health and social care in the city to act in a systematic manner.

Resolved: That the report be noted.

Reason: To keep members of the Health Overview and Scrutiny Committee up to date with the work of the Health and Wellbeing Board.

## 64. 3rd Quarter Finance, Performance and Monitoring Report

Members received a report which analysed the latest performance for 2014/15 and forecasted the financial outturn position, by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care, and the Public Health services falling under the responsibility of the Director of Public Health.

Officers highlighted that the Council had met reduction targets on Delayed Transferred of Care and that on the percentage for GP Health Checks for the 40-74 age group, Yorkshire and Humber had a better figure than the national average.

Clarification was sought as to why take up of the flu vaccination still remained an issue in the city. It was felt that contributing factors included; availability, fitting appointments around working hours, and people with existing chronic illnesses feeling that they did not need it.

In regards to the contract for providing mental health services across the city and whether residents would be able to review the contracts, it was explained that as it was a retendering exercise undertaken by the Clinical Commissioning Group (CCG) that residents would have been involved in the design of the contract but that further information would need to be sought from the CCG.

Resolved: That the report be noted.

Reason: To update the committee on the latest financial and performance position for 2014/15.

## 65. Personal Medical Services (PMS) Review-NHS England

Members received a briefing report on the Personal Medical Services (PMS) review that was being undertaken by NHS England in conjunction with the local Clinical Commissioning Groups. A representative from NHS England, Chris Clarke, was in attendance to present the report and answer any questions that Members might have had.

In response to a question about the direct effect of the review on patients, Members were told that there would be a negligible impact.

The Chair, on behalf of the Committee, thanked Chris Clarke for his attendance.

Resolved: That the report be noted.

Reason: To ensure that Members are kept informed of the PMS review.

**66. Update Report on merger of Haxby and Gale Farm practices**

Members received a report which informed them of a proposal to merge Gale Farm with Haxby Group. General Practitioners from both surgeries were in attendance at the meeting to answer any questions from Members.

The benefits they felt collaboration between the practices might bring were that the back office staff would be able to gather and share data as to who the GPs would be seeing and also it would allow more time for the GPs to see patients. As there were also specialists in both surgeries, a merger would provide a better service for patients.

It was also reported that there were no current plans to change the access at Gale Farm and the current doctors would remain in place in their current surgeries.

The Chair thanked the General Practitioners for attending the meeting to answer Members questions.

Resolved: That the report be noted.

Reason: In order that the Committee is kept informed of the merger.

**67. Presentation by Health Education Yorkshire and the Humber on nurse training and workforce planning**

Members received a report and Powerpoint presentation by Health Education Yorkshire & the Humber on their skills and

development strategy relating to nurse training and workforce planning. Mike Curtis and Amanda Fisher from Health Education Yorkshire & the Humber were in attendance to present the report and answer any questions that Members might have had.

The Powerpoint presentation was subsequently republished with the agenda following the meeting.

Mike Curtis and Amanda Fisher gave an overview of the work of Health Education Yorkshire & Humber to Members and explained the role that the body played in training nurses.

Questions from Members related to;

- The drop out rate for courses and those who did not go into nursing once they had completed the course.
- Return to Practice courses, particularly those that offered bursaries and fees and those that did not
- Agency staff recruitment

It was reported that the drop out rate from the nurse training courses was 12%. It was reported that a piece of work was currently being undertaken on attrition. Figures for those that did not go on into nursing posts once they had finished the course were unknown, but this could be investigated within the work on attrition.

It was reported that there had originally been two Education Providers commissioned by Health Education Yorkshire & the Humber for Return to Practice Courses who offered bursaries but once graduate numbers had been reached these were not offered. However, due to an undersupply of nurses Health Education Yorkshire & the Humber paid fees for Return to Practice courses at more Education Providers.

In regards to Agency staff nursing, it was reported that a national project was underway to look at how to retain nurses within the NHS.

Lucy Botting, a Chief Nurse at the Vale of York Clinical Commissioning Group, pointed out that there was a wider issue in workforce analysis, regarding recruitment. For example there was an aging GP population, difficulties in recruiting consultants and there had been problems obtaining theatre nurses over the

past winter. In regards to roles such as elective consultants, practice nurses and community nurses these took several years to be trained.

The Chair thanked Mike Curtis and Amanda Fisher for their report and presentation to the Committee.

Resolved: That the report and presentation be noted.

Reason: To ensure compliance with scrutiny procedures and protocols.

**68. Report on outcome of the Leeds and York Partnership NHS Foundation Trust Care Quality Commission Inspection Report**

Members considered a report which outlined findings from a recent Care Quality Commission Inspection into services offered by Leeds and York Partnership NHS Foundation Trust.

Chris Butler, the Chief Executive of Leeds and York Partnership NHS Foundation Trust and Anthony Deery, the Interim Director of Nursing were in attendance to present the report.

It was reported that Leeds and York had been the first Mental Health Trust to be inspected using the new Care Quality Commission inspection model and that some issues raised were Trust-wide, such as training. Helpful comments were also received from the inspection on the Trust's complaints handling procedure.

Questions from Members included;

- What measures had been put into place to address the 'must do actions' as identified by the report and what was the timetable for this?
- How was safety being addressed given that the Trust's services were spread across seventeen sites?
- What was the Trust's approach to whistleblowing in regards to patient safety?
- Why were there lower staff morale levels in York than in Leeds?

In regards to Bootham Park an interim plan was in place as Ward 6 patients would transfer temporarily to an upgraded ward at Cherry Tree House in July to allow for the upgrade of Ward 6 at Bootham Park to take place. Patients from Ward 1 at Bootham Park would move to Ward 6 and those on Ward 2 would go to an upgraded Ward 1.

Accommodation at Meadowfields was now female only, there was a plan in place to address the environment at Acomb Gables which would be updated this year. Worsley Court was now a male only facility and all staff would receive mandatory mental health and capacity act training. The closure of Worsley Court had been temporary in order to allow the upskilling of the staff.

In response to how safety was addressed, Members were told that the Trust felt that they had the duty of following the Mental Health Act in providing care in the least restrictive environment by eliminating risks, but that safety was not an absolute term.

In regards to a concern raised by a Member about whistleblowing, it was reported that the Trust had signed up to a national initiative, to provide a culture where staff could feel safe to speak out and raise concerns.

There was felt to be lower morale in York as attracting new recruits was harder, and what was needed was more personal development. There was also the acknowledgment that the roles performed by Trust staff were uncomfortable for many.

The Chief Executive suggested that if Members wished that the Trust could feed back to them progress on their action plan to a future meeting.

The Chair, on behalf of the Committee, thanked the Chief Executive and Interim Director of Nursing for attending the meeting and answering Members questions.

Resolved: (i) That the report be noted.

(ii) That a report on the Leeds and York Partnership NHS Foundation Trust Action Plan be received by the Committee.

Reason: In order that the Committee are kept informed of the findings of the Care Quality Commission's Inspection Report into Leeds and York Partnership NHS Foundation Trust.

**69. Safeguarding Vulnerable Adults Update on Assurance**

Members received a report which outlined the actions that had been taken to improve the arrangements in place to ensure that the Council was able to discharge its responsibilities to keep vulnerable adults within the city protected from violence and abuse, whilst maintaining their independence and wellbeing.

The Chair felt it was important to receive further updates and Officers suggested that the Adult Safeguarding Board's Annual Report be received by Members in the future.

Resolved: (i) That the report and improvements made set out in Annex A be noted.

(ii) That the Committee feel assured of the preparations made for the implementation of the Care Act.

(iii) That the Committee receive further update reports.

(iv) That the Adult Safeguarding Board's Annual Report be received by the Committee at a future meeting.

Reason: To keep the Committee assured of the arrangements for Adult Safeguarding within the city.

**70. Work Plan**

Members considered the Committee's work plan.

The Scrutiny Officer reported that he had received an offer from the Care Quality Commission to talk to the Committee about the upcoming CQC inspection of York Hospital. The CQC representative said that they could speak before and after the meeting, and it was suggested that they be invited to both the

March and June meetings. Members felt this would be an excellent idea and asked the Scrutiny Officer to invite the CQC representative.

Resolved: That the work plan include the following;

- A report from Leeds and York Partnership NHS Foundation Trust on progress on their Action Plan in relation to their CQC Inspection.
- The Adult Safeguarding Board's Annual Report when it is produced.
- An invitation to the CQC to attend the March and June meeting ahead and after the York Hospital inspection.
- The Interim Report on the Older People's Scrutiny Review.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair
[The meeting started at 5.32 pm and finished at 8.26 pm].

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**Health Overview and Scrutiny Committee 25 March 2015**
Report of the Chair of the Health and Wellbeing Board

## Chair's Report – Health and Wellbeing Board

### Summary

1. It was agreed as part of the working protocol between Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board (HWB) that the Chair of the HWB would bring regular updates on the work of the HWB. Members are asked to note the contents of this report.

### Background

2. The joint working protocol between the Health and Wellbeing Board and Health Overview and Scrutiny Committee was agreed at the Health and Wellbeing Board meeting held on 16 July 2014. As part of the protocol, it was agreed that the Chair of the Health and Wellbeing Board would attend Health Overview and Scrutiny Committee on a regular basis to inform the committee of the work of Board.

3. At the bi-annual meeting between the Chairs held on 10 October 2014, it was agreed that the Chair of the Health and Wellbeing Board's report would focus on the areas currently most relevant to the HOSC work plan.

### Consultation

4. Not applicable to this report.

### Options

5. Not applicable to this report.

### Analysis

6. The following topics that were discussed on 11th March 2015 may be particularly relevant to Health Overview and Scrutiny Committee:

Patient Story

7. The Board started their meeting with a new item entitled 'patient story'. A previous user of mental health services attended the meeting and told a powerful story about the experiences he had had. The Health and Wellbeing Board acknowledged that some of the issues he raised were still of concern but that progress had been made in certain areas. It was strongly felt that the aspiration of the Board should be to never take anyone into a police cell who presented solely with a mental health issue.

8. In addition to this the Board recognised the wider responsibilities of the Care Act around wellbeing, provision of information and advice, waiting times for access. Where there are waiting times for access the Board agreed to look into non-traditional ways to bridge this gap. For instance by providing online and telephone support mechanisms to ensure there is some support available at all times.

9. It was agreed to look at solutions to the issues raised and bring these back to a future meeting of the Health and Wellbeing Board.

Governance and Assurance Arrangements for the Health Protection Function of City of York Council

10. The Board received a report and presentation on assurance arrangements for the health protection function. The Board agreed to the establishment of a Health Protection Assurance Board. This Board will report directly to the Health and Wellbeing Board by way of annual report but will also escalate any concerns they have to the Board as and when required.

Annual Report of the Mental Health and Learning Disabilities Partnership Board

11. Sub-Boards of the Health and Wellbeing Board are required to produce an annual report to present to the Board. The Chair of the Mental Health and Learning Disabilities Partnership Board presented the report highlighting the work that had taken place around their four key work streams which were taken from the Joint Health and Wellbeing Strategy.

Key successes were the provision of a Health Based Place of Safety, work towards making York a Dementia Friendly City and work around the re-procurement of mental health and learning disability services.

12. It was also acknowledged that there was still work to be done in particular around dementia, student health, transitions and learning disabilities.

13. The annual report had also been produced in easy read format.

Consultation and Engagement

14. The Board received a report on consultation and engagement which set out a summary of feedback received from various events that had happened across the city in the past 12 months. The report also set out guidance on future engagement and the direction the Health and Wellbeing Board might like to take in relation to this.

15. Taking a very broad look at the discussions and feedback from all events known about there were four key emerging concerns that appeared to be frequently highlighted no matter what the topic under discussion was and these were:

- communication, information sharing and advice (including shared care records)
- voluntary sector involvement
- carers
- mental health

16. A more detailed breakdown of these was included as an annex to the report and board members were asked to take these back to their own individual organisations.

17. In addition to this the Board agreed to work on developing a formal engagement, consultation and communications action plan that encompassed the work of all the organisations around the Health and Wellbeing Board table; especially in light of the need to start work on the 2016-19 Joint Health And Wellbeing Strategy early in the summer of this year.

Other issues

18. The Board also received reports on the final Pharmaceutical Needs Assessment which the Board have now signed off; Winterbourne Review; the refreshed Operational Plan 2015/16 for NHS Vale of York Clinical Commissioning Group and the Better Care Fund.

## Council Plan

19. This Report relates to the "Protect Vulnerable People" element of the Council Plan. It also relates to delivering against the priorities set out within the Joint Health and Wellbeing Strategy 2013-2016.

## Implications

20. There are no known implications attached to this report. Implications arising out of any of the reports referred to can be found in the original papers of the Health and Wellbeing Board's meeting on 11th March 2015 – see the link in "Background Papers" below.

## Risk Management

21. There are no known risks attached to this report.

## Recommendation

22. Members are asked to note the contents of this report.

Reason: To keep members of Health Overview and Scrutiny Committee up to date with the work of the Health and Wellbeing Board.

## Contact Details

**Author:**
Cllr Linsay Cunningham
Chair, Health and
Wellbeing Board
City of York Council

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

**For further information please contact the author of the report**

## Background Papers:

The Health and Wellbeing Board meeting papers for the 11th March 2015 are available here:

**Addendum to report:** **23/03/2015**

**Report of Chair of Health and Wellbeing Board**

## Update on Data Sharing and Shared Care Records.

A key priority of York's Health and Wellbeing strategy has been to work towards "system-wide" (i.e. health and social care) shared care records. This sits within a wider context of the need to share information across organisations in a safe and efficient way that remains compliant with the Data Protection Act.

The following is given by way of an update on this ongoing work. Apologies for not including this in my report to the committee, however, work was still ongoing at time of writing and I wanted to be able to include this as the most up to date reflection of the situation. If there are any questions from members, Guy Van Dichele can give a verbal update to the meeting.

## Background – Multi agency information sharing protocol

There is a clear need for City of York Council to share information with a variety of external partners. Whether it is social care, council tax or housing related information, the requirements and standards that have to be adhered to are the same with respect of information governance.

It is widely accepted that there is already a great wealth of information sharing practice happening within the Council and externally with key partners, however it has been identified through various information governance sources that we need to align our processes to ensure we are appropriately sharing information, at the right time, with the right people by the correct means.

With this in mind there has been great steps made in recent months to streamline how we share information and with whom. Our recent attainment of our Health & Social Care Information Governance Toolkit level 2 is one of many strategic driving forces which identifies clear expectations with regard to information sharing.

One of the major pieces of work completed with partners over recent months, is the production of a collaborative Multi Agency Overarching Information Sharing Protocol (the "Protocol").

The aim of the Protocol is to create a positive culture of sharing information and facilitate more effective Data Sharing practices between Partner Agencies, with the aim of improving service delivery.

The Protocol applies to all information being shared by signatory Partner Agencies, with the aim of establishing the types of data Partner Agencies will share, how data is handled and the legislation which allows the information to be shared, as well as outlining processes for developing Partner Agency Information Sharing Arrangements.

The Protocol has been developed to ensure that information is being shared lawfully, appropriately and in compliance with best practice. The Protocol aims to establish consistent principles and practices to govern sharing of personal and non-personal information taking place within and between Partner Agencies. The ethos of the Protocol is for Partner Agencies to share information in all situations to improve service delivery and resident outcomes and to support safeguarding, except where it would be unlawful to do so.

*To note - Those involved in the initial production of the Protocol are: City of York Council (CYC), York Teaching Hospitals Foundation Trust (YTHFT), North Yorkshire County Council (NYCC), North Yorkshire Police (NYP) and the Fire Authority. The intention is once the protocol has been approved and signed by those involved it will be shared more widely for invitation to sign. Leeds & York Partnership have already been in touch to say they would like to sign up.*

**Health Overview Scrutiny Committee** **25th March 2015**

Report of the Commissioning & Contracts Manager, Adult Social Care

## Residential, Nursing & Homecare Services – Quality Standards

### Summary

1. Members of the Health Overview Scrutiny Committee will recall the last report they received on the 26th November detailing the performance by organisations providing a service in York against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework. Members will also recall that the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission. Members will also recall the presentation at the January meeting by the Regional Care Quality Commission lead regarding their new inspection framework.

2. From October 2014, the Care Quality Commission has commenced a new approach to the regulation and inspection of care homes. Their consultation "A New Start" set out the principles that will guide how CQC will inspect and regulate care services in the future and included;

- Intelligent use of data, evidence and information to monitor services
- Expert inspections
- Additional information for the public on its judgements about the quality of care including a rating to help people choose services.
- Detailing the action they will take to require improvements and where applicable the action they will take to make those responsible for poor care to be held accountable.

3. The new model has been rolled out from October 2014, and providers will all get a published rating. The Care Quality Commission (CQC) will also assume a Market Oversight function from April 2015 and are envisaging all providers to have a published rating by March 2016. The new inspection model will work on asking five key questions of services;

   - Are they safe?
   - Are they effective?
   - Are they caring?
   - Are they responsive?
   - Are they well led?

4. The new ratings system that will be adopted by CQC is detailed below;

   - Outstanding
   - Good
   - Requires Improvement
   - Inadequate

Background

5. All services are regulated by the Care Quality Commission (CQC) and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.

6. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team also undertake visits jointly with colleagues from the PCU and the Vale of York Clinical

Commissioning Group where it felt necessary or there are safeguarding concerns.

7. The Adult Social Care Commissioning & Contracts team have a programme in place to carry out a Consultation and Observation visit and a Quality Assurance Visit each financial year. In addition to a full report, summary reports are now produced to provide readily available and transparent information to CQC to inform any pending inspections.

8. In addition to the standard visits listed above the Commissioning & Contracts team have also introduced Business Meetings at Care Homes to help effectively work with care home providers to support organisations and prevent issues escalating. This has been well received by providers.

9. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch. To ensure good practice is maintained, officers recently met with representatives from Healthwatch with positive feedback shared in respect to the effectiveness of the approach. It has also now been agreed to extend the joint consultation visits into the Council's Older Persons Homes and into Sheltered Housing with Extra Care Schemes.

10. It was highlighted by CQC in January's presentation that the expectation from themselves was that initially provision would fall into the "requires improvement" across the country as providers adapted to the new requirements. The current national picture shows that 1650 providers have been inspected under the new framework and of these 15 (1%) have been rated as Outstanding, 1019 (62%) as Good, 483 (29%) as Requires Improvement and 133 (8%) as Inadequate.

11. The details below shows that 12 providers have been inspected in York to date and issued with a rating, these show that none have been rated as Outstanding, 5 as Good, 6 as Requires Improvement and 1 as Inadequate. 2 organisations have been inspected but not as yet given a rating.

12. Members will need to note that CQC are in a transitional phase in relation to reporting and their new inspection process. Older reports are in the style that Members will be familiar with and new style

reports showing the ratings as identified in paragraphs 10 & 11 of this report. The analysis of performance in York is detailed below and shows the outcomes of the two approaches adopted.

13. Copies of all CQC reports can be found at www.cqc.org.uk

14. This report informs Members both of the processes that are in place to ensure services are monitored appropriately and that measures are in place should performance and quality fall below the standards expected by the Council. Members will note that the Council adopts its own high level of expectation from Providers and at times takes action even if providers are deemed to be CQC compliant.

Residential Care

15. Of the 43 homes in York, 34 have been inspected under the old style of inspection, 31 of these are fully compliant and 3 are non-compliant with all 3 having one compliance action and 1 of the three homes also having a single enforcement notice. 8 homes have been inspected under the new/intermediate approach and 3 have been rated as Good, 4 Require Improvement and 1 as inadequate. There is 1 home awaiting inspection.

16. Of the 8 homes with identified actions, one (Mental Health Provision) is currently listed as inadequate which is a concern to the Council and officers are working very closely with CQC and the Provider regards on-going provision. One organisation (a regional learning disability provision) has two homes which are rated as requiring improvement and the other 5 homes are for Older People. The Council has been working closely with the above providers who have been placed on improvement plans and it is envisaged that the position should improve in the very near future. One City of York Council Service has one compliance action.

17. The presenting reasons aside from the home which is classed as inadequate are mainly around records, medication and staffing requirements (skills, training etc).

Home Care

18. Of the 37 organisations providing services in York, 23 have been inspected under the old style of inspection and are all fully compliant, 6 have been inspected under the new/intermediate

approach and 2 have been rated as Good, 2 Require Improvement and 2 are still awaiting an overall rating. Of these we expect one to be Good and one to be Requires Improvement. There are however 8 organisations awaiting inspection as they are either new to the area or registered at new locations.

19. Of the two organisations rated as requiring improvement, one is a provider with whom the Council does not commission services from and the other is in relation to supported living services provided by the specialist regional learning disability organisation detailed in paragraph 16. The areas that the organisations need to improve in are recruitment, records, medication and staff skills.

20. We are expecting that one of the providers not yet rated will receive "requires improvement" and is one of the Council's existing framework providers. Issues were evident and identified through the Council's monitoring processes prior to a CQC inspection and whilst there were significant concerns during late 2014, the position has improved as a result of additional investment from the organisation, and sustained intervention by the Commissioning Team alongside colleagues from CQC. The provider remains on an improvement plan and regular enhanced monitoring, as it is acknowledged that they still have further work to do to embed and sustain these improvements. A follow up inspection by CQC is due shortly.

Summary

21. The last report received by Members in November 2014 identified that 64 out of 73 services were recorded as being fully compliant, a compliance level of 88%. It is difficult to relate this to current levels because of the transitional CQC approach. However if we look at services inspected to date under both methods, there are 10 organisations listed as been non-compliant or requiring improvement/inadequate which would mean a compliance level of 86%.There are however 11 organisations listed as awaiting inspection or awaiting rating so the figure is not a true comparison at this stage.

22. It is recognised by CQC that the new stringent methodology will mean that for providers to get a 'good' rating, they will have to demonstrate particularly good overall practice, as there is no adequate rating. They also anticipate very few providers getting an 'outstanding' rating initially.

23. There is an expectation that across the sector some providers may initially get 'needs improvement' ratings, as providers come to terms with the new requirements. Therefore, officers along with CQC will be monitoring this closely in the coming months. Whilst we have held workshops for providers In order to try and prepare them for the changing requirements, we do though anticipate it may still take some time for providers to adapt to the new inspection methodologies.

24. Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 189 customers surveyed, 90% stated that they were satisfied with the quality of the services they received.

25. Members were keen to be able to call organisations to account if it was felt that performance was not improving over a period of time. It was agreed that the criteria should look at persistent failure and an organisation not improving or taking steps to improve their "rating" between the six monthly update reports to Members. It is not felt that at this stage any organisation falls into that position but this will be monitored on an ongoing basis.

26. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and QAF process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.

27. The Care Act will also introduce a regime via CQC to oversee the financial stability of the most hard-to-replace care providers, and to ensure people's care is not interrupted if any of these providers fail. The Act also places additional responsibilities on Local Authorities in relation to Provider Failure.

28. The Bill imposes clear legal responsibilities on local authorities where a care provider fails. The current law dates back to 1948, when care was provided and managed very differently. There are now many large care providers that span several local authority areas. The Bill makes it clear that local authorities have a temporary duty to ensure that the needs of people in either residential care

(care homes) or receiving care in their own home continue to be met if a provider fails. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for it themselves or whether the local authority pays for it.

29. A number of the capacity and quality concerns identified of late are linked to the recruitment and retention of care staff across the city and the sector in general. Officers have held three workshops with providers, the Independent Care Group and Workforce Development and are now working with internal Council colleagues to look at what assistance we can give to assist with retaining staff and supporting additional recruitment.

Implications

Financial

30. There are no finance implications associated with this report.

Equalities

31. There are no direct equality issues associated with this report

Other

32. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

## Risk Management

33. There are at present no risks identified with issues within this report.

Recommendations

Members to note the performance and standards of provision across care service in York.

**Contact Details**

| **Author:** | **Chief Officer Responsible for the report:** |
|---|---|
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| **01904 554099** | **Report Approved** ✓ **Date 11 March 2015** |

**Specialist Implications Officer(s)**

**Wards Affected:** **All** ✓

**For further information please contact the author of the report**

**Health Overview & Scrutiny Committee** **25 March 2015**

Report of the Assistant Director Governance and ICT

## Supporting Older People Scrutiny Review Interim Report

### Summary

1. This interim report presents details of the work carried out to date by the Task Group appointed to undertake the Supporting Older People Scrutiny Review.

### Aim and Objectives

2. Aim:

"To reduce admissions to hospital through enhanced preventative measures which enable older people to live independently for longer."

Objectives:

i) Identify best practices for health workers in the community

ii) Examine how the work of health workers in the community can be complemented by the voluntary sector

iii) Explore how health and social care and the voluntary sector can work together to enhance a preventative approach.

### Background

3. At a scrutiny work planning event in early May 2014 Members considered and expressed an interest in developing a theme around "supporting older people" worthy of corporate review. At a meeting in June 2014 the Corporate & Scrutiny Management Committee (CSMC) agreed this review be carried out and all scrutiny committees be asked to consider their suggested remits and undertake the work. CSMC suggested the aim of the Health Overview and Scrutiny review should be: "Reducing admissions to hospital – identifying early interventions and

a suitable community-based approach for managing long-term conditions to enable people to live independently for longer."

4. It was subsequently agreed by this Committee that the Task Group should comprise Cllrs Funnell, Burton, Hodgson and Watson.

5. At a meeting of this Committee in mid-October 2014 Members were told that the Supporting Older People topic was unlikely to proceeds as a corporate review and the Committee agreed to progress with a standalone review. Subsequently, in November 2014, the Corporate & Scrutiny Management Committee agreed to abandon the corporate scrutiny review for the municipal year.

6. After a series of delays in agreeing a date for the first Task Group meeting, Members decided to meet on 30 October 2014. However, before this meeting could take place Cllr Burton felt that because of changes to the scrutiny committee Chairs he was no longer able be a member of this Task Group.

7. Cllr Doughty attended the October meeting in his capacity as the new Health Overview & Scrutiny Committee Chair and at a Committee meeting in late November 2014 he was formally appointed to the Task Group along with Cllr Carol Runciman. The Committee agreed to delegate authority to the Task Group to set the aim and objectives.

8. Before a remit was set at the October Task Group meeting Cllr Doughty wanted to look at what City of York Council, the Vale of York Clinical Commissioning Group and the Health and Wellbeing Board are doing to support older people and to assess whether these activities are effective.

9. The suggested focus was:

    - To identify services in York that support older people with health difficulties to live independently.

    - To identify services in York that provides support for older people to live in supported accommodation.

    - To identify services in York that support older people to engage in community activities.

**Information Gathered**

10. The Task Group agreed that a summary report be circulated to the group for all services funded and/or directly delivered by the Council. This would enable the Task Group to determine an area(s) that would be part of a scrutiny report.

11. The areas requested and covered in the summary are:

    - What services does the Council provide?
    - What do we spend on these services?
    - What is the purpose?
    - Which people does it reach?

12. The information in the summary report includes all services provided directly by the Council and those commissioned from the Voluntary, Private and Independent Sector. The information is split into specific categories for ease of reference and includes a short summary of the type of service(s) that are provided along with existing budgets or contract values and details of activity information where appropriate.

13. Commissioned Services (Annex A) - A range of services commissioned largely with the Voluntary Sector providing older people with a number of support options. These services are “open access” and not subject to Fair Access to Care Services (FACS) eligibility and as such form an integral part of the preventative approach in Adult Social Care.

14. Universal Services (Annex A) - While not specifically for Older People they are available and often accessed both by Carers and Service Users. Services include the Carers Centre, support provided by the York Blind & Partially Sighted Society and the Deaf Resource Centre.

15. Housing Related Support Services (Annex B) - Housing Related Support is not a FACS eligible service, but is seen as a preventative role best defined as “Support services which are provided to any person for the purpose of developing that person’s capacity to live independently, or sustaining his capacity to do so”. Housing-related support services are not general health, social care or statutory personal care services, but rather services whose aim is to support more independent living arrangements.

16. Home Care, Reablement and Residential & Nursing Care – The Council commissions a range of placements from the Independent, Private and Voluntary Sector.

| Service Area | Net Budget (£ p.a.) | Notes |
|---|---|---|
| Nursing Care(Older People) | £3,340,000 | As of 28th November - 266 placements in homes in York and the wider area |
| Residential Care (Older People) | £2,474,000 | As of 28th November - 155 placements in homes in York and the wider area |
| Home Care | Gross Budget £4,699,580 Net Budget 943,000 | Currently 5,958 hours per week provided to 735 Locality Homecare Customers, in addition budget covers 19 exceptions/specialist homecare customers and 12 people in receipt of Day Support. |
| Reablement (HSG) | Gross Contract Value £1,190,000 Net Value £840,200 | Service provides maximum of 750 hours per week reablement home care with 975 total contract hours per week. |
| Direct Payments | £417,800 | 49 people currently access a direct payment for their support. |
| Transport | £80,700 | 21 Older People currently in receipt of transport |

** It should be noted that whilst the services above for Home Care and Reablement are predominantly accessed by Older People, some aspects will be provided to adults. Also not included is activity and expenditure on Residential and Nursing Care for MH and Learning Disabilities where the customer is aged over 65 and on short breaks services.

17. The Council provides seven Older People's Homes (209 residents) with a current net budget of £2,756,000. Alongside these, providing accommodation with care, are four Sheltered Housing with Extra Care Schemes (SHECs) for 164 tenants. The properties are managed by Community and Neighbourhoods Services (CANS) with a net budget of £321,840 for Warden Services etc but the care and support is provided by the Council's in-house home care service - Personal Support Service (PSS).

The four extra care schemes are located at Barstow House (32 tenants), Gale Farm Court (39), Glen Lodge (46) and Marjorie Waite Court (47).

18. Members noted that Adult Social Care (ACS) are currently reviewing the existing Extra Care Housing Services across the City (including Auden House, managed by York Housing Association) and a vision for "Older People's Specialist Housing" will be finalised in the new year.

19. As mentioned above, ASC provide an in-house home care service within the SHEC's and an Overnight Home Care Service across York. Currently 67 tenants (40%) are in receipt of a care service in the SHEC's with a net budget for the Personal Support Service of £900,600. The Overnight Homecare Service is currently provided to 30 people per week at a net budget of £385,400 per annum.

20. CANS also provide the following Sheltered Housing Schemes in York alongside those provided by other housing partners which are included within Annex B.

    - Alex Lyon House (35 tenants)
    - City Mills (36 tenants)
    - Delwood (34 tenants)
    - The Glebe (22 tenants)
    - Honeysuckle House (27 tenants)
    - Lincoln Court (27 tenants)
    - Lovell House (25 tenants)

21. Be Independent - Be Independent are commissioned to provide a Community Alarm and Telecare provision for residents in their own home. This is predominantly for older people that are frail and are at risk of falling but can also be provided for people with physical and learning disabilities.

22. Be Independent also provide an equipment loan service to meet people specific physical needs, dignity and independence. This service is predominantly for older people but also is for adults and children with physical disabilities.

23. The funding for Social Enterprise is as follows:

| | | |
|---|---|---|
| Service | 2014/15 | £1,117,650 |
| Capital – Community Alarm Equipment Purchase | 2014/15 | £250,000 |
| Capital – Equipment Purchase | 2014/15 | £105,000 |
| Revenue – Equipment Purchase, Repair & Service | 2014/15 | £214,500 |

24. The service provides Community Alarm and Telecare to 2,741 customers of which 1,391 are funded through the Council due to being on low income. 2.2% of customers moved to residential provision last quarter. 95.4% of customers maintained independence. The service last quarter: prevented 50 hospital admissions; prevented 27 people entering residential provision and prevented additional care packages for 72 customers. During the last quarter 1,667 items of equipment were returned and 71.6% were recycled for re-use. Last quarter £65K was spent on capital items (equipment over £500).

25. Members were made aware that there is a wide range of services, activities and support available in the City that the Council does not fund. This can range from local church groups to organisations such as OCAY (Older Citizens Advocacy). Below are two links to the "York Directory" which is maintained by York CVS and a second link to Connect to Support, the e-market place which the Council has developed in partnership where people can go to find and purchase local support and services to meet their needs.

    http://www.yorkcvs.org.uk/home/york-life/the-york-directory/
    https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=417&lockLA=True

26. The Task Group met again in December 2014 and agreed that the focus should return to a scrutiny review around delayed discharges and preventing people's admission to hospital.

27. At this meeting it was agreed the aim should be: "To reduce admissions to hospital through enhanced preventative measures which enable older people to live independently for longer."

28. For the purpose of the review the Task Group agreed to define older people as those over 80.

29. As a consequence the Task Group requested further information on a number of issues relating to hospital admissions which would enable Members to determine specific objectives. Falls, for instance, was discussed, the idea being that the information requested would help determine future investigations.

30. The four areas for which information was requested were:

- Admissions to hospital and reasons for admissions.
- Numbers and details of admissions to hospital from care homes.
- Admissions to hospital from CYC Sheltered Housing with Extra Care Schemes.
- Admissions to Hospital from CYC Sheltered Housing Schemes.

31. This additional information was considered by the Task Group at a meeting in January 2015 when Members learnt :

32. Admissions to hospital and reasons for admission. Mark Hindmarsh, the Assistant Director of Clinical Strategy at York District Hospital, revealed that the clinical coding that takes place at the Trust is done based on the patient diagnosis at the point of discharge and not admission. The hospital's electronic systems record the physical place where a patient has come from but not the reason for the admission. To obtain this date the hospital would need to undertake an audit of clinical notes.

33. The hospital has been made aware of some national data on trends for older people and admission to hospital, see link below. Table 4.2 on page 31 of the paper Understanding Emergency Hospital Admissions of Older People gives some details on reasons for admissions but these are in general categories etc. http://chseo.org.uk/papers.html

34. The hospital has also been advised by colleagues in Public Health that they have not been able to produce analyses of admissions or discharges in older people in the Frail Elderly Joint Strategic Needs Assessment (JSNA). To date they have still not had access to / accessed HES data and state that problems have been both overcoming IT and Information Governance issues and analytical capacity.

35. What is in the JSNA however, is a link to the (national) Older People's Atlas, http://www.wmpho.org.uk/olderpeopleatlas/Atlas/atlas.html

This has comparative data by local authority on admissions in the over 65s in many categories, emergency admissions, stroke admissions, total hip replacement, etc, etc. However the Atlas is based on 5 year old data (i.e. from 08/09).

36. Numbers and details of admissions to hospital from care homes. Information attached from CCG Governing Body and report – March 2014. Annex C and D.

37. Admissions to hospital from CYC Sheltered Housing (Extra Care Schemes). General information is not recorded by Wardens etc but detail is available on tenants in receipt of a care service as part of the extra care provision. For the purposes of this summary the service has provided data from June to December 2014.

| Month | Number of Admissions | Reasons |
|---|---|---|
| June | 3 | 2 Falls, 1 breathing difficulties |
| July | 5 | 3 unknown, 2 mental health, 1 pneumonia |
| August | 4 | 3 falls, 1 unknown |
| September | 9 | 2 fall, 1 Cellulites, 1 confusion, 1 toe amputation, 3 unknown, 1 lung infection |
| October | 11 | 1 Heart problems, 1 GP referral, 1 Kidney infection, 1 water infection, 2 poor mobility, 1 Septicaemia , 1 problems with catheter, 1 fall, 2 breathing difficulties |
| November | 3 | 2 falls, 1 breathing difficulties |
| December | 9 | 3 Chest infection, 1 fall, swallowing problems, 1 heart failure, 2 breathing difficulties, 2 chest pains |

38. Admissions to Hospital from CYC Sheltered Housing Schemes. Information is not recorded by Wardens etc.

39. As a result of the additional information the Task Group was able to set its objectives:

    i) Identify best practices for health workers in the community.

    ii) Examine how the work of health workers in the community can be complemented by the voluntary sector.

    iii) Explore how health and social care and the voluntary sector can work together to enhance a preventative approach.

40. The Task Group agreed it was important for low level preventative options to stem from ongoing work within the community and acknowledged the valuable role being undertaken by churches, community centres luncheon clubs and day clubs.

41. Objective i). On 12 February 2015 the Task Group met the Deputy Chief Operating Officer/Innovation Lead for the Vale of York Clinical Commissioning Group (VOYCCG). The Task Group was told that the CCG has a five-year vision and strategy, a large part of which dealt with avoidable hospital admissions. A plan-on-a-page summary of this strategy is at Annex E. A full 186-page version is available at: http://www.valeofyorkccg.nhs.uk/publications/5-year-plan/

42. The CCG has been developing, along with social care partners, a system of integrated working. A number of events within the community have been held during the past year and the feedback from people included:

    - Care delivered closer to home whenever possible;
    - Only want to tell story once;
    - Reduce number of visits by different agencies;
    - Have someone coordinate care and all things that matter to them.

43. To provide these integrated services the CCG is looking to develop care hubs and has three pilot schemes working with the Priory Medical Group (Annexes F, G, H and I), Selby GP practices and Pocklington GP Practice. This co-ordinated care is centred on the individual with as many services as possible provided by the community, combining the resources of the public sector, the independent sector and the voluntary sector.

44. The Task Group acknowledged that the schemes were in the early stages but were already starting to break down historic barriers. The aim of the integrated pilots is to:

    - Reduce avoidable hospital admissions;
    - Expedite safe discharge from hospital;
    - Enable patients to remain independent longer;
    - Support people at home wherever possible;
    - Keep the patient at the centre all the time;
    - Support for carers and families
    - Partnership working and seamless care/support

45. The CCG's vision for community services is based around the concept of providing more care, treatment and support services outside the traditional hospital or domiciliary setting.

46. The Task Group recognised there was a need develop stronger links with the voluntary and community sector and acknowledged there was a wide range of specialist skills and support available in the voluntary sector. However, there was also a need to identify gaps in this support to help the consolidation of existing services across health and adult social care. Ultimately this should start at a neighbourhood base and people who kept an eye on elderly neighbours and had daily contact were vitally important. The Task Group accepted that this was not interfering but was providing additional support.

47. York Council for Voluntary Services and the CCG held a voluntary sector commissioning and development workshop in February 2015 which offered the VCSE sector the opportunity to be more involved in the planning of health care provision.

48. At the workshop the CCG noted that feedback from recent events included:

    - Stronger links to voluntary and community services;
    - Capacity building within the voluntary sector;
    - Voluntary sector needs to be recognised and included;

- Better knowledge of gaps, would enable us to look at how we can best support;
- Specialist services from the voluntary sector;
- A plan of action for voluntary services.

49. The Task Group agreed to meet again on 23 February 2015 but before the meeting took place Cllr Hodgson resigned his position as he could only attend evening meetings.

50. Objective ii). At the 23 February the Task Group welcomed representatives from a number of voluntary organisations including York Older People's Assembly, York Housing Association, York CVS, St Leonards Hospice@Home and Age UK York.

51. Age UK York reminded the Task Group that the organisation had been working with and for older people in the city for 43 years providing a wide range of personal and practical support and helping people after a stay in hospital.

52. The Task Group learnt that Age UK York had been approached to transport people home from hospital using winter pressures money. They had a team in the discharge lounge at the hospital and over the winter, from mid-December 2015 to mid-January 2015 they took home an average of 17 people a day thereby relieving the pressure on hospital beds. They would take the people into their homes, make sure the heating was on, make them a cup of tea and make sure they had adequate food and shopping in their home. It can also provide volunteers to sleep overnight for up to three nights to provide company and to help older people feel confident in their own homes after a stay in hospital.

53. Age UK York also runs activities such as day clubs for those older people who are socially isolated; a befriending service providing companionship and support for housebound older people living at home in the community; a keep your pets service in conjunction with the RSPCA to help older and vulnerable people with the short-term care of their pets at times of health emergencies and a handyman service to carry out jobs around the home and help prevent older people suffering falls or having accidents.

54. The Task Group noted that Age UK York was not a care agency but focused on facilitating care for older people and aimed to maintain regular contact with older people so they did not need to have to go through the system again.

55. The St Leonard's Hospice@Home senior sister confirmed to the Task Group that part of their role was to prevent hospital admissions. If a palliative care patient wants to remain at home, and can be managed at home, then a member of the St Leonard's team will go out to them and stay with them until midnight. Often they are contacted by the ambulance service and a team member goes to the home to take over from the paramedics.

56. The Hospice@Home team is made up of experienced registered nurses and carers who are supported by a senior sister. All the staff have hospice or palliative care skills and their training has provided them with the skills required to support a patient at home.

57. The Task Group and the voluntary sector representatives agreed that integrated care hubs could be part of something very useful in preventing hospital admissions. Taking a holistic view to allow older people to stay in their own homes was a win, win situation.

58. The York Older People's Assembly then shared details of an initiative at Airedale Hospital in Steeton, Keighley, West Yorkshire, which provides a 24-hour Telecare and Telehealth Hub to reduce hospital admissions and the number of people using its A&E department.

59. The Hub embraces technology to provide more care for residents at home or in care homes, reducing the need for them to have to call an ambulance. The Telehealth Hub uses video conferencing technology to connect patients, and staff, 24-hours-a-day, seven-days-a-week, to hospital consultants or specialist nurses via a secure video link at the touch of a button. The Hub is staffed by specialist nurses who can assess and triage patients as well as support the nursing home staff. Patients can be monitored as often as required with the backup of hands-on treatment from a paramedic or hospital care.

60. The Hub has contracts to provide services to more than 200 nursing and residential care homes around the country and a study of 17 nursing and residential care homes linked to the Telehealth Hub compared a 12 month period before introducing Telemedicine with a year after it was in use.

61. The findings for care homes linked up to the Telecare Hub were:

    - Hospital admissions dropped 45 per cent;
    - Length of stay in hospital dropped 30 per cent;

- Total use of bed days (the number of hospital bed days used by the cohort over the year) dropped 60 per cent;

- Use of A&E dropped 69 per cent;

62. For care homes that did not use Telemedicine, their hospital admissions increased 11 per cent, length of stay had risen seven per cent and total use of bed days was up 18 per cent.

**Further Background Information**

63. The York Health and Wellbeing Strategy 2013-16 update in October 2014 confirmed that older people form a significant part of the community in York and that a growing number of older people are living alone.

64. It also established that:

- By 2020, the over 65 population in York is expected to increase by 5,300 (15%) including an additional 1,200 people aged over 85 (a 24% increase)

- By 2030, the over 65 population in York is expected to increase by 13,700 (40%) including an additional 3,600 people aged over 85 (a 72% increase)

- By 2037, the over 65 population in York is expected to increase by 19,400 (55%) including an additional 6,600 people aged over 85 (a 132% increase)

65. Nationally the Age UK Later Life in the United Kingdom factsheet published in January 2015 gives the following overview of the UK population:

- For the first time in history, there are 11 million people aged 65 or over in the UK;
- There are over 22.7 million people aged 50 years and over, over a third of the total UK population;
- There are now nearly 14.7 million people in the UK aged 60 and above;
- 3 million people are aged 80 or over;

- In 2010, approximately 640,000 people in the UK turned 65; in 2012, it the figure was about 800,000. The number turning 65 is projected to decrease gradually over the next 5 years to around 650,000 in 2017;
- There are now more people in the UK aged 60 and above than there are under 18;
- There are more pensioners than there are children under 16;
- The number of centenarians living in the UK has risen by 73% over the last decade to 13,350 in 2012.

66. Age UK projects:

- The number of people aged 60 or over is expected to pass the 20 million mark by 2030:
- The number of people aged 65+ is projected to rise by nearly 50% (48.7%) in the next 17 years to over 16 million;
- The proportion of people aged 65+ will rise from 17.7% currently to 23.5% in 2034;
- The percentage of the total population who are over 60 is predicted to rise from 23% at present to nearly 29% in 2034 and 31% in 2058;
- By 2086, about one in three people in the UK will be over 60;
- The number of people over 85 in the UK is predicted to double in the next 20 years and nearly treble in the next 30 years;
- The population over 75 is projected to double in the next 30 years;
- Nearly one in five people currently in the UK will live to see their 100th birthday.

**Consultation**

67. Consultation to date has included CYC Commissioning and Contracts manager; Vale of York Clinical Commissioning Group; Age UK York, St Leonard's Hospice@Home and York Older People's Assembly.

**Options**

68. The Committee is asked to note the information above and decide whether to continue with the review, or not.

**Analysis to date**

69. The Task Group acknowledged that there is a growing number of older people in York and this figure is likely to increase. York Health and Wellbeing data (paragraph 63) projects that by 2020 the over 65 population in York is expected to increase by 5,300 (15%) including an additional 1,200 people aged over 85 (a 24% increase). By 2037, the over 65 population in York is expected to increase by 19,400 (55%) including an additional 6,600 people aged over 85 (a 132% increase).

70. Previous reports and presentations to this Committee have highlighted the continuing pressures on beds at York Teaching Hospital NHS Foundation Trust and the Task Group appreciated that these pressures could be eased by low level preventative measures to reduce hospital admissions among older people.

71. Be Independent, which is commissioned to provide a Community Alarm and Telecare service for residents in their own homes, prevented 50 hospital admissions in one quarter. It has helped more than 95% of customers to maintain their independence.

72. The Task Group acknowledged the valuable work being undertaken by churches and voluntary and community organisations in providing services for older people such as luncheon clubs and day clubs. Age UK York, for example, runs activities such as day clubs for older people who may feel socially isolated and a befriending service to provide companionship and support for housebound older people living at home in the community.

73. The CCG is developing a system of integrated working. To provide these integrated services the CCG is looking to develop care hubs at which care is centred on the individual with as many services as possible provided by the community. The Task Group and voluntary sector representatives agreed that integrated care hubs could be part of something very useful in preventing hospital admissions by taking a holistic view to allow older people to stay in their own homes.

74. However, the Task Group recognised there was a need to develop stronger links to the voluntary and community sector while acknowledging there was a wide range of specialist skills and support available in the voluntary sector.

75. Finally the Task Group noted the information on the Telecare and Telehealth Hub initiative at Airedale Hospital which uses technology to provide more care for residents at home of in care homes, reducing the need to call an ambulance. The Hub uses video conferencing technology to connect patients and care home staff to hospital consultants or specialist nurses. A study of 17 nursing and residential care homes linked to the Telecare Hub saw a 45 percent reduction in hospital admissions following the introduction of Telemedicine.

**Conclusions**

76. The Task Group has not considered any conclusions at this stage.

**Council Plan**

77. This review is linked to the Protect Vulnerable People element of the Council Plan 2011-15.

**Implications**

78. There are no known implications associated with this report. Any implications arising from the recommendations in the Draft Final Report will be addressed accordingly.

**Risk Management**

79. In compliance with the Council's risk management strategy, there are no known risks associated with this report.

**Recommendations**

80. Having considered the information provided within this report, Members are recommended to proceed with the review.

    Reason: To ensure compliance with scrutiny procedures and protocols.

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**Report Approved** ✓ **Date** 09/03/15
**Wards Affected** **All** ✓

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**Annexes**

**Annex A** – Commissioned Services and Universal Services
**Annex B** – Housing Related Support Services
**Annex C and D** - Admissions to hospital from care homes.
**Annex E** – CCG five-year plan on a page
**Annex F, G, H and I** – York Care Hub

**Glossary of Abbreviations used in the report**

ACS- Adult Social Care
A&E- Accident and Emergency
CANS- Communities and Neighbourhood Services
CCG- Clinical Commissioning Group
CVS- Centre for Voluntary Service
CYC- City of York Council
HSG- Health and Safety Guidance
JSNA- Joint Strategic Needs Assessment
MH- Mental Health
RSPCA- Royal Society for the Prevention of Cruelty to Animals
VCSE- Voluntary Community & Social Enterprise
VOYCCG- Vale of York Clinical Commissioning Group

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| Customer Group | Service | Service Description | Gross Contract | Activity | Unit | Unit Costs | Notes |
|---|---|---|---|---|---|---|---|
| Older People | Haxby & Wigginton Day Club | Local Day Club | £ 1,092 | Grant/HOT | Outcomes based | ---- | |
| Older People | Haxby Helpers | Local Support | £ 900 | Grant/HOT | Outcomes based | ---- | |
| Older People | Dementia Forward | Dementia Support in York | £ 10,000 | Grant/HOT | Outcomes based | ---- | |
| Older People | Alzheimers Society | Community Befriending & Support | £ 23,432 | | Outcomes based | ---- | |
| Older People | Age UK Community Support Scheme | Community Befriending & Support | £ 20,206 | 113 people visited last year/weekly visits | Per person | £ 88.50 | Outcomes basis |
| Older People | Age UK In Safe Hands | Sitting service to provide short breaks for carers | £ 47,883 | 233 referrals in last 9 months, 4468 "respite hours" and 1710 carers breaks in last 9 months | per break | £ 21.00 | |
| Older People | Age UK Day Clubs | Day clubs for Older People | £ 51,561 | 8 Day Clubs a week with 164 places on average a week | per person/day | £ 12.06 | |
| Older People | Age UK New Day Clubs inc Rent/room hire and subsidy costs of £12,888 - Contract Value £38,427 | Day clubs for Older People | £ 51,315 | See above | ---- | ---- | |
| Older People | Riccall New Day Clubs and £3K Subsidy payments | Day clubs for Older People | £ 23,000 | 20 customers per week across two clubs | per person/day | £ 22.12 | Higher Support |
| Older People | Age UK Net Neighbours | Internet based Shopping Service and Support | £ 10,545 | 52 people currently using - capacity for up to 23 more | per person/week | £ 3.90 | Not all have a weekly "shop" |
| Older People | Age Concern Male Carers | Carers Short Breaks Support | £ 11,731 | 1300 care hours plus 216 overnight per annum | per hour | £ 12.08 | Based on 1750 hours as service managed jointly - £10.76 if overnight hours included |
| Older People | Age Concern Female Carers | Carers Short Breaks Support | £ 9,423 | 450 care hours per annum | per hour | £ 12.08 | Based on 1750 hours as service managed jointly - £10.76 if overnight hours included |
| Older People | Alzheimers Society - Carers Support & Education | Carers Support | £ 7,988 | | n/a | ---- | Open Referral - Two 8 week courses |
| Older People | Mind - Carers Counselling | Counselling support for carers | £ 21,245 | 44 people in total used service last year | ---- | ---- | Outcomes |
| Older People | Age UK Signposting | Information and advice and onward referral service | £ 40,000 | Approx 600 referrals/quarter | Cost per referral | £ 16.67 | |

**Universal Services**

| Customer Group | Service | Service Description | Gross Contract | Activity | Unit | Unit Costs | Notes |
|---|---|---|---|---|---|---|---|
| Universal | York Blind Volunteer Visiting | Visiting Service | £ 17,937 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | York Blind Equipment Service | Management of Equipment Service | £ 4,543 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | York Blind CYC Talking Books Service | Management of Talking Books Scheme | £ 3,168 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | Deaf Resource Centre & Volunteer Visiting | Provision of information, advice and visiting scheme | £ 9,219 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | Deaf Resource Centre Equipment Service | Management of Equipment Service | £ 5,139 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | York Blind Society Information & Advice Service | Information & Advice | £ 19,920 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | York & District Crossroads (Adults) | Short Breaks to Carers | £ 160,529 | 11,488 hours per annum | per hour | £ 13.97 | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | Age Concern Income Maximisation | Benefits Advice Service | £ 15,146 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Universal | York Carers Centre | Various Services provided by Centre - Joint Contract with CCG | £ 171,000 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | York Older Persons Assembly | Support to Assembly | £ 3,395 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |
| Universal | Stroke Association | Provision of advice, information and support to people and carers | £ 27,000 | ---- | ---- | ---- | Outcomes monitored - information available on numbers accessing various aspects etc |

| Customer Group | Provider | Service | Description of Service | Quantity of Provision (units) | 2014/15 Contract Value | Numbers accessing Contracts (eligible Customers) |
|---|---|---|---|---|---|---|
| Older People | Abbeyfield Society - York | Beckfield Lane | Sheltered housing with extra care | 10 | *9,365* | 4 |
| Older People | Abbeyfield Society - York | Regency Mews | Sheltered housing with extra care | 20 | | 6 |
| Older People | Anchor Trust | Barleyfields | Sheltered accommodation | 27 | 4,772 | 18 |
| Older People | Anchor Trust | Saddlebrook Court | Sheltered accommodation | 33 | 5,029 | 27 |
| Older People | Anchor Trust | Guardian Court | Sheltered accommodation | 46 | 5,298 | 24 |
| Older People | Riverside group (English Church Housing Group) | De La Salle | Sheltered accommodation | 22 | 5,928 | 19 |
| Older People | Riverside group (English Church Housing Group) | Hollybank | Alarm & monitoring service | 12 | 1,248 | 12 |
| Older People | Hanover Housing Association | Hanover Court | Sheltered accommodation | 30 | *2,987* | 15 |
| Older People | Housing 21 | Campbell Court | Sheltered accommodation | 32 | 2,215 | 20 |
| Older People | Methodist Homes Housing Association | Field Court, Hempland Ln | Sheltered accommodation | 29 | 2,496 | 8 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Mistral,Sturdee C | Sheltered accommodation | 29 | 3,120 | 10 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Red Lodge | Sheltered housing with extra care | 26 | *12,069* | 18 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Dower Court & William Plows Avenue | Sheltered accommodation | 48 | 8,112 | 26 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Heslington Court | Sheltered accommodation | 28 | 1,248 | 4 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Sandacre Court | Sheltered accommodation | 28 | 5,928 | 19 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Combined Lifelines | Alarm & monitoring service | 24 | 450 | 5 |
| Older People | Joseph Rowntree Foundation (Housing Trust) | Lifeline Service 1 (was Blacksmiths) | Alarm & monitoring service | 30 | 1,002 | 9 |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Forest Ct | Sheltered accommodation | 24 | 5,616 | 18 |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Haverah Ct | Sheltered accommodation | 32 | 5,928 | 19 |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Garth Ct | Sheltered accommodaiton - frail elderly client group | 39 | *9,180* | 21 |
| Older People | Yorkshire Housing (Yorkshire Community | Jubilee Ct | Sheltered accommodation | 28 | 6,277 | 22 |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Visiting Warden Support / Support You To Live At Home | Older People's Floating Support Service | 337 | 111,144 | *150* |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Hardwired & Estate Lifeline | Alarm & monitoring service | 249 | 31,848 | *207* |
| Older People | Yorkshire Housing (Yorkshire Community Housing) | Handyperson Service | Handyperson service | n/a | 71,667 | 750 jobs |
| Older People | York Housing Association | Auden House | Sheltered housing with extra care | 41 | *56,241* | *21* |
| Older People | York Housing Association | Bretgate | Sheltered accommodation | 37 | | 24 |
| Older People | York Housing Association | Margaret Philipson Court | Sheltered accommodation | 20 | | 16 |
| | | Totals | | | 369,168 | |

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NHS
Vale of York
Clinical Commissioning Group

# NHS Vale of York CCG, Overview of Care Home Project

Becky Allright, July 2014

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Clinical Commissioning Group

# Why is the NHS focusing on care homes?

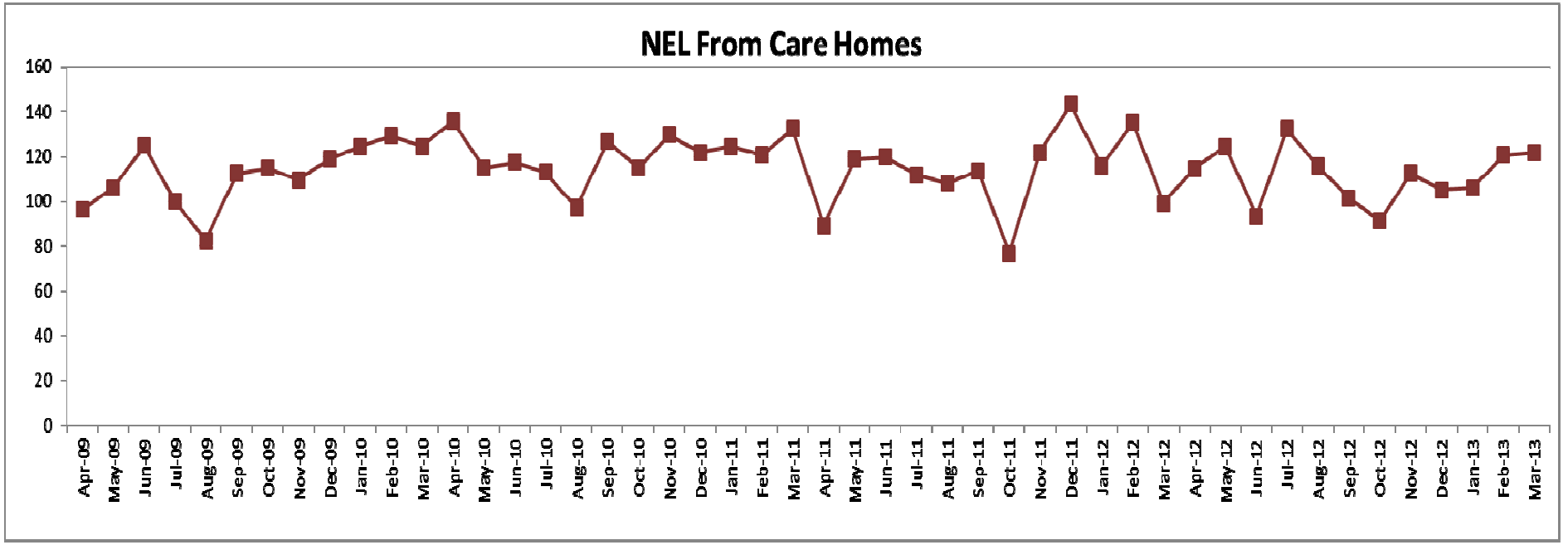
NHS spent over £20 million in 2012-2013 within the care home sector:

- £288 per emergency ambulance call out, over 1300 admissions (minimum of £374,000)
- £10 million on Continuing Health Care
- £4.5 million on Funded Nursing Care
- £4.0 million Non-elective Hospital care
- £0.5 million on Fast Track in care homes

# Progress to date

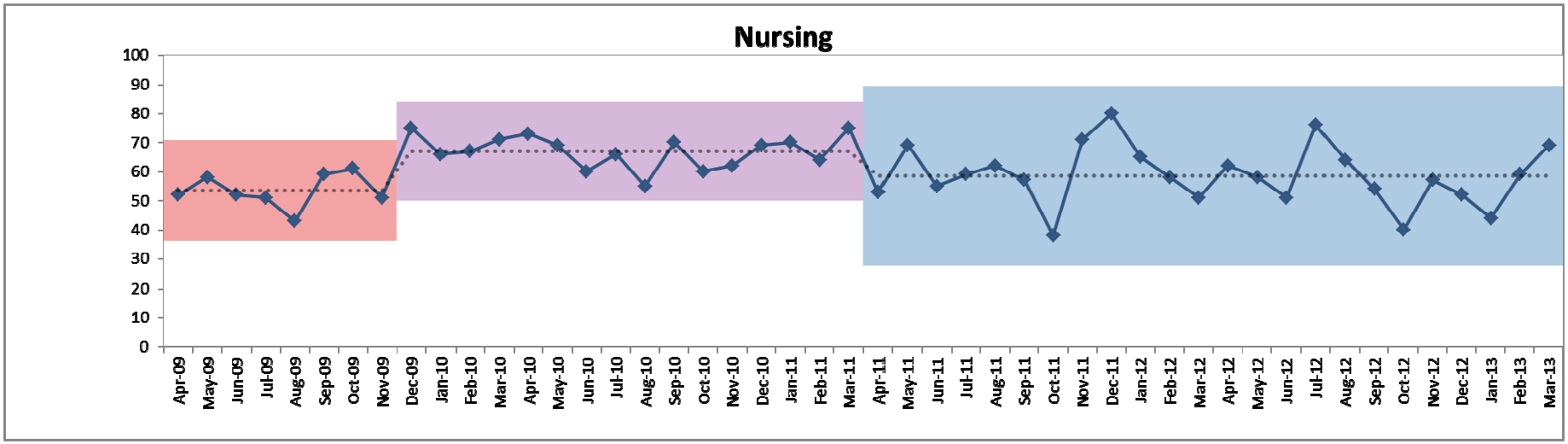
- Urgent Care: Review of Non-elective Admissions
- End of Life Care: Audit of hospital deaths from care homes
- Community Care: Development of care homes nursing team: SBAR, Emergency Care Plans, ACP Training
- Integrated working: Telecare/MDT Working/Priory Medical Group
- Quality and Improvement: NHS clinical skills audit
- Workforce Development: ACP Training

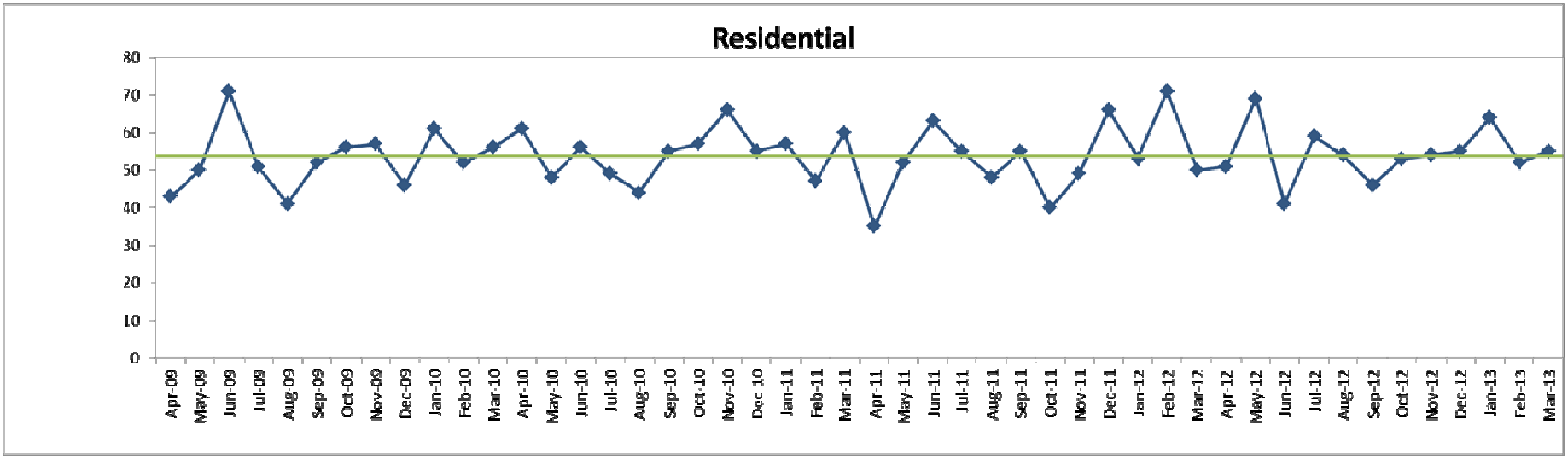
# Non Elective Admissions: all care homes 2009-2013



# Non Elective Admissions

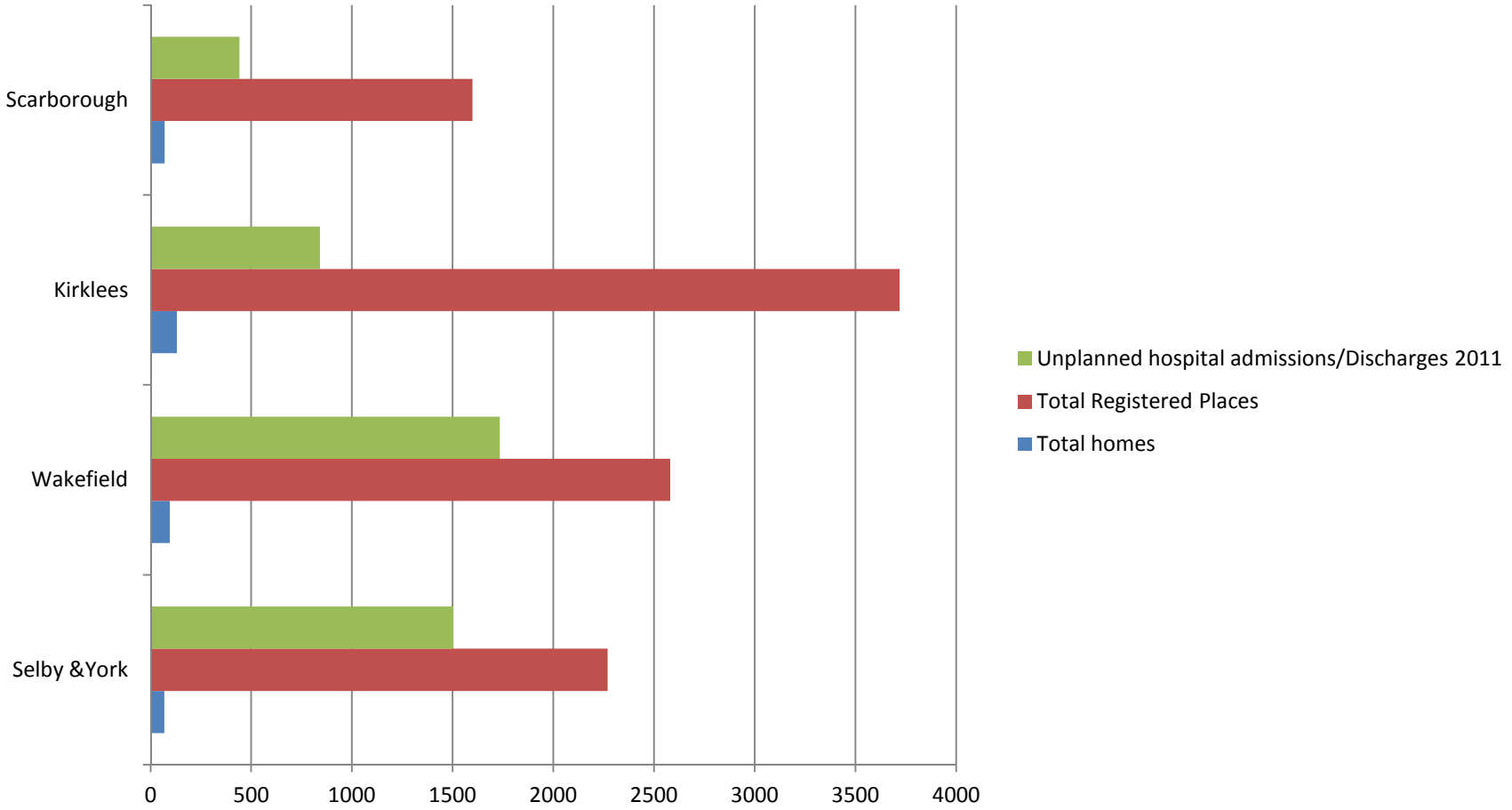




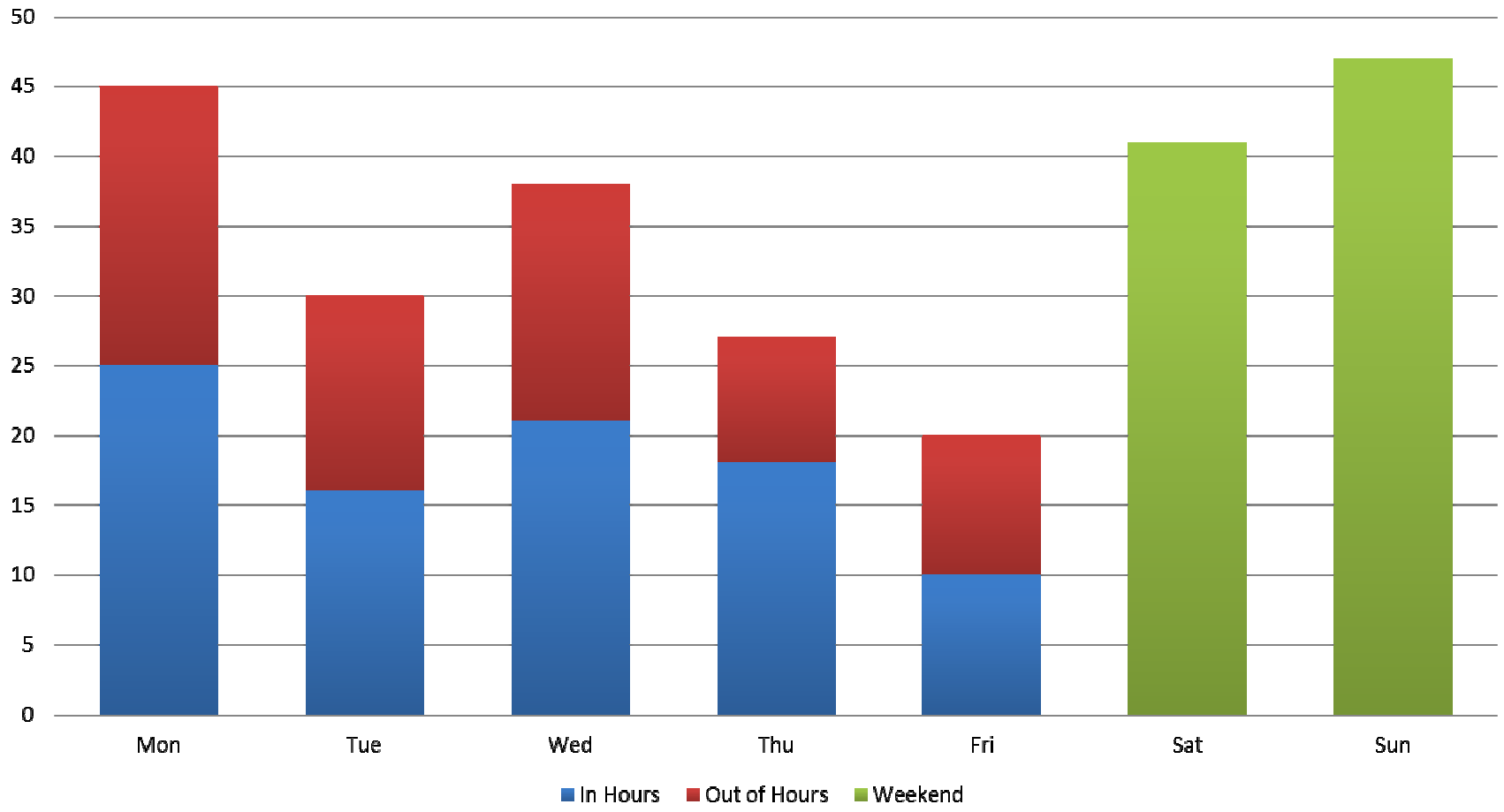




- Graph available for each individual home

# CQC 2011 Data



# Admissions via A&E by day and in/out of hours (Apr – July 2012/13)



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# Hospital Audit

- December 2012 – November 2013 there were 177 admissions into York Hospital from care homes that resulted in death.
- In order to analyse the data in more depth a small sample size of 62 case notes were reviewed for deaths occurring between July 2013 – November 2013.

# Findings:

- Average age on admission was 83 and average length of stay was 6 days
- 45% had a diagnosis of pneumonia or sepsis as a reason for admission
- 74% of admissions had diagnosis of additional long term pathologies e.g. COPD and cardiac
- 41% of those admitted had a long-term diagnosis of dementia
- 43% of admissions were out of 9-5 core hours

# End of Life Care/Dementia

- The CQC's Care Update report in 2012 found that in 78 out of 151 CCG's people with dementia who lived in care homes were more likely to be admitted to hospital for an "avoidable reason" than people without the condition.
- Four out of five people living in care homes have dementia or severe memory problems, Alzheimer's Society report, "Low Expectations".
- End of Life care for people with dementia is not always a clear-cut prognosis

# Feedback from End of Life Care Forum with Care Homes

- Education for staff is vital on end of life care
- Need to agree on “what does good look like”
- Practical considerations such as equipment, medication, transport are key
- Avoid outpatient appointments were possible
- Improve access for care homes to specialist advice out of hours e.g. Scarborough PalCall system
- Better Care Fund looking at opportunities for integration and development of care hubs e.g. Priory Med Project

# Community Care:

- Booklet developed for staff in care homes to access NHS community services
- Social Care, CCG and partners now meeting regularly through the care home working group
- Community Matron service has been developed in 2013-2014 to roll-out SBAR tool, Emergency Care Plans, ACP Training across nursing homes
- NHS Clinical Skills Audit
- Medicines Management

# Integrated working to support Care Homes

- Trial of telecare in residential homes to look at falls prevention and improving skincare/tissue viability
- MDT working group identified pink passport as a way of improving communication
- Care Homes now a key part of development of York Care Hub, being developed by Priory Medical Group

# Workforce Development

Continuous education programme running currently including:

- NHS Clinical Skills Audit
- Medicines Management
- Advanced Care Planning
- Tissue Viability

**Annex D**

| | |
|---|---|
| | **Item Number:** |
| **NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**<br><br>**GOVERNING BODY MEETING** | NHS<br>*Vale of York*<br>*Clinical Commissioning Group* |
| **Meeting Date:** | |
| **Title: Care Homes Expert Reference Group** | |
| **Responsible Chief Officer and Title**<br><br>Fiona Bell, Head of Innovation and Improvement/Deputy Chief Executive | **Report Author and Title**<br><br>Becky Allright, Joint Commissioning Manager |
| **Strategic Priority**<br>The NHS spent over £20 million in 2012-2013 within the care home sector, and quality and performance issues are a key part of the CCG's work area. | |
| **Purpose of the Report**<br>To provide an update on progress and next steps for the project. | |
| **Recommendations**<br>1. The group will be extended to include all social care providers including domiciliary care agencies.<br>2. The group will advise and support work that support further reductions in urgent and planned admissions for care home residents and seek to improve clinical pathways.<br>3. The group will no longer report to the Urgent Care Working Group, and will instead report to the Integrated Delivery Group as part of the Better Care Fund negotiations | |
| **Impact on Patients and Carers**<br><br>The project will improve patient and carer access to clinical support for all home care clients and care home residents in the Vale of York | |
| **Impact on Resources (Financial and HR)**<br>None | |

**Annex D**

| |
|---|
| **Risk Implications**<br>None |
| **Equalities Implications**<br><br>None. |
| **Sustainability Implications**<br><br>None |

**GOVERNING BODY MEETING: (Insert Date)**

**Report Title**

## 1. Purpose of the Report

1.1 Care Homes are one part of the health and social care sector which supports vulnerable people and frail elderly to remain independent. The NHS spent over £20 million within the sector in 2012-2013 across continuing healthcare, fast-track placements, urgent admissions and patient transport.

1.2 The Care Home Working group has supported a range of projects to support the QIPP agenda in 2013-2014 which are now being evaluated. This report outlines the findings of this work and future developments planned for 2014/2014.

## 2. Background

1. York has 2.8 care home beds per head of population 75 and over, compared to an SHA and national average of 4.2 in Yorkshire and Humber and 4.4 in England. In 2011 there were seven times as many people over 80 years old living in City of York, as available care home beds. Around 2/3 of care home residents are not funded by the Local Authority as they do not meet the criteria for financial support, meaning they are self-funding their own care.

The level of care provided in care home settings is increasingly complex.

The average length of stay in a care home setting for residents is around 18 months. The care home's role is to coordinate care and support for their residents through a variety of care pathways, and works with NHS, social care and family stakeholders to support the resident.

2. There are two types of care home, care homes with nursing, who have nursing staff available to oversee care, and care homes (Formerly known as residential). Care home residents do not have immediate access to nursing advice/support and must request help externally. Currently primary care and community NHS support services are not always proactive in supporting end of life care in care home settings, and residents are often admitted to hospital due to a critical health issue, which is related to the end of life phase.

3. Within the Vale of York there are 78 care homes providing over 2500 beds. 35 homes (896 beds) are in North Yorkshire, 42 homes (1553 beds) in York, 7%, 2 homes with157 beds are in East Riding. Homes vary considerably in size, and many of the smaller homes have a higher ratio of admissions to beds. There are a range of independent sector organisations running care homes in the Vale of York, including several national companies. There are also several large homes (over 50 beds) in the Vale of York. In 2012-2013, 14 of the largest homes accounted for 40% of the beds and 35% of admissions.

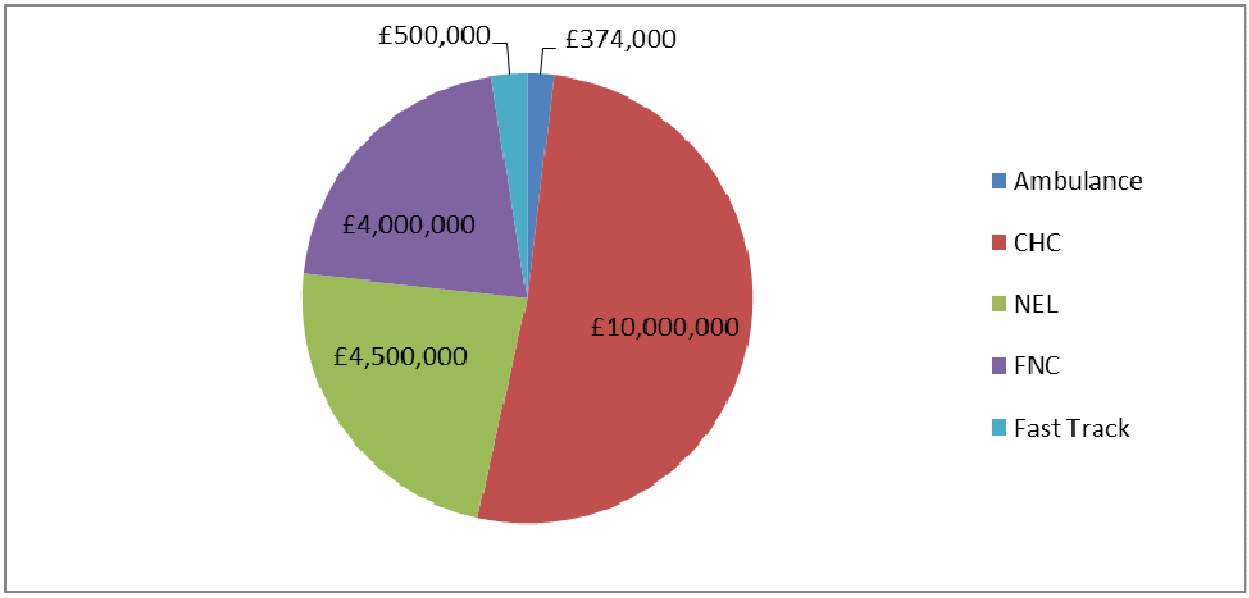
## 3. Evidence base

There are two key drivers for change within the care home sector:

- Better coordination of care for those older people with the most intensive support needs and reduction in non-elective admissions
- Improving overall quality of care e.g. end of life care, dementia

The care home project has collated evidence of the costs of non-elective admissions, continuing healthcare costs, and worked alongside the quality and performance teams in the Vale of York Clinical Commissioning Group, City of York and North Yorkshire County Council to work with the sector. The NHS spent over £20 million in 2012-2013 within the Vale of York care home sector:

Annex D




The project has also reviewed the available evidence of outcomes in other localities to develop QIPP efficiencies. Based on the available evidence the project has supported the following initiatives in 2013-2014:

1.0 Development of primary care led initiatives to streamline support for care homes, and improve the efficiency and joint working between primary care and the independent sector. This has led to the involvement of care homes in the development of the Better Care Fund project work with Priory Medical Group.

2.0 The existing community nursing service for nursing homes has been enhanced to support the implementation of emergency care plans and SBAR tool.

3.0 The project has overseen the development of up to date local contacts within the NHS for care homes, hosted on the CCG website.

4.0 The project has overseen a pilot of technology through City of York Council initiative supporting care homes to prevent falls and improve the home's responsiveness to individual care needs of residents.

5.0 The project has reviewed opportunities for improving MDT working and hospital discharge planning.

6.0 The project has supported joint training on end of life care through St Leonard's Hospice/City of York Council

## 4. Content of the report/ Issues to Consider

The future of the group will be as an expert reference group that can support engagement with the sector, across all Vale of York Clinical improvement initiatives, and inform wider discussions around innovation and improvement in the sector. The group will have the following functions:

### 1. Communication:

The Care Home group will continue to provide regular communication and updates on local NHS led training and development opportunities, as well as supporting the development of up to date and accurate information for care homes on NHS services. The group will support MDT working and provide a cross-organisational forum for reviewing and disseminating key issues across the sector

### 2. Strategic Development:

The group will critically evaluate and disseminate local and national evidence about best practice in care home settings.

### 3. Joint working:

The group will work in partnership with social care to support best practice in the provision of community equipment and telecare solutions, particularly targeting falls prevention and tissue viability.

The group will support Better Care Fund projects, by developing a "person passport" scheme to improve multi-disciplinary coordination and support for care home residents who experience an acute admission/crisis

### 5. Stakeholder/ Public Engagement:

The project group will run several engagement events for providers to disseminate best practice and share learning around best practice.

## 6. Financial Implications:

The project has been successful in seeing a small reduction in number of nursing home admissions from 718 in 2011/12 to 686 in 2012/2013 and there has been a reduction in excess bed days, (1500) and overall cost of care for non-elective nursing home admissions by £400,000 during the same time-period.

The project aims to continue to support a reduction in non-elective admissions for care home residents in its new advisory role, providing project support for any sector-led initiatives that the care homes wish to develop.

## 7. Legal Implications

None

## 8. Equalities Implications

None

## 9. Recommendations

9.1 The scope of the group is extended to work with other social care providers including domiciliary care agencies.

9.2 The current MDT care home working group and its improvement agenda will report into the wider Better Care Fund negotiations through the Joint Delivery Group

9.3 The current group is renamed as an “Independent Sector Expert Reference Group”

Annex E

# Laying the foundations

# Embedding and extending

# Financially sustainable system

## 2014/15 2015/16 2016/17 2017/18 2018/19

**Prevention, Self Care and Wellbeing**
- Weight Management
- Smoking Cessation
- Alcohol Strategy

**Integrated Care**
- Integration Pilots
- Community Services Review
- Patient Transport Services Review

**Community Services Procurement**

**Primary Care Reform**
- Empowerment and Market Readiness
- Co-Commissioning with NHSE
- Referral Support Service
- Risk Stratification

**Out of Hours Procurement**

**Urgent Care Reform**
- Liaison Psychiatry; Street Triage
- Emergency Care practitioners
- Front Door Geriatrician

**System Resilience Groups**

**Planned Care**
- Pathway Review and Redesign
- Neurology Planned Care
- Diabetes
- **MSK Procurement**
- **Elective Orthopaedic Procurement**
- EOL Pathway Review
- Specialised Services and Co-commissioning

**Children's and Maternity**
- SEN and Care Bill
- CAMHS
- Autism Review
- Asthma

**Cancer and End of Life**
- Cancer Pathway Review
- Palliative Care Review
- Survivorship Agenda

**Mental Health**
- IAPT
- Mental Health Service Review
- Bootham Inpatient Redevelopment
- Prescribing Review

**Mental Health Procurement**

**Urgent care pathways embedded throughout system**

**Care Hub(s) established**
- End of Life Care pathway embedded
- Self care and prevention embedded
- Mental Health pathways (including Physical Health checks) embedded

**New Models of Primary Care**
- Expanded capacity
- Seven day working
- New partnerships

**Resilient System of Secondary Care and Hospital**
- Sufficient capacity
- Productive services
- Value for Money
- Specialised services in fewer centres of excellence

**Modernised Mental Health Services**
- Sufficient IAPT Access
- Fit for purpose estate
- Parity of Esteem

**New System of Fully Integrated Care**
- Seven day working
- New organisational forms
- Lead contractor arrangements
- Total dedicated accountable budget



NHS
Vale of York
Clinical Commissioning Group

**My Life, My Health, My Way: High quality care, in the most appropriate setting, to meet the needs of our population.**

Our work will deliver a **sustainable and high quality health service** available to all to **improve health and wellbeing** across the Vale of York. Targeting Health inequalities, increasing parity of esteem between physical and mental health and providing local access to care. The CCG will provide **system leadership**.

Annex F

NHS
Vale of York
Clinical Commissioning Group

## You said, we did

Help people to stay healthy

Provide people with the opportunity to influence and change healthcare

Ensure access to good, safe, high quality services closer to home

Support people with long term conditions to improve quality of life

Improve health-related quality of life and end of life care

Implement local 'Care Hubs' across the Vale of York

High quality mental health services for the Vale of York, with increased awareness of mental health conditions

Ensure local healthcare services are sustainable

Ensure people have access to world-class complex and specialist care

Support health research in the local area

## Our strategic initiatives

**Prevention, Self Care and Wellbeing:** help people stay healthy through informed lifestyle choices, support people to self-manage long term conditions where possible

**Integrated Care:** coordinate health and social care services around the needs of patients to create a fully integrated out of hospital system of care

**Primary Care Reform:** improve the continuity of care and delivering services seven days a week through GP practices working together to support larger populations; enabling the Care Hub Model

**Urgent Care Reform:** improve and coordinate of all aspects of urgent care provision that ensure that patients are treated at home wherever possible

**Planned Care:** enhance the referral support service to ensure the right care is delivered for patients first time. Improve productivity of elective care

**Transformed Mental Health:** improve the management of people with mental health needs and improve their physical health through all new models of care across system

**Children's and Maternity:** give children the best start in life possible, promote healthy lifestyles and supporting self-management of their conditions

**Cancer and End of Life:** prevention, diagnosis and treatment; carers pathway

## Enabling work

Co-commissioning of primary care with NHSE

Primary care improvement hubs

Workforce planning

IT connectivity across the system

Shared care record and individual care plans

Sophisticated Commissioning and Contracting

Procurement choice and market readiness

Estates and infrastructure

Clinical data review and analysis

Assistive technology (referral support; community equipment)

Research and innovation

Prescribing

Carers and voluntary sector

## Our improvement interventions

- Drinking interventions and joint delivery of Alcohol Strategy and Wellbeing Business Plan with local authorities
- Weight Management (Selby)
- Smoking Cessation

- Piloting of four Care Hub Models
- Community services review and procurement
- Embedding urgent care, self-care and End of Life pathways in Care Hub Model
- Patient transport services

- Referral support service and care plans for frail old people and complex needs
- Out of Hours review and procurement
- Doctor First; Risk stratification
- Extended role of community pharmacy
- Dentistry in residential homes

- Street triage and emergency care practitioners
- Psychiatric liaison in A&E
- Paediatric zero length of stay
- Front door geriatrician

- Systematic service review and pathway redesign – ophthalmology, critical care review
- New pathways of care in diabetes and neurology; System resilience: planning capacity
- MSK and elective orthopaedic procurements

- Mental health service review and procurement
- Autism review; dementia service development; IAPT expansion; prescribing
- Bootham inpatient redevelopment

- Children and Families Act: Special educational needs
- Regional work programme 2014-16
- Asthma, CAMHS and health reviews for looked after young people

- Palliative Care Review
- Cancer Pathway Review and Survivorship

## Outcomes

**Quality outcomes:**

- Delivering on the NHS Constitution
- Enhanced **quality** and **safety** of care
- Improved patient experience of care outside of hospital (12%)
- Increase in number of people having positive experience of hospital care

**Health outcomes:**

- Reduce the potential years of life lost (15%)
- Reduced emergency hospital admissions (by 14%)
- Increase in proportion of older people living independently at home following discharge
- Improve the health-related quality of life of people with LTCs
- Improving physical health of th with mental illness (parity of es
- Reducing Falls
- Improve dementia diagnosis

**Impact on activity 2014/15:**

| Elective | -£ | 2 |
|---|---|---|
| First appointments | -£ | 35[illegible] |
| Follow-up appointments | -£ | 816,443 |
| A&E | -£ | 782,357 |
| Non-elective | -£ | 1,489,179 |
| **Total** | **-£** | **3,451,600** |

**Impact on finances:**

- Delivering on the NHS Constitution
- Financial sustainability of the Vale of York health economy.
- Increase productivity of secondary elective care (target 20% by 2018/19)
- Ensuring **Value for Money** for every £ spent.
- Contribution of QIPP schemes of £5m to financial gap of £9.4m



**Our values will underpin everything we do: Quality • Governance • Engagement and co-design • Prioritisation • Equality • Sustainability • Empathy; Integrity • Respect • Courage**

| 2014/15 - 2015/16<br>Laying the foundations | 2016/17 - 2017/18<br>Embedding and extending | 2018/19<br>Financially sustainable system |
|---|---|---|

Priory Medical Group

Annex F

NHS
Vale of York
Clinical Commissioning Group

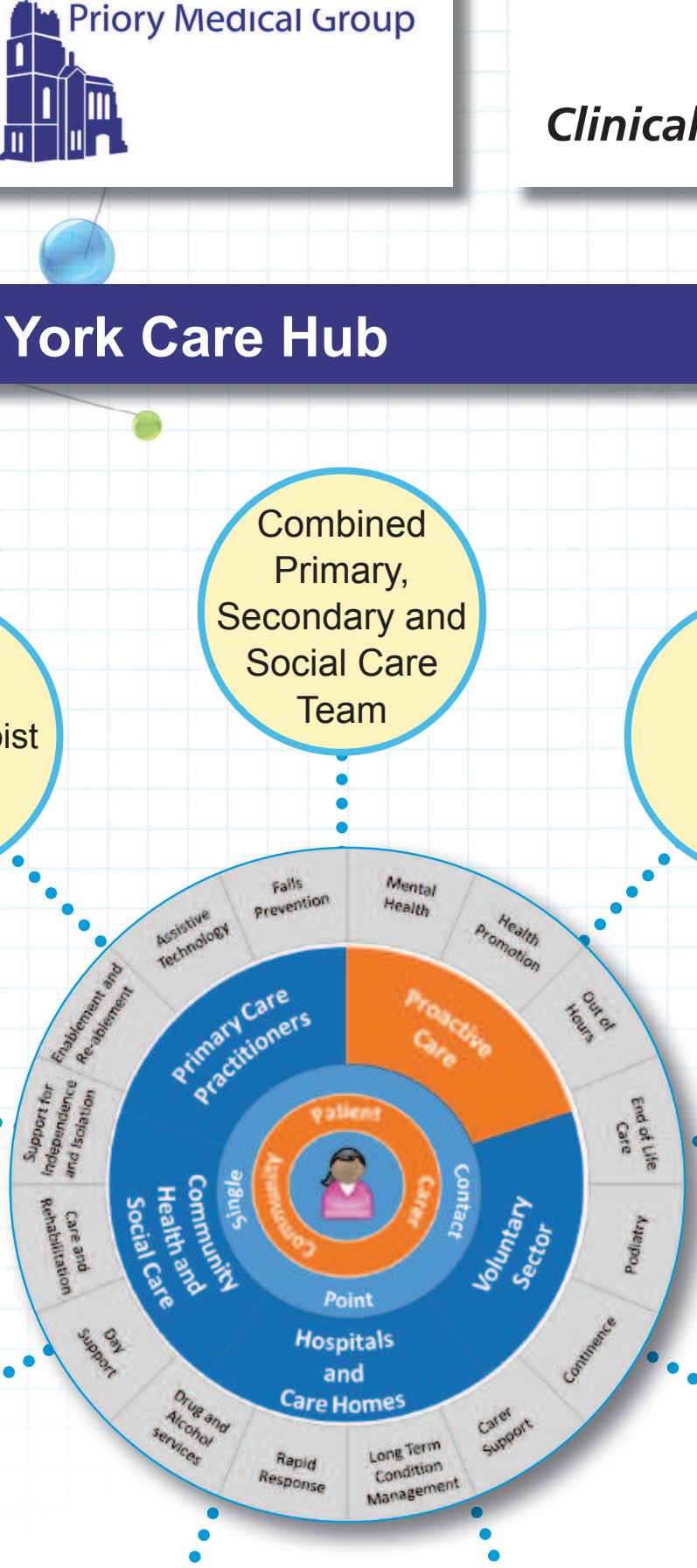
# York Care Hub

Physiotherapist

Combined Primary, Secondary and Social Care Team

Nursing

Social worker




Care Coordinator

Holistic Care workers

Administrator

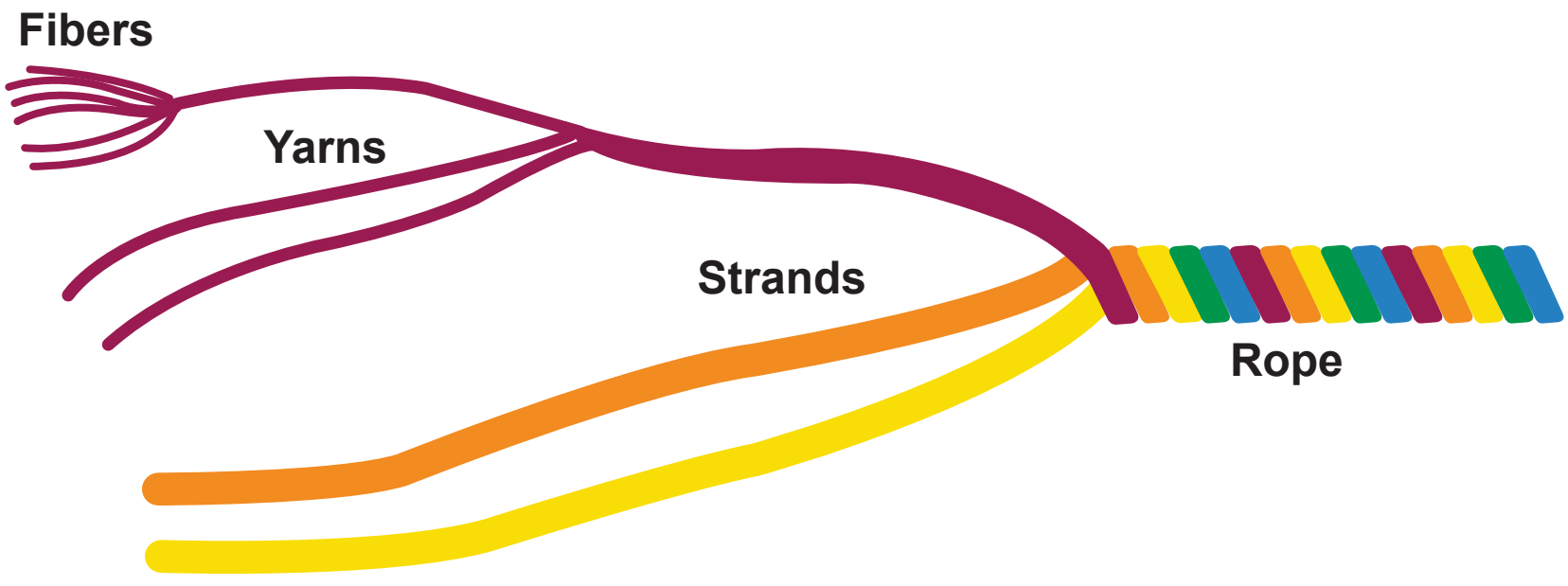
Occupational Therapist (to be confirmed)

GP

## Aims of the York Hub

- Reduce avoidable hospital admissions
- Expedite safe discharge from hospital
- Enable patients to remain independent longer
- Keep the patient at the centre all the time

The best health and wellbeing for everyone.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Yarns
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NHS
Vale of York
Clinical Commissioning Group

# York Care Hub

**Led by Primary Care (Priory Medical Group).**

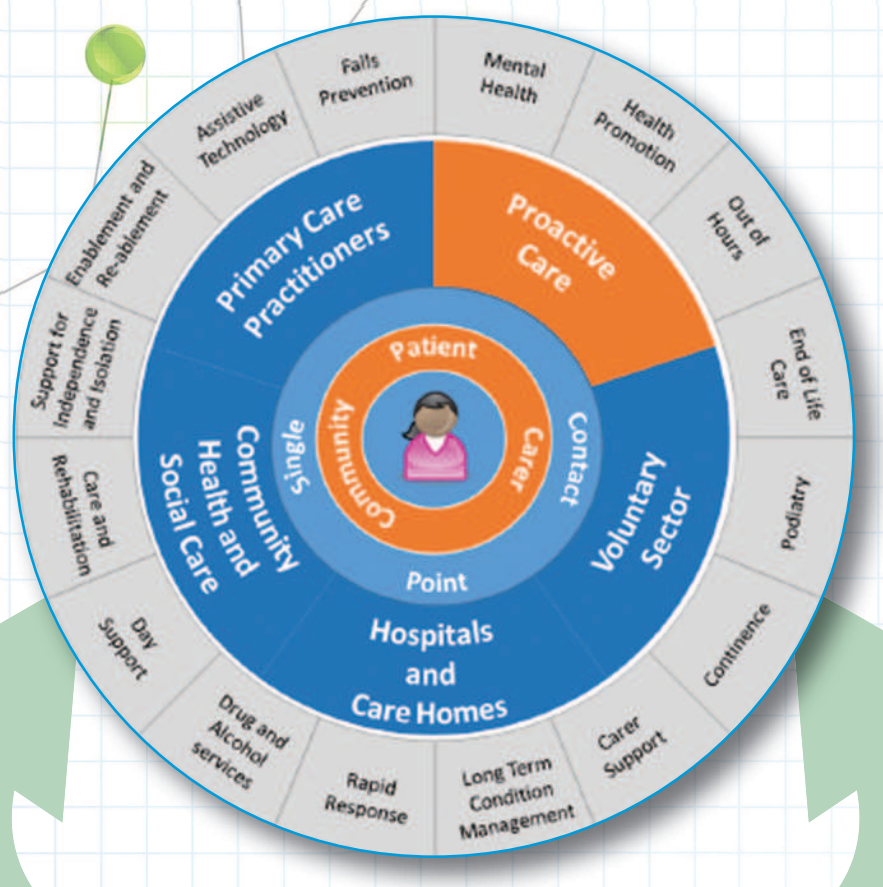
**Linked to York Teaching Hospital's NHS Foundation Trust's Community Services and City of York Council.**

**'Virtual' Care Hub working through all nine of Priory Medical Group's GP practices in York.**

**Care Hub team of GP, Case Manager, Case Worker and some Social care and Voluntary Sector input that is currently in place.**

**Providing case management and care coordination.**

**Direct patient care provided by 'Primary Care Plus' team.**




- Integration
- Person-centred care
- Primary care reform
- Urgent care reform
- Planned care
- Mental health
- Children and maternity

- Framework
- Development plan
- PMO /Support
- Monitoring and evaluation

## Current position

- Initial focus on 500 patients in care homes
- Implementation date - April 2014

## In place

- Care team (Care Coordinator, Case Manager, Social Care and Community Nursing)
- IT for remote working in care homes
- Risk stratification software
- 180 patients with care plans
- Initiation of Community Facilitators
- Memorandum of Understanding with York Teaching Hospitals NHS Foundation Trust re community staffing agreed
- Daily MDTs and plans for coordination of care with care homes
- 850 patients already on the case register

## Current work

- Considering the next 1,000 high risk patients
- Extending the project to three additional GP practices taking patient population to 105,000

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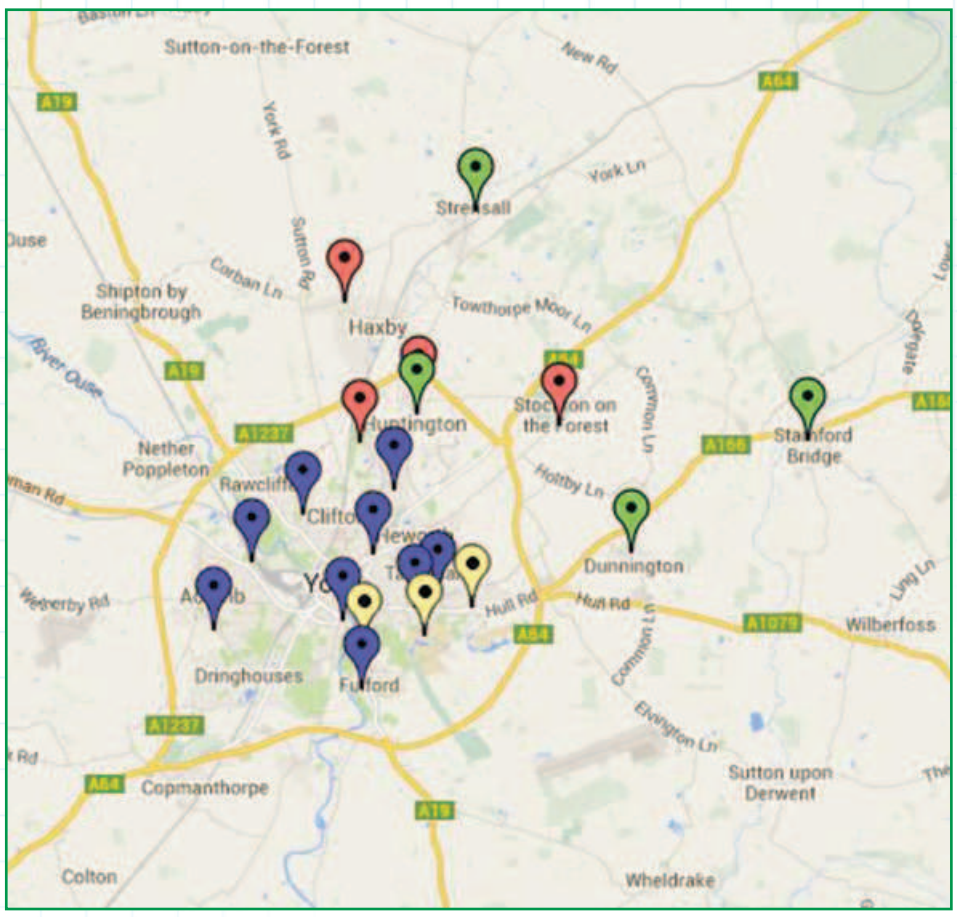
# York Care Hub

## Our plans are to expand the Care Hub to cover greater number of patients




- Priory Medical Group
- Haxby Group Practice
- My Health
- Unity Health
- Patients under care of the hub expanding from 54,000 to 114,000

## Our next steps

- Refocus attention on Care Homes (Nursing and Residential)
- Increased home based or surgery based blood testing rather than hospital based tests
- Develop new clinical pathways in response to gaps Team have identified and will reduce avoidable hospital admission, for example Urinary infections, intravenous antibiotics at home

## Our work going forward

- To make small incremental changes
- To do more if it works, if it doesn't, we stop
- To keep focussed
- To not get distracted

The best health and wellbeing for everyone.

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Priory Medical Group

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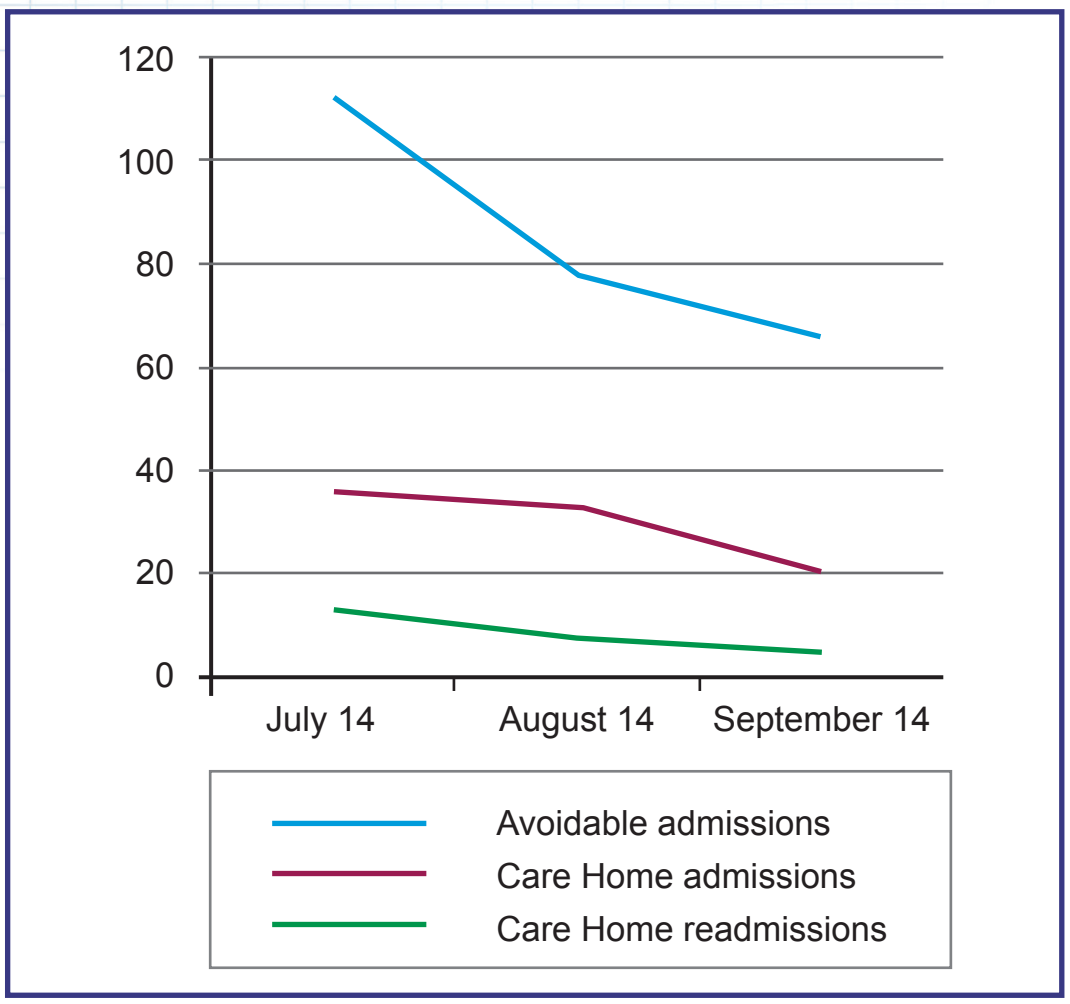
## York Care Hub

It's early days, but so far, it has reduced avoidable In-Patient admissions

| Performance measure | July 2014 | August 2014 | September 2014 |
|---|---|---|---|
| Admissions | 112 | 78 | 66 |
| Cost of admissions | £187,345 | £116,215 | £85,186 |
| Cost per 1000 patients | £3,079 | £2,248 | £1,602 |
| Admission from Care Home | 36 | 33 | 20 |
| Readmission from Care Home | 13 | 8 | 5 |

## What the Care Hub achieved




### Additional benefits realised

Previously fragmented providers of care are starting to work together

Creation of an individual "Care Plan" owned by the patient or their carer

Work to create a "Shared Care Record" is underway

Gaps in care identified….

### We will continue to

Make small incremental changes

Do more if it works, if it doesn't, we stop

Keep focussed

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**Health Overview & Scrutiny Committee 25 March 2015**
Report of the Director of Customer & Business Support Services

# Older Person's Accommodation

## Summary

1. The purpose of this paper is to provide context to the decision to end the procurement exercise that began in 2013 to build two new care homes in the city and to develop housing on the Lowfields site. On 3rd March 2015 revised proposals were presented to Cabinet based on creating Extra Care Housing with the Independent Sector and reforming the council's existing EPH stock. This will also provide a new care home on the Burnholme site in addition to other health and community facilities. Cabinet were also asked to abandon the existing procurement.

### Background

2. In June 2013, Cabinet approved plans to fund the building of care homes at Burnholme and Lowfield, including a Community Hub. Cabinet also approved plans to seek a capital receipt for the land at Lowfield on which other housing accommodation for older people would be built. Cabinet agreed to enter into a single procurement for both sites to procure an external provider to design, build, operate and maintain the Burnholme Care Home and Lowfield Community village for Older People. Estimated project costs of up to £500,000 were approved towards the procurement process.

3. The Cabinet paper considered in June 2013 was explicit about the risks involved with this project.

   At Para 27, the paper said,

   'Only once the council has been through a full procurement will the actual costs be known and then allow for proper consideration as to affordability from the existing budget'.

At Para 29

*'In order to stay within the existing revenue budget, and be able to finance the capital costs, it is estimated that the tender price will need to be towards the lower end of the estimated £25m-£30m. The procurement process will seek to develop a solution that can be met from the council's existing budget provision. It is not expected that the project will deliver further savings, with the likely need to use the entire budget to fund the capital/revenue operating costs of the new service.'*

Para 31

*'Until the full procurement has been completed, there clearly remains a risk that the project may not be able to be delivered within the existing budgetary provision'*.

Para 32

*'There is the risk that, if the care home developments do not happen for any reason (eg a failed procurement exercise), the project costs would need to be written off'.*

Para 54

*'The proposals outlined in this report have significant, long term financial implications for the council and there is clearly an inherent risk attached to any project of this size and nature. The financial estimates have been verified as far as possible however, there is a risk that the tenders could come back at a higher cost than estimated, resulting in an ongoing budget pressure for the council. There is also a risk that the existing sites may not realise the anticipated level of capital receipts included in the financial model and this will need to be carefully monitored'.*

4. Although the proposals were ambitious, given the significant interest from organisations wanting to develop and run the homes it was reasonable for the council to believe that the market thought that the plans were realistic and achievable.

5. Various procurement routes were considered by the project and it was agreed (following legal and procurement advice) that the most appropriate method was the Competitive Dialogue route.

This approach provided the council with greater flexibility to work with bidders through the dialogue process to refine the requirements in line with budgetary constraints.

6. Three bids were received from consortia and there was an expectation that an agreement could be reached. It was apparent there would need to be dialogue and all aspects of the specification were reviewed to consider whether the proposal could be affordable within the budget the council had available. This work included consideration of the bed numbers, provision for self funders, build quality, types of ensuite facilities, staff ratios, construction timetable.

7. For a procurement of this scale and complexity, it was inevitable that some months would be required to complete the dialogue. Given the extent to which both CYC and bidders sought to find a way to make the proposals affordable, this stage has taken more than a year. Also legal and procurement costs have been incurred trying to structure a deal and as reported, £330k of the £500k allocated to this phase of the project has been spent. The revised proposals will build upon the work done to date and aspects of the project work will be re-used.

8. Concern has been raised about the lack of information available to Members in particular during this phase of the project. Procurements are governed by strict commercial confidentiality and it is not possible to provide updates during the competitive dialogue stage. The council is concerned that residents of our homes and our partners have also had little information for a prolonged period. We recognise the uncertainty that this brings. The revised proposals that have been agreed by Cabinet will be taken forward as separate elements to ensure that if there is a delay to one aspect of the programme that other activity can continue.

9. The Chief Executive is commissioning an external review of the EPH Programme and therefore it would not be appropriate to consider the management of it here. However, as the published project board minutes have illustrated, there has been a focus on affordability throughout the first phase of the project and every attempt has been made to construct agree a solution within the budget that the council had available.

10. In January 2015 Cabinet approved the council's budget for 2015/16 (approved by Council in February) and confirmed that there was no more funding available for the care home procurement. At that point, revised proposals to meet the future housing needs of York's growing older population were drawn up based upon the most recent strategic plans of the authority and its partners.

11. The revised proposals have been worked up assuming that no additional funding will be available. The revised scheme will be funded through the council's existing budget for older people, capital receipts from the sale of our existing older people's homes, grants and prudential borrowing. Given the changing picture of the UK care market, and the huge changes to the national health and social care landscape in the last five years, we are proposing a revised plan which will ensure that the city can deliver the accommodation with care needed, while at the same time responding to residents' wishes to remain independent in their own homes for as long as possible.

**Recommendations**

Health Overview and scrutiny are asked to:

Note the contents of this report.

**Background Documents**

Cabinet Papers June 2014 & March 2015

**Contact Details**

| **Author:** | **Chief Officer Responsible for the report:** |
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**Report Approved** ✓ **Date** 16th March 2015

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

**For further information please contact the author of the report**

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.

**Contact Details**

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<tr><td>Report Approved</td><td>✓</td><td>Date</td><td>8 July 2011</td></tr>
<tr><td colspan="5">Specialist Implications Officer(s)<br>HR – Hannah Morley (Ext 4505)<br>Finance – Steve Tait (Ext 4065)<br>Legal – Melanie Perara (Ext 1087)<br>Property – Tim Bradley (Ext 3355)<br>Equalities – Evie Chandler (Ext 1704)</td></tr>
<tr><td colspan="3">Wards Affected: List wards or tick box to indicate all</td><td>All</td><td>✓</td></tr>
<tr><td colspan="5">For further information please contact the author of the report</td></tr>
</table>

**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

**Annex A**



**DRAFT**

# 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.

Care at home

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.

**Annex A**

City of York Commissioning Strategy for Older People 2006-2021
2010 Refresh

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

.

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]

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*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.*

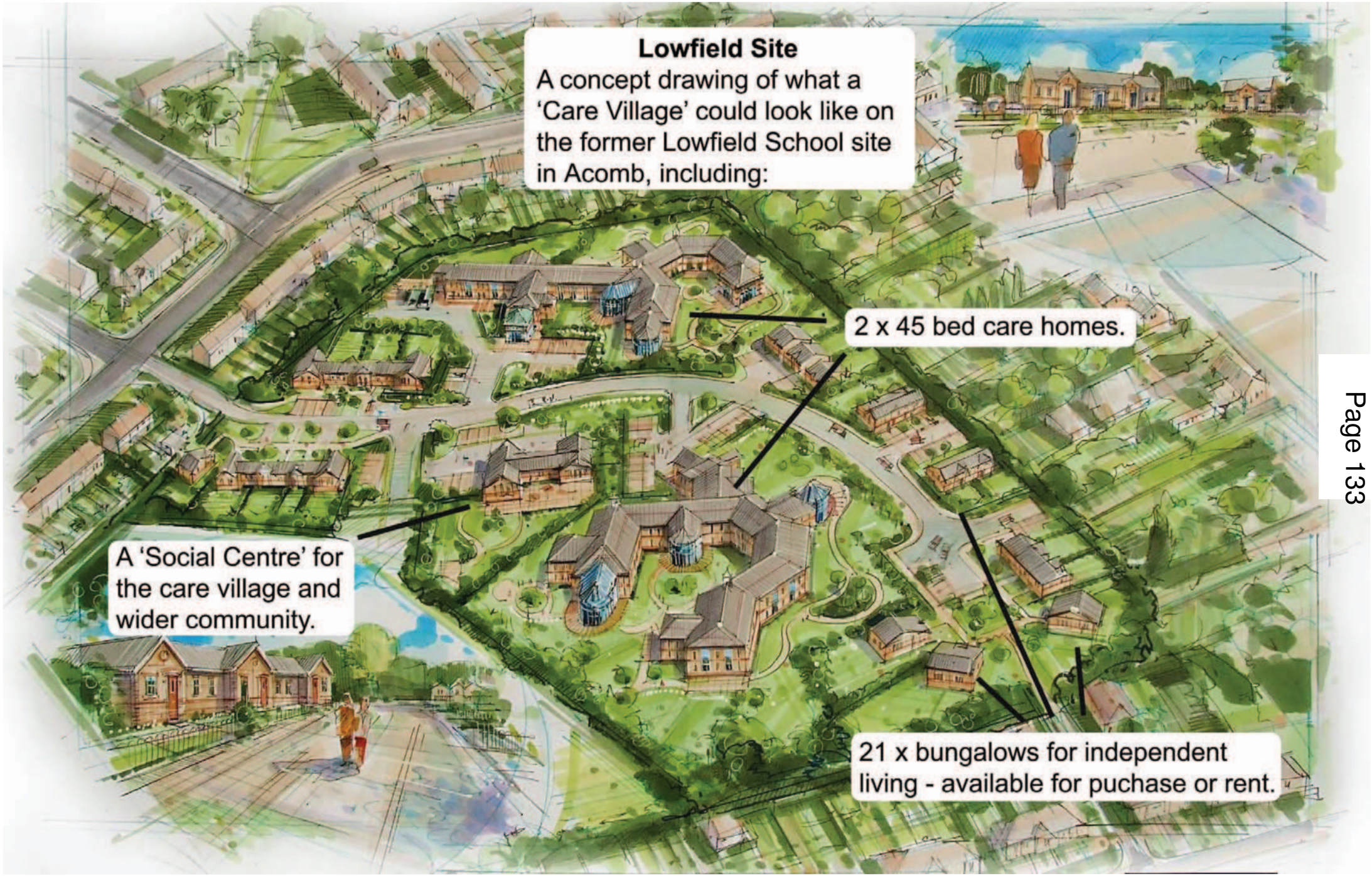
**Annex C**

# 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 C 201 |
| Fordlands | Fulford | 31 | 21 | | | 10 | 11 | 0.98 | 1 | £850-900k | 16 | 28 | £766,110 | £899 |
| Grove House | Guildhall | 33 | 23 | | 6 | 4 | 14 | 0.6 | 1 | £700-750k | 21 | 37 | £718,650 | £783 |
| Haxby Hall | Haxby | 42 | 16 | | 23 | 3 | | 1.08 | 7 | £950k-£1M | 30 | 47 | £1,040,450 | £1,15 |
| Morrell House | Clifton | 29 | | 27 | | 2 | | 0.62 | 8 | £400-450k | 29 | 45 | £899,640 | £995 |
| 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**<br><br>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**<br><br>These are the proposed questions that will be asked in the postal survey questionnaire and the on-line questionnaire.<br><br>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**<br><br>The consultation plan sets out:<br>• **who** the Council will be consulting with, and<br>• **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 **all** 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.

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

# 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.

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**Cabinet** **3 March 2015**

Report of the Director of Adult Social Care from the portfolio of the Cabinet Member for Health and Community Engagement

# The Council's Housing for Older People Programme

## Recommendations

1. Members are asked to:

   a. Agree to a new approach to the provision of accommodation with care for older people which, subject to approval of the detailed business case:

      i. makes best use of the existing Sheltered Housing with Extra Care accommodation owned by the Council by changes to allocations and lettings, staffing changes and capital investment so that residents with care needs, including those with complex needs and those with dementia, can be accommodated;

      ii. authorises officers to develop the business case for an integrated care, health, housing and community facility on the Burnholme School site so that residents with care needs, including those with complex needs and those with dementia, can be accommodated alongside health, sports, library, nursery, other community facilities and family housing.

      iii. supports and encourages the independent sector to develop and provide additional care beds by use of block-purchase, help, advice and (if viable) grants or loans so that residents with care needs, including those with complex needs and those with dementia, can be accommodated;

iv. authorises officers to seek funding opportunities for, and if necessary an RSL partner to develop, a newly built Extra Care and Health Hub in Acomb on a site made vacant by the closure of an existing Council-run Older Persons' Home (OPH), foregoing a capital receipt for the site;

v. allocates the development site at Lowfields for housing use which would include homes to rent and to buy for older residents who down-size from a family home as well as family housing, subject to obtaining a capital receipt for the land;

vi. authorises the potential disposal and development of up to four sites made vacant by the closure of existing Council-run OPHs for housing use which would include homes to rent and to buy by older residents who down-size from a family home, subject to obtaining a capital receipt for the land and also the disposal of the remaining sites when they become vacant in accordance with the Council's disposal policy; and

vii. agrees to the development of a detailed business case which sets out how all of the above proposals can be funded either within existing budget provision or by a combination of council and other external funding.

*Reason: to provide suitable accommodation, ideally in a community setting, for the city's older residents including those with complex care needs, those with dementia and those moving out of, or diverted from moving to, existing Council-run OPHs which are no longer fit-for-purpose.*

b. Approve the use of unspent project management funds allocated for this purpose in 2013 to facilitate moving forward this programme of work, with further costs to be included in the business case for specific activities in the plan.

*Reason: So that the project can progress.*

c. Agree to receive further reports to update Cabinet on progress of these plans and to submit for approval the detailed business case for the Burnholme development and other investments.

*Reason: to ensure that Members are kept informed of progress and that the financial implications of investments in property are considered.*

d. Agree to abandon the procurement of care homes at Burnholme and Lowfields (plus a Community Village and Community Hub) on the grounds of unaffordablity.

*Reason: that the procurement exercise was unable to provide a solution that fulfilled the Council's requirements within the financial resources available to the project.*

## Summary

2. This report provides an update on the Council's existing Housing for Older People Programme and seeks permission to pursue an alternative approach.

3. The Council are currently involved in a live procurement process to find a partner to deliver new care home facilities and a community village for older people; this procurement process has been paused because, during the competitive dialogue phase, it became apparent that the Council's detailed requirements for the project (advertised to the market at the outset of the procurement process) are not deliverable within the funding available. The Council have worked within the legal framework provided by the procurement process to find a viable solution to meet our needs but the most recent budget review confirms that no more money is available to support this scheme and with construction costs rising the options for our potential partner to model an alternative is limited.

4. Since the procurement begun in 2013 York's care and housing sectors, and the national funding framework, have changed and we therefore have access to an alternative approach and resources to meet the care and accommodation needs of older people that is community focused and progresses key strategic aims of the city:

   a. reform the provision of existing Extra Care Housing, and seek to build new provision, in order to meet the needs of those with complex care needs and those with dementia, accelerating a commitment made in the 2011 Older Persons' Housing Strategy (and later in the York Supported Housing Strategy

2014-2019, published in 2013) and taking advantage of Homes & Communities Agency funding available for Housing with Care and Support;

b. integrate the provision of care facilities for older people and people with dementia into the wider redevelopment of the Burnholme School site, bringing together community and health services including GP services, the Tang Hall library (Explore), sports and child care facilities; giving life to a renewed commitment of the Clinical Commissioning Group, published in June 2014, for health and care service to work together in "care hubs", taking advantage of a range of potential funding including the government's Primary Care Infrastructure Fund;

c. work more closely with current providers of care to deliver more beds for those with dementia in locations across the city, responding to renewed interest from independent providers and supporting smaller providers where we can;

d. expand the provision of housing options for older people in Acomb by developing the Lowfields site for housing, which would include homes targeted at older residents who wish to down-size (following the success of similar schemes which opened in 2014) while at the same time earmarking the potentially vacant OPH site of Oak Haven on Front Street (subject to planning and other considerations) as suitable for Extra Care Housing and Health Hub for older people; and

e. explore the use of the existing sites of Morrell House, Willow House, Windsor House and Woolnough House, as they are released by the closure of OPHs, for development as "downsizing" homes to buy and to rent by older people, complementing the provision of family homes and ensuring that vibrant communities used by local people replace what is there at present.

5. Recently announced funding available from the Homes & Communities Agency and NHS England afford the opportunity for change as they facilitate investments not envisaged by the previous plan.

6. The alignment of Care and Health services in York continues at a pace with strategic alignment being identified in the Clinical Commissioning Group's five year plan published in 2014 and the

most recent decision of the CCG and City of York Council to submit a bid to the government's New Models of Care Programme to become a vanguard provider. The intention of the Programme is to speed up the development of new care models for promoting health and wellbeing and providing care. The delivery of housing with care and the exciting proposals for Burnholme give life to this new way of work.

7. It is recommended that we abandon the current procurement process and seek Cabinet approval to begin work on the new approach.

8. Our aim is still to provide replacement accommodation to facilitate the completion of the Housing for Older People programme (which currently accommodates up to 213 residents with a further twelve used by health colleagues as step down beds), achieved as follows:

| What | By when | Units of accommodation | OPHs replaced |
|---|---|---|---|
| Making best use of Existing Extra Care Housing | 2015/16<br>2016/17<br>2017/18 | 14<br>14<br>46 | 2 |
| Additional independent sector care beds | 2017/18 | 36 | 1 |
| Care and community Hub at Burnholme | 2018/19 | 60 | 2 |
| New Extra Care homes | 2018/19 | 43 | 2 |
| TOTALS | | 213 | 7 |

9. Additional capacity will also be generated in the independent sector, bringing the total new provision up to 265. Further capacity will be achieved by additional independent sector provision and the building of down-sizing homes.

## The Current Position

10. In 2011 the Council began a strategic review of its Accommodation for Older People and in May 2012 Cabinet agreed to explore options to re-provide.

11. On 4 June 2013 Cabinet agreed to fund the building of two new care homes plus other facilities and services on land at Burnholme

and Lowfields (including a community village) so that the city would meet the needs of residents with dementia and those with high dependency care needs. It was agreed that the Council would undertake a competitive dialogue procurement exercise to procure an external provider who would design, build, operate and maintain the facilities, funded from capital receipts and revenue savings released by the closure of the Council's seven OPHs. Project costs of up to £500k were earmarked to complete the procurement process.

12. The procurement began on 7 June 2013 and in October 2013 three suitably qualified bidders were asked to engage in dialogue to explore the detail of their proposals. As is the intention of the competitive dialogue process we explored issues relating to the proposed timetable, the wider Burnholme site, the transition arrangements from the existing OPH's and the affordability of the project overall. We have continued in dialogue in an attempt to resolve the key issue of affordability, discussing the matter during the summer of 2014 and, via internal budget reviews in the autumn, exploring the potential for more resources to be made available to the project and the implications of this upon other service priorities. The conclusion, reached during the budget setting process for 2015/16, is that no more resources can be made available to this project over and above those allocated by Cabinet on 15 May 2013. Cabinet met on 10 February 2015 to confirm the 2015/16 budget without uplift for this project.

## The need for Accommodation with Care

13. There is still a demonstrated need for accommodation with care in York, both now and to keep pace with the growing older persons population.

| **Accommodation with Care: need & supply** | | **2011** | **2014** | **2020** | **2030** |
|---|---|---|---|---|---|
| | **75+ population** | **16,486** | **17,200** | **19,600** | **25,800** |
| | % change | | +4% | +14% | +32% |
| Estimated Demand based on national benchmarks | Residential Care | | 1,936 | 2,156 | 2,828 |
| | Extra Care | | 440 | 490 | 645 |
| Current provision | Residential Care | | 1,385 | | |
| | Extra Care | | 270 | | |

14. It is noted that:

    a. In York, we have been successful in supporting people to continue to live at home and therefore we should not necessarily strive to meet the national benchmark. However, even at our current levels of provision and taking into account planned changes to Council-run homes and growth based on population change, York will need more residential care in the coming years.

    b. The York Extra Care picture is complex as the majority of provision is not "full" Extra Care but instead is Sheltered Housing with Care. In addition, 65 units of accommodation, at Red Lodge, will soon be taken out of action as the Joseph Rowntree Housing Trust begins to re-develop.

    c. The number of people in York who have dementia is rising and, as it currently stands, 105 of the 225 bed space in the Council's OPHs are occupied by a person diagnosed as having dementia. As we plan for future accommodation with care we need to factor in the needs of this citizen group.

## Moving Forward

15. It is recommended that the current procurement process is abandoned and we move forward with an amended plan which seeks to address the accommodation needs of older people and which has a greater community focus that can be delivered, in smaller steps, which at least initially can be realised quickly.

The Current Procurement

16. The current procurement is not affordable.

17. The Council reserved the right within the procurement documentation to terminate the procurement process at any time.

18. Should Members agree to abandon the procurement then we will take the necessary steps to formally inform bidders and close the current procurement.

Making best use of existing Extra Care Housing

19. Moving forward, our first focus will be on making best use of the existing stock of Extra Care Housing in the city. There are five dedicated sheltered housing with 'extra care' services in York

containing 205 units of accommodation. Four of these are Council managed schemes - Marjorie Waite Court, Gale Farm Court, Barstow House and Glen Lodge, whilst the fifth (Auden House) is managed by York Housing Association. All homes in these schemes are to rent.

20. A joint Social Care and Housing review has revealed that best use is not being made of these assets. Overnight care is not available as a matter of course and as a consequence the proportion of residents with care needs is low compared to the national benchmarks. Currently 61% of residents are not in receipt of a care package; a national benchmark would suggest that no more than 30% of residents would have a low care need. Further, only 8% have a high care need against a benchmark of 30%. This means that this resource is being under-utilised as a solution to meeting the accommodation needs of older people with care needs.

21. It is proposed that, subject to approval by Cabinet, we proceed to invest care resources, administrative change and, where necessary, capital in order that best use is made of the existing Extra Care housing in the city. We will work with exiting residents to keep disruption to a minimum. As a result of these changes we anticipate that up to 54 OPH beds can be released from use.

22. York is also provided with specialist accommodation services for older people via the Joseph Rowntree Housing Trust including 65 Extra Care flats at Red Lodge in New Earswick. The Joseph Rowntree Housing Trust have ambitious plans to redevelop Red Lodge and we will closely follow these proposals, learning and helping as we go.

Extra Care dementia facilities

23. Extra Care Housing is a very flexible form of accommodation with care for older people and has the advantage that residents remaining living in their own home, which is our stated ambition wherever we can achieve it, while receiving care and social support on site. Extra Care has the capacity to accommodate residents with high care needs and residents with dementia. Dementia focused accommodation is now featuring in many newly built Extra Care facilities where the resident with dementia lives in a “family” setting with others, having their own bedroom and bathroom, etc. but sharing lounge and dining space. This

approach is similar to the "family setting" to care accommodation that we sought from our purpose-built care homes.

24. It is proposed that York builds its first Extra Care dementia facility on land adjacent to Glen Lodge on Sixth Avenue, Heworth, at the same time refreshing the existing building and bringing care levels up to the required ratio in order to address the needs of new residents. This building is in the ownership of the Council and design and procurement of the works will be undertaken in-house. Homes & Communities Agency (HCA) funds will also be sought. We will work with residents to keep disruption to a minimum. We anticipate having the new facilities open for use by 2017, accommodating up to 20 residents with dementia who would otherwise have been accommodated in an OPH.

25. A key advantage of this approach is that the dementia accommodation is community based which means that people may not need to move far in order to be accommodated there, helping with the maintenance of family and friendship ties and independence.

26. Future new build Extra Care schemes will be commissioned with "dementia facilities".

New Extra Care provision

27. York is also under-supplied with Extra Care Housing given the city's demographics and the anticipated growth in the numbers of over 75s expected over the next decade. Analysis suggests that there will be need for 490 units of Extra Care accommodation by 2020, rising to 645 in 2030, based upon nation benchmarks. There is a need for both Extra Care to rent and Extra Care to buy; currently just one third of the provision in York is to buy despite 81% of York's older residents owning their own home.

28. The independent sector is beginning to address this need. For example, McCarthy & Stone are currently building 28 new sheltered homes to buy at Smithson Court on Top Lane in Copmanthorpe. Elsewhere in Yorkshire they are beginning to build and provide their Extra Care offer – called Assisted Living – and we would expect that they will continue to provide new accommodation as the market demands.

29. The current Older Persons' Housing Strategy states that the Council should grow the provision of Extra Care in the city and the

Homes & Communities Agency has identified funds to facilitate this growth, including the recently announced Care and Support Specialist Housing Fund. It is therefore proposed that the Council sets off on this path now, subject to formal approval by Cabinet, with the intention of identifying partners who will be willing to build and run Extra Care in the city, facilitated by HCA grant.

30. It would be expected that the procurement and construction of York's newest Extra Care facility could be completed by 2018, allowing for the accommodation of up to 43 residents who would normally live in/move to an OPH, releasing from use one of the Council's current OPHs.

31. In the longer term the Council should consider targeting the provision of three additional Extra Care schemes by 2025, providing a total of 180 units of accommodation to buy or rent, closing the gap in provision for York. Early indications are that the private and independent sector may be showing interest in developing such schemes in York, subject to land availability.

Independent Living

32. York Supported Housing Strategy 2014-2019, published in 2013, and the Clinical Commissioning Group Integrated Operational Plan 2014-19, published in June 2014 together drive our ambition for housing, care and health agencies to work together to deliver services which support independent living. These plans drive this and other programmes.

33. The Housing for Older People programme is linked and complements our intention to work to keep the 'frail elderly' living safely in their own homes for as long as possible so that demand for residential care facilities suitable for people with high dementia and/or physical dependency care needs can be contained within a proportionately smaller estate of homes. Evidence of the success of the Council's re-ablement approach is now clear: admissions to residential care homes has been held steady despite rises in the underlying population.

Working with the independent sector to increase supply

34. Since the Council began on the journey to replace its OPHs the private market has begun to change in York. An announcement is expected soon from a private provider who plan to open a 70 to 90 bed care home on the West side of river. This will increase the

quantity of private provision and also adds to the quality of care provided.

35. We will continue to engage with existing residential care home providers to examine what opportunities are available for expansion of specialist dementia care beds in current homes, many of which are already registered for this type of care. Together we will examine the barriers to expansion and the Council will consider the provision of capital loans and grants to facilitate the provision of additional dementia care beds in the city. The provision of loans and grants will need to be assessed against State Aid rules and the terms strictly defined. Even with modest success such as scheme could increase dementia care bed provision by 20 to 40. The Council would be an interested and active purchaser of these beds for existing OPH residents and for new entrants to residential care.

36. Looking towards demand for care beds at 2020 and beyond, the Council will seek to engage with developers who are currently looking at sites in York to explore interest in the provision of care homes (with dementia beds) alongside other homes and services on these sites. By actively promoting interest in care home provision we expect to see a growth in provision in the city.

The Burnholme opportunity

37. Cabinet agreed in July 2014 that the Burnholme School site should be developed as a Community Health and Wellbeing Hub which would benefit the community and agreed to seek development partners to progress this vision.

38. To help inform this decision the Council held a consultation event in March 2014 and key messages to emerge were:

    a. extensive support for sports uses and for activities that young people would find of interest;

    b. a place to meet and socialise;

    c. a place to access local services (Council, health, learning);

    d. general acceptance that some residential use (ideally to include affordable housing) will be required to cross-subsidise other community activity;

e. preference for re-use of existing buildings and not completely demolishing the school; and

f. connectivity with Tang Hall and Derwenthorpe via eg green corridor/cycling paths.

39. We have also spoken with a number of key partners who would be interested in joining in with the development of "The Burnholme", summarised as "an exceptional opportunity to create a place where people want to be: from toddler to centenarian". The development can accommodate a child-care nursery, an Explore library, a care home, community church, sports areas (both indoor and outdoor), a GP surgery, community spaces for sessional hire, Health services, community retail and homes; things to bring all together.

40. The re-development of this community asset will bring many benefits to the East of the city as well as meeting city wide need for care, health facilities, housing and employment.

| | **Meeting Community Need** | **Bringing income to The Burnholme** | **Delivering health and well being** | **Meeting City-wide need** | **Creating Jobs & Enterprise** |
|---|---|---|---|---|---|
| Explore Library including cafe | ✓ | ✓ | ✓ | | |
| GP medical services | ✓ | ✓ | ✓ | ✓ | |
| Pharmacy | ✓ | ✓ | ✓ | | ✓ |
| Hair dresser | ✓ | ✓ | | | ✓ |
| Care Home @ 82 beds | ✓ | ✓ | ✓ | ✓ | ✓ |
| CCG treatment and "step-up; step-down" beds | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sports areas, in- and out-door | ✓ | ✓ | ✓ | | |
| Community Church | ✓ | ✓ | ✓ | | |
| Community spaces for sessional hire | ✓ | ✓ | ✓ | | |
| Third sector and 'start up' rooms to rent | ✓ | ✓ | | ✓ | ✓ |
| Homes to buy and rent | ✓ | ✓ | | ✓ | ✓ |

41. Officers have met with colleagues in NHS England and the Vale of York Clinical Commissioning Group and they have expressed interest in the proposals, describing the concept as "transformational". NHS England indicate that funding is likely to be available for the capital, and some of the revenue, costs associated with the health elements of the development and a new funding round may be available in the summer of this year. Funds may also be available to support feasibility and business case development.

42. If it is to be deliverable, the project must be financially sound and Members are asked to support the further development of the business case for The Burnholme.

Increasing the variety of accommodation opportunities for Older People

43. It is proposed that the Lowfields site be used for the provision of over 100 new homes including "downsizing" homes to rent and buy for older people as well as starter homes to rent and buy so that younger families can get on to the housing ladder. This mixed use will address a number of housing needs in this part of the city while also freeing up much needed "family homes" as older residents "downsize". A capital receipt of at least £2m for the land will also be released, as anticipated when Lowfields School moved to the York High site.

44. As stated above, it is also proposed that the facilities for older people originally envisaged as part of the Community Village on the Lowfields site be, instead, provided at a newly built Extra Care and Health Hub which is expected to replace the Oakhaven OPH on Front Street. This central location will be ideal for both the residents of the Extra Care Scheme but also for their neighbours who are out and about in Acomb, able to pop in to use the facilities on site. This would, of course, be subject to approval of business case and funding bids.

45. It is also proposed that we explore the benefits of building additional "downsizing" homes to buy and to rent by older people on the sites of Morrell House, Willow House, Windsor House and Woolnough House when they become vacant, complementing the provision of family homes on these sites and ensuring that vibrant communities used by local people replace what is there at present.

## Consultation

46. Whatever, and whenever, the announcement regarding York's Older Persons' Homes it will be important to follow the approach that has served us well throughout the programme: delivering sensitive messages in a careful, well managed sequence:

    a. Briefing key external stakeholders who have been actively involved to date (e.g. Age UK York and York Older People's Assembly).

    b. Briefing OPH Managers/staff & Care Management colleagues.

    c. Updating OPH residents/relatives.

    d. Updating all other stakeholders, including NHS commissioner and provider organisations.

    e. Media briefing.

47. A key stakeholder at this point is the current bidder in the ongoing procurement process and they have been kept informed of our plans, as highlighted above.

## Council Plan 2011-2015 Priorities

48. The proposals work towards achieving the following Council plan priorities:

    Protecting Vulnerable People:

    - providing great facilities that support dedicated high quality care for people with dementia and other specialist needs; and

    - investing in services to support people in the community.

    Built Strong Communities:

    - improving community infrastructure; and

    - addressing housing need to ensure that vulnerable people have supply to meet their needs.

## Implications

### Financial

49. A new finance model will be developed and work will continue on this over the coming weeks. It should be noted that not all of the proposals outlined in this report can be delivered within the existing approved budget. Further work is needed to identify any potential additional sources of income from the HCA, health partners and betterment on receipts from the disposal of sites allocated to fund this programme. The full strategic vision outlined in this report can not therefore be delivered without securing this additional funding.

50. Some costs are likely to be able to be funded from capital receipts associated with the project (i.e. the sale of the current OPHsites).

51. As part of business case preparation we will examine the potential to bid into the:

    a. £120m Homes & Communities Agency Care and Support Specialist Housing Fund which has a closing date of 29th May 2015 and an announcement of allocations in October 2015;

    b. NHS England Primary Care Infrastructure Fund which has £1b of funds to allocated over the next four years with the next call for bids likely to be in the summer of 2015; and

    c. the Homes and Communities Agency's affordable housing programme which has c£750m to allocate prior to 2020 and where bids can be made at any time.

52. Following competitive procurement we now know that we cannot secure a provider who can meet our detailed requirements and specification with the resources we have available:

    a. based upon our original intention of commissioning 162 care beds for the exclusive use of the Council the average annual costs were £1.5m greater than budget; and

    b. further options to bring the costs down were explored but these have not proved possible and all alternatives left a significant funding gap.

53. Since Cabinet approved a budget of £500k on 4 June 2013 to progress the procurement, £330k has been spent to date. This

was primarily on legal, financial and procurement costs. This will need to be funded from within existing revenue budgets.

**Equalities**

54. In considering this matter the Council must have regard to the public sector equality duty. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

    a. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

    b. Advance equality of opportunity between people who share a protected characteristic and those who do not.

    c. Foster good relations between people who share a protected characteristic and those who do not.

55. The Act explains that having due regard for advancing equality involves:

    a. Removing or minimising disadvantages suffered by people due to their protected characteristics.

    b. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

    c. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

56. An Equality Impact Assessment for the Housing for Older programme was produced for the 15 May 2012 Cabinet Report. It particularly highlighted the potential implications of the programme for the health, security and wellbeing of frail residents and also female members of staff who are older and also carers themselves.

57. In response, the council developed and followed a ‘Moving Homes Safely’ protocol which it followed when (in the first phase of the programme) it closed Fordlands and Oliver House in March 2012, to ensure that residents’ moves to their new homes were as well planned and carefully managed as possible. Likewise, careful management of staff change helped to mitigate the impact of

these closures. The approach to the new proposals will be guided by these experiences and careful attention to the needs of the individuals involved.

58. An OPH Wider Reference Group was established to act as a sounding board for the development of plans as the implementation of the programme unfolds. The project team also continues to use established channels to communicate with, and gather the views of, OPH managers and staff, care management staff, and Health colleagues.

**Property**

Existing Older Persons' Homes and proposed OPH sites

59. Our intention is to re-provide accommodation for older people who have care needs so that we are able to close or convert existing OPHs. Two homes have already closed (Oliver House and Fordlands) and the Council is currently reviewing bids to purchase the Oliver House site.

60. The Council currently own and manage seven OPHs: Grove House, Haxby Hall, Morrell House, Oakhaven, Windsor House, Willow House and Woolnough House. The proposals listed above would allow these homes to close in the following order

| Year | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|
| Number | 1 | 2 | 2 | 2 |

61. The order in which homes should close will be determined following consultation with residents and their family/carers, with staff and with other stakeholders. We will also be guided by property investment decisions such as the condition of the existing building, opportunities for redevelopment of the site subject to any planning constraints and market conditions and demand.

62. York's current OPHs are old (built in the 1960's) and increasingly not equipped to meet modern day needs and expectations; for example, only 31 of the 225 beds have ensuite facilities. Despite best efforts to invest and the dedication of staff, it is right to seek to replace them.

63. While current Care Quality Commission inspections identify satisfaction with current standards it is probable that future changes in standards may make some homes obsolete and/or necessitate significant investment.

64. As a forward thinking authority, it is imperative that we ensure that we have a viable and deliverable programme, which pre-empts the further inevitable decline of these facilities and maintains a quality of service, which our residents rightly expect.

65. A phased replacement of OPHs is proposed with the first to go in late 2016 and some still remaining in use until 2019. It is necessary to keep up with essential maintenance during this period in order to keep homes safe and comfortable. This is to be funded from the existing Adult Social Care Capital Grant.

66. If there is no requirement to reuse vacant OPH sites then the sites will be sold and used to fund the project. If any of the sites are to be reused then either other sites will need to be identified to obtain the capital funding required or an alternative revenue stream will be need to be identified to fund the additional prudential borrowing.

Glen Lodge Extension

67. Land beside Glen Lodge on Sixth Avenue was previously occupied by the Heworth Lighthouse project. They have moved out and the site is available for re-development. The site has been assessed as suitable for up to 20 homes (which could be built through the HRA subject to land transfer from the General Fund) or as an extension to the Glen Lodge Extra Care Scheme.

68. If Members agree to the extension of Glen Lodge then the capital costs will be c£2.5m, funded from HCA grant funding. Members have already agreed to transfer the site from General Fund to HRA at the capital value for the site (to be determined by Head of APM) and subject to this strategic review.

Burnholme Care and Community Hub

69. No capital receipt is expected from the school site and the Asset & Property Management team are actively involved in the development of the business case for this project.

Lowfields

70. A minimum £2m capital receipt is expected from the site as per the assumed receipt in the capital programme.

The site of Oakhaven Older Persons Home

71. This is an excellent location on a busy main street and would suit alternative use as an Extra Care Home. Planning and site constraints may limit the size and massing of any new development.

**Legal**

The current procurement process

72. It is the view of the legal team that the procurement process has been run correctly to date and that appropriate legal input and advice has been taken at all stages. The dilemma that the Council are currently faced with and which has ultimately led to the withdrawal of two bidders is intrinsically linked to the affordability of the project rather than the procurement process itself.

73. If we receive approval from Members to abandon the procurement process the Council will need to take formal steps to bring the current procurement process to an end.

Opportunities available for delivery

74. The new proposals detailed in this report are permissible and can be summarised as follows:

    a. Procurement of capital works and/or extensions to current Council Sheltered Housing with Extra Care fits within our normal approach to the procurement of capital works and subject to the necessary due diligence on the existing sites and confirmation of title/related property issues is, therefore, considered to be relatively low risk.

    b. Procurement of new Extra Care facilities in partnership with Housing Association partners and/or developers is permissible given our strategic housing obligations and may be able to be procured via existing procurement routes or frameworks. This will need to be considered in more detail in due course.

c. The purchase of care beds from independent sector providers reflects current Council practice and it is considered to be relatively low risk.

d. The use of grants or other support to encourage third sector and independent care providers to increase the supply of residential care facilities suitable for people with high dementia and/or physical dependency care needs is uncharted territory for the Council and will require further investigation before the legal and procurement risks are fully understood.

e. The development of the Burnholme site is a complex project given the range of partners involved and the outcomes expected. The procurement and legal structures are yet to be determined and will required further consideration. There are a number of different procurement routes available depending on the final structure/details of the scheme and whether or not the additional care facilities are provided for. The various options will need to be subject to further review and scrutiny before a firm decision is made.

**Human Resources**

75. The Human Resources implications of the Housing for Older programme have been considered in previous Cabinet Reports. The key implication is upon the existing staff that run the service.

76. The previous plan (to replace OPHs with two newly built care homes) would have seen some staff transferring under TUPE arrangements.

77. The proposals within this paper include for a variety of methods of delivery of modernised care for Older Persons within the City, which is appropriate to their needs and enables more independent living. In delivering this programme of change, the Council will need to consult closely with the existing staff and to ensure that, where there are opportunities, they are available to appropriately qualified staff, who wish to stay in employment.

78. A workforce plan will be developed to maximise opportunities for existing staff and, where necessary, to offer retraining or redundancy.

**Other Implications**

79. There are no specific Crime and Disorder or Information Technology implications arising from this report.

**Risk Management**

80. The previous proposal relating to the procurement of two new care homes was identified at the outset as having significant, long term financial implications for the Council. A key risk identified at the time was that there was a risk that the tenders could come back at a higher cost than estimated, resulting in an ongoing budget pressure for the Council. This risk has crystalised and no more funding is available.

81. There was also a risk that the existing sites may not realise the anticipated level of capital receipts included in the financial model. Indications from recent land sales show that this risk is minimal.

82. The new proposals contained in this report have a lower risk profile, primarily because there are several different routes adopted, and they follow, with the exeption of the Burnholme development, tried and tested approaches. However, risks will be carefully managed.

83. There remains a significant risk that the proposals outlined in this report can not be delivered within the funding currently available. Should the Council be unsuccessful in identifying and securing alternative sources of funding some elements of the proposals will need to be reviewed and amended in order to keep within the Councils approved budget.

**Contact Details**

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| | | | | |
|---|---|---|---|---|
| | **Report Approved** | ✓ | **Date** | 23rd February 2015 |
| **Specialist Implications Officer(s)**<br>Legal – Ruth Barton (Ext 1724)<br>Finance – Debbie Mitchell (Ext 4161)<br>Property – Philip Callow (Ext 3360) and Ian Asher (Ext 3379) | | | | |
| **Wards Affected:** *List wards or tick box to indicate all* | | | **All** | ✓ |
| **For further information please contact the author of the report** | | | | |

**Background Papers**

Care and Support Specialist Housing Fund, Homes & Communities Agency, February 2015.
Primary Care Infrastructure Fund, NHS England, January 2015.
Integrated Operational Plan: 2014-2019, Value of York Clinical Commissioning Group, 2014.
Supported Housing Strategy: 2014-2019, City of York Council.
Positive Ageing, Housing Choices: Older People's Housing Strategy 2011-2015, City of York Council.

**Annexes** – None

Glossary of abbreviations used in the report:

HCA – Homes & Communities Agency
HRA – Housing Revenue Account
NHS – National Health Service
OPH – Older Persons' Home, previously referred to as – Elderly Persons' Homes
RSL – Registered Social Landlord
TUPE - Transfer of Undertakings (Protection of Employment) Regulations 2006