

## **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 proceed 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 to 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.

<b>Service Area</b>	<b>Net Budget (£ p.a.)</b>	<b>Notes</b>
Nursing Care(Older People)	£3,340,000	As of 28 <sup>th</sup> November - 266 placements in homes in York and the wider area
Residential Care (Older People)	£2,474,000	As of 28 <sup>th</sup> 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 (ASC) 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&ockLA=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 data 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, 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 or 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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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