

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

11 September 2006

Report of the Director of Housing & Adult Social Services

Strategy for Older People's Accommodation with Support

Summary

1. The report outlines more detailed proposals for an accommodation with support strategy for older people.
2. The report focuses on the future use of the council's Elderly Persons Homes. The Executive Member is requested to give approval:
 - 2.1 for the further development of High Dependency beds in one home.
 - 2.2 to enter into a feasibility study on further developments in:
 - housing and support for older people and potential partnerships with third parties
 - specialisation within the council Elderly person's Homes
 - 2.3 to commence consultation with staff and customers on future developments in council Elderly People's Homes.

Background

3. In the last 5 years, various reports have been brought before Members, each making proposals on the development of 24 hour care services for older people. One key aspect of this report was the future use of Elderly Persons Homes (EPHs).
4. In October 2001, following a Best Value Review by the Nuffield Institute, a report recommended that the council should consider a more specialist role for its EPHs. The Review had highlighted the need for specialist care for people with mental health needs and for 'intermediate (recuperative) care which was aimed a reducing stays in hospital.

5. In November 2002, a further report was brought to Members, which focused on the role of EPHs and recommended:
 - The development of Morrell House as a specialist EMI unit
 - Further work to be undertaken to identify a 2nd unit
6. At the time of the November 2002, report, it had been estimated that there was a need for 50 beds providing specialist EMI residential care.
7. Since that report, Morrell House has moved to provide EMI care and in 2005, a successful growth bid was made to develop Windsor House as a 2nd EMI unit. The necessary structural work has started at Windsor and it is expected that Windsor House could be fully operational as a 2nd EMI unit by the end of this year.
8. In addition to developing EMI services, the council has also, over the last 3 years, developed High Dependency beds within existing EPHs, and currently there are 30 beds spread across 5 EPHs. These beds offer more intensive personal care and enable people within residential care to remain within their EPH rather than having to move into nursing care.
9. In the autumn of 2005 a partnership with the DoH and Oxford Brookes University began with the objective of creating a long-term commissioning strategy for older people's services. This takes the local Older People's strategy 'Never Too Old' and considers a combination of demographic and demand factors alongside the analysis of local services in order to clarify what services will be needed over a 10-15 year period.
10. In December 2005, a report "Accommodation with Support for Older People" was brought before Members. This report, through the early stages of the demographic projections and need analysis information, proposed a need for a 3rd EMI unit and an increase in High Dependency beds concentrated within 2 specialist units.
11. Parallel to this accommodation strategy, the reconfiguration of Home Care services is nearing completion. The focus of the new home care service will be for council services to be the lead provider for specialist home care services - EMI, Functional Mental Illness and High Dependency.
12. Developments in home care and the increase of both sheltered accommodation and extra care accommodation in the City have resulted in an annual decrease in the number of admissions to registered care supported by the Council, other than those people requiring specialist services. There are currently a number of vacancies within EPH's due to this effect.
13. The developments in home care and residential provision can provide the council with a solid foundation of specialist services which are designed to support people in their local communities as well as secure the future of EPH provision within council ownership and management. This coupled with the reducing demand for non-specialist residential care, implies that there is the

need for further review of the longer-term role of Elderly Peoples Homes that the Council supports. This will also need to consider how opportunities can be taken for capital investment in the current stock to develop more specialist roles.

EMI Projections

14. It is estimated that by 2010, 1 in 4 older people will suffer within some degree of dementia. Some may be able to be safely supported at home; for others, the need for 24-hour residential care will be the only safe option.
15. The development of Morrell House and Windsor House as EMI residential units will only meet the current known demand. It is essential that we begin to identify a 3rd EPH, which can be adapted for EMI care and have this service in place by 2010.

High Dependency projections.

16. Needs analysis data projected that the over 85yr old population within York will increase by 77% in the next 20years.
With increased age comes increased frailty and there is already evidence within our EPHs, that the needs of this group of older people will be intensive personal care support - this can be described as needing 2 care staff to carry out all daily functions such as transfer from bed to chair; dressing; bathing. There are implications for room sizes as there will be a need for equipment such as hoists to be situated within residents rooms to ensure safe moving and handling for staff and resident.
17. There are currently 7 people awaiting High Dependency beds and there is no current capacity to provide this service. This has resulted in people blocking key resources such as the Transitional Beds, Intermediate Care beds, CRUE beds etc.

Functional Mental Health projections

18. Older People with functional mental health problems need a different support approach to people with dementia. Through work with the PCT, we have identified an increasing number of older people who suffer from functional illnesses such as depression, schizophrenia, and psychosis resulting from earlier alcohol or drug abuse.

Carer Projections

19. As the size of the older population increases, so will the number of older carers supporting a dependent older person at home. Older peoples' preference is to remain in their own home for as long as possible but if the need for residential care does arise, then their wish (and their carers) is that

this care can be provided with a reasonably safe and easy access of the carer remaining at home. Therefore, we need to give special consideration to:

- A range of respite, day services and carer services to support people to remain at home
- Location of specialist residential units across the city in order to provide carers with a reasonable choice enabling them to continue to be involved in the lives of the person they cared for.

Sheltered Care Projections

20. The Older people's Housing Strategy has identified through consultation that the majority of people would then prefer to see support services develop around them in their homes as their needs increase, rather than move to alternative accommodation. With the increasing older population this will require a greater volume and variety of extra care accommodation to be available. This will require consideration of further development of council stock. It will also be important to consider developing partnerships with external organisations to ensure sufficient supply to provide for owner-occupiers and those who would wish to release equity from their home when moving to such accommodation. The needs of younger adults may also need consideration within any future developments.

Current Position: Selby and York Primary Care Trust Provision.

21. The financial position of the PCT has had an impact on the level of services they currently provide for older people.
 - 21.1 The closure of Acomb Gales CUE meant a loss of a number of health beds for older people with dementia, but allowed for an investment in expanding the Community Mental Health Team for older people with EMI in the West area of the city. They are planning to further develop EMI community services across the rest of the city as soon as finances permit.
 - 21.2 The PCT have, as part of their Financial Recovery Plan, advised the council that they will be reducing the number of Intermediate Care beds available across the City. The 2 key areas for reduction are the withdrawal of funding for staffing to support 11 beds at Grove House and a reduction of 5 beds at Archways intermediate Care unit.
 - 21.3 Whilst the impact of these changes will only be clear in time, it is possible that older people will be discharged home with higher personal care needs. This would increase demands on community based high dependency services and would have the potential for an increased demand for high dependency residential beds in addition to known demand, described above.

Consultation

22. The Older Peoples Housing Strategy was developed following extensive consultation with older people and housing groups. The key messages from that exercise was that older people want to remain at home or in their local communities for as long as possible.

At this stage, there has been no formal consultation with older people or staff about the future role of EPHs bar the specific consultations carried out around Morrell House and Windsor House developments. A formal consultation exercise would need to be agreed if this report is approved.

Options

23. The overall strategic options are as follows

Option 1: To make no further changes to EPHs bar the changes already agreed at Morrell House and Windsor House.

Option 2: To develop a coherent 5-10 year strategy with health and housing partners which can meet the know current and future needs of older people by providing a range of specialist services across the city.

Grove House Options.

There are also specific options that need to be considered in relation to the beds at Grove House:

- to leave the beds empty and redeploy staff elsewhere within Adult services within the council redeployment policies.
- Remove the beds and use the space as office accommodation for the specialist home care team, which is currently short of space at Marjorie Waite Court.
- the retention of the 11 beds as High Dependency beds. (Either permanent or mixture of permanent and respite).
- To use the beds as step up / step down (recuperation) with charges applied as against the current position of beds offered free as part of the intermediate care system.

Analysis

24. The main risk in relation to each option is:

Option 1:

To remain a static service will mean that the councils EPH service will not be fit for purpose for the future.

- The loss of the Intermediate care beds will increase demand for high dependency services which if not available will have a major impact of budgets by an increase in admission to nursing homes.
- There is no additional capacity within Independent sector homes for EMI residential care. All known future developments are focusing in Nursing Care, as this is the major market for independent sector providers.
- The demand for non-specialist residential care is decreasing year by year as services to support people at home expand. There are already a number of vacancies within EPHs and these will increase leading to loss of income.

To summarise, to 'do nothing' will mean that the council will face increased expenditure alongside loss of income as EPHs becoming unviable resources.

Option 2:

- The need for a 3rd EMI residential unit is established from the information described above. The council holds valuable resources within its EPHs and therefore is in a very strong position to continue to be the lead provider for EMI Residential services. The development of the 2 existing units means that there will be a strong staffing foundation on which to develop a third unit and the PCT have indicated that they would support such a development by linking specialist EMI health workers to residential units across the city.
- There is a need for a smaller unit to provide support to older people with a functional mental illness. Willow House EPH already provides a well-respected service to older people who may have a history of functional mental illness and/or behaviours that challenge and are not easily managed within a more generic residential service. Willow House could be further developed as a unit for people with a functional mental illness and be registered for people aged 55+. Again, the PCT have indicated that they would be supportive of such a development and discussions have already started looking at joint staff training programmes to support the staff and current residents.
- Support to carers will be vital to underpin a strategy to move from generic older people residential care to specialist older people residential care. The support carers most need is good quality day and respite care and advice and information about financial benefits, voluntary sector services, equipment to aid daily living and advice and monitoring of their own health. As part of the Accommodation with Support Strategy, it is proposed that the feasibility of developing multifunctional centres by adapting existing EPHs is considered. Multi-functional centres could provide a range of services that carers want and could specialise if there were more than one- one for EMI and one for higher dependency physical care needs. The latter could support the reconfiguration of services from the Yearsley Bridge site (in particular Huntingdon Road Day Centre) and develop links with an Independent Living Centre to be developed in the City by 2010, as well as provide opportunities for a Self Assessment project for equipment and equipment demonstration services. Such

proposal would need further discussion with CSCI but it is not envisaged that registration of a respite service within a multifunctional centre would not provide major problems. In addition to providing a wide range of social care services under 'one roof' the model offers real opportunities for health and voluntary sector agencies to provide advice, primary care services etc.

- The longer-term aspects of the strategy involve the development of an approach towards releasing/obtaining capital for development and utilising the opportunity for creative partnerships to increase the amount of extra care accommodation available in the city. To move this forward, officers are currently considering making an application to the DoH for capital support towards an extra care scheme.

25. **Grove House options**

The options that do not utilise the beds for either permanent or short term residential provision will not make full use of available staff resources or maximise income to the authority.

The use of the beds as a step/up step down facility would be very similar to an intermediate care service and could lead to difficulties as it will require charges to be made for the service. It is anticipated that operationally this would not be as effective and may lead to challenges.

The release of the 11 beds at Grove House means that the council could develop an additional high dependency service within the existing beds in a discreet section of the building. This would meet current demand as well as free up other specialist resources across the whole system. This development would also complement the expansion of the community high dependency services as part of the reconfiguration of home care.

An increase of 11 high dependency beds would take the current resource level to 41 beds. Haxby Hall is already providing a number of beds. The most effective use of resources would be to provide the high dependency beds in 2 specialist units in balanced locations across the city. This would enable a concentration of care skills for staff plus give the city wide community based high dependency service excellent bases from which to develop an 'all round' service. It would be more cost effective as the provision of high dependency beds requires additional night support.

Further work would need to be done on environmental requirements but this can be done within existing resources. In addition, the development of a high dependency unit would be within CSCI regulations for registered residential care.

Corporate Priorities

26. The corporate priorities that are supported by these proposals are:

- Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest
- Improve our focus on the needs of customers and residents in designing and providing services
- Improve the way the Council and its partners work together to deliver better services for the people who live in York

Implications

27. Financial

A detailed analysis of the overall financial implications over a 5-10 year period would be required if the Executive Member agrees the proposed service direction.

Within this detailed proposals and financial plans are required for the capital and revenue implications of developing alternative usage for EPH's to achieve the required level of specialisation.

A further report to the Executive Member will be presented identifying the full financial implications before a final agreement on the strategy is sought.

The financial implications of developing the 11 beds within Grove House as high dependency beds are set out in the table below and show that this proposal could generate a net saving of £13k in a full year. As these beds have been in use for intermediate care, and customers are not charged for this service, all the income generated would be additional income to the council. All customers receive a financial assessment and only pay the amount they can afford. Therefore the estimated income is based on an average amount, and may fluctuate depending on the financial circumstances of individual customers.

Detail	2006/07 £'000	2007/08 £'000
Increased staffing costs	42	84
Additional income	48	97
Net saving	6	13

28. Human Resources (HR)

A radical change in service direction has significant impact on staff. Any Human Resource implications would be identified during the detailed work and would be presented to the Executive Member before the final agreement on the strategy was sought.

Consultation has commenced with the seven staff at Grove House over the options that are under consideration and their own future.

29. **Equalities**

There are no Equalities implications

30. **Legal**

Dependent on the final strategy agreed, there might be legal implications relating to CSCI Registration and Service Level Agreements with the Primary Care Trust. Any formal partnership arrangements would be subject to guidance by Legal Services

31. **Crime and Disorder**

There are no Crime & Disorder implications

32. **Information Technology (IT)**

There are no IT implications

33. **Property**

There are no Property implications

34. **Other**

There are no other implications

Risk Management

35. The risks associated with implementing the proposals are at this point minimal given the need for a feasibility study to inform further decision making. The risks associated with Grove House are greater if the proposal is not implemented as this would result in a loss of potential income and greater human resource implications for those staff concerned.

Recommendations

36. That the Advisory Panel advise the Executive Member to:

- 1) Note the proposals contained within the report and give approval for a detailed feasibility study and consultation exercise to be undertaken.

Reason: To support the effective development of services to meet changing demographic requirements and customer needs

- 2) Approve the proposal for the use of the 11 beds at Grove House as a mixture of permanent and respite beds for people with high dependency.

Reason: To maximise the efficient use of resources.

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For further information please contact the author of the report

Background Papers:

Best Value Review of 24 hour care for Older People - October 2001
Implementation of Best Value review - Adaptation of Elderly Persons Homes -
November 2002
Older People Accommodation with Support Strategy - December 2005