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## Meeting of the Shadow Executive

21<sup>st</sup> February 2007

Report of the Director of Housing and Adult Social Services

### Future Social Care Challenges

#### Purpose of Report

1. To advise the Shadow Executive of the key challenges facing adult social care in the next few years.

#### Background and Context

2. Some of the key contextual issues nationally and locally are:

- a) **The White Paper – Our Health, Our Care Our Say**

An outline implementation document has been published by the Department of Health which gives key milestones for some of the initiatives promised by the White Paper. Our service plans for 2007-10 will need to anticipate these changes and move in the direction set out in the White Paper e.g. more work is being done to promote direct payments and to develop individualised budgets for self directed support (the 'In Control' project for people with a learning disability) whereby people directly manage the money for their care costs.

The White Paper has also confirmed the shift to achieving outcomes for adults – broad concepts that focus on basic aims that all people want to achieve e.g. choice and control over the way they live, freedom from harassment, economic well being and dignity. This presents a challenge to how services are provided and how community support networks function.

- b) **Health Improvement and the Local Area Agreement**

Increasing importance is being given to tackling the social, economic and lifestyle issues that affect the demand on health and social care services. The ban on smoking in public places in 2007 and the rising concerns about obesity and diabetes are examples of this. Without changes to some of these factors the demands will become unworkable in terms of the finance and staffing required. The Local Area Agreement offers an opportunity to bring all the key statutory and voluntary partners together to work on joint objectives and programmes.

- c) **Increasing demand for services and the need for long term commissioning decisions**

The work on the long term needs of older people in York and the

gap analysis (i.e. what needs to be put in place to meet those needs) was presented to the January HASS EMAP meeting. This will be key to determining some of our long term commissioning decisions and we will want to work on this in partnership with the PCT, care providers and customers/carers.

This has set out the growth in the number of people over 85 ( from 3,700 to 6,000 by 2020) and the potential impact on services (e.g. 700 more people with dementia). If services remain as they are it would cost over £7m more to provide care in the current way. That is why the next step will be to look at alternative means of supporting people in the community. York is not alone in facing this challenge but we will need to agree solutions that meet our local situation. Alternative forms of extra care housing, possibly through private sector partners, is likely to be key as well as the use of assistive technology in the home.

Work is also well underway on a commissioning strategy for people with a learning disability. There are significant demographic issues here as well with a clear trend for customers in transition from children's services having increasingly complex support needs. The number of 'transitions' customers is expected to increase by 70% by 2010. This will encompass a 55% increase in customers with complex support needs. There are currently approximately 70 customers in transitions, half of whom have complex support needs. There is also an aging population of both customers and carers which presents a different range of issues but cumulatively also adds to the number of people remaining in need of services.

Ongoing budget pressures means that decisive action will need to be taken to ensure that the council is able to meet future needs *and* to operate within a balanced budget. This means being clear about priorities and targeting services at those people in most need.

**d) Changes to Mental Health legislation**

The Mental Capacity Act is due to come into effect in April 2007 and has significant implications on the council's statutory duties. More comprehensive changes are proposed for the Mental Health Act including controversial measures about compulsory treatment – although these have been subject to opposition in the House of Lords

**e) The need to continue the momentum to modernise and improve services for customers**

The extensive work done in 2006 to reconfigure home care services arose from the need to improve efficiency and sharpen the focus of services. A major piece of work is underway to modernise day care for people with disabilities to build on the success of previous projects e.g. the re-provision of Hebden Rise. This is being linked to the opportunity to enable people to take more control of their care by determining their own care package and having the money to purchase it (see 2a) above).

**f) The introduction of improved IT systems to enable the council to meet statutory requirements and improve efficiency**

The first phase of the implementation of the new social care system, Frameworki, is due to take place in July 2007 with 2 further phases until completion in Summer 2008. This is the biggest project in the department and will have very significant impacts on staff time in the run up to July. The departmental management team have identified the benefits that need to be realised by this investment and there will be a major programme of staff training to prepare people for the new ways of working.

**g) The creation of the North Yorkshire and York Primary Care Trust**

The new senior management team is being assembled but some key appointments have not yet been made e.g. the Director of Public Health. The financial position remains critical and there needs to be more clarity about the local accountability structures for York and the impact of changes on our key partnerships (especially mental health and learning disabilities).

## **Issues and Mechanisms**

3. More detail will soon be available in the HASS service plans for 2007-10 which will be presented to the March HASS EMAP but I have picked out the following themes in terms of how the council should tackle the key social care issues facing York in the next 15-20 years:

**a) A corporate approach**

The statutory post of Director of Adult Social Services (fulfilled in York through the post of Director of HASS) has a parallel role to the other statutory post Director of Children's Services – but is less well developed. It is based on the recognition that the health and well being of adults is not primarily determined by health and social care services but by broader issues such as quality of housing, safe neighbourhoods, good transport systems, education and training, employment, air quality etc.

Progress has been made on corporate planning in 2006 and a number of the improvement statements reflect the need to plan across departments to achieve broader community outcomes. This approach needs to be supported and strengthened.

**b) A community based approach**

The concept of community is less well developed for health and social care than it is for safety, housing or physical improvements to neighbourhoods. We need to do more to work in some local communities where there are isolated, vulnerable people or a lack of community infrastructure to engage local people in what they can do. The long term commissioning work on the needs of older people will enable us to present information on needs within wards and to concentrate efforts on those where inequalities are most

evident.

**c) A commissioning approach**

The recent work on the long term strategy for older people has demonstrated the need to understand the challenges ahead so that we can begin to plan for them now. This also raises fundamental issues about the need for new approaches to service provision as the current framework is not sustainable in the longer term. By defining outcomes that need to be achieved we can be more confident about specifying what services are required and which organisations are best placed to deliver them.

However, it has also highlighted the challenge of carrying out this analysis in a small authority. Even with support from the Department of Health and Oxford Brookes University it has taken about 18 months to pull together the key data into a coherent picture. Some good work (on a much smaller scale) is also being done for the needs of people with a learning disability but there are not sufficient staff resources to extend this approach to other areas e.g. physical and sensory disabilities, mental health.

**d) A partnership based approach**

Much will depend on the effectiveness of our partnerships with the NHS and although the latest restructuring has been predicated on a clear separation between commissioners (the Primary Care Trust) and providers (e.g. York Hospitals Trust) we have made it clear that the council wants to plan in partnership with both as part of the whole health and social care system.

Integration is sometimes the key to success and that has been true in mental health and learning disability services. However, more progress needs to be made in terms of work with primary care staff working in the community and in the areas of older people and people with long term health conditions and disabilities. More integration may be appropriate in these areas to achieve better outcomes and greater efficiencies.

There is also a need to strengthen the relationship with the key private providers who have expressed an interest in having more involvement in shaping the future direction for services so that they can adapt their businesses accordingly.

Voluntary sector partners have a vital role to play but there is a need to look across services at what role they fulfil at a community level given the increasingly corporate approach the council is taking to issues such as health improvement and community sustainability in the broader, social sense.

The Local Area Agreement can be the vehicle for delivering much of this partnership agenda as it focuses on high level objectives.

**e) A preventative approach**

We need to get the balance right between intensive services for people with complex and long term needs and the benefits of investing in services or community infrastructure that can reduce or

delay the need for intensive services. The council is likely to have to prioritise its support to people with substantial care needs but there is a role for other organisations to be commissioned to provide more social support and advice.

Our partnerships need to look at improvements to health and care systems that can prevent breakdowns in care. The new Promoting Independence Team (PIT) in home care is focussed on care plans that will enable some people to manage without long term care. We believe that more can be done in collaboration with primary care colleagues to support vulnerable people and carers to remain independent as well as looking at safety in the broadest sense e.g. preventing falls in the home, smoke detectors etc.

**f) An inclusive approach**

York is changing. People from ethnic minorities are beginning to form a more substantial proportion of the population which will in time increase the demand for culturally sensitive services. We need to be preparing for that by talking with community representatives about future needs. Equally we need to be championing the cause of people with disabilities to take a full part in the life of the city. The move to more individualised budgets is likely to enable people to access community facilities more easily and to raise expectations about their quality of life. The council needs to be ready to respond to that positively. One concept that has been discussed at the Social Inclusion Working Group is a Centre for Independent Living which could include being a venue for social contact as well as place where people can get advice, support and some services. This concept would be of a user led and independent centre rather than a council service.

**g) A caring approach**

Quality of care needs to be at the forefront of our work but is not always easy to reflect in the way we report on performance. We need to engage with customers and carers about the future shape of social services and enable them to comment on and influence the way care is provided. In particular we need to do more to recognise the role that informal carers fulfil and develop the support they need to continue in their caring role. Important steps have been taken in the last 12 months to involve carers and develop new services but more could be done in partnership with the PCT and the voluntary sector in terms of advice, practical help and support.

## **Consultation**

4. The long term commissioning strategy was formulated with the input of key stakeholders. This report is to brief the Shadow Executive and has not been the subject of any consultation.

## **Options**

5. This briefing is for information at this stage.

## **Corporate Priorities**

6. The strongest link is to the corporate priority “ Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of healthy are the poorest.”

## **Implications**

### **Financial**

7. None arising specifically from this report.

### **8. Other Implications**

#### **Human Resources (HR)**

There are 2 principal issues relating to staff:

- Recruitment and retention of key staff and especially those involved in providing direct care. York is a competitive labour market and we need to be able to promote social care as a job and a career.
- Training and development – in working with more complex customers and in community settings we need to continue to invest in increasing the skills of staff and to support a culture of continued professional development and obtaining relevant and necessary qualifications.

#### **Equalities**

See 3 f) above.

#### **Legal**

There are no immediate implications to report.

#### **Crime and Disorder**

There are no immediate implications to report.

#### **Information Technology (IT)**

See 2 f) above.

#### **Property**

There are no immediate implications to report.

#### **Other**

None

## **Risk Management**

9. This report focuses on high level issues that the Shadow Executive should be aware of in the future and therefore does not analyse more detailed risks that would be dealt with through service planning.

## Recommendation

10. That the Shadow Executive notes and comments on the content of this briefing.

Reason : So that the Shadow Executive is briefed on the key challenges facing adult social care in the next few years.

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**Chief Officer Responsible for the report:**

Bill Hodson  
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**Report Approved**

**Date** 12/2/07

**Specialist Implications Officer(s)**

None

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

**All**

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

**Background Papers:** None

**Annexes:** None