



Living Well in Later Life

Sandwell's Revised Partnership Strategy for Older People 2010 – 2013

Vision

Sandwell Plan 2008

'We want a Sandwell that is fair for everyone. No one should be disadvantaged on the basis of where they live, how much they earn, their race, gender, religion or belief, sexual orientation, disability or age. Services should be delivered so that everyone gets the support they need and the opportunities they deserve.'

Values

We will adopt and promote the following rights and principles for older people;

- Older people must have equal respect, both as individuals and as members of their families and chosen communities.
- Older people make contributions as citizens, and are not just recipients of services.
- Older people have the right to decide how and where they live and die, and to make informed choices about services that affect them, enabling them to maintain their independence and putting them in control.
- Good information enables informed choice and must be provided in ways and places that older people find useful.
- Older people have the right to expect high quality, proactive services.
- Carers are entitled to an assessment, services and support in their own right.
- Older people have the right to be protected from harm.
- We will respect older people's right to privacy and dignity.

Introduction

It is well established nationally that we are an increasingly ageing population. The number of people 85 plus will increase by almost 30% between now and 2016. Between 1995 and 2025, the number of people over 90 will double. In fact, retirement now could last 30 years or more. This poses two main challenges. There will be an increase in the numbers of people needing care towards the end of their lives, and a reduction in the source of labour that can provide that care.

Older people are defined as being people aged 50 and over, but age by itself tells us very little about what a person needs or what they want. We take an approach which aligns with Sandwell's Prevention strategy 2010 and considers the different transitions or phases that people may go through, as they get older. These include:

- People who have little or no social care needs or symptoms of illness who wish to maintain their good health and independence. This may include people planning for future retirement and older age
- People who may be at risk and require early intervention to halt or slow down any deterioration and actively seek to improve their situation
- People with established health conditions where the focus is on maximising functioning and independence
- People with complex needs who require services from different agencies
- Whatever the stage in a persons life, older people require the ability to remain as independent as possible and exercise choice and control over what happens to them

Each person will experience the process of ageing differently therefore services need to adapt and become much more flexible. Nationally and locally older people are seeing significant changes which impact on their lives and their views:

- **Aspirations & Attitudes:** People now moving into the 50+ age range have a higher set of expectations and a much greater willingness to challenge and assert their rights to an individualised, high quality service which meets their needs. Expectations about the quality of life are growing and they are looking for high quality services which help them maintain their health, well-being and independence• **Housing:** most people wish to live independently in their own homes and new housing based living options are emerging such as extra care housing

- **Economy and employment:** there is a shrinking economy but changes in legislation and the retirement age require potential continuing employment for older people
- **Health and social care:** increasing life expectancy and new models of service delivery are forcing rapid change in how older people access health and social care
- **Pensions:** we now face the challenge of how to fund a retirement that might last 30 years or more, yet in which people are not forced to give up valued aspects of their lifestyles
- **Leisure:** older people want to remain fit and active and are increasingly aware of the importance of leisure activity for health and well-being
- **Crime and safety:** fear of crime is a large factor in reducing many older people's quality of life
- **Learning:** there is an increasing awareness that old age can be a positive time of learning for leisure or new employment
- **Transport:** access to transport is key to continued social inclusion, especially where personal mobility may start to decline
- **New technology:** new possibilities are opening up for providing security, monitoring of health, care and general well-being and for providing these in a cost effective way, as well as providing opportunities to reduce social isolation
- **Family life:** many older people are increasingly relied upon for childcare but conversely many older people do not live near their children and other family members with all the support and sharing that proximity can bring. Changing patterns of marriage and divorce also mean there will be more people choosing to live alone in the future.
- **Caring:** With the changing demographics and increasing life expectancy, older people often have caring responsibilities not just for their peers but for parents and children or grandchildren

This strategy builds on the previous Living Well in Later Life in Sandwell 2006 – 2010. Informed by national and local policies for the provision of services for older people, and is based on evidence of local need and on evidence of what works.

National Context

The importance of empowering older people to have a say in the governing of their communities, cannot be underestimated. To create a more equal and just society which values all citizens we rely increasingly on the vital contribution of experienced people. Through effective engagement of older people at all levels, local, regional and national, we can ensure that policies are durable and services are aligned with need, aiming to make later life a time of choice, influence and aspiration. Three general themes identified by the John Elbourne in his review of older peoples engagement, are:

- Engaging older people and government at all levels, to address the changing nature of later life in an ageing society
- Working with other wider developments to support and encourage local authorities to develop effective engagement
- Helping to spread good practice

The Equality Act (2010) introduces a new single equality duty on all public bodies to eliminate discrimination, advance equality of opportunity and foster good relations for people irrespective of race, gender disability, age, sexual orientation, religious beliefs and transgender. It places a new duty on public bodies to take account of people's age by placing a legal duty on public bodies to consider the needs of people of all ages when designing and delivering services. The Act prohibits age discrimination in the provision of goods and services for people aged 18 or over.

The ministerial concordat 'Putting People First' which was announced in December 2007 builds on the ambitions of Our Health, Our Care, Our Say to outline the vision for the reform of adult social care. The key elements of this vision are:

A personalised approach, recognising that people want access to support when they need it and they expect it to be available to them quickly, easily and fit into their lives.

A greater focus on preventative approaches to promote people's independence and wellbeing, where the emphasis is on enablement and early intervention to promote independence rather

than involvement at the point of crisis. It is expected that this will be achieved by putting people at the centre of planning for their care, and a more flexible use of resources by using direct payments and individualised budgets. It is anticipated that individuals will no longer choose the support they need from an existing 'menu', but rather shape their own menu of support.

Commissioning is the way Primary Care Trusts (PCT) secure best value and deliver improvements in health and care services to meet the needs of the populations they serve. World Class Commissioning (WCC) is transforming the way these services are delivered by delivering a more strategic and long term approach to deliver services with a clear focus on improved health outcomes and a reduction in health inequalities, adding years to life and life to years. By putting the patient at the heart of decision making and having a long term focus on health promotion, WCC enables PCTs to commission high quality and value for money services, that meet the needs of their local communities.

The Department of Health white paper, Equity and Excellence: Liberating the NHS, transfers the responsibility for commissioning to GP consortia by 2012. Emerging policy continues to make changes in the way the NHS operates and delivers services. Local councils are also making changes following the comprehensive spending review. At the time of writing this strategy there are no definitive organisational structures in place but the overall vision is to ensure more services are delivered by the independent and voluntary sector.

Local Picture (JSNA 2008)

Sandwell's population is not ageing as fast as in the rest of England primarily due to the lower life expectancy experienced by our population. Between 2008 and 2025, the population is expected to grow by 13% from 45,700 to 51,600 with the greatest population growth in the over 55s as people benefit from improvement in life expectancy. Much of the growth in the age 75 and over, is in the ethnic minorities, particularly Black and Indian populations.

More than one in two pensioners in Sandwell are dependent on state benefits. This is nearly 50% higher than the rest of England. The numbers of those aged 75 and over living alone is expected to grow by 1,600 with an increase in those living alone with a long

term limiting illness. This will be an increase of 20% of those living alone with a long term illness.

Figures for 2008 estimated that in the over 65s

- 10, 416 are unable to do one or more domestic task (e.g. shopping, dealing with personal affairs)
- 9,548 are unable to manage at least one self care task (e.g. bathing, dressing)
- 5,208 are unable to manage mobility tasks (e.g. going outdoors, move around on the level indoors)

This is expected to increase considerably by 2025

Data on long term illness for older people is weak and it is estimated only 44% of people with dementia are diagnosed. 49% of those diagnosed live in care homes, which is one third higher than the national average. Sandwell has the highest acute admission rate to hospital in the West Midlands.

A measure of people able to live independently is those able to return home following admission to hospital rather than admitted to a care home. Significantly fewer patients following stroke return home in Sandwell compared to the national average, 49.6% compared to 56.7%. For those with a fractured hip, only one in 3 returns home compared to one in two nationally.

It is important that at the end of life, patients are given a choice about where they die. There is a major difference between people's preferences and their actual place of death. In Sandwell only 17.6% die at home and within that there is considerable variation across the 6 towns of Sandwell.

Where are we now?

It is quite clear that we are unable to continue to provide services for an increasingly ageing population at increasing cost without looking at how we can provide more effective and efficient services to deliver more satisfactory outcomes. Much work has already been done to put older people central to their care and give them choice and provide opportunities in how they live their lives.

Adult and Community Services Putting People First Programme will provide a major shift of resources to prevention, early intervention and reablement. People will have access to high quality, information and advice, regardless of their financial circumstances. There is a commitment to working with carers as partners, and the balance of power will be in the hands of the hands of people who use services and their carers.

Right Care Right Here is the service Transformation Plan designed to deliver a sustainable healthcare system across health and social care. The programme has four objectives –

- Ensuring people have the opportunity to benefit from healthier lifestyles
- Ensuring services are extensively redesigned to benefit local populations
- Expanding the level of provision of services in community settings, bringing care closer to home where appropriate
- Delivering a new specialist acute hospital in Grove Lane, Smethwick

The PCT Strategic plan has made a commitment to reduce health inequalities over the next four years by narrowing the gap in life expectancy for men and women in Sandwell by 15%. This would lengthen lives for men from 74.5 to 76, and for women from 80 to 81 years. The PCT has recognised that there is a gap in services for older people and identified improving services to older people as one of its priorities. The outcome identified from the World Class Commissioning framework is to improve the quality of end of life care by increasing the proportion of people able to die at home from current levels of 20% to 33% by 2015. This remains a priority until the system changes in 2012/13.

We recognise the importance of family carers in providing vital support to older people in Sandwell. For many older people, the support and care of their life partner is the most important and enduring aspect on which they rely. In addition, many older people would not be able to live independent lives or maintain a valued quality of life without the support and care they receive from their family, neighbours and friends. In 2010 we published our revised 'Strategy for Carers' which aims to ensure that carers receive the

advice and support they need to continue in their caring role. Therefore the needs of carers are not specifically addressed within this strategy.

How did we decide on our priorities?

Living Well in Later Life in Sandwell, was the first Sandwell Partnerships strategy for people over fifty, and was effective from 2006 – 2010. The strategy identified nine priorities with the resultant delivery plan being monitored by the Later Life Partnership. Alongside this was the recommendations and action plan identified by Sandwell MBC select committee on older people.

Over the past four years there have been lots of positive achievements and the hard work of so many people should be acknowledged, particularly Agewell lay members who have freely given their time. Despite many organisational changes, the aim of working together for the benefit of older people is still high on the agenda. The majority of the actions (103) from the delivery plan have been completed or are ongoing, with just 16 incomplete.

It is widely acknowledged that there were limitations to monitoring the delivery plan in its current form and that the revised strategy should be a more manageable document which focuses on the things of greatest importance to older people.

Following consultation with Agewell members, a workshop was held with a wide range of stakeholders in February 2010 and there have been ongoing discussions with members of the Later Life Partnership since then. The comments, views and ideas raised by these groups have shaped this revised strategy. It is recognised that it will be an evolving document which will develop over time, and there will be an ongoing process of consultation with stakeholders during the lifetime of the strategy. For each year there will be a particular focus on a few priorities to make the process more manageable.

It is not our intention to launch a stream of new initiatives but to co-ordinate what organisations are already doing and to build on current provision. Resources are limited and the challenge is to use these more creatively and effectively by working across boundaries and releasing more resources to service delivery. At

the time of writing there is a range of newly emerging policies to consider. Therefore our outcomes need to be achieved within a changing environment. Our delivery plan will be regularly revised and updated accordingly.

Identified as being of particular importance to older people in Sandwell are;

Housing

This Strategy updates the *Housing, Care and Support Strategy for Older People in Sandwell (2005)*.

Providing more and better homes in the borough is a key strategic priority for the Council and the Sandwell Partnership, not only to meet basic housing needs, but also in the belief that if people live in a good home it provides the solid foundation for a better quality of life and improved life chances. Sandwell's Housing Strategy sets out how we aim to deliver on this priority and specific to older persons it's main strategic objectives are to:

- assist older people to move to more suitable accommodation
- address the support needs of older people who wish to stay for as long as possible in their current home
- increase the provision of Extra care Housing
- re-model existing stock to meet the needs of older people.
- provide appropriate new accommodation with associated support

The housing strategy, through the deliver of the Warmer Homes Policy, also promotes and delivers initiatives that improve thermal efficiency and help to reduce fuel poverty. To achieve this objective the Partnerships and Housing Directorate continues to fund the work of Warmzone to tackle fuel poverty in Sandwell.

Information

Personalisation or 'Putting People First' is the Government's vision for the transformation of adult social care. Personalisation means thinking about public services and social care in an entirely different way, starting with the person and their individual circumstances rather than the service. This means changing the way in which we work, so that we can provide better services for local people.

The provision of accurate, timely and accessible public information about local services is essential if we are to achieve our aims for 'Putting People First' in Sandwell.

In the autumn 2010, new service was launched called Sandwell Council Assist, providing existing and potential customers with information, advice and access to adult social care services. To support this service a new on-line directory called 'Information Point' is being developed. The directory will be available on the Council's website towards at the end of this year.

Information for BME older people is a particular issue and we need to ensure the information is presented in the appropriate format which may be through word of mouth. In order to ensure that our information reaches the right people at the right time, we are conducting a borough-wide check of adult social care and lifestyle information at a wide range of venues including GP surgeries, libraries and community centres.

Transport

This is a major issue for older people, particularly where they are less able and do not have a care or are unable to access regular public transport. For many older people the Ring and Ride service provides a lifeline to combat social isolation and access to normal daily activities such as going to the shops. Difficulties have arisen for many with the booking system and many are unhappy when they see buses going by with only one or two people on them.

This has been recognised and a review will be undertaken of public transport availability across Sandwell, along with an investigation of how demand responsive methods of transport such as volunteer drivers, social taxis, Ring & Ride and community transport can complement the public transport system. This will also explore how the use of Ring and Ride can be increased. Alongside this a scrutiny review of public transport will deliver its recommendations during 2011.

Access to GP's

Improving Primary Care Access is a key priority for Sandwell PCT and a number of pieces of work are focusing upon ensuring that patients are able to see GPs and other healthcare professionals on a timely basis.

- In the summer of 2009 the PCT commissioned 4 new GP practices and a new Walk In Health Centre
- These practices provide additional GP appointments and improve access to the full range of primary medical services.
 - The GP practices operate 8am – 8pm Monday to Friday
 - The Walk In Centre operates 8am – 8pm seven days each week.
 - The number of GPs and healthcare professionals working in these practices is planned to increase as the number of registered patients increases at each practice
- The vast majority of GP practices in Sandwell offer extended opening hours with early morning and/or late evening surgeries available to patients
- The PCT is working with GP practices to ensure that they provide information to patients about the range of services available and the current surgery opening times
- We will be working with groups of patients to raise their awareness of the range of services available and the current surgery opening times
- A series of roadshows is planned to raise general awareness of primary care services but particularly extended GP opening hours

Actively identifying vulnerable older people

In this priority the aims are to help people maintain their independence and make sure that they receive the services they need when they need them. This support may come from the community, from voluntary organisations or from services provided by public bodies.

There is not a definitive definition of a 'vulnerable' person but could include people who live with disabilities (including those with physical and sensory disabilities) or those who are isolated. People's needs change over time and we must find ways to identify, as quickly as possible, people who may need increased support and put them in touch with the right services. This increase in need may be due to an illness, an accident such as a fall or due to a change in their circumstances. We have identified ways of

identifying vulnerable and isolated older people as part of the Putting People First programme.

How will we measure our progress?

We will work across health and social care services and with community and voluntary organisations to identify people with increased needs and make sure that they receive the right services. We will also make sure that they continue to receive the support they need as their level of need changes.

Through the comprehensive delivery plan, senior managers have been identified who will take responsibility for each of the milestones identified under each outcome. They will be expected to report quarterly on progress and RAG rate progress red (behind schedule/not started), amber (in progress but not completed), green (completed). This report will be discussed at the quarterly Later Life Partnership meeting. Alongside this they will be invited to attend the board to give account of what is happening and provide evidence to show that it is making a difference to the lives of older people.

There will also be a quarterly meeting which the identified managers will be expected to attend, to review the other priorities with Agewell members. A schedule to ensure all areas are covered will be drawn up each year. Evidence can be in the form of a report, storyboards detailing a person's experience, evaluations from users of the services.

The delivery plan will be reviewed yearly to ensure we keep pace with changes.

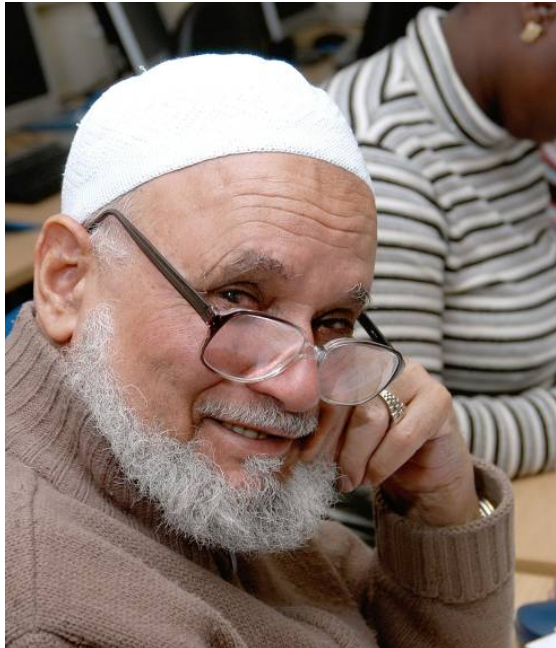
Priority 1 Freedom from discrimination

Outcome

Older people are regarded as equal, valued and respected members of the community. They are treated with Dignity and respect which is at the heart of all service delivery.

Actions

1. Health and the wider council services, voluntary services and members of the public are signed up to the Dignity campaign
2. Intergenerational projects are established to foster good relations between older and younger people
3. Ageism legislation is implemented locally
4. Provide information and reduce older people's fear of crime



Priority 2 Safer, warmer, decent homes

Outcome

Older people live in decent, affordable, warm homes with less people becoming ill and dying during winter due to cold weather.



Actions

1. Improve the condition of social and private accommodation through co-ordinated home improvement initiatives .
2. Provide information and advice on fuel poverty, energy efficiency, access to housing benefits, home improvement schemes, home safety .
3. Deliver Extra Care Housing programme and look at other housing options for older people.

Priority 3 Getting out & about

Outcome

Older people are able to participate as active members of the community.

Actions

1. Undertake a review of public transport availability across Sandwell, along with an investigation of how demand responsive methods of transport such as volunteer drivers, social taxis, Ring & Ride and community transport can complement the public transport system
2. Deliver recommendations from the public transportation scrutiny review
3. Increase the use of Ring & Ride schemes



Priority 4 Active & healthy life as part of the community

Outcome

Services are in place that enable people to stay well and remain independent.

Actions

1. Put in place low level services to enable and maintain wellbeing
2. Ensure prevention & wellbeing is incorporated into Right Care Right here programmes
3. Ensure there are systems in place and support for ill health and those who may be more vulnerable.



Priority 5 – Personalised support and care

Outcome

Structures are in place which avoid gaps in, and duplication of services. and put the person and their carer at the centre of their care.



Actions

1. Implement agreed shared pathways for key needs of vulnerable older people e.g. Stroke, Falls, Dementia, frail elderly and End of Life care
2. Identify population at risk through active case finding.
3. Develop the skills, attitudes and understanding of the workforce to enable them to work in new ways.

Priority 6 – Mental health in later life

Outcome

Services meet the standard set out in the National and local Dementia Strategy. Older people with depression are supported.



Actions

1. Raise awareness of the general public and practitioners to facilitate early diagnosis and referral to services
2. Improve information, access to medication, and support for patients and their families/carers
3. Develop a highly skilled workforce including new roles to deliver excellent care in peoples own homes wherever possible
4. Implement multiagency support plans and pathways of care including emergency planning and end of life care

LWLL Review Further reading

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