Wolverhampton City Council

Wolverhampton's strategyforolderpeople

Wolverhampton City NHS Primary Care Trust

foreword for older people's strategy

Older people are a vital part of our community in Wolverhampton. This Strategy seeks to recognise and support the contribution they make to the life of the City and to ensure that the right services are available when they need help to maintain their independence and quality of life. The Strategy reflects our overarching commitment that "Every Adult Matters" and this Strategy is an important component in improving the outcomes for the people of the City.

From the very beginning older people, from all backgrounds and walks of life, have been involved in deciding what should go into the Strategy. As a result, it reflects their broad range of interests and concerns, including leisure, learning, housing, transport, safety and community engagement, as well as health and social care services.

This comprehensive approach, centred on the real lives of older citizens, has brought together a wide variety of organisations providing services in Wolverhampton. Continued partnership working between these agencies and older people themselves is the key to achieving the Strategy's aim of enabling older people in Wolverhampton to live life to the full.

Helen King

Councillor Helen King
Cabinet Member Adults

table of contents

1. Introduction ....Page 3

2. Purpose of Strategy ....Page 6

3. The Approach to Promoting Independence
   and Quality of Life ....Page 9

4. Analysis of Needs ....Page 13

5. Action to Meet Needs ....Page 26

6. Outcomes and Performance Management ....Page 45

Appendix A
Background Policy Documents ....Page 47

Appendix B
Local Strategies ....Page 48

Appendix C
Current Services ....Page 48

Introduction

Older people make an important contribution to the life of our local community. They are the mainstay of many community and voluntary groups and play a vital role in supporting family and friends as grandparents and carers. Those who are still in paid employment provide a wealth of experience and a range of specialist skills, which are in increasingly short supply. However, the significance of the contribution made by older people often goes unrecognised. Furthermore, stereotypes of old age, as a time of dependence and incapacity, tend to exclude older people from mainstream activities and devalue their knowledge and views. Although the ageing process presents many challenges, older people are able to live fulfilling lives and enrich the life of their local community, if their capacity to contribute is recognised and they are provided with the right kind of opportunities and services.

People are living longer and with this comes the expectation that that the period of fulfilling, independent living will increase to match. This can be achieved by the development of strategies which aim to 'add life to years' as well as 'years to life'. Such an approach requires measures which seek both to maximise independence, health and quality of life and minimise the disadvantages arising from physical and mental ill health, when they occur.

To be effective the action taken to achieve these objectives must be rooted in the experience and expectations of older people themselves. Older people are the experts on old age and are best equipped to identify what needs to be done to improve their lives.

This strategy has, therefore, been developed in consultation with older people by a range of partner organisations delivering services in the City. In the summer of 2004 the Over 50's Forum hosted 2 large consultation events to map out the action needed to sustain and promote the independence, health, well being and quality of life of older people. At the first event, older people themselves identified their needs and the kind of support and services that were required to meet them. At the second event, older people worked with staff from a wide range of statutory and voluntary agencies to clarify the problems that needed to be addressed and the kind of changes and developments that were required. Further work was then carried out between agencies to flesh out the contents of the strategy, based on the foundations established in the consultation events. A draft strategy was produced and tested out in further consultation events in the summer of 2005 to check that it addressed the issues that had been raised by older people and staff from partner agencies in the earlier consultation.

The strategy which has emerged from this process is one of a range of strategies which flow from the overarching strategy 'Every Adult Matters', as shown opposite:

Every Adult Matters

- Physical & Sensory Disability Strategy
- Older People's Strategy
- Supporting People Strategy
- Mental Health Strategy
- Learning Disability Strategy
- Homelessness Strategy
- Leisure Strategy
- Community Safety Strategy
- Transport Strategy
- Long-term Illness Strategy

The overall vision for the future, laid out in Every Adult Matters is:

'To enable all adults in Wolverhampton to live fulfilling lives, by enhancing their independence, health and quality of life through co-ordinated action by all agencies providing services in the city.'

The outcomes identified in Every Adult Matters are:

- Improved health
- Improved quality of life
- Exercise of choice and control through increased independence
- Improved partnerships
- Ability to make a positive contribution
- Freedom from discrimination and harassment
- Economic well-being
- Personal dignity

The Every Adult Matters Strategy itself is linked by a 'Golden Thread', running from individual service plans, up through the Council's Corporate Strategy, to the Community Plan for the whole of the city.

The Older People's Strategy takes into account guidelines on needs and good practice contained in government publications and research studies (see page 47) and links to Wolverhampton's joint strategy for Primary and Community Care.

This overarching strategy for older people is complemented by the Joint Mental Health Strategy for Older People, which deals in detail with plans to meet the needs of those with mental health needs.

Historically services for older people have been thought of in terms of the provision of health and social care services to look after those who have become ill, frail or disabled. It is only in recent years that the emphasis has shifted to focus more on promoting good health and sustaining independence. This change in emphasis accords with the views of older people themselves and requires a much broader consideration of issues which influence the quality of life and independence of every older person, including those who do not currently need social care services or intensive health interventions.

This strategy, therefore, aims to cover the general needs of the wider older population, the particular needs of those who are at risk of losing their independence and the specialist needs of the most frail and vulnerable.

The needs identified present three challenges to local services:

1 The development of a co-ordinated system for planning and commissioning the broad range of services needed by older citizens.

2 The establishment of a system to identify and support those at risk of losing their independence.

3 The provision of high quality specialist services to support the rapidly growing numbers of very old and frail people.

These challenges also have to be met within a financially constrained environment, which includes the requirement to make efficiency savings through achieving better value for money in service provision (Gershon Review). The implementation of the strategy will, therefore, require action to improve the effectiveness and value for money of health and social care services in order to release resources for reinvestment in preventative services, which will, in turn, reduce the need for the provision of high cost, intensive, crisis interventions. This will, in some cases, involve the de-commissioning of existing services.

Opportunities for accessing special grant funding will also need to be pursued to pump prime the restructuring of services.

Purpose of the strategy

The purpose of the Strategy is to provide a clear direction of travel for the development of services and policies which affect older people, informed by a broad analysis of the needs and circumstances of the whole older population in Wolverhampton.
It is intended that the vision, values, objectives and outcomes should become an integral part of the planning processes of all organisations and agencies in the city which have an impact on older people's lives.

The range of local strategies and plans that will be affected by this are shown in page 48.

Delivery of the strategy will require close joint working between all the agencies involved in the statutory, independent, voluntary and community sectors.
It will be particularly important to take action to build capacity in voluntary and community sector organisations to enable them to participate fully in the delivery of strategic objectives.

our vision

Our vision for the future is:

To enable older people in Wolverhampton to live life to the full by optimising opportunities for health and participation in social, economic, cultural and civil affairs and by providing access to high quality health and social care services which respect the individuality and lifestyle choices of those who need them.

This vision is grounded in the belief that successful ageing is about interdependence, through playing a full part in family and community life, and choice and control, through being able to determine care and other services, which support an individual's preferred way of life.

This view is supported by evidence that:

- Health and successful independent living are related to 'the quantity and quality of family and social networks' and living in 'neighbourhoods where there is a sense of pride and belonging' (Godfrey and Randall 2003 and Department of Health 1999)
- 'Mortality and morbidity are more strongly related to the experience of control over one's own life than exposure to health risks, per se' (Wistow et al 2003)

The vision, therefore, underpins strategic action to enable older people to have the same choice, control and freedom as other citizens and to live as independently as possible as part of their local community, with practical and emotional support based on their own choices and aspirations.

underpinning values

The values and principles which underpin this vision are:

- No one will be discriminated against on the basis of age
- Every older person will be recognised as a valued member of the community, with both rights and responsibilities and the capacity to make a contribution and achieve personal fulfilment
- Each older person will be respected as a unique individual, with recognition being given to his/her particular physical, psychological, social, emotional, cultural and spiritual needs
- Services used by older people will maintain and enhance their dignity, sense of self esteem and capacity for independent living
- Services, opportunities and facilities will be accessible to all older people and be delivered in a way that takes into account specific needs relating to gender, ethnic origin, language, culture, religion, sexuality and disability
- Older people will be enabled to play a full part in the design and planning of services they use
- The views and expressed needs of older people will be central to the planning, design and delivery of services
- Services used by older people will be of a high quality and organised in such a way as to provide a flexible, integrated response to individual needs, as close to their home as possible
- Services will be delivered in partnership, placing the individual older person at the centre

objectives of the strategy

The objectives of the strategy are to:

- To enable older people to participate as full citizens within Wolverhampton and their local neighbourhood community
- To promote the health and independence of older people
- To improve older people's quality of life and access to everyday services and opportunities
- To maximise older people's capacity for self determination and control over their own lives
- To provide high quality, integrated health, social care and support services for older people who experience ill-health, frailty or disability
- To reduce inequalities in health and well-being among older people

The approach to promoting independence and quality of life

In order to develop a strategy for promoting independence it is necessary first to understand the factors which cause dependence and loss of quality of life. These fall into 2 categories:

Internal causes of dependence

Physical and mental ill health and disability, which arise within the individual, can seriously affect their ability to go about their everyday life in the way they choose. However, it is often not just the direct effects of the illness or disability which restrict a person's ability to do things and cope with day to day living, but also the psychological impact of incapacity, such as depression, demotivation and loss of confidence and self efficacy (the sense of control over one's own life).

External causes of dependence

External circumstances, which are imposed on the individual, can also cause loss of independence and quality of life.

These include:

- The environment e.g. poor housing, inaccessible facilities in the home and public places, unsuitable public transport arrangements etc.
- Poverty
- Crime
- Ageist attitudes which devalue older people and have the effect of excluding them from services and denying them the opportunity to participate in and contribute to their community

To promote independence all of these problems need to be addressed, not only when providing specific services to older people but also across the broad range of provision for the community.

shifting the emphasis from crisis intervention to prevention

In the past declining health and ability were seen as an inevitable consequence of growing old. It is now recognised that, although the risk of illness and disability increases with age, there is much that can be done to prevent or delay loss of health and independence. As a result, services for older people, which have tended to concentrate on looking after those who have become ill and dependent, need to be redesigned to place more emphasis on helping people to maintain their health and independence.

In order to do this, service delivery needs to be refocused on 3 main areas of activity:

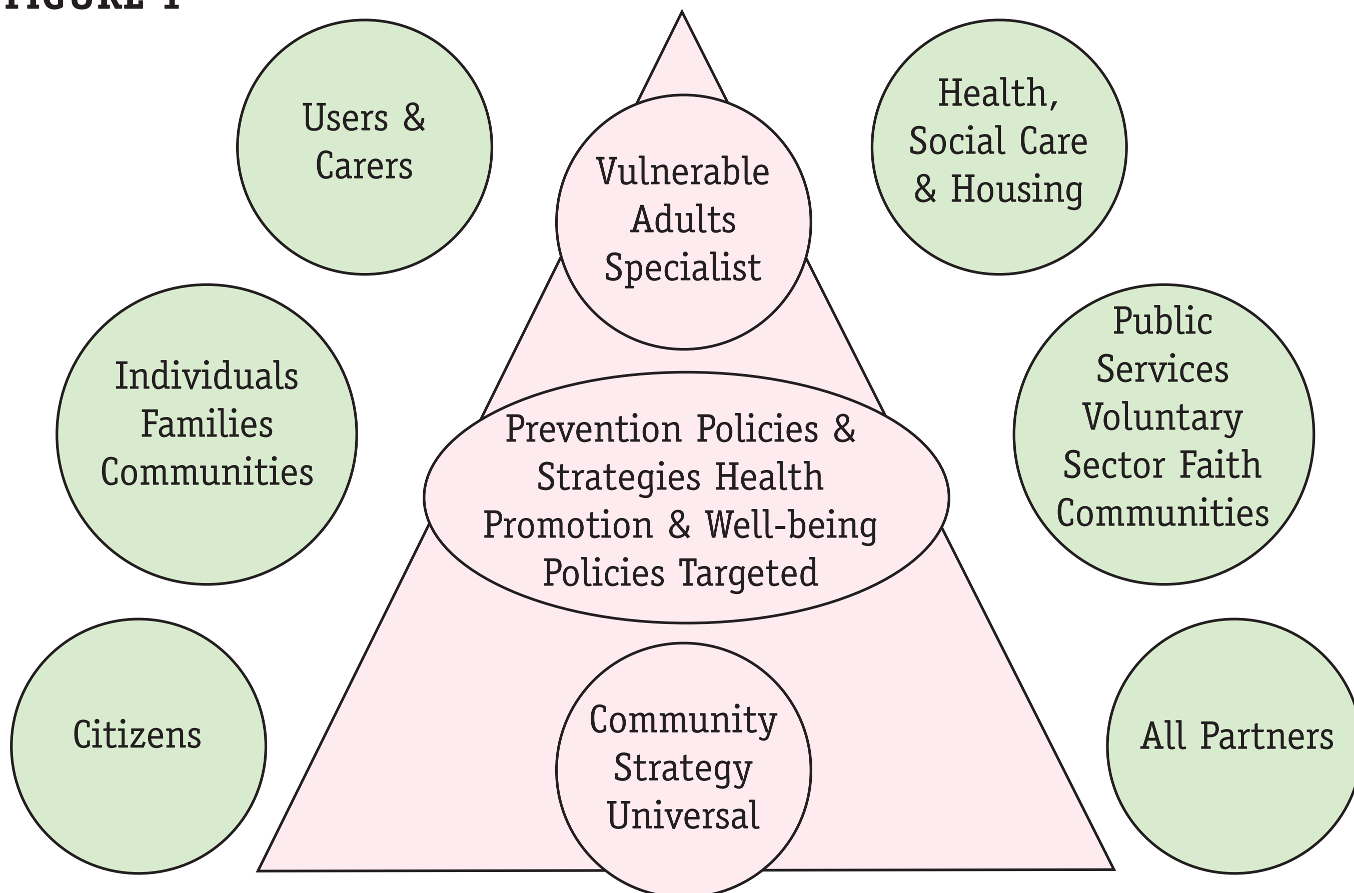
- **Prevention** – to enable older people to maintain good physical and mental health and live independent and fulfilling lives as part of their local community

- **Recovery** – to assist older people who have experienced illness, or other setbacks affecting their quality of life, to return, as far as possible, to their preferred way of life

- **Care** – to support older people whose health and ability have been permanently impaired, whilst maintaining the abilities they still have and ensuring that they retain control over their way of life

Refocusing services in this way follows the overall strategic direction for 'inverting the triangle of care', as outlined in the overarching strategy for adult services 'Every Adult Matters'. Figure 1 below shows the current approach to commissioning and service delivery, which focuses activity on acute and specialist services at the tip of the triangle.

FIGURE 1



The aim is to invert the triangle (as shown in Figure 2) by shifting the focus of our activity to the prevention of crisis and the promotion of well-being, whilst still providing the services needed by the most frail and vulnerable. This requires the engagement of all agencies providing general services in the delivery of the strategic objectives for promoting independence, health and quality of life for older people, including leisure, learning, housing, transport, police and pension services.

FIGURE 2

the influence of life events on health and independence

To effectively target services on older people at risk of losing their independence, health and quality of life it is necessary to understand the way in which this happens.

Analysis of the older population in Wolverhampton shows a wide spectrum of need, ranging from those who are fully independent and in reasonably good health to those who have multiple physical and mental health problems and high care needs.

However, individuals do not commonly experience a steady movement from good health and independence, through

gradually declining health into slowly increasing dependency as they age. The process is usually characterised by considerable periods of stability, interrupted by crises in health or social circumstances which precipitate a relatively rapid loss of independence.

This loss of independence may be temporary, with a return to former levels of independence after a period of recovery or rehabilitation, or may result in a permanently lowered level of independence. This process of step decline may recur several times during an individual's old age. It is important to understand what the triggers are for these sudden losses of independence, in order to effectively plan services which will prevent or delay them or reverse their effect.

The triggers for loss of independence and quality of life include:

- Sudden major illness
- Falls
- Bereavement
- Experience of crime or harassment

Events of this kind impact on:

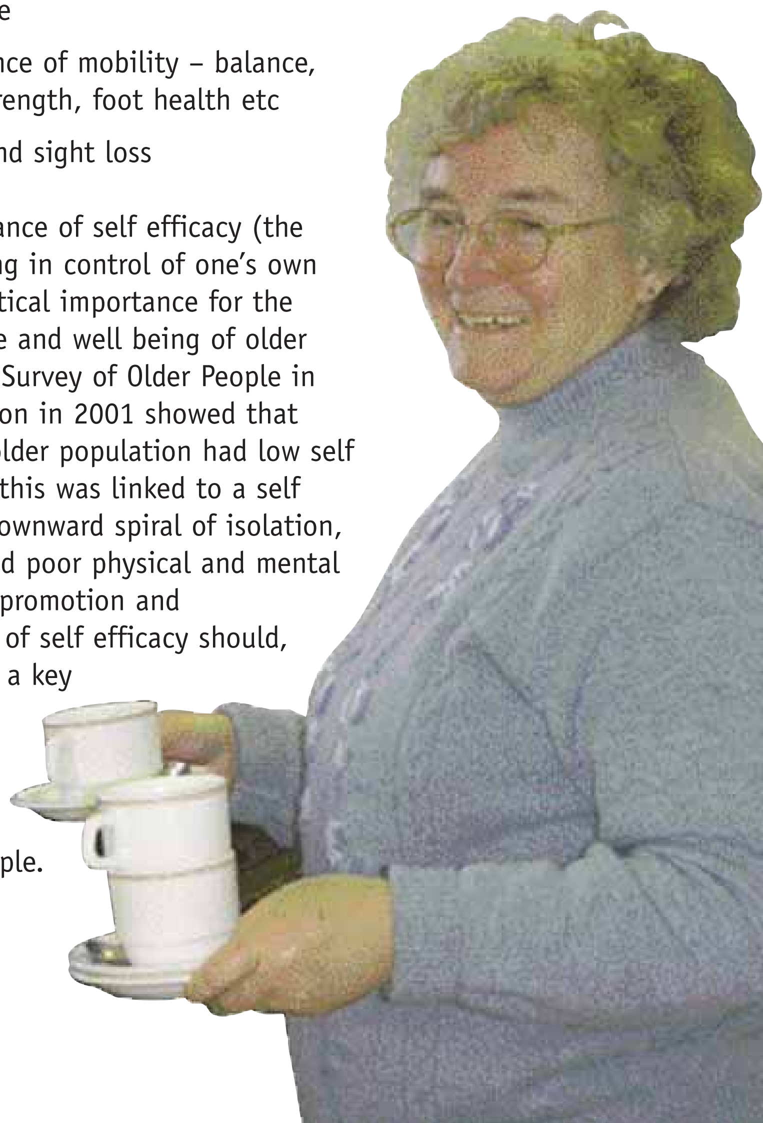
- **Emotional and psychological well being** – loss of confidence and self esteem, a sense of helplessness (loss of self efficacy), anxiety, fear, depression, demotivation etc, resulting in withdrawal from activities and the outside world
- **Physical ability and practical matters** – loss of capacity to undertake some activities or the loss of practical support and sharing of day to day tasks through the death of a spouse

Services are required which prevent or delay such trigger events or intervene to support older people in coping with them when they happen, in order to maximise their independence and quality of life.

Underlying, chronic health problems can also undermine older people's well being and their capacity to cope with crises. It is, therefore, important that services are coordinated to address issues such as:

- pain and symptom control
- continence
- maintenance of mobility – balance, muscle strength, foot health etc
- hearing and sight loss

The maintenance of self efficacy (the sense of being in control of one's own life) is of critical importance for the independence and well being of older people. The Survey of Older People in Wolverhampton in 2001 showed that 17% of the older population had low self efficacy and this was linked to a self reinforcing downward spiral of isolation, loneliness and poor physical and mental health. The promotion and maintenance of self efficacy should, therefore, be a key objective for all services and interventions for older people.



Analysis of needs

Older people have the same range of needs as the younger population. The 'Every Adult Matters' Strategy identified the factors necessary to ensure independence and a good quality of life for everyone:

Basic Needs:

- Good physical and mental health
- Food and drink
- Housing
- Warmth
- Adequate income

Safety:

- Protection from harm
- Law and order

Social Relationships and Belonging:

- Family/friends
- Love and affection
- Companionship and shared interests

Self Esteem and Being Valued:

- Development and achievement
- Respect and recognition
- Contribution
- Ability to make and carry out own plans
- Status and responsibility

Enjoyment and Understanding the World:

- Learning and knowledge
- Appreciation of art, drama, dance, the written word, sport etc

Fulfilment:

- Reaching full potential
- Being a member of the community
- Citizenship

In order to plan the actions required to address these factors and promote the independence and well being of older people in Wolverhampton, a detailed understanding of their circumstances and the problems they face is needed.

overview of the older population in wolverhampton

Older people in Wolverhampton fall into 3 broad groupings:

- **Independent** – Approximately 75% of older people are relatively fit and well and are able to live fulfilling and independent lives.
- **At Risk** - Around 20% of older people have increasing problems with their health and coping with day to day life. Because of these problems, and other negative experiences, they have lost self confidence and a sense of control over their own lives, as a result their range of interests outside the home and their social networks are gradually contracting.
- **Dependent** – Approximately 5% of older people are experiencing serious, multiple health problems as a result of which they need assistance with personal care and the ordinary activities of everyday living.

These groupings are broadly reflected in the use of primary health care services by older people. The Older People's Survey (covering people aged 55 and over in Wolverhampton in 2001) showed that around 25% see their GP once a year or less and take no prescribed medication, while just under 50% take 1-3 prescribed medication and see their G.P 2-4 times per year. Approximately 25% take 4 or more medications and see their GP 5 or more times a year.

Although chronological age is not a reliable guide to which of these groupings an individual older person will fall into, it is more likely that those over 75 will be in the 'At risk' group and that those over 85 will be in the 'Dependant' group.

the age structure of older people in wolverhampton

33% of people living in Wolverhampton are aged 50 or over (78,720) and 17% are 65 or over.

In 2001 the age structure of the over 65 population was as follows:

Age	No.
65 – 69	11,126
70 – 74	10,381
75 – 79	8,537
80 – 84	5,610
85+	4,337
	39,991

Projected % change 2001 – 2011	
65 – 69	- 8%
70 – 74	- 12%
75 – 79	- 9%
80 – 84	+ 13%
85+	+ 34%

Projections for the period 2001 to 2011 show a substantial rise in the number of people aged 80 or more, while younger age groups reduce in size.

The most significant change in the older population is the rapid increase in the number of people aged 85 and over.

general needs in the older population

Keeping Healthy

Although the majority of older people in Wolverhampton are able to live independently, the Older People's Survey 2001 showed that their longer term health is at risk because of the high numbers who are overweight and undertake little physical exercise. Between half and two thirds of people aged 55-74 are overweight or obese and are, therefore, at greater risk of cardiovascular disease, diabetes, high blood pressure, osteoarthritis etc. Just under half of those over 75+ are in this category.

The survey also found that 47% of people over 55 felt that they could only undertake light or very light exercise (i.e. no more than a gentle walk), even though 71% said they were in good or very good health.

The survey results, if applied to the total population aged over 55 indicate that there are over 30,000 older people in Wolverhampton who feel they are only able to undertake light or very light exercise.

The low levels of physical activity among older people in Wolverhampton are clearly linked to the high levels of those

who are overweight. Providing information and services to enable older people to reduce their weight and increase their fitness levels would significantly improve their health and their capacity to sustain an independent lifestyle.

Money

Both health and independence are significantly affected by lack of adequate financial resources. In August 2000 there were 10,050 people aged 60 or over (just under 20% of the 60+ population) claiming income support in Wolverhampton and it is widely recognised that many older people do not claim the benefits to which they are entitled. The Older People's Survey found that those in late old age were more likely to be in poverty, with 31% receiving income support. The Independent Inquiry into Inequalities in Health (1998) found that older people are more likely to be living in poverty than other groups, whether this is defined as below half average income or the receipt of means tested benefits.

Housing

Inappropriate or poorly maintained housing can adversely affect older people's health and independence. The Wolverhampton Housing Needs Study 2004 found that 15% (5,900) households aged 65+ have no central heating, 11,000 properties in the city are in need of improvement and repair and a quarter of these are occupied by people aged 60 or over. There is also a significant need for adaptations to properties. The Study indicated that there are some 30,000 households containing someone with a disability in Wolverhampton and over half (57%) of these were aged 60 or over. In the longer term designing new properties to life time homes standards would reduce the need for adaptations.

The 2001 Census showed that 66% of people aged 65 and over are owner occupiers. An event for older people owning their own homes in Wolverhampton, hosted by the Over 50's Forum in 2003, identified a number of significant problems, some of them linked to in adequate financial resources:

- Dealing with minor repairs and home maintenance
- Concern about reliability of contractors
- Lack of affordable gardening services
- Lack of good quality, impartial advice on housing options.

A review of the Council's sheltered housing and support services in 2003 has shown an urgent need to improve quality standards and address issues such as shared facilities, lack of lifts and poor location. Support services are also usually only available to older people who are tenants, resulting in the majority, who are owner occupiers, being unable to access such services. There is a need to broaden out the support service, currently only available in sheltered schemes, to provide a service to older people in the wider community.

Older people are increasingly expressing a need for the provision of 2 bedroom properties in housing designed for them, to provide more space for hobbies and visitors, since they spend more time at home than younger people and therefore need more space.

Transport

The ability to get out and about is of great importance for older people in enabling them to maintain social and family relationships, participate in leisure and community activities and undertake practical tasks such as shopping and pension collection.

Half of people aged over 65 do not have a car and are, therefore dependent on public transport. A range of problems with public transport have been identified through consultation with older people and the work of the Over 50's Forum, including bus routes and bus stops, the way in which buses are driven and difficulties in accessing the Ring & Ride service.

Leisure and Learning

Participation in leisure and learning activities is important for the physical and mental health of older people and for the maintenance and expansion of their social networks. The Older People's Survey 2001 showed that slightly less than half of people over 55 participate often in hobbies and only 18% belong to groups or attend social activities. 28% live alone and there is a significant dependence on family and friends for social contact. However, 15% have infrequent contact with children and 25% rarely see friends.

The ability to become involved in activities outside the home depends not only on the appropriateness of the provision available, its location and timing but also on other issues already mentioned, such as adequate financial resources and transport.

A number of particular issues have been identified through consultation with older people including:-

- The cost of adult education classes and the requirement on most courses to undergo exams or assessments, which deters many older people, even though they wish to learn new skills.
- The need for more sports and keep-fit activities designed to meet the needs of older people.
- The accessibility of buildings used for leisure and learning.

Safety and Security

The fear of crime not only causes high levels of anxiety among older people, but can also make them unwilling to leave their home, particularly during hours of darkness, thus increasing their isolation and exclusion from community activities. Many older people are also worried about crimes committed within the home, such as distraction burglary.

Concerns about getting across busy roads and negotiating uneven pavements can also deter older people from going out to shop or take part in social activity.

Information

One of the most frequently expressed needs in consultation with older people is for a comprehensive, co-ordinated and accessible information service, covering leisure, learning, housing, transport, benefits, safety, social care and health. Information is necessary to enable older people to access services, make choices and plan their lives. Both the National Service Framework for Older People and the Information Strategy for Older People in England emphasise the importance of information provision and the development of an integrated system which makes information available through electronic, paper based and face to face communication channels in locations that older people visit as part of their everyday lives. The service should include information which supports an active and fulfilling life in old age, as well as covering specialist services for those with health and social care needs. Different formats should be provided to

meet the needs of those with sight or hearing problems or whose first language is not English.

Citizenship and Community Involvement

The quality of life and well-being of older people is significantly affected by the degree to which they are accepted as full citizens of their local community. Ageist attitudes tend to exclude older people from the life of their community by denying the validity of their views and failing to recognise the value of the contribution they can make.

This stereotype of incapacity disempowers older people and erodes their sense of self worth. As a result they are less likely to participate in the life of their community, which both reduces their quality of life and deprives the community of their contribution. Enabling older people to participate fully as citizens, with equal rights and responsibilities, is important for the maintenance of their health, independence and well being, as well as for the effective functioning of the wider community.

Older People from Black and Minority Ethnic Groups

Because of the patterns of migration over the last 50 years, there are still relatively few people from black and minority ethnic groups among the over 65 population. In 2001 6% (2278) of people over 65 were of Asian origin and 4% (1555) were of African-Caribbean origin. The majority of older people in these two groups were in the 65 – 79 age band, with only 362 Asian elders and 155 African-Caribbean elders aged 80 or more.

However, these numbers are expected to grow significantly over the coming years.

Older people from minority ethnic communities need the same range of opportunities, support and care services as all older people, but these need to be designed to:

- Be delivered in appropriate languages
- Meet specific dietary requirements and food preferences
- Provide for appropriate cultural activities, interests, and customs
- Recognise and respect the structure of family and social relationships and modes of behaviour
- Be sensitive to and support particular religious practices and spiritual needs
- Address specific health problems which disproportionately affect people from particular communities.
- Combat discrimination and disadvantage
- Be sensitive to the experience of growing old at a distance from traditional roots and against a background of changing social expectations

health and social care needs of more vulnerable older people (at risk group)

The Older People's Survey 2001 showed that there is a significant minority of older people (around 8-10,000) whose independence and well being are at risk because of their health problems and social circumstances. The likelihood of being affected by these problems increases with age.

Physical and mental ill health had a moderate effect on restricting social activity for 21%, while 10% reported that their capacity for social activities were severely constrained by their health problems. The number severely affected in this way increased to 15% for those aged 75 an over.

Daily Activities

36% of those surveyed reported having some difficulty with daily living activities, while 10% had severe difficulty or were unable to carry out tasks.

The major problems were:

1 Shopping	14%	had severe difficulty or were unable
2 Household chores	13%	had severe difficulty or were unable
3 Getting out and about	10%	had severe difficulty or were unable
4 Bathing	9%	had severe difficulty or were unable

20% of those aged 75 and over had severe difficulties in carrying out daily living tasks.

Social Engagement

A significant minority of older people have very limited social involvement with others. 25% of those surveyed reported having infrequent contact with friends and 15% had infrequent contact with children.

Disability and Illness

There are a number of health factors which have a negative impact on older people's ability to maintain their independence and social life.

The survey showed that 42% of older people suffer from arthritis. A similar number had sight problems and just over a quarter had hearing difficulties. 20% had problems with their feet and a similar number had a heart condition. 16% reported having urinary problems and diabetes, cataracts and asthma each affected 10% of respondents.

27% were taking 4 or more prescribed medications for their health problems and 30% saw their GP 5 or more times a year.

10% were experiencing severe pain and a further 20-30% experienced moderate pain as a result of their health problems.

Illness, disability and chronic pain have a significant effect on older people's mobility and mental state which reduces their capacity to maintain their quality of life and independence.

Mental Health

The Older People's Survey showed that 14% of respondents were seriously affected by feelings of depression and anxiety. The National Service Framework for Older People provides estimates that 10-15% of older people suffer from depression and 3-5% have severe depression. Applied to the Wolverhampton over 65 population, this indicates that there are 4-6,000 suffering from depression in the city, 1-2,000 of whom are severely depressed. Depression is often linked to chronic pain, bereavement or loss of independence. It is most common among older people who are physically ill. About one third of those regularly seeing their GP and over a quarter of those receiving social care at home are depressed. A study in inner London showed that service usage by depressed older people is 3 times greater than for those who are not depressed. (Age & Ageing 2001: 30: 13-17 David N. Anderson). However, it is generally accepted that most depression in older people goes undiagnosed and is, therefore, not treated.

The Older People's Survey explored the degree to which older people felt confident in their ability to carry out their own plans successfully. This concept, which is called self efficacy, provides a measure of how independent older people feel in terms of being in control of their own lives, able to make their own decisions and influence the world around them. It is generally used to predict how likely people are to take action to manage and improve their own health. The Survey found that 17% of respondents had low self efficacy and that there were strong links between low self efficacy and poor physical and mental health and severe difficulties with daily living and social activities. This provides a clear indication that there is a significant minority of older people with multiple health and social care problems, who feel helpless in the face of their difficulties and unable to take action themselves to improve their situation.

Falls

Falls and the fear of falling have a significant impact on older people's capacity to maintain an independent and fulfilling lifestyle.

The Older People's Survey found that just over half of all respondents (53%) had experienced a fall. People over 75 and women living alone were the most likely to have experienced a fall.

The National Service Framework for Older People states that falls are "a major cause of disability and the leading cause of mortality due to injury in people aged over 75". However, most falls do not result in serious injury, but the psychological after effects of the experience of falling can have a serious impact on independence and well being.

The Older People's Survey showed that 44% of respondents had stopped undertaking some activities because of the fear of falling. This effect was much stronger among older age groups (e.g. 65% of people 75+ had stopped doing things) than younger ones (only 28% of people aged 60-64 had stopped doing things). Women and those living alone were also more likely to curtail their activities because of the fear of falling than men or people living with a spouse.

Unsurprisingly, those with low self efficacy were far more likely to have stopped doing things because of the fear of falling (71%) than those with high self efficacy (35%). Self imposed restriction on activities because of the fear of falling increases dependence on others, reduces quality of life and adversely affects physical and mental health.

health and social care needs of the most vulnerable older people (dependent group)

The Older People's Survey identified that 3% (2,000 approx) of people aged over 55 living in the community had high support needs. Understanding the characteristics of this group is important because they have the greatest need for health and social care and other support services. (The survey was of older people living in the community and, therefore, did not include those living in residential or nursing homes – 1,170 in February 2004. In addition, it should be noted that people suffering from dementia were not well represented in the survey because of difficulties in completing the questionnaire.

In May 2000 there were 6,565 people in the City who were experiencing sufficient difficulties in their day to day lives to qualify for payment of Attendance Allowance). Approximately half (53%) of the high dependency group, identified in the Survey, were over 75 years old and almost two thirds (62%) were women. Almost a third (30%) were living alone, while just under half (45%) were living with a spouse. The remaining 25% were living with family or others.

Over half (54%) were owner occupiers and almost three quarters (73%) were living in a house.

Daily Living Activities and Personal Care
Over a quarter (28%) of those in the high dependency group could not carry out any daily living activities and over half (55%) were unable to do their own shopping. Over half (54%) had difficulty getting out of bed and two thirds (65%) have difficulty rising from a chair.

Social Engagement

Over half (57%) of those in the high dependency group had a lot of difficulty or were unable to engage in social activity. A significant minority had few social contacts. Although half had daily contact with children and a quarter had daily contact with friends, there are 17% who had infrequent contact with children and a third rarely saw friends.

Participation in hobbies and social events was very low among this group, with only a quarter involved in hobbies and a third in social events.

Disability and Illness

The high dependency group is characterised by multiple health problems requiring substantial support from health services. Almost half (49%) visit their G.P. between 6-10 times a year and 39% were taking 6 or more prescribed medications.

The mobility of this group is severely restricted with 82% able to undertake nothing more than very light physical activity (i.e. walking very slowly).

Three quarters of those in the group reported having poor or very poor health and a similar number had been ill in the last month.

Condition		%
Arthritis	-	76%
Diabetes	-	36%
Circulation problems	-	65%
Asthma	-	33%
Foot problems	-	60%
Stroke	-	31%
Heart condition	-	53%
Skin problems	-	28%
Urinary problems	-	53%
Bronchitis	-	24%
Cataracts	-	41%

Over three quarters (77%) had experienced a fall and 91% had stopped doing things because they were afraid of falling. Over half had been injured in a fall.

Mental Health

- **Depression**
  The severity of the physical problems experienced by those in the high dependency group clearly had a significant impact on their mental state since almost half (47%) reported having moderate to severe feelings of depression and anxiety.

- **Dementia**
  People suffering from dementia have a high level of care needs, particularly in the later stages of the illness. The prevalence of dementia increases with age. The table below applies the prevalence in each age group to the 2001 population of older people in Wolverhampton to obtain an estimate of the numbers of people suffering from dementia in the city.

Age	No. in population	Prevalence of dementia	Estimated No. with dementia
65 – 69	11,126	1.5%	167
70 – 74	10,381	2.5%	260
75 – 79	8,537	6%	512
80 – 84	5,610	13%	729
85+	4,337	25.5%	1,106
Total	**39,991**		**2,774**

Prevalence estimates therefore indicate that there were 2,774 people over 65 with dementia in Wolverhampton in 2001. This represents a growth of 16% in the number of people with dementia in the city since 1991 (an increase of approximately 380). Population projections for 2011 indicate that the number of people with dementia will rise, over the 10 year period, by a further 14% (378) to 3,152. This represents an annual increase in the number of dementia sufferers in the city of approximately 38 per annum. This rapid growth shows there is an urgent need to invest in the expansion of dementia care services, if need is to be met.

Because the majority of people with dementia are in the older age groups, they are also likely to be suffering from the multiple physical health problems, outlined above. The treatment and management of these physical health problems is made significantly more difficult by the presence of dementia. Those with this range of both mental and physical ill health are, therefore, among the most vulnerable and dependent, requiring a complex and fully integrated range of health and social care services to meet their needs.

The Strategy for Older People with Mental Health Needs, which addresses the needs of this group in more detail, is available separately.

Carers

The information available indicates that there are around 12,000 older people living in Wolverhampton who have care and support needs, ranging from those who need some help with day to day tasks, to those (around 3,000) who need substantial assistance with day to day living and personal care, including approximately 1,200 older people who are being cared for in residential or nursing homes.

A relatively small proportion of people with care and support needs living in the community receive formal social care services. In December 2003, 1,713 older people were receiving domiciliary care services, 1,143 were receiving delivered meals and 1,069 were attending day centres. 2,884 had been provided with aids and equipment to assist them with daily living. It is clear that older people with care and support needs, including those in the high dependency group, are being provided with the assistance they need by family, friends and neighbours.

The 2001 census showed that there were 25,707 people in Wolverhampton providing unpaid care, 26% (6,638) of whom were aged 60 or more. Older carers, however, are more likely to be providing high levels of care – of the 6,198 people providing 50 or more hours of unpaid care a week 39% (2,430) were 60 or over.

For couples much of the care is provided through mutual support between partners. Where one partner is providing most of the care for the other, this can cause significant strain and stress for that person, who may themselves be very old and in poor health. The death of a partner is one of the triggers for a sudden loss of independence, outlined in the section on Life Events above. The increasing divorce rate may mean that there will be more people without the support of a partner in old age in future.

Action to meet needs

In order to meet the needs outlined, changes and improvements in a wide range of services are needed. (An outline of services currently available is shown in Appendix C Page 48). More importantly, a major shift is required in the way that services are organised and delivered.

underpinning organisational arrangements

Three main strands of activity will be undertaken to underpin the new approach to promoting older people's independence, health and quality of life:

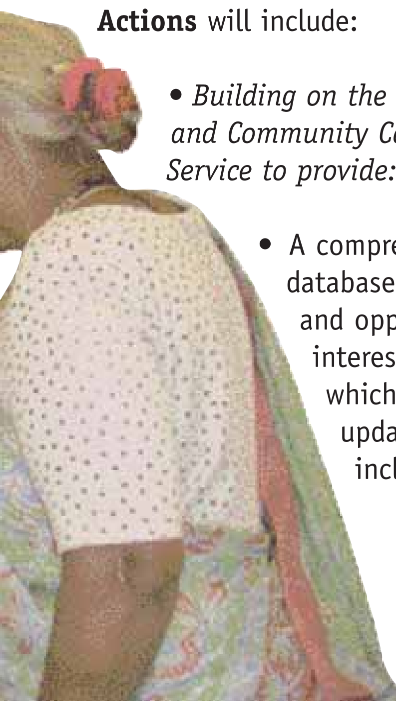
Empowering the individual

Aim

To empower older people to take control of their lives and make their own choices through improved information provision and access arrangements.

Actions will include:

- *Building on the existing Health and Community Care Information Service to provide:*
  - A comprehensive database of all services and opportunities of interest to older people, which is continuously updated. This will include information on general services, volunteering opportunities, housing, transport, benefits, leisure and learning, health and details of the range of care and support services and what each of these provides.
  - Access to database information through a walk-in, face to face information 'shop' and local access points, 24 hour telephone service, events and promotions in local areas, written information in appropriate formats and languages, taped information, pre-retirement courses, Internet etc.
- *Access to all Council and Primary Care Trust services through a single telephone number.*
- *Provision of healthy living advice and exercise opportunities for a range of abilities in local areas.*



- *Expansion of the Expert Patient Programme and provision of disease specific information and advice (e.g. on arthritis, osteoporosis, diabetes, heart disease etc.) to empower older people to manage their illness and the impact it has on their lives.*
- *Expansion of the Falls Prevention Programme*
- *Ensuring that the services and programmes developed are culturally sensitive and accessible to older*

people from all minority communities in Wolverhampton and to people with disabilities.

- *Expansion of Direct Payments and development of individualised budgets to enable older people to arrange their own care services, if they wish.*

strengthening communities

Aim

To strengthen communities through participation and involvement arrangements which enable older people to be fully engaged in and supported by their community and influence policies and services which impact on their lives.

Actions will include:

- *The comprehensive development of local involvement and co-ordination structures across the city, building on neighbourhood management pilot schemes.*
- *Involvement of older people in community development, neighbourhood renewal and intergenerational activities*
- *Development and expansion of local voluntary and community support services, self help support groups, volunteering opportunities and establishment of a Timebank*
- *Continuing support to the Over 50's Forum and the development of sub-forums in local areas*
- *Ensuring that the arrangements made are fully inclusive of minority communities and designed to enable all older people to participate, regardless of their level of disability.*

developing partnership commissioning

Aim

To embed service developments for older people in local partnership structures, which include older people themselves.

Actions will include:

- *The establishment of an Older People's Services Partnership Board as part of the structure of the Local Strategic Partnership*
- *Inclusion of services for older people in the Local Area Agreement*

- *Development of Joint Commissioning for older people's services*
- *Inclusion of care services for older people in the Framework Partnership Agreement between the Council and the Primary Care Trust*
- *The establishment of joint Locality Commissioning Groups for each of the 3 sectors of the city.*
- *A Primary Care Trust/Social Care partnership to develop joint service centres (hubs) through the LIFT project.*

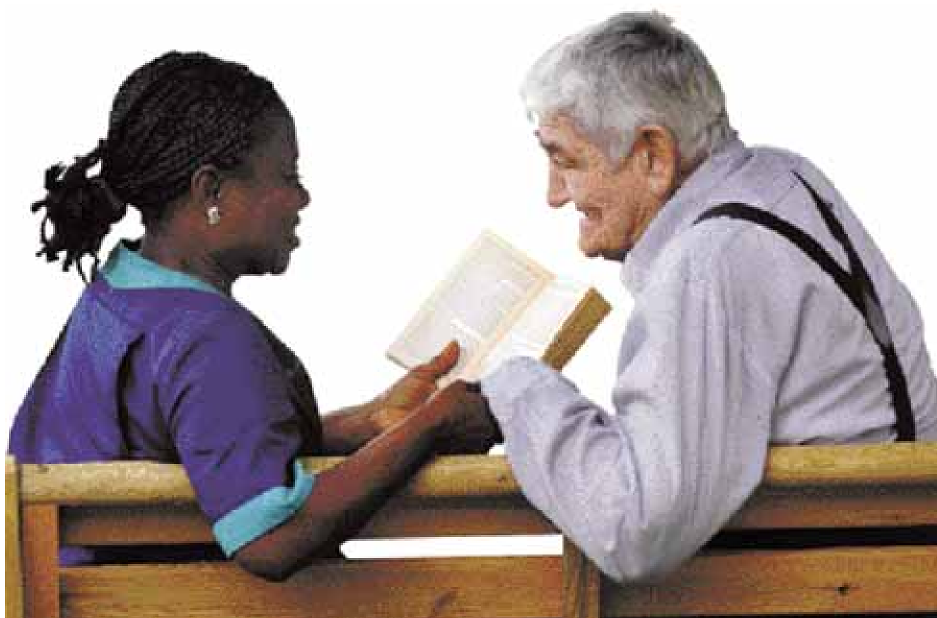
general service provision

Support and Access to Services

Aim

To improve support and access to services for older people at risk of losing their independence, by putting them in touch with preventative services, which will enable them to maintain their quality of life and capacity to remain independent.

At present there is an uncoordinated patchwork of general support services, funded through Supporting People and other sources, for older people at risk of losing their independence and quality of life. These include sheltered schemes, provided both by the Council and by Housing Associations, the Carelink service, a Tenancy Sustainment Team and the Wednesfield/Priority Care Project. The sheltered and tenancy sustainment services focus entirely on older people who live in rented properties, even though 66% of older people are now owner occupiers. There is no systematic method for targeting such services on those who are most at risk or for linking them with neighbourhood structures and other information, advice and support services, provided by voluntary and statutory agencies in the City.



Actions will include reorganising support services to provide:

- *A coordinated network of patch based support and service access workers across the City, whose role will be to identify older people at risk in local communities (regardless of tenure), offer them support and enable them to access the services they need to maintain their independence, health and quality of life.*
- *A locality based infrastructure which links the support and service access workers with neighbourhood management, a wide range of statutory, voluntary and community services, including social care and primary health care services, faith based groups etc.*
- *Communication systems to give patch based workers access to the city wide information data base of services and opportunities for older people, including information in formats and languages appropriate for older people from black and minority ethnic groups.*

housing

Aim

To improve housing provision and related services to enable older people to make informed choices and continue to live comfortably in their own home for as long as they wish.

Warm, comfortable and convenient housing in a good state of repair is essential for the independence, health and quality of life of older people. Action to improve housing conditions and choices for older people must address the needs of both owner occupiers and tenants and of people who wish to stay in their existing home as well as those who want to move. Homeless older people are few in number but generally have complex needs and require intensive support to access and retain appropriate housing.

Actions taken will include:

- *The provision of information and advice to help older people to identify*

and evaluate the housing options available to them and make informed choices.

- *Maximising the take up of schemes providing heating systems and insulation.*
- *Assisting older owner occupiers to improve and repair their homes through the provision of advice, information and support, approved tradesmen lists, equity release schemes etc,*
- *The provision of a 'handy man' service for frail older people*
- *Improving the efficiency of the service providing adaptations for older people with disabilities.*
- *Encouraging compliance with 'design for life' principles in new build housing and the development of housing suited to the needs of older owner occupiers.*
- *Expanding the provision of very sheltered housing.*
- *Carrying out a fit for purpose review of sheltered housing schemes*
- *Developing services to address the needs of homeless older people*
- *Having an adequate income is essential for the maintenance of independence and a good quality of life. Although many people who have retired in recent years have the benefit of occupational pensions, those who were in low paid employment or who are in older age groups are likely to be dependant on the state pension and welfare benefits. The complexities of the benefit system result in many older people failing to claim their full entitlement.*
- *Some older people would like the opportunity to continue in paid employment, possibly on a part-time basis, but have difficulty in finding suitable work.*

Action will be taken to:

- *review current arrangements for assisting older people with benefit applications in order to link them to the broader access and support services being developed and focus on older people at risk of losing their independence, as well as those who are receiving social care services.*

money

Aim To maximise older people's ability to make choices and live independently by improving the take up of welfare benefits and the availability of opportunities for paid employment, for those who wish it.

- *Work with partners to encourage employers to consider the benefits of employing older workers and to make available appropriate training opportunities.*

transport

Aim

To improve the accessibility of general transport provision to enable as many older people as possible to travel independently.

Free bus passes are available for everyone over 60 in Wolverhampton and the city has a Ring and Ride service. However, older people, particularly those with limited mobility, still experience difficulties in accessing and/or using transport to go to appointments, social activities, shopping etc.

Action will be taken to:

- *work with older people to identify the full range of transport difficulties they experience*
- *Explore potential solutions to the problems identified with transport service providers.*
- *Focus specialist social care transport arrangements on those who are unable to travel independently*
- *Explore alternative transport options with voluntary and community groups.*

safety

Aim

To enhance the safety of older people and reduce the fear of crime

Crime and the fear of crime adversely affect the health of older people and cause them to restrict their activities outside their home. This increases their social isolation which, in turn, makes them more vulnerable to crime, e.g. distraction burglaries, anti-social behaviour etc. Fear of falls and accidents also causes older people to restrict their activities. To break this downward spiral, a range of actions are needed to increase the safety, confidence and social engagement of vulnerable older people. The development of appropriate initiatives will build on support that is already available through schemes such as Carelink, Age Concern's Safety Support Service, Neighbourhood and Home Watch, Consumer Advice services, accident prevention programmes etc.

Actions will include:

- *The development of Community Action Networks to strengthen local community support for vulnerable older people and links with the police.*
- *Improving access to crime prevention equipment, advice and information.*

- *Linking safety and security devices, such as smoke and fall detectors, to the Carelink system.*
- *Expansion of the Falls Prevention Programme.*
- *Exploring opportunities for preventing accidents on roads and pavements.*
- *Developing target hardening e.g. provision of alleygating, security locks etc.*

leisure & learning

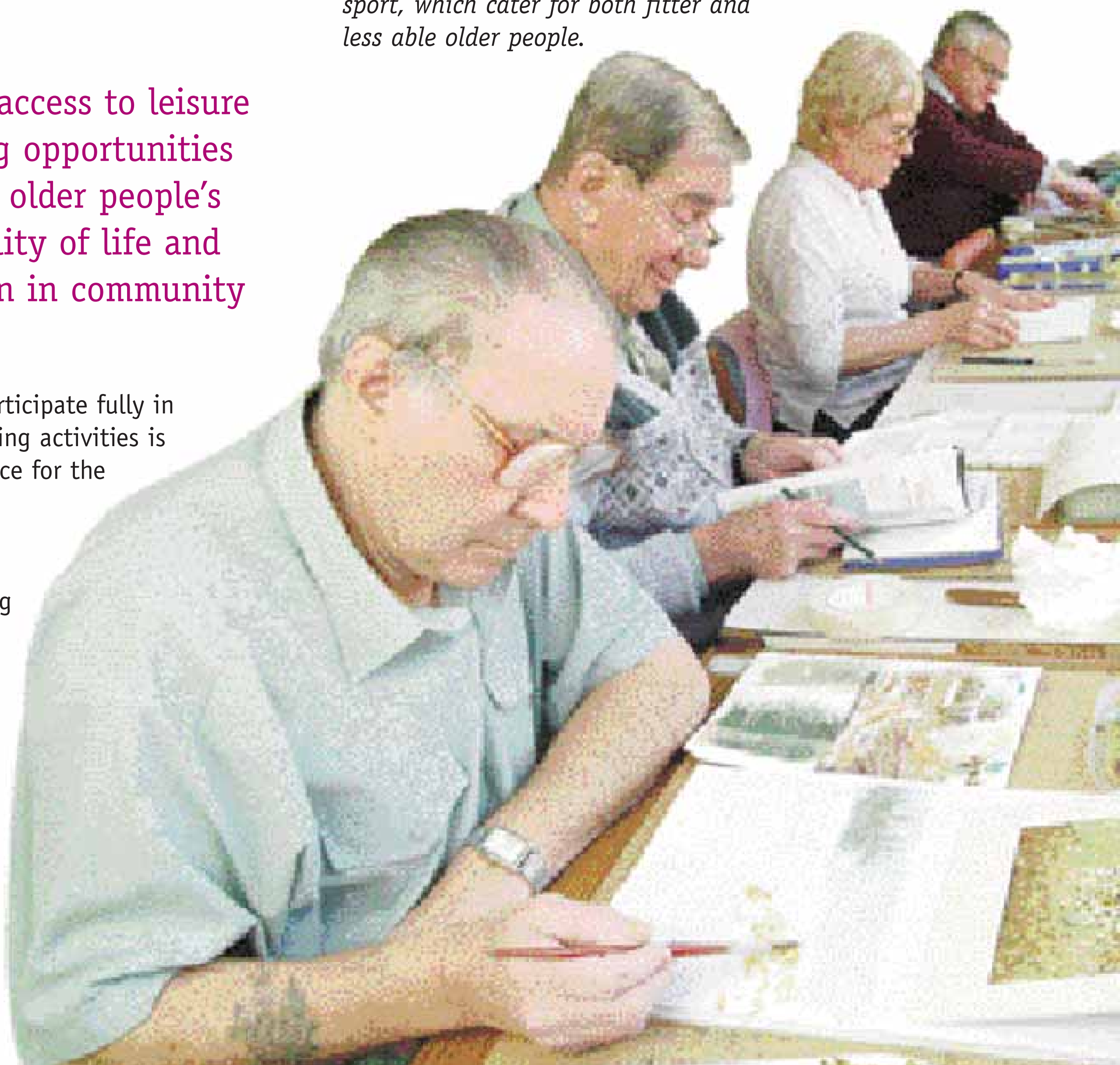
Aim

To improve access to leisure and learning opportunities to maintain older people's health, quality of life and participation in community activities.

Being able to participate fully in leisure and learning activities is of vital importance for the maintenance of older people's independence, health, well being and quality of life, at all stages in the ageing process.

Action will be taken to:

- *Develop learning opportunities to equip older people with skills to enable them to contribute to the life of the city either through paid work, if that is their wish, or through volunteering and community involvement.*
- *Develop learning opportunities which are of social or therapeutic value and do not focus on the attainment of qualifications.*
- *Develop a wide range of opportunities to participate in physical activity and sport, which cater for both fitter and less able older people.*



- *Train staff who deliver learning and leisure services to enable them to understand the needs of older people and tailor activities to meet them.*

advocacy

Aim

To improve advocacy services which support older people in obtaining the type and quality of service they require

Some older people need assistance when experiencing difficulty in accessing the service they require or in obtaining redress when things have gone wrong.

Action will be taken to enhance the existing Advocacy Service, provided through Age Concern, by:

- *Ensuring that the service is able to meet the needs of older people from minority ethnic communities*
- *Linking the service into the planned neighbourhood support structures*

health and social care services

Assessment Process

Aim

To ensure that assessment care and support planning processes are person centred, integrated and designed to maximise the choice and control older people have over the care they receive.

Around 3,700 new assessments of older people requesting social care services are carried out each year. Assessors and social workers for older people are grouped into 4 teams, one for each of the 3 locality sectors in the city and one based at New Cross Hospital. The Primary Care Trust's Community Nursing Teams are also organised in 3 locality sector teams and the hospital has a team of discharge coordinators. Older people have expressed their surprise and concern that the health social care and support staff involved in their care do not seem to work together and share

information, which results in people being asked the same questions by different professionals and in fragmented and confusing care arrangements.

Actions taken will include:

- *Extension of the Single Assessment Process*

Work has been going on for some time to establish a joint computerised system to enable health and social care staff to record information about assessments and needs in a common format, which can be accessed by the various professionals involved in an individual's care and support, with that person's consent. This system, which has been piloted in one sector, will now be rolled out to the rest of the city. This will enable care support services to be better coordinated and avoid the need for different professionals to ask older people the same questions over and over again.

- *Integration of Social Care, Support and Community Health Services*

The Social Services assessment teams for older people and the Primary Care Trust community nursing teams will be located together in the new Primary Health and Social Care Hubs to be built in each of the 3 locality sectors. The teams will then be integrated to provide coordinated assessment, care and support to older people living in the community. The hospital assessment team and discharge coordinators will also be brought together to provide a comprehensive service for older people leaving hospital, which will link into the integrated community teams.

- *Development of a Local focus*

The organisation of the integrated community teams will be designed to enable them to work in close cooperation with the local neighbourhood management structures and services (e.g. neighbourhood based support service for older people) and to provide a person-centred approach to the ongoing management of care packages.

- *Development of Self Assessment*

The assessment process will be reviewed to provide older people and their carers with the opportunity to think through their own needs and the way in which they feel they can best be met, before talking to an assessor about problems and possible solutions. This would streamline the assessment process for those with simple, straightforward needs. However, for people with complex needs or difficult family circumstances, specialist social work support will be available to help them resolve the problems they face.

- *Improvements to the Review Process*

The annual review of an individual's needs and the effectiveness of the care services they are receiving will be improved by giving older people, their carers and service providers the opportunity to put forward their views on any changes needed, before talking to the assessor. Wherever possible this will be the same assessor who originally worked with the older person to set up

the care package. Methods of measuring an individual's well being and quality of life will be developed to help assess the effectiveness of the care services they are receiving.

- *Development of Direct Payments and Individualised budgets*

The provision of Direct Payments, to enable older people to purchase the care they need for themselves, will be expanded and further developed for those who wish to take up this option. New proposals by the Government to establish individualised budgets, managed by the local authority, but used by individuals to purchase their own care, will be explored.

domiciliary care

Aim

To improve the flexibility, quality and efficiency of domiciliary care services.

Around 11,000 hours of domiciliary care are provided each week to older people with personal care needs, to enable them to continue living in their own homes. This service is provided by 12 domiciliary care agencies, under contract to Social Services, and by care staff directly employed by the Council.
Actions taken will include:

- *The introduction of information and communication technology systems to improve the programming of visits, streamline service monitoring and enhance staff safety. This will also enable the service to be delivered more flexibly, by allowing the service user to vary the care hours they receive each week within broad parameters, which will be tracked by the system.*
- *The development of a new, joint out-of hours service (covering evenings, nights, weekends and bank holidays), which will integrate together the domiciliary care and community nursing services and the emergency response to calls for help through the Carelink system. This will enable a more flexible response to needs, as they arise, which will support older people in continuing to live in their own homes.*
- *The further development and expansion of specialist domiciliary care services for older people with dementia will be undertaken, building on the experience of the existing small scale service.*
- *The review of the domiciliary care service provided directly through council employed staff to develop a focus on more specialist and intensive care and to ensure that value for money is achieved*
- *The development of the capacity of care staff to meet the particular needs of older people from minority ethnic communities.*

day care

Aim

To improve the quality of day care services.

Although the aim of the strategy is to enable as many older people as possible

to be supported in local social networks and use general learning and leisure services, there will be a continuing need for some specialist provision for frailer older people with significant care needs.

Action will be taken to:

- *Support the dissemination and sharing of good practice in promoting health, independence and quality of life*
- *Develop links with the local community and other services*
- *Develop the expertise of staff in meeting the particular needs of older people from minority ethnic communities and those with dementia, sensory impairment etc.*

aids and equipment

Aim

To improve and extend the aids and equipment service to enable frail older people to continue to live independently for longer.

The provision of appropriate aids and equipment is of great value in enabling older people to retain their independence and relieving pressure on their carers. The Integrated Community Equipment Service provides almost 3,000 older people with aids and equipment each year. Recent developments in assistive technology (e.g. falls and activity monitors, smoke and gas detectors etc.) have opened up the possibility of supporting vulnerable older people, particularly those with dementia, in safety for longer in their own homes.

Action to be taken will include:

- *The development of a new Disability Living Centre and improved information provision to widen access to the range of assistance available for people with disabilities.*
- *The assistive technology service is now operational with a Telecare Co-ordinator to oversee developments, a joint working arrangement with the Carelink service to monitor the*

equipment and a show flat to demonstrate how the technology works. The service will be made available to 200 people in the first year and then progressively rolled out to all who can benefit from it.

rehabilitation

Aim

To improve rehabilitation services and increase their effectiveness in helping older people to regain their independence.

Enabling older people who have experienced illness or injury to regain their independence is a key strategic objective. Good progress has already been made through the development of 45 intermediate care beds in the joint resource centres, a joint community intermediate care team to support the rehabilitation of older people living at home and a joint day rehabilitation service for Asian elders. West Park Hospital also provides 22 stroke beds, 15 orthopaedic and 47 rehabilitation beds for older people.

Action will be taken to further improve these services by:

- *Moving the Joint Resource Centre services, including the intermediate care provision, into the 3 new joint primary health and social care hubs, which will integrate all relevant services in a locality base (see below).*
- *Integrating the Joint Community Intermediate Care Team into the broader primary care services based in the 3 hubs.*

locality based joint health and social care services

Aim

To develop locality-based, integrated Health and Social Care Services.

More accessible and person centred health and social care services are needed to effectively promote the health and independence of older people. To achieve this, services must be jointly provided and delivered as close as possible to where older people live.

Action will be taken to redesign the way in which services are delivered through:

- *The establishment of joint primary health and social care service hubs in 3 locality sectors providing bed-based and community intermediate care services, day care, respite care,*

assessment, outpatients, diagnostic services etc, funded through the LIFT partnership.

- *The completion of the programme to provide Joint Resource Centres for older people with mental health needs in all 3 locality sectors*

long term illness management

Aim

To establish a system for the proactive management of long term illness.

The establishment of structures and services to empower individuals, strengthen communities and to integrate and localise health and social care provision will lay the foundations for a comprehensive, proactive approach to the management of long term health conditions.

Action will be taken to develop a system which operates at 3 levels:

- *Supported self care – bringing together a range of services to help older people and their carers to develop the knowledge, skills and confidence to manage their condition and the impact it has on their lives, on a day to day basis e.g. Expert Patient Programme, disease specific information and advice, help in understanding medicines, peer support groups etc.*
- *Disease specific care management – providing a multi-disciplinary care team, using disease specific protocols and pathways, to support older people with complex conditions (such as diabetes, heart failure etc) through co-ordination of all aspects of their care and regular reviews.*
- *Complex case management – providing a named health professional, for the most vulnerable older people with highly complex, multiple health conditions, to provide ongoing support by anticipating problems, co-ordinating care arrangements and liaising with hospital staff during in-patient episodes.*

associated health services

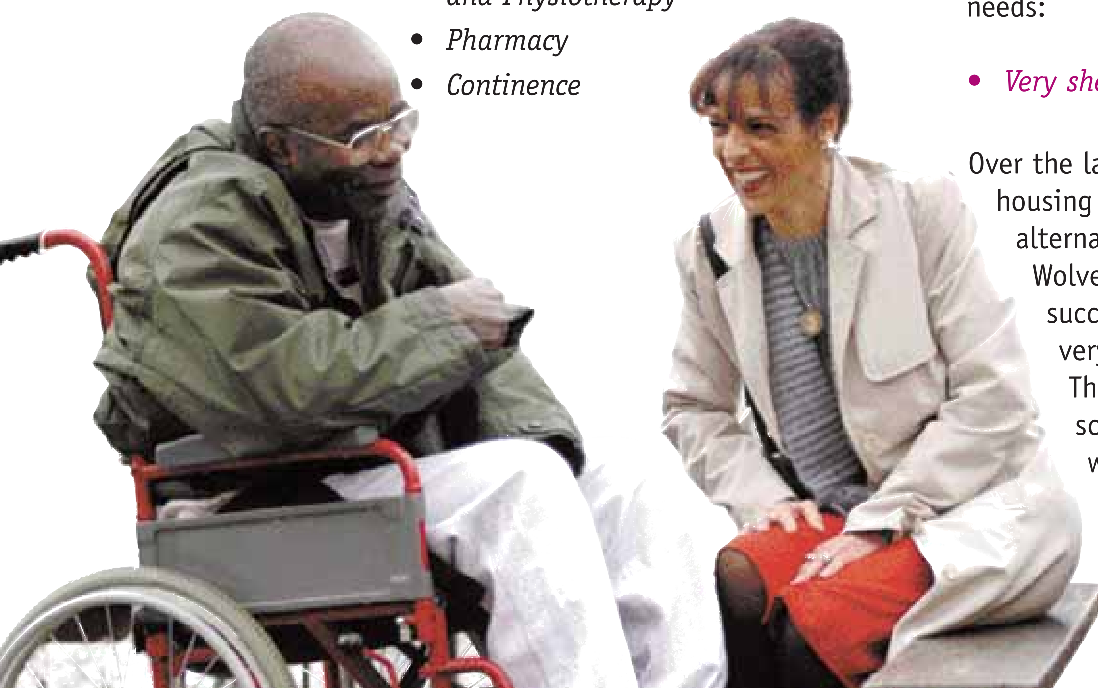
Aim

To improve the contribution of ancillary health services to maintaining the independence and quality of life of older people

Ancillary health services have an important role to play in enabling older people to live independent and fulfilling lives. This range of services has an impact on mobility, nutrition, mental health, interaction with other people, self confidence and ability to cope illness and disability.

Action will be taken to review and develop the following services:

- *Dentistry*
- *Opticians*
- *Chiropody*
- *Hearing services*
- *Psychology*
- *Occupational, Speech and Language and Physiotherapy*
- *Pharmacy*
- *Continence*



24 hour care

Aim

To improve the quality and appropriateness of services for frail older people who need 24 hour care:

Although most frail older people can be enabled to remain in their existing home through the provision of care and support services, assistive technology, aids, equipment and adaptations etc., for some this eventually becomes impossible because of their need for immediate access to care and support 24 hours a day. This can be because of substantial and/or unpredictable physical care needs or mental health problems. Even in these circumstances, older people usually prefer care solutions which allow them to retain control over their own way of life, wherever possible.

Action will be taken to develop the following services to meet this range of needs:

- *Very sheltered housing*

Over the last 10 years very sheltered housing has been developed as a direct alternative to residential care in Wolverhampton. This has been a successful policy, which has proved very popular with older people. There are now 8 very sheltered schemes in operation in the city, which have been funded

through the reinvestment of resources released through the closure of 7 of the 11 residential homes run by Social Services.

Each very sheltered scheme provides:

- Self contained 1 or 2 bedroom flats, held under an assured tenancy
- 24 hour care and support staffing within the scheme
- a café/restaurant
- a social club offering a wide range of activities, both for scheme tenants and older people living in the surrounding area

A target for the development of up to 5 new very sheltered schemes over the next 5 years will be set. In order to fund these schemes, resources will need to be released through further disinvestment in residential care for physically frail older people.

The future development of very sheltered housing will address particular needs that have been identified as follows:

- The provision of long leasehold flats within schemes to cater for owner occupiers, who would prefer to continue to invest their capital in their own property
- The provision of a scheme with a particular focus on the needs of frail older people from black and minority ethnic communities
- The development of expertise within schemes relating to the special needs of older people with learning disability, sensory disability and dementia

- *Nursing Homes*

The increasing numbers of very old people with complex, multiple illness and disability indicate a continuing requirement for nursing home care, providing immediate access to a qualified nurse 24 hours a day.
The statutory agencies have a growing responsibility to ensure that residents continue to receive appropriate high quality care, without unnecessary recourse to hospital admission.

Action will be taken to :

- Provide support to Nursing Homes, through the Primary Care Trust, to enable them to manage people with life limiting conditions more effectively.
- Provide enhanced General Practitioner support to residents
- Monitor standards of care in nursing homes and ensure that the wellbeing of vulnerable older people is safeguarded.
- Support nursing homes in the development of expertise in the care of people with dementia.

- *Hospital Care*

The provision of hospital care will be redesigned to provide:

- *Better access to services, through shorter waiting times and improved access to local specialist care, resulting in fewer people having to travel elsewhere for their treatment.*
- *Better clinical care, through improved recruitment and training of staff, improved hospital buildings.*
- *Improved pathways of care between hospital and primary care services*
- *A new rehabilitation hospital at West Park with improved therapy facilities*
- *Outpatients clinics and diagnostic services closer to where people live in 3 new locality hubs.*

- *Residential Care*

While there is some over-provision of residential care beds for physically frail older people in the city, there is a significant shortage of residential care provision for older people with mental health problems, particularly for those with advanced dementia. To address this imbalance the following action will be taken:

- Additional specialist residential care for older people with mental health needs will be developed by supporting existing residential home providers to acquire expertise in this area and diversify their service and by commissioning new specialist homes.
- Consideration will be given to reducing the provision of Social Services run residential care and refocusing any that is retained to provide specialist care for older people with mental health needs. The reshaping of in-house residential care provision will be guided by Best Value principles and the suitability of existing buildings for the delivery of high quality residential care services.

continuing care

Aim

To provide high quality continuing health care to older people with complex needs.

Continuing care is arranged by the health service for people with extensive and complex needs. Recent judgments have focussed attention on the need to ensure that people who require continuing care receive it in the most appropriate way. The Strategic Health Authority has developed an assessment tool which clarifies eligibility for continuing care.

Action will be taken to implement a new joint procedure for assessing people who may require continuing care, utilising the Strategic Health Authority assessment tool. The range of options available to older people will be reviewed in order to ensure continuing care is provided in a person centred way, offering choice and care options as close to their home/ community as possible.

carer support

Aim

To support carers by improving and extending the range of services provided for them

A range of carer support services are already available, including the provision of opportunities to take short breaks, day and overnight respite care, sitting services, the emergency card system and information and benefit take up advice from the Carers Centre and carer support workers. Carers are also able to influence policy and service development through the monthly carer task group meetings and a letter writing group.

Action will be taken to build on this range of services through:

- *The development of Expert Carers Programmes providing training in lifting and handling, first aid, understanding and management of specific diseases (e.g. dementia, diabetes etc), communicating and working with care professionals etc.*
- *The development of carer support for minority ethnic communities*
- *Promotion of carer friendly employment policies*
- *Training for care staff and health professionals in carers needs*
- *Expansion of information provision*
- *Support in developing social networks and peer group support*

palliative care services

Aim

To improve the provision of palliative care services to support people with terminal illness.

Services to support people at the end of their lives should be co-ordinated to provide a comprehensive, person centre service which preserves the dignity and comfort of the terminally ill person, supports their family and offers choice about treatments and care.

Action will be taken to ensure that palliative care services:

- Are available to everyone with a terminal illness
- Offer choices about treatments and care at home or in a specialist setting
- Provide co-ordinated care with a single point of contact.

protection of vulnerable older people

Aim

To ensure that all agencies continue to work together effectively to protect vulnerable older people from abuse.

The multi-agency Policy and Procedure for the protection of vulnerable adults has been in operation for 2 years. Adult protection work is overseen by a Quality Assurance Officer and a multi-agency management committee. Training for staff and volunteers across agencies is provided as a rolling programme.

Action will be taken to review and update adult protection processes to ensure their continued effectiveness.

recruitment, training and retention of care staff

Aim

To develop a comprehensive approach to the recruitment, training and retention of care staff to improve the quality and sustainability of care services.

There is increasing difficulty in recruitment for health and social care work in the statutory, independent and voluntary sectors. This is partly because of the relatively low status of some aspects of the caring professions and partly because of demographic change, which is resulting in a reduction in the size of the younger population at the same time as a rapid increase in the numbers of very old people.

(e.g. between 1991 and 2001 the number of people in Wolverhampton aged 20-49 years reduced by 7%, from 103,300 to 96,191). There are particular difficulties in recruiting from some minority ethnic communities, which need to be addressed in order to achieve a balanced workforce and better meet the care needs of older people from those communities.

In addition there is a need to improve the quality of care services to meet higher expectations and respond flexibly to the increasingly complex needs of vulnerable older people.

The accelerating integration of health and social care services also requires the development of new work roles, which cross traditional professional boundaries, a better understanding by all health and social care staff of the whole system and improved skills in multi-disciplinary working.

Action will be taken to address these issues through the Learning and Development Strategy which will support the development of:

- *A city wide strategy for the recruitment, retention and training of care workers, covering the statutory, independent and voluntary sectors.*
- *Clear career paths for care workers, linked to training and including new integrated health/social care roles.*
- *Specific training modules for staff in all sectors to equip them with the skills they need to deliver high quality services for older people with particular needs in an integrated working environment. These modules will include training in dementia, sensory loss, preventative/ rehabilitative practice, falls prevention, understanding the effects of bereavement, the structure of care and support services and the role of other professionals, the cultural needs of older people from minority ethnic communities, basic skills in minority languages, carers needs etc.*

Outcomes and performance management

outcomes

The expected outcomes for older people and their carers from the actions taken through the Strategy are:

- Increased quality of life and level of self efficacy
- Increased numbers enabled to live independently in their own homes
- Reduction in emergency admissions to hospital
- Increased satisfaction with services
- Reduction in inequalities in health and well being
- Increased participation in service planning and community activities

performance management

Performance management for the strategy will include arrangements for both tracking the implementation of the actions planned and monitoring their impact in terms of outcomes for older people and their carers.

- *Implementation Arrangements*
- *An Older People's Partnership Board will be established, within the Local Strategic Partnership structure, to oversee implementation of the strategy.*
- *An overall action plan will be developed by partner organisations in consultation with older people.*
- *Project management groups will develop and implement individual project plans for the various elements of the strategy.*

- *Outcome Monitoring*
- *City wide surveys of the older population, covering the same subject areas as the 2001 survey, will be undertaken at 3 yearly intervals to monitor changes in health, wellbeing, quality of life and service usage.*
- *Self efficacy measures will be incorporated into care and support plan reviews to measure the impact of services provided.*
- *User satisfaction questionnaires will be undertaken, as part of contract monitoring*
- *The following performance measures will be used to measure progress in delivering outcomes for older people and their carers:*
- Number supported to live at home
- Number receiving intensive care packages at home
- Number of admissions to residential/nursing home care
- Number of emergency admissions to hospital, analysed by reason for admission e.g. falls, hypothermia etc

- Readmissions to hospital within a year
- Hospital length of stay
- Number receiving aids and equipment, including assistive technology
- Number receiving intermediate care services
- Number involved in participation groups
- Number taking up learning/leisure opportunities

strategic development

This strategy document represents a starting point for the redesign and improvement of services affecting the lives of older people. It will be refined, reviewed, and added to, as part of an ongoing process, to take into account new information and ideas, advances in good practice and learning from experience and research.

Appendix A

Background policy documents

National Service Framework for Older People. Dept. of Health - March 2001

Opportunity Age – Meeting the Challenges of Ageing in the 21st Century
Dept. of Work & Pensions - March 2005

Excluded Older People – Social Exclusion Interim Report
Unit Office of the Deputy Prime Minister – March 2005

Better Health in Old Age. Dept. of Health – November 2004

Independence, Wellbeing and Choice - Our Vision for the Future of Social Care in England
Dept. of Health – March 2005

Choosing Health – Making Health Choices Easier Dept. of Health

The NHS Improvement Plan – Putting People at the Heart of Public Services
Dept. of Health – June 2004

The National Service Framework for Long Term Conditions
Dept. of Health – March 2005

All Our Tomorrows – Inverting the Triangle of Care Association of Social Services
Association Directors and the Local Government – October 2003

Independent Living in Later Life. Dept. of Work & Pensions – 2004

Preparing Older People's Strategies Office of the Deputy Prime Minister
Dept. of Health & Housing Corporation – 2003

From Welfare to Wellbeing – The Future of Social Care
Institute for Public Policy Research – 2002

Living Well in Later Life – From Prevention to Promotion. Nuffield Institute 2003

Older People's Survey Wolverhampton University 2001

A Life Worth Living - Tessa Harding Help The Aged - 1997

Strategic Review of the Sheltered Housing Service in Wolverhampton
– Peter Fletcher Associates. Nov.2003

Appendix B

local strategies

Every Adult Matters

The Community Plan

Primary and Community Care Strategy

Homelessness Strategy

Crime Reduction Strategy

Adult Education Strategy

Cultural Strategy

Transport Strategy

The Neighbourhood Renewal Strategy

Carer Strategy

Supporting People Strategy

Housing Strategy

Appendix C

current services

City wide Services

Domiciliary Care
11,000 hours of care per week delivered by external agencies, under contract to Social Services, and directly employed Council staff.

Delivered Meals
providing 184,343 hot meals per year, including luncheon. Clubs, and 132,741 frozen meals per year

Aids and Equipment
provided to 3,000 older people a year by the Integrated Equipment Services Community.

Home Sitting Service
300 hours of respite care per week provided by Crossroads, under contract to Social Services.

Joint Night Visiting
provided by health and social care staff between 10 pm and 8 am.

Joint Community Intermediate Care Team
a multi disciplinary health and social care team providing rehabilitation and care, to prevent unnecessary admissions to hospital and rehabilitate people after discharge from hospital.

Adaptations
Adaptations costing less than £1,000 are provided by the Local Authority, following assessment by the Community/Equipment Services Disabled Facilities Grant is available to help owner occupiers with more expensive adaptations, with support from Care and Repair if needed.

Joint Falls Prevention Service
advice, information, home checks and exercise programmes for people who have fallen or are at risk of falling.

Carelink
24 hour emergency service providing a team of staff to respond to calls for help.

District Nursing Service
providing nursing care to people living in the community

Joint Health and Community Care Information Service
information on a wide range of services and opportunities for older people available from the centre in King Street Information Service and by phone, website, talks and outreach events, booklets etc. The service produces 'Live Life to the Full' providing details of services for older people.

Age Concern
provides a range of services including:
Befriending
Shopping
Advocacy and Benefit Advice
Safety Support
Luncheon Clubs
Computer Classes

Information and Advice

Health Through Warmth
assistance with grants for heating and insulation.

Carer Support
providing short breaks, the emergency card scheme, training, information, advice on benefits and carer participation groups.

Hospital Services
acute general hospital at New Cross
rehabilitation hospital at West Park
mental health hospital at Penn

Continuing NHS Care
providing care, funded by the NHS, for people with significant long term, or terminal, health care needs which are so complex and unstable as to require regular supervision by members of the NHS multi-disciplinary team

Bereavement Counselling

The Ekta Centre
providing 225 day care places and rehabilitation for Asian elders

Heath Town Senior Citizens Day Centre
providing 156 day care places per week for African Caribbean elders

Over 50's Forum
providing opportunities for older people to put their views forward and influence policies and service design.

Adult Education Services
providing a wide range of courses in community venues and the City Centre

Sports and Recreation Service
providing opportunities for sport and exercise in local sports centres.

Sheltered Housing
scheme based supported housing for older people provided by the Council and Housing Associations across the city.

Tenancy Sustainment Service
outreach support to council tenants to prevent homelessness.

Services in the North East Locality

Woden Joint Resource Centre
providing 19 intermediate care beds, 6 respite care beds, 175 day care places, 'drop in' activities

Very Sheltered Schemes
Pine Court, Verona Court, Bridge Court, Broadway Gardens providing 112 very sheltered places as a direct alternative to residential care) and 59 other supported flats.

Centre for Older People with Mental Ill Health
providing 30 long stay residential beds Mental Ill Health 15 respite care beds and 120 health and social day care places

Residential Nursing Homes
7 residential care homes,
2 nursing homes

Day Care Services
407 places per week provided in the 4 very sheltered scheme social clubs and the Chris Laws Day Centre.

G.P. services

Services in the South East Locality

Bradley Joint Resource Centre
providing 14 intermediate care beds,
9 respite care beds, 175 day care places

Very Sheltered Scheme
Bushfield Court and St. Matthews Court providing 75 very sheltered places (as a direct alternative to residential care) and 53 other supported flats and bungalows.

Centre for Older People with Mental Ill Health (Blakenhall)
providing 22 Long stay beds, 7 respite care beds and 180 health and social care day places.

Residential / Nursing homes
6 residential homes, 10 nursing homes

Day Care Services
160 places per week provided in the very sheltered scheme social clubs

G.P. services

Services in the South West Locality

Warstones Joint Resource Centre
providing 12 intermediate care beds,
14 respite care beds, 175 day care places, café, 'drop-in' activities.

Very Sheltered Schemes
Langley Court and James Beattie House, providing 57 very sheltered places (as a direct alternative to residential care) and 11 other supported flats.

Residential / Nursing Homes
34 residential homes, 13 nursing homes

Day Care Places
238 places per week provided in the very sheltered scheme social clubs and the St. Columba's Day Centre.

G.P. services

Wolverhampton
City Council

Wolverhampton City NHS
Primary Care Trust

designed and printed by wolverhampton city council 08.07 SS 1298