



Age Friendly York

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### Your Service - Baseline Assessment

#### Introduction

Age Friendly York are looking at how older people access and use services and whether this is a positive experience by carrying out a range of checks against the following World Health Organisation age friendly standards:

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health
- Home care services include health and personal care and housekeeping
- Health and social care services are conveniently located and accessible by all means of transport
- Residential care facilities and designated older people's housing are located close to services and the rest of the community
- Health and community service facilities are safely constructed and fully accessible
- Clear and accessible information is provided about health and social services for older people
- Delivery of services is coordinated and administratively simple
- All staff are respectful, helpful and trained to serve older people
- Economic barriers impeding access to health and community support are minimised
- There are sufficient and accessible burial sites
- Community emergency planning takes into account the vulnerabilities and capacity of older people
- Services and products to suit varying needs and preferences are provided by public and commercial services
- Service staff are courteous and helpful

- Older people who are less well-off have good access to public, voluntary and private services
- Services are situated together and are accessible
- Public and commercial services provide friendly, person-to-person services on request

In addition to the data already available we asked people's views regarding the services they received. An Age Friendly questionnaire was released in February and March 2022, in partnership with Healthwatch York and York Older People's Assembly, to see the view of older people in York and people that would represent the interest of older people. Whether that is as a neighbour, relative, friend or carer or a practitioner. 164 people responded to the survey and findings are shown throughout this report.

## State of Ageing

[The State of Ageing Report 2022 \(Centre for Ageing Better\)](#) reports that there are currently almost 11 million people aged 65 and over - 19% of the total population. In 10 years' time, this will have increased to almost 13 million people or 22% of the population. In addition, the disability free life expectancy continues to dramatically drop, currently this is 60.9 years old for women and 62.4 years old for men.

In York there is currently 39,300 people aged over 65 – 18.7% of the total population. In 10 years' time, this will have increased to 46,000 people or 21.4% of the population. In the most recent period (2017-19) the average healthy life expectancy for females is 66.4. For males, it is 65.8, which is significantly higher than the national average. As of 2019 life expectancy in York had not dropped but anticipate there may be a change in trend for 2020 and 2021. It was not possible to provide a direct comparison between national and local data as there is a difference between "disability free" and "healthy life expectancy" (time spent in "very good" or "good" health as a perception question).

It is anticipated that there will be a greater need for health and adult social care services which highlights the importance of working upstream and creating preventative solutions.

The Age Friendly Citizen group indicated that “people can be very passive about health care”. There are however some good examples of where people have been pro-active about their care needs which will inevitably reduce pressure on health services:

*“As an elderly person with fragile skin and tendency to accidents (due to clumsiness and rushing around) I was tutored by practice nurses at YMG to undertake wound management, taking due note of infection avoidance and using the correct materials. I was prescribed supplies of saline /cotton wash pads/ urgotul sterile dressing/ large plasters which prevent skin-tear and shown how to use them. When I fall I typically break the skin on my shins. Always, onlookers seek to help. I can now avoid emergency transport to A&E for what is a messy and bloody business - or an emergency visit to the GP. I know the frequency of changing dressings and I am alert to the possibility of a clinical visit if healing doesn't progress appropriately. It means I maintain my independence and don't burden NHS resources unduly.”*

York became part of a project called the Upstream Collaborative, which was an active learning network of practitioners from 20 pioneering local authorities and their partners brought together by Nesta in partnership with Collaborate from 2019-2020. A series of [web based learning platforms](#) and printed booklets were produced to capture this shared learning. Some examples of a new way of working in York that actually moves away from services includes:

- Local Area Co-ordination: work with individuals and families of all ages and abilities to help build a strong support network.
- Health Champions: are people, often over 50 years old, who, with training and support, voluntarily offer their skills and passion and make use of their community links to transform Health and Wellbeing in their neighbourhood.
- Homeshare: matches an older person with a spare room (the 'Householder'), with a younger person looking for accommodation (the 'Homesharer'), who can provide 10 hours of support a week.

Age Friendly York could also be classified as part of this approach, focusing on the views of the citizens of York to understand what's important to them and what a good life looks like for them. The resulting actions may not be to do with services at all. Improving the quality of people's lives is evidenced to show that this will lead to improved emotional and physical wellbeing, which will lead to reduced requirements for services.

In fact, although the most recent survey was on Your Service older people wanted to take the opportunity to express issues that were impacting them,

including: access to city centre; state of paving; buses and access to the internet.

## Lead provision for health and care

### Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible.

Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided.

CCGs are assured by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. All GP practices now belong to a CCG, but CCGs also include other health professionals, such as nurses. Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health and learning disability services.

### Integrated Care Systems

The CGG is scheduled to be replaced by the Integrated Care System (ICS) on 1 August 2022 in accordance with the terms of the Health and Care Bill 2021. However, it is acknowledged and agreed that this is subject to subsequent legislation coming into force which may be subject to delay.

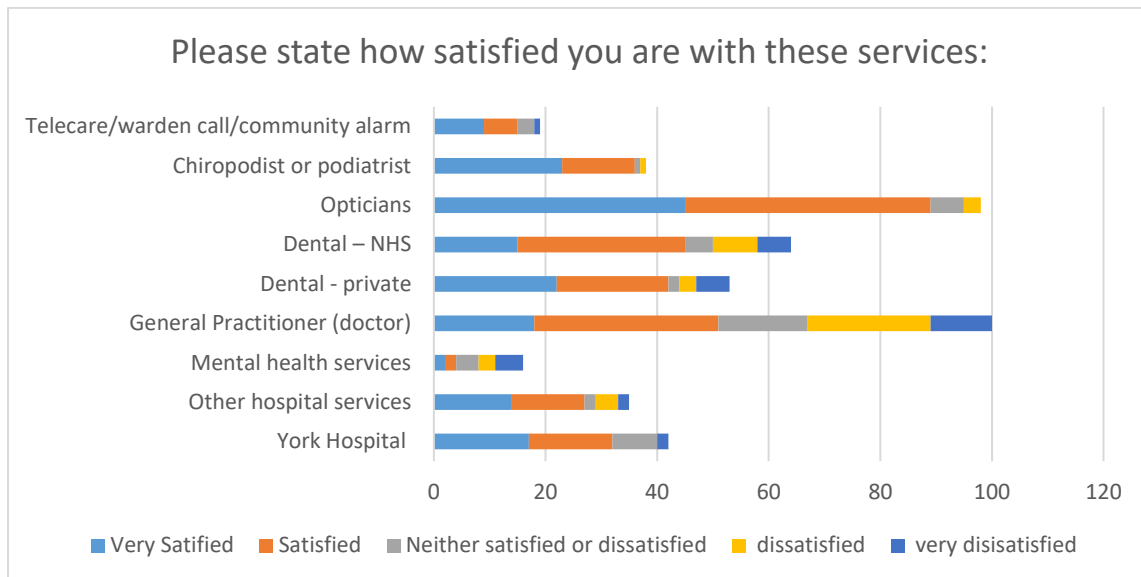
The local ICS, that includes the York area, is the Humber, Coast and Vale Health and Care Partnership.

An ICS is a closer collaboration of NHS organisations, local councils and other health and care partners, taking collective responsibility for managing resources, delivering effective health and care services and improving the health and wellbeing of the population it serves.

The ICS will be required to produce an Engagement Strategy with the expectation that each Healthwatch will play a key role in ensuring there is a patient, customer and carer voice. The specific details of how Healthwatch

York will deliver these requirements and how they will have a presence within the decision making structure will be defined during the lifetime of this Agreement. The Provider shall ensure that Healthwatch York are able to co-operate, be flexible and be able to respond accordingly.

We asked people how they rated health services they received:



All health services were rated 77% or more as satisfied with the exception of NHS dentistry (67%); General Practitioners (51%) and mental health services (29%). (Based on the percentage of respondents that rated their health related services they received as satisfied or very satisfied).

Unfortunately there was not sufficient qualitative information to identify how improvements could be made. Public facing satisfaction levels of health provision was not available to enhance understanding.

An interview with a man at a community centre did however provide an insight to the challenges people may have:

“Takes ages to get a doctors appointment. Reception wanted me to complete electronic forms and I am blind, they were reluctant to do this for me. Dentist changed 4 times over last two years (Blossom Street). Eye clinic moved to Huntington, difficult for someone partially sighted to get there. Was excellent when I could get a hospital bus.”

### self monitoring

The 2017 older people survey showed interest in self-monitoring with 51% of older people saying "I would be happy to do this for some things"

This was identified for following up through the Your Survey consultation, particularly after there had been a trial led by York CVS called [Blood Pressure Monitoring @ Home](#) . Of those that self-monitor 70% were extremely or very confident in doing this. With 70% of those that already monitor saying "I would be happy to do this for some things" or "I would rather do this". When being asked "How would you feel about doing more monitoring of your health at home?".

Those that don't currently self-monitor were asked the same question and 71% were happy to take up this opportunity. This provides the potential to consider increasing self-monitoring arrangements.

It was noted by practitioners that although this may be a suitable option for some people it would not be for all. The choice to self-monitor where it is practical to do so is important, however it is felt that it is vital that this is not a replacement of a service and therefore a requirement rather than a choice.

NHS England launched a public consultation, in mid-May, on new guidance for working with people and communities. This will support the new Integrated Care Boards, NHS trusts and NHS foundation trusts to build effective, positive, purposeful and enduring partnerships with communities to improve services and outcomes for people.

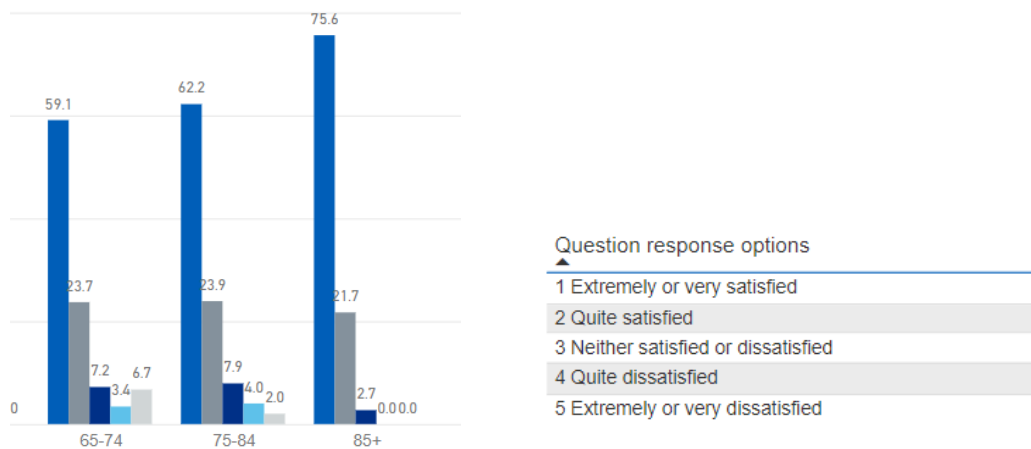
<https://www.engage.england.nhs.uk/consultation/working-in-partnership-with-people-and-communities/>

### Lead Provision for Adult Social Care

The Care Act 2014 imposes a duty on local authorities to provide, or arrange for the provision of, services which will prevent, delay and reduce the need for support of adults and carers in its area.

Most care provision in York that offsets this duty are external independent businesses through the provision of [homecare](#) and [care homes](#) as well as some non-registered [micro-enterprises](#).

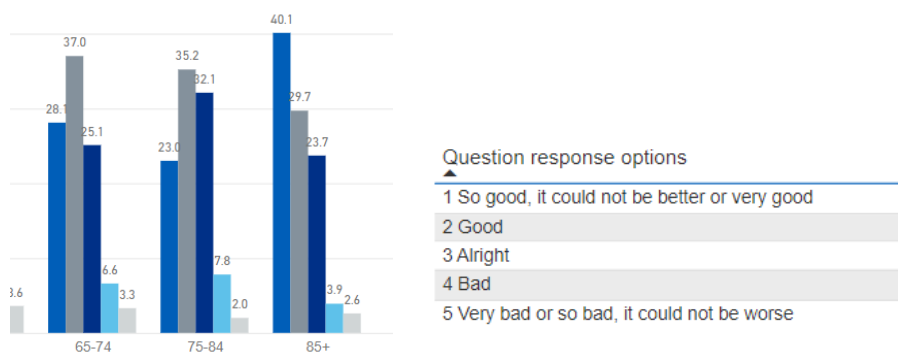
The graph below shows over three quarters of those receiving care in York are quite, very or extremely satisfied. Satisfaction levels increase by age bracket. Quality of life indicators show less than 10% who regard their quality of life as bad as or even worse than bad.



Question responses by demographic for selected council

Question response options ● 1 ● 2 ● 3 ● 4 ● 5

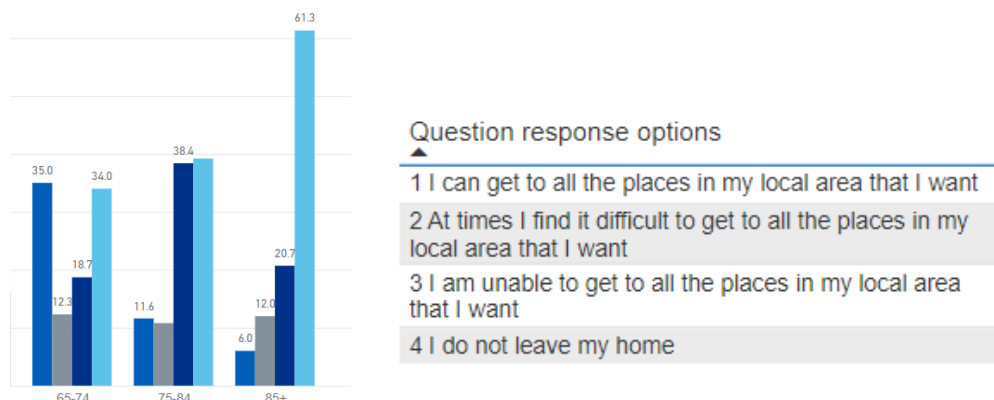
Overall how satisfied or dissatisfied are you with the care and support services you receive (people in York that receive care - National Adult Social Care Survey 2020-21)



Question responses by demographic for selected council

Question response options ● 1 ● 2 ● 3 ● 4 ● 5

Thinking about the good and bad things that make up your quality of life, how would you rate your Quality of life (people in York that receive care - National Adult Social Care Survey 2020-21)



Question responses by demographic for selected council

Question response options ● 1 ● 2 ● 3 ● 4

In addition 500 people were [consulted nationally through an enquiry](#) launch by experts with experience (#Socialcarefuture).

The key findings from this enquiry were:

- Communities where everyone belongs
- Living in the place we call home
- Leading the lives we want to live
- More resources, better used
- Sharing power as equals

### [A voice for people regarding health and adult social care](#)

We asked older people “do you know what to do if you are not happy about a health or adult social care service?”. Of those that responded 28% said yes, 32% were unsure and 39% said no.

We also asked if they were aware of Healthwatch York. Only 43% had with 6% of these having used Healthwatch York.

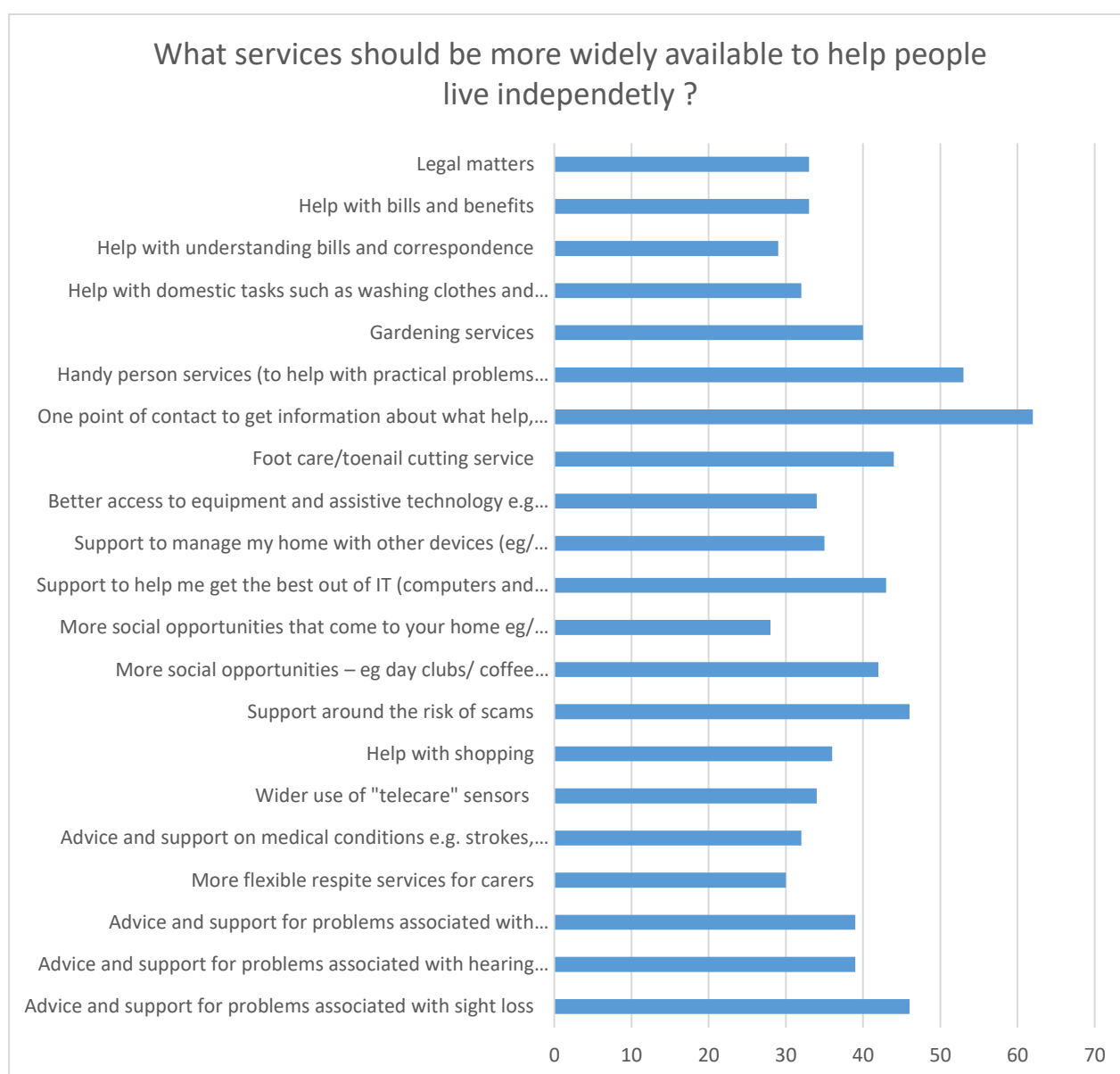
Providing a voice for people receiving health and adult social care to influence improvement of services needs to start with who they can



contact. There is a collective responsibility of ensuring this information is readily available.

## Prevention

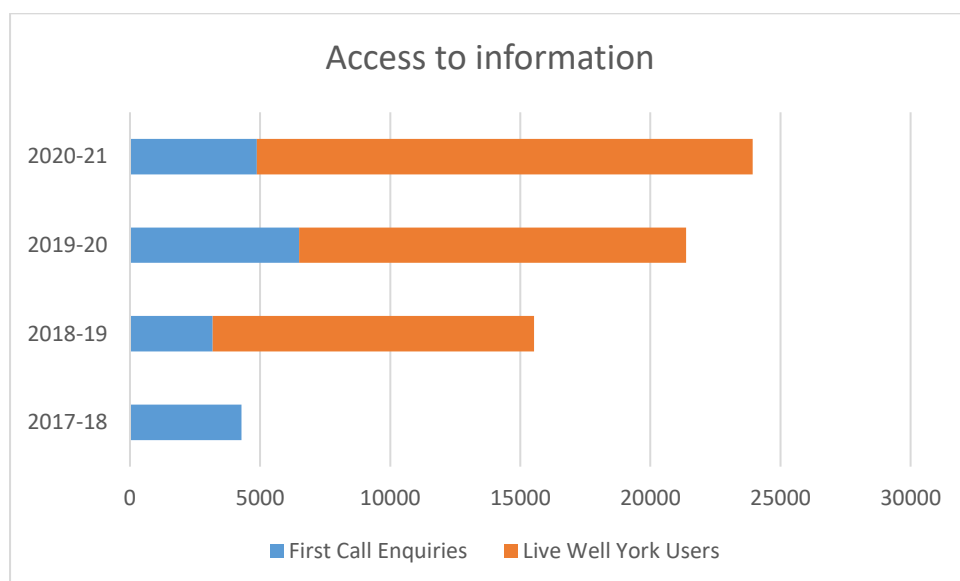
It is important to ensure that there is a suitable range of prevention services as well as non-service provision like social and community opportunities to maintain wellbeing. There is significant evidence to demonstrate that positive wellbeing can maintain and improve physical and mental health.



Looking at those service areas that have scored the highest:

**One point of contact to get information about what help, advice or activities are available** – the council commission a service to be the first point of contact for older people. This service is due to be recommissioned and the Adult Social Care commissioner has supported the Age Friendly, Your Service consultation to ensure re-commissioned services reflect the needs and expectations of older people. Age UK had 3,595 enquiries and 2,252 referrals with 1,116 being benefit enquiries.

The method of maintain information that can be used to signpost to people is through Live Well York [activities directory](#) and [service directory](#). Age UK play an active role to work in partnership to maintain the quality of this information. The advantage of this being on a website is that it is public facing so that people can self-navigate and the information relevant to the older person can be made into a personal electronic or printed booklet. However it is important that people are aware of this offer. Age UK are changing their service model to ensure they reach out to communities through information fairs and other approaches.



It was noted by practitioners that people often came to a trusted person that they have used before, even if that is not the service they are offering. It is important that practitioners are confident that they can signpost to the commissioned single point of contact for older people.

It was also recognised that the advice York network provide a wide range of options to ensure people can be signposted to good quality advice.

**Handyperson Service** – there continues to be a high level of requirement for handyperson provision. In addition to the private handyperson services for those that can afford to pay there is the [Healthy Homes Handyperson Service](#).

**Support around the risk of scams** – this has been a growing concern with a significant increase in scams during the pandemic. This was identified as an action in Your Information, reporting back to the Age Well Partnership. Age Friendly York influenced the creation of [stay safe online page](#) on Live Well York. This resulted in NY Police becoming a partner and editor of this page. Live Well York promoted any scam awareness events as well as posted a personal story from a citizen wanting to show that this could happen to anyone.

**Support to help me get the best of IT** – this was identified through Your Information with an action being taken through the IT Reuse scheme. This has resulted in both individual and community devices being issued. St Sampson's Centre have received six devices and are now providing IT training sessions along with other options through York Explore and Life Long Learning.

**Foot/toenail cutting service** – access to these services became a particular problem due to CQC regulations where services usually entered someone's home. At the request of Age Friendly the Live Well York Service Directory is being updated with the support of Age UK York to ensure we can identify the services available. The Your Service survey identified that 28 out of 30 people were satisfied or very satisfied with chiropodist or podiatrist services.

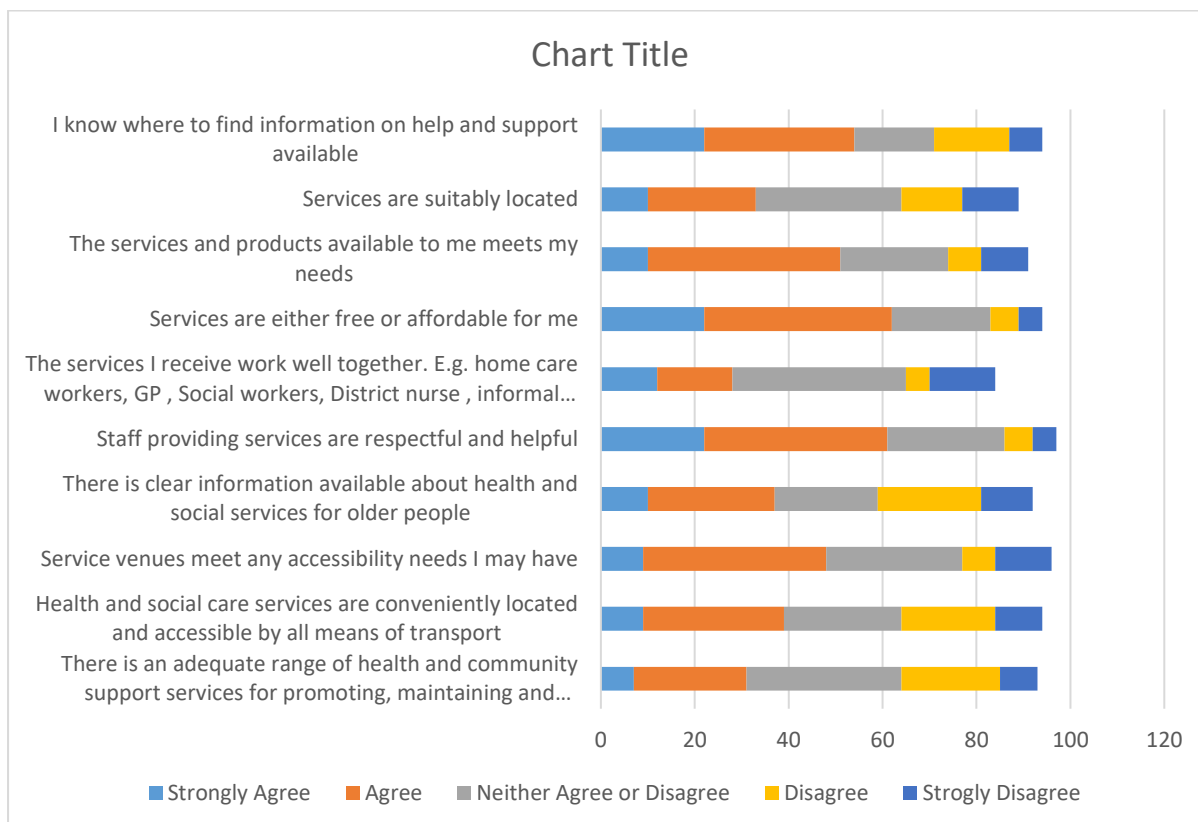
**More Social opportunities** – during the pandemic there was significantly less community social opportunities. Some community groups went online however in September 2021 there was only 32.6% of services available in comparison to pre-pandemic levels. In April 2022 this has increased to 48.5% of pre-COVID levels. It is clear that continued work is required to identify and show the community offers that are available. There has been some funding made available through various grant routes including Cultural Wellbeing and community activities for social prescribing. However these tended to be a short programme of events rather than ongoing activities. As we move through the pandemic the number of sustainable community activities identified need to be increased to or beyond the level of pre-pandemic offers.

We also checked what individual support people received through friends; neighbours; relatives and communities. Only 53% percent receiver informal support which included: shopping; providing lifts including to hospital; keeping an eye out to make sure they are all right; cleaning; preparing meals; dog walking; putting out the bins; house maintenance; social company, spiritual support and carrying heavy items. Not having access to support in the community can have a significant impact on someone's independence and wellbeing.

### [World Health Organisation \(WHO\) checks - overview](#)

There was a range of opinions against the WHO checks, with the only clear consensus being that services are either free or affordable and staff providing services are respectful and helpful. There are however some areas of concern:

- There is clear information available about health and social care services for older people – 34% disagreed
- Health and social care services are conveniently located and accessible by all means of transport – 30% disagreed
- There is an adequate range of health and community support services for promoting, maintaining, and restoring health – 29% disagreed



## Recommendations

- Ensure there is a range of approaches to enable people to know what services are available
- Explore how relocation of health and adult social care services can consider the options available to get to the new location where they do not have a car
- Look at whether community-based organisation focusing on fall prevention, like Be Independent, could talk to patients that have had a falls and where this is due to faulty paving, ensure this is reported
- Look to see how we can raise awareness of who older people can contact to influence change with health and adult social care provision.