Making York a great place for older people to live

Why 'making York a great place for older people to live' is important

Older people are embedded in community life. They make a huge contribution to the life of our city: to our local economy as experienced and committed workers and to our communities. They are often at the heart of families, volunteering, caring, mentoring and supporting children and young people. We need to celebrate this contribution to community life. We also need to emphasise that older people as a group are diverse, spanning across four decades and experiencing the same issues that we all do.

Older people already form a significant part of our community in York. By 2020, the over-65 population is expected to increase by 40% and the number of people aged over 85 years is expected to increase by 60%. A growing number of older people will also be living alone.

As we get older, we become increasingly vulnerable, more at risk of social isolation, and more likely to have complex health problems. The JSNA estimates that around 1 in 10 older people experience chronic **loneliness**. Adverse affects on health can include increased self destructive habits and an increased likelihood of not seeking emotional support. Loneliness can affect immune and cardiovascular systems cause sleeping difficulties and can severely affect people's mental health.

The JSNA estimates that **dementia** will affect an additional 700 people in York over the next 15 years. Given the population projections and the increased incidence of dementia with increasing age, we need to plan for this potential need.

With increasing demands on health and social care services in York and diminishing budgets the current system of support will soon become unaffordable. The JSNA specifically recommends a community-based approach in managing **long-term conditions** and **preventing admissions to hospital**. It recommends continuing support for **physical activity** initiatives across the whole population with priority given to vulnerable groups.

Principles which will guide our work and resources to deliver this priority

We:

- Value the positive contribution that older people make to living in our city and the importance of prevention work to sustain and improve their health and wellbeing. We want to ensure the needs of older people are central to our strategies, plans and commissioning decisions.

- Recognise the contribution of the voluntary sector, older people and carers in 'making York a great place for older people to live', especially for the following key issues:
  - Supporting people with **long term conditions to live independently**
  - **Preventing admissions to hospital**
  - Encouraging **physical activity**
  - Addressing **loneliness** and social isolation
  - Preparing for an increase in **dementia**

- Support a shift towards community-based care, so people can access treatment or support within their own community or at home, rather than having to be admitted to hospital, residential or nursing care.
  We know people prefer to be treated this way, and the health benefits of doing so, however we do not underestimate the challenge of changing the system. A consequence of providing more treatment and care at home will be to reduce the number of beds that are needed in hospitals. We want to reassure and remind people of the benefits of providing care closer to home.

- Support approaches that facilitate communities to develop their capacity, to design and develop their ideas and solutions to reduce the loneliness and isolation of older people. We understand that strong communities can help alleviate the loneliness and isolation experienced by some of our older residents.

- Advocate more choice and control for people over their care and support, particularly at the end of their lives about where they wish to die.

- Value the knowledge, strength and diversity of our voluntary sector and recognise the extent to which their support and services contribute to improving the health and wellbeing of our older residents.

- Will ensure that the needs of older people are considered in our decisions about planning and improving the city's infrastructure so that older people have better access to social support through transport and technology.

- Encourage a creative approach to deal with dementia that challenges standard practice and routine pathways. This will help ensure that assessments and care are based on individual need and tailored appropriately.

- Commit to becoming a Dementia Friendly City and learn from valuable research and evidence, for example, the Joseph Rowntree Foundation projects 'Dementia Without Walls' and 'Neighbourhood Approaches to Addressing Loneliness'. We will ensure that our policies, strategies and decisions are influenced and informed by this learning.

- Embrace the development of new technologies and the benefits that these innovations can bring to responding to a number of health and wellbeing issues, sustaining and improving health and wellbeing, for example creative solutions to addressing loneliness and social isolation.

A significant amount of health and wellbeing work is already underway. For example, the Council is working with Health, Housing, and Voluntary Sector partners on a care home modernisation programme that will deliver state-of-the-art specialist residential care homes focused on providing dementia care and high dependency care – in the East (Burnholme) and West (Lowfield, Acomb) of the city. The Lowfield care home will be part of a wider Community Village for Older People that will also provide a range of housing accommodation specifically for older people and a Community Hub. We will ensure that all the experience and learning from these developments will continue to help to inform our future direction.

Actions - over the next three years the Health and Wellbeing Board will:

Prevent admissions to hospital
Support people with long term conditions to live independently

1. **Set up Neighbourhood Care Teams across the City and explore other options which support people in their transition from hospital to home.**
   Neighbourhood Care Teams are teams which bring together NHS, local government, independent and voluntary sector providers around the 'neighbourhood' of a GP practice. The aim is to provide patient-centred, multi-disciplinary, integrated and streamlined care closer to a patient's home.

- Specific attention should be given to embedding independent and voluntary sector organisations into the working practices and ethos of these teams and ensuring there is coordination with neighbourhood working models in the City of York Council.
- They should be carefully evaluated as they are set up and if successful given long-term commitment, for example by pooling budgets across health and social care organisations.
- This may require de-commissioning acute provision and commissioning more community-based responses to respond to long term conditions and prevent admissions to hospital.

- To support this work, an Adult Commissioning Manager will be jointly appointed between Vale of York Clinical Commissioning Group and the City of York Council, with a formal link to York Council for Voluntary Services.
  The result of this work will mean that more people will be supported in their own homes to manage their condition. This will help prevent hospital admissions for people with long term conditions and aid the transition back home when discharged from hospital. A multi-disciplinary team will be able to provide more person-centred, coordinated care and support.

2. **Provide weekly cross-sector case reviews for patients who have been in hospital over 100 days** *(Or other appropriate threshold)*

- For this to be successful, staff attending case reviews will need to be given the autonomy to make decisions about resource allocation and establish pragmatic solutions that work for patients.
- This will help identify if more effective support can be provided for these people and avoid unnecessarily long stays in hospital.
  As well as using this process to provide more effective care and cheaper care for individuals, this should be a learning environment to inform wider system change.

Address loneliness and social isolation

3. **Work together to understand the factors that contribute to loneliness and what communities and organisations can do to alleviate this.**

- We will learn from the Joseph Rowntree Foundation research 'Neighbourhood Approaches to Loneliness'. Once we understand the issues and challenges and how they might we be addressed we will support the implementation of these initiatives.
- One approach could be an inter-generational volunteering programme, working with the 'Volunteering York' partnership. This helps tackle isolation and promotes inclusion within communities. It can increase understanding between generations, tackling stereotypes and it can lead to employment opportunities for some volunteers.
- Oliver House provides an opportunity to increase the coordination of the voluntary sector and provide community based solutions to loneliness and isolation.

4. **Encourage investment in services which support older people who are isolated to participate in the social groups or community activities that are available in York.**

- Older people could benefit from volunteers accompanying them to the first few sessions of a group/activity, building up confidence to participate longer term.
- Increased participation in groups or activities will support older people to feel less isolated, with the potential to improve their physical and mental health.

Encourage physical activity

5. **Explore how a single social prescribing programme which recommends exercise, social activity or volunteering can be established city-wide.**

- This builds on an existing programme which recommends exercise and is recognised by health professionals.
- Longer term this approach could be embedded within Choose and Book.
- Social prescribing helps tackle loneliness, depression and it improves mental wellbeing as well as reducing the demand for health services[7].

Prepare for an increase in dementia

6. **Deliver a joint communication campaign across organisations on the Health and Wellbeing Board focused on how to spot the early signs of dementia, how to respond and what support is available and developing as part of becoming a 'Dementia Friendly City'.**

- This will be supported by dementia training and support for the health and wellbeing workforce as part of the Adult Care Workforce Strategy
- The workforce will feel more confident and supported in their work, which will improve the quality of care they deliver.

7. **Undertake a review of the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.**

- This will help ensure that the use of medication is suitable and appropriate for individuals at that point in time and that a wider range of options are explored to manage long term conditions - medication can be very effective but it is not the only option.

Other actions to 'Make York a great place for older people to live'

8. **Develop an end of life policy across health and wellbeing partners, mapping current processes and re-commissioning.**

- We want to ensure that GPs are supported to offer patients and their families / carers the best end of life pathway, which may mean staying at home to die peacefully and not being admitted to hospital. People will have more control and choice about where they want to die.

9. **Encourage care sectors to adopt the living wage and set timescales to reflect this in how we commission contracts.**

- Recruitment and retention of staff will be improved as well as their quality of work. A number of families will be lifted out of poverty[8].

10. **Support the implementation of the Adult Care Workforce Strategy (2012-2015) across care sectors for paid staff which supports joint workforce development initiatives.**
    We want to ensure staff are aware of the contribution they can make to:

- Supporting people with **long term conditions to live independently**
- **Preventing admissions to hospital**
- Encouraging **physical activity**

[7] Based on evidence from the HEAL programme in York and the HALE project in Bradford.
[8] Taken from learning from the London Living Wage.

- Addressing **loneliness** and social isolation
- Preparing for an increase in **dementia**

We want to raise awareness of the care profession and celebrate achievements across the workforce and support the introduction of a paid carers network with opportunities for mentoring support.

Delivering the actions for the priority 'Making York a great place for older people to live':

The Health and Wellbeing Board will delegate the responsibility to deliver these actions to the Older People and Long Term Conditions Partnership Board which will sit below. This Partnership Board's remit will also cover people with long term conditions, not just for older people, but people of any age. The Board will work to achieve more joined up pathways, particularly for people who are living with multiple conditions simultaneously. We want pathways to health and social care to be better understood and integrated.

The Health and Wellbeing Board will expect to see the principles and actions within the partnership board's delivery plan before it is approved. The partnership board however will have some scope to further define these actions before their implementation. The partnership board will also make recommendations to the Health and Wellbeing Board to influence our strategy for older people and long term conditions.

Please see the 'Delivery and Monitoring' section on page 36 for more information.

Delivering and monitoring the strategy

The resource to deliver the Health and Wellbeing Strategy

At the time of drafting this strategy it is still unclear how much resource health and wellbeing organisations will have to implement the actions over the next three years. As highlighted earlier in this document, we are in challenging financial times, with decreasing funding and resources along with increasing demand for services. However, not all of the actions within this strategy will require additional investment. Some actions will be implemented through the synergies of more joint working, finding new opportunities to jointly deliver and resource our priorities. It is especially important that we work across geographical boundaries, with the Vale of York Clinical Commissioning Group and the NHS Commissioning Yorkshire and Humber Team as they begin to commission health and wellbeing services. Through the Health and Wellbeing Board we are working key providers of services, such as York Hospital and Leeds and York Partnership and with York CVS and York LINk (until HealthWatch is established) who can represent patient and public voice.

Some actions will require health and wellbeing organisations to re-prioritise resource or funding, or re-allocate staff time so it is aligned with our priorities. Some actions will need new resources, and the Health and Wellbeing Board will work together to find the resource required to implement their commitments.

The Health and Wellbeing Board will have overall accountability for the delivery of this strategy. They will also be accountable for delivering a number of actions set out in the City Action Plan relating to Sharing Growth and will lead our response to the Fairness Commission recommendations relating to health and wellbeing.

An introduction to the Health and Wellbeing Partnerships

Below the Health and Wellbeing Board are four strategic partnership boards:

1. **Older People and People with Long Term Conditions**
   Chair: Dr. Tim Hughes, Vale of York Clinical Commissioning Group
2. **Tackling Deprivation and Health Inequalities**
   Chair: Dr. Paul Edmondson-Jones, York Director of Public Health and Wellbeing
3. **Mental Health and Learning Disabilities**
   Chair: Dr. Cath Snape, Vale of York Clinical Commissioning Group
4. **Children and Young People – The YorOK Board**
   Chair: Councillor Janet Looker

Although the health and wellbeing partnership boards will deliver the priorities within this strategy, it is not the totality of their remit.

For example, the Older People and Long term Conditions partnership will deliver the priority ‘Making York a great place for older people to live’, but it will also deliver a number of priorities

and actions relating to long term conditions on behalf of the Vale of York Clinical Commissioning Group, the City of York Council and partners. Similarly, the Mental Health and Learning Disabilities partnership will deliver the priority 'Improving mental health and intervening early', and it will deliver a number of priorities and actions relating to the Valuing People Now agenda.

These partnership boards are in their infancy and are not yet fully established, with the exception of the YorOk Board. In establishing these boards there is a lot of work to do to ensure we have the right membership, terms of reference and that other partnerships relating to their work know how they can be involved - the routes they can take to influence the Health and Wellbeing Board and our strategic priorities and how they contribute to delivering the strategy. The priorities for the health and Wellbeing Board will change over time, as do health and wellbeing needs. This strategy is focused on what the Health and Wellbeing Board believe they can make the biggest difference to health and wellbeing by working together at this point in time. We will ensure sufficient flexibility to enable us to address any significant health and wellbeing issues that arise so they are addressed it in a timely manner.

The role of the Health and Wellbeing Partnerships

Once established, the first task that these partnership boards will undertake is to set out a delivery plan for the relevant priority and the implementation of the actions. Each partnership board will be responsible for delivering a priority area.

The partnership boards will follow the principles set out in this strategy and work to deliver the commitments and actions contained within it. Each partnership board will report to the Health and Wellbeing Board annually to update on progress towards and achievement of the actions and commitments. Many of the commitments and actions have considerable scope for the partnership boards to co-design responses and solutions with communities, individuals and organisations across all sectors.

Included within this strategy are a number of cross-cutting principles and actions. To ensure their delivery, the Health and Wellbeing Board will expect to see these included in the delivery plans of all four partnership boards, before their approval.

The Health and Wellbeing Board will deliver the fifth priority, 'creating a financially sustainable local health and wellbeing system' as this requires whole system change to achieve it. The Health and Wellbeing Board will delegate work to task groups to support the delivery of this, for example, to finance officers and commissioners across health and wellbeing organisations to increase understanding of commissioning arrangements and identify opportunities for joint commissioning. In April 2013 a detailed work plan to help the Health and Wellbeing achieve the principles within this priority will be prepared.