

Meeting Changing Expectations

A joint commissioning strategy for health, social care and housing related support services for older people in Bradford District

Final draft

3rd August 2011

Content	Page
Foreword	3
Section 1 Executive Summary	4
Section 2 Introduction	5
2.1 Commissioning services for older people	
2.2 Outcomes	
2.3 Working together: commissioning principles	
2.4 The economic context	
2.5 Developing the market	
2.6 Making the strategy a success	
Section 3 What do Older People tell us?	9
3.1 Communication	
3.2 Access to Services	
3.3 Hospital Care	
3.4 Healthy Living	
3.5 Meeting Place	
3.6 Customer Services	
Section 4 The Bigger Picture – national and local policy	11
4.1 Key themes from national policy	
4.2 National policy 2010 onwards	
4.3 Key local policies	
Section 5 What is on offer in the District – current supply	13
5.1 Current services in summary	
Section 6 Opportunities, Challenges and Local Needs	18
6.1 Context	
6.2 Analysis of the Challenges Ahead	
Section 7 The Way Forward	25
Section 8 Our Priorities for Action	26
8.1 Commissioning for outcomes	
8.2 Commissioning themes	
 Contact Details	 34

Foreword

We are pleased to present 'Meeting Changing Expectations' which is our commissioning strategy for older people's services. The strategy is based on what older people have told us is important to keeping well and independent as well as understanding local needs and which services we need to develop. It sets out to communicate this to a wider audience, so that many different services can have a role in achieving this. It describes the priorities and actions that NHS Bradford and Airedale and Adult and Community Services will take together. Delivery of the strategy will be challenging in a time of unprecedented change and a tough economic climate, however we believe that getting services right for our local population of vulnerable older people is critical.

Older people make a positive and indispensable contribution to the life of the district as experienced workers, volunteers, parents and grandparents, family carers and active members of society. We celebrate that older people will live longer, positive and fulfilling lives and the contribution they make to the district's economic and community life. 'Meeting Changing Expectations' is not just about tackling health and social care needs alone. It aims high for older people to be included and involved in a social and active life and to stay well and independent by having the right information and support early enough to make a difference to supporting their health and wellbeing. We will deliver good quality services and work together for people with differing levels of need.

We want our district to be among the best in how we respond to key priorities and challenges, including the National Dementia Strategy, keeping vulnerable people safe, and ensuring that services are both personalised and protect dignity. Communities and individuals will have more say in how services are planned and developed and we look forward to working with GP-led Clinical Commissioning Groups to continue to improve services for older people. We will work through our Older People's Partnership to ensure older people can say with confidence that there is "nothing about us, without us". It is important that older people have more control over the planning and delivery of services.

There is much more we will do to avoid unnecessary hospital admissions, support people to recover from a period of ill-health and regain their independence, and enable older people to live well and have support and care at home where they need it. This means supporting family, friends and neighbours who provide unpaid care. We want to ensure that older people have a range of options of where to live through developing more choices such as extra-care housing that will support them to keep well and safe at home.

'Meeting Changing Expectations' will not be possible without real partnership working, within and beyond health and social care, continuing to build on the successes of our local Older People's Partnership. We will work to integrate the commissioning and delivery of health and social care services. We will recognise and involve older people, families and carers as partners in the planning and delivery of care and support. We will develop our relationships with voluntary and community groups and all service providers. Health and social care services are only one part of supporting older people's health and wellbeing. We will therefore encourage the development of services used by the whole community, such as transport, planning, police, fire services, leisure, libraries, culture and education, to take a greater role in supporting older people.

Investment in services will be influenced increasingly by how individuals want to use personal budgets for their own health and social care services. We will work together in new and creative ways, to improve the experience that older people have living in the District. We will take a positive approach to the changes and challenges we face, and believe that we can achieve shared priorities and better outcomes. We are delighted to introduce 'Meeting Changing Expectations' as a starting point for this important work.

Moira Wilson, Strategic Director, Adult and Community Services
Matt Neligan, Director of Strategy, NHS Bradford and Airedale

Section 1: Executive Summary

Our Vision is for all people over the age of 50 to be able to maintain independence, feel valued and lead healthy active and productive lives, confident that support will be available for them when and where they need it.

Thinking About Tomorrow, Taking Action Today
Bradford District Older People's Partnership

Meeting Changing Expectations is a strategy for the next three years, informed by a long term vision of the opportunities and challenges facing us over the next 15-20 years. It aims to set out and respond to the challenges the health and social care partners in Bradford District face, in meeting the changing aspirations and expectations of older people.

Our local Older People's Partnership defines "older people" as aged 50+, which ensures an approach that includes early intervention and prevention, and supports health and wellbeing in its widest sense. As people are living longer, an increasing number of people will live to be 100 years old and beyond, and we are more likely to need help and support for a short period of our lives. Planning for better provision of health, social care and housing related support services is essential, if we are to meet the needs of an 85% growth in the numbers of older people who are over 85 in the District by 2030.

There is a wide range of services available for older people, but not everyone knows where to look for information and support on how to find these services. New approaches are required to communicate better with older people and families in the future.

Services need to be focused on achieving outcomes older people want and be better at listening to the views of older people currently using services, and citizens who might use services in the future. When older people experience a health crisis or episode of ill-health, the right services need to be available at the right time and in the right place, to enable normal life to continue as quickly as possible.

Service models of provision within the NHS and social care need to be challenged to ensure the best possible personalised outcomes are being delivered for older people within the available resources. This *Meeting Changing Expectations* strategy outlines the joint commissioning intentions for older people's services, and its accompanying three year action plan outlines the local response to the issues raised, and the milestones for 2011-2014.

Above all, the strategy re-emphasises the need for people to be able to personalise and adapt provision to meet individual priorities and preferences.

Section 2: Introduction

2.1 Commissioning services for older people

This strategy provides an approach for the joint commissioning of health, social care and housing related support services for older people. It describes the commissioning intentions of NHS Bradford and Airedale (the Primary Care Trust) and Bradford Metropolitan District Council for the next three years to 2014.

It has been developed by gathering information from what older people tell us, the changing needs of the population, and national and local priorities and comparing these to the current patterns of service delivery and spending. This information enables us to develop our approach to developing services that more accurately reflect the needs of older people in Bradford District.

It can be seen as an umbrella strategy which brings together a large number of other strategies that relate to services for older people. The purpose of this is to enable commissioners to take a coordinated approach to service development and delivery across a very large and complex range of services delivered through many different providers. The strategy cuts across, and is interdependent with, much other work locally to achieve the vision set out in Putting People First:



The specific focus of the strategy is on health, social care and housing related support services, the commissioning arrangements for which are under direct control of the partners. However, we must ensure that older people are not pushed unnecessarily into health and social care services, when “age-proofing” of mainstream, universal services, and better access to community and social life, can keep more people living well and independently. Without the ‘social capital’ in local communities, including the contribution of older people and families, it would be impossible to implement this strategy. “Meeting Changing Expectations” will seek to influence other service commissioners and stakeholders to engage in a wider range of occupational, health and wellbeing activities that can directly benefit older people.

2.2 Outcomes

We will deliver services through the NHS, social care and housing related support to achieve real outcomes for people. Services will be focused on ensuring people have the right services in the right place at the right time, and where possible, this will be in people's own homes or local communities. Getting services right for older people is key to managing the increasing costs of providing services for a rapidly ageing population. We need to ensure that our services jointly support people to avoid unnecessary hospital or long-term care admissions where this is possible and right for the person, and family / carer.

As a commissioning partnership, we want to commission services which achieve the following outcomes for older people:

Choice and Control

Promoting personalisation and enhancing quality of life for people with long-term conditions, care and support needs.

- a. People have choice and control and experience services which are personalised to their individual needs. Self-care is enabled where this is possible.
- b. People experience an integrated approach to their care, across primary, secondary and social care services
- c. People have ready access to good information about the support and services available to keep healthy, well, independent and active. This will include services beyond those traditionally delivered by health and social care such as leisure, cultural and educational services

Health and Wellbeing

Helping people to recover from episodes of ill health or following injury; preventing deterioration, delaying dependency and supporting recovery.

- d. People's home environments support their health and wellbeing
- e. People have access to support that prevents unnecessary or early dependence on services, e.g. services with a low level prevention focus, information, falls prevention, telecare and telemedicine, equipment and adaptations
- f. People experience rapid access to high quality services: right place at earliest time (applies across primary, secondary and social care, as well as preventative services)

Economic Well-Being

- g. People are supported to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment

Safety and Dignity

Ensuring a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm.

- h. People have their rights and dignity respected and are not subjected to discrimination, prejudice or abuse

Enjoy and Achieve

- i. People experience services which support them to enjoy a good quality of life

2.3 Working together: commissioning principles

People, who need help and use services, do not recognise the formal divisions between health, social care and support services and we cannot allow organisational boundaries to get in the way of delivering excellent services. Local public sector organisations need to work with internal and external private sector providers to help shape the market to deliver the personalised options for support and care that older people need.

To achieve this, the following principles will guide the process when the NHS and the Council commission services for older people:

Approach to commissioning:

- We see our role as 'place-shaping', working creatively with citizens, community groups and service providers to improve the experience of living in the Bradford District – *the creative use of powers and influence to promote the general well-being of a community and its citizens*¹.
- We will ensure that people have real, increasing choice and control over how to use individual accounts for social care and individual health budgets; including people who self-fund for social care. This includes good information and support, assuring quality of services and the safeguarding of vulnerable older people.
- Services will be commissioned and delivered in partnership between the local NHS and the Council's Adult and Community Services. We will, as appropriate, use pooled budgets, joint commissioning and align all commissioning activity to ensure a joined-up approach and to prevent gaps developing across the health and social care system.
- Where joint commissioning is not appropriate e.g. NHS commissioning of hospital services, commissioning will still be undertaken in partnership to ensure a coherent approach
- We will ensure that services are effective and efficient, making the best use of the totality of our resource and providing value for money
- Commissioning decisions will be based on evidence about the needs of the local populations, as described in the Joint Strategic Needs Assessment.
- We will commission for good health and well-being, investing in prevention, independence and to reduce health inequalities.

Approach to service delivery:

- Services will be accessed through single access and assessment points (including self-assessment) wherever possible
- Services will be delivered where appropriate through multi-agency and multidisciplinary integrated teams
- Service delivery will be seamless and care pathways integrated and free from organisational constraints
- Services will be focussed on rehabilitation and reablement and staff will have the right mix of skills to be able to achieve this
- Services will be delivered at home or as close to home as possible
- Services will be person-centred and personalised
- Services will be inclusive for people from vulnerable groups, including those with a learning disability and those with dementia to ensure these people are not excluded from mainstream services
- Service delivery and availability will be based on need and will take into account demographic shifts, geographical differences and the needs of the local population
- Information on how to access services will be readily available and be joined up across NHS and council services

¹ *Lyons Inquiry Into Local Government: Place-shaping, a shared ambition for the future of local government.* Sir Michael Lyons, 2007.

- Services will be responsive to public and patient feedback
- Services will be holistic in their delivery to support the needs of the whole person
- Services will be able to meet the needs of the whole, diverse community

2.4 Developing the market

The market will need to diversify the products and services it offers older and disabled people in Bradford District to meet needs in the future. As people increasingly use personal budgets or their own money to buy the services they need, the demand for a range of high quality, value for money services will grow.

The integration of Adult and Community Services with the NHS as envisioned by the recent White Paper 'Liberating the NHS' will see changes in how services are commissioned and delivered. The profile of service provision will need to focus much more on delivering person-centred, high quality, preventive services. It is important that older people benefit to the full from the opportunities offered by personalisation, and commissioners and providers will need to work together. The Council has started this process by publishing a 'Market Position Statement' and holding events to start dialogue with providers. ([Appendix Six](#))

Challenges also apply to public sector providers, where organisational change is required to deliver better services during a challenging economic climate. More formal joint working structures will be established between health, social care and housing related support services in the future.

2.5 The economic context

Health and social care services are facing an unprecedented financial challenge to reduce costs and meet growing demand. Commissioners must ensure that services are cost-effective, provide value for money and achieve demonstrable outcomes for people. This will result in working with providers to redesign or decommission ineffective services to make significant savings and transform the way services are delivered.

In social care, local authorities should be looking at how to make efficiency savings by:

- helping people to stay independent for as long as possible, for example through reablement, reducing the need for care;
- ensuring that people receive care and support in the most appropriate and cost effective way to meet their outcomes.
- maximising spend on frontline services, for example by reducing back office costs and making better use of the social care market.²

2.6 Making the strategy a success

The outcomes framework above and the commissioning themes in Chapter 8 are the basis of a joint action plan. Success criteria are identified under each commissioning theme, to highlight the ways in which we will be able to see if we have made changes to older people's experiences. A multi-agency project team, reporting to the Older Person's Service Improvement Group, will monitor the development and implementation of the action plan, including key projects to redesign service delivery.

² (David Behan, Director General for Social Care, Local Government and Care Partnerships 20.10.2010)

Section 3 What do Older People tell us?

The following views are taken from:

- Connecting with Communities, Bradford Metropolitan District Council, 2009
- At Your Service. Navigating the future market in health and social care. (Demos, London 2009).
- Care and support for older people and carers in Bradford their perspectives, aspirations and experiences. Joseph Rowntree Foundation, Leeds Metropolitan University, March 2010.
- Bradford Council, Residential Care Consultation, 2009.
- PCT Statement of Involvement 2009/2010
- The consultation on the draft of this strategy.

In summary older people tell us that they:

- Need more information and advice on what's available for people and their families, including benefits, equipment and adaptations, respite from caring
- Need proper (public) transport and easy access to the community when driving.
- Value the importance of cleanliness and hygiene in health and care practice
- Want to stay well and active, but experience barriers to this such as lack of information, lack of transport, funding and social isolation.
- Want to be included in community life, social and leisure activities.
- Want better customer services training for health and social care staff to
- ensure that people get the best service all of the time
- Want more choice and control over services where this improves the experience of services and quality of life; but do not necessarily value choice for its own sake.
- Believe all older people should have the right to be treated with dignity when being looked after in a care setting.
- Older people want to be partners in how services are developed, welcome the opportunity to influence policy, but most of all want action to improve services.
- Want barriers cut between NHS, social care and voluntary services; and feel frustrated that progress is slow in achieving this.
- Value support groups eg. counselling for bereaved carers.

In detail older people tell us the following:

3.1 Communication

Through the local focus group issues have been raised about information and advice, led to the production of a new A-Z guide, and information stands. People have said they prefer to have information face-to-face, and want it to be easy to use GP receptions, and book appointments.

A local study of the views of older people in Bradford District, by Leeds Metropolitan University with Joseph Rowntree Foundation, found that having access to the right information about services, knowing what is available and how to apply for this type of support were issues that came up repeatedly. "Participants described how they had often missed out on services and entitlements through lack of information and follow-up communication. Many were not clear about whether they were eligible for services such as the local access bus, free TV licence, housing adaptations or carers allowance."

3.2 Access to Services

Local research through the Older People's Partnership shows that having a good public transport system is central issue for older people, and having

"We need more information and advice"

"We need proper (public) transport" and easy access to the community when driving"

accessible transport is crucial. It is important to see transport as fundamental to services being accessible at a local level. Older People have noted that it may be as difficult to access a service in their local community due to transport, as it would be to travel across the district. The free city bus has been campaigned for by older people and has been tremendously successful over 1 million people have used the service. The transport group within the Older People's Partnership remains active in campaigning in this area. This was reinforced by a recent national study on personalisation by DEMOS, which showed that a much higher proportion of older people would use personal budgets to book a taxi and access public services. Older People have expressed concerns that future transport budgets may have implications for the accessibility of local services. Older people were more likely to ask for general support at home with a range of activities. One 83-year-old man said if he had a personal budget, he would spend money on "washing, dressing, toileting, shopping, cleaning, banking and paying bills".

3.3 Hospital Care

There have been a range of comments about hospital care, parking, nutrition and staffing levels. The Dignity in Care network is now well established, and provides an opportunity for staff to meet with older people to share progress and hear the views of older people. Many older people would like the opportunity for convalescence.

"Bring back matrons, the hospitals were cleaner then. Some people need help eating and nurses do not realise it."

3.4 Healthy Living

A falls exercise coordinator is now in post, and leisure centres have developed a "passport" system. Older people are being trained as educators through the Seniors Show the Way project and new activities and community engagement are being included as part of traditional schemes such as lunch clubs and day centres as well as being set up separately through a Well-Being Activity Fund.

"Exercise is expensive and we need more information about healthy eating".

National research into personalisation shows that older people would like to get out more during the day, and "go out and meet people, for short breaks in the park". Opportunities for holidays and improving physical health are popular areas where older people might make small changes to normal lives with a personal budget.

3.5 Proper Meeting Places

Campaigning continues through Bradford District Senior Power to establish an older people's centre, a resource which has already been developed in Keighley. In a national review of the personalisation agenda and use of individual support plans, organised social activities, in community centres of day care facilities remained popular amongst older correspondents, as social interaction was seen as important. Many older people value the use of community facilities and the wide range of activities and benefits their use can bring. Older people and their representative organisations would want to be involved when considerations are made for closing facilities, and be given the chance to continue to run these facilities in other ways

3.6 Customer Services

Feedback on poor customer services has led to development of Mystery Shopping, Staff Customer Service Training, NHS PALS Service, better complaints procedures, training new social workers but work still needs to be done to recruit more home carers who speak a second language and produce leaflets in "easy-read" language. The time, place and way in which information is offered matters as older people are sometimes expected to process large amounts of information following a health crisis and many prefer to receive information at local places such as doctor surgeries.

"Lots of people in social services and health are helpful, but also lots are not".

Section 4 The Bigger Picture – national and local policy

This section provides an overview of policy developments affecting NHS, social care and housing related support services, and the local response in implementing these changes.

4.1 Key themes from national policy:

- Tackling age discrimination and ensuring older people are included in social, community and economic life.
- The importance of keeping the whole population of older people well and active and able to access universal services such as transport, leisure, housing, shops.
- The importance of information to help people to make informed choice about services and other means of support
- Prevention and early intervention for people at risk of or experiencing problems affecting health and well-being.
- Health and social care services offering high quality, flexible and joined up services, responding to individual needs
- Rehabilitation and reablement following ill-health e.g. falls, stroke.
- Joined-up services, especially to manage long-term conditions e.g. breathing problems, heart failure, arthritis
- The right services, skills and understanding for people with mental health conditions, especially dementia and depression; that such conditions are seen as part of mainstream services, “everybody’s business”.
- Providing services at home, or closer to home; reducing avoidable admissions to hospitals and care homes
- Choice and control – deciding how to spend the funding allocated for your care and support needs
- Support to families and carers
- A focus on outcomes – finding out if people are satisfied, and experiencing good results from using services
- The importance of commissioning, to understand the needs of local population and achieve best use of resources.

4.2 2011 onwards

Significant changes in the delivery of public services are planned to take place between 2011-2014, however the themes of service integration, reablement, independence and the shift of services closer to home remain.

The White Paper – ‘*Equity and Excellence - Liberating the NHS*’ was published in July 2010 heralding the most significant changes to the NHS in many years. Key points include:

- Increased choice on where people are treated and who treats them.
- A new National Public Health Service, with responsibility passing to local authorities from 2011 for public health improvement and reducing health inequalities.
- Changes in the way the NHS commissions services, with new roles for Clinical Commissioning Groups to commission health services.
- Extending personal health budgets.

A Vision for Adult Social Care: Capable communities and active citizens was published in November 2010. It states and describes seven principles: *Prevention, Personalisation, Partnership, Plurality, Protection, Productivity, and People*. It will

contribute, along with other important work on eg. the funding of long-term care, to a Social Care Reform Bill in spring 2012.

The Department of Health has complemented these publications with consultation on *Transparency in Outcomes* for both health and social care. There is emphasis on using measures based on people's experiences of services, and sharing information publicly for people to make decisions about treatment, care and support.

4.3 Key themes from local strategy and policies

- Addressing health inequalities with a focus on health improvement and prevention
- Making best use of universal services and involving older people in making these accessible for all.
- Involving older people e.g. through volunteering and as community champions
- Support for people to remain healthy and receive a high quality health care experience.
- The high value of the contribution of carers to the maintenance of quality of life for people at home and in the community
- Improving wellbeing in older people and recognising broader mental health needs
- New signposting and brokerage services supporting people through the system
- Improving access and information to ensure housing related support is widely known as an option for enabling people to live independently.
- Implementation of the National Dementia Strategy with a focus on early diagnosis services, acute and care home liaison services and reducing the use of antipsychotic medication
- Commissioners to assure people about quality of care and to develop a Care Home Quality Standard
- End of life care to be flexible and help all concerned to plan and make informed choices about where to live, what to do in a crisis, and what care and support is needed.

4.4 'Intermediate Care Plus'.

The local NHS is leading a joint, major work programme to integrate and develop intermediate care services across the NHS and social care. This seeks to improve the experience of people who need support to get back to their best level of health and well being, for example following illness or injury. The programme is wider than traditional intermediate care services and has six project areas: Access to intermediate care; Assessment, diagnosis and care planning; Community beds; Home based support; Falls & Bone Health; Older People with Long Term Conditions.

The programme will address the following:

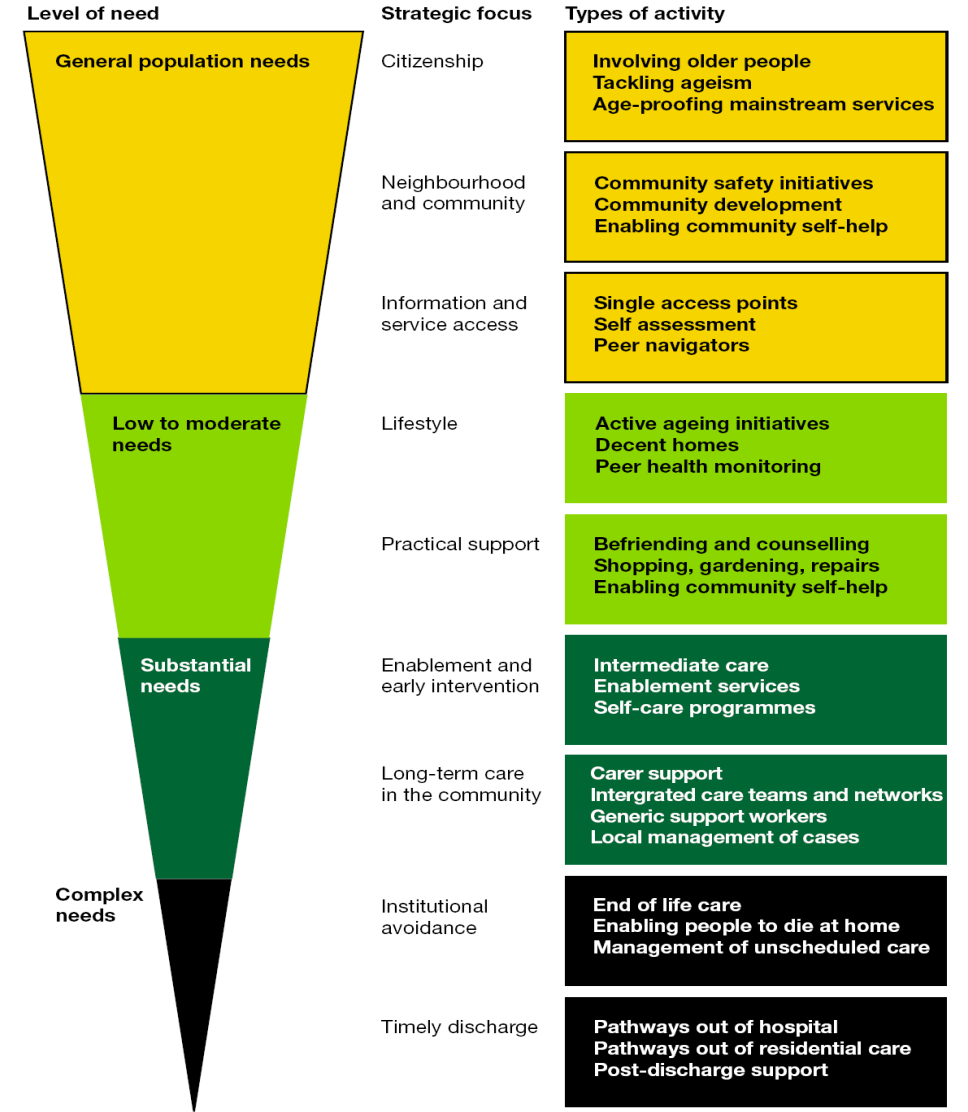
- Developing better support at home to prevent people going into hospital or care unnecessarily
- Getting the right number of beds in the community
- People with dementia and other long-term conditions have the chance to benefit from rehabilitation.
- Services which BME older people will use.
- Focus on promoting independence across all community services
- Development of new models of care spanning community and acute services
- Working together across health and social care to support people to stay out of hospital and long-term care e.g. better long-term conditions management and preventing falls
- Supporting successful discharges from hospital and a return to independent living
- Reduction in the numbers of people going straight from hospital care into long-term care.

Section 5: What is on offer in the District - current supply

- **Community transport provision**
- **Subsidised meals**
- **A wide range of equipment and adaptations**
- **Helping Hands-small jobs free of charge and advice and support with bigger repairs and jobs around the home**
- **Home Improvement Agency**
- **Age Concern's Starting Point project**
- **Eye-care liaison officers**
- **Specialist equipment services**
- **Befriending schemes**
- **Volunteering opportunities**
- **Help in educating peers**
- **Intermediate care**

- **Care Homes**
- **Hospital care**
- **End of Life Care**
- **Stroke Pathway**
- **Hospital discharge team.**
- **Community hospitals.**
- **Re-enablement teams.**
- **Crisis-Focussed Domiciliary Care.**
- **Home from Hospital leaflets.**

Figure 5: The 'inverted triangle' of action



Source: Audit Commission 2009, Association of Directors of Adult Social Services/Local Government Association 2003

- **Passport for Leisure.**
- **Local community groups.**
- **Positive Minds group.**
- **New access team in Adult and Community services.**
- **Neighbourhood Wardens.**
- **Library Provision including a home library service**
- **Community Development workers.**
- **First Contact pilot.**
- **Directory of housing-related support services.**
- **Online Directory of voluntary sector organisations.**
- **Tailor-made information.**

- **Community support teams.**
- **Housing related support.**
- **Extra Care provision.**
- **Home care package.**
- **Rehabilitation beds in local care homes.**
- **Day care activities.**
- **Telecare services.**
- **Community alarm Services.**
- **Different models of provision for memory assessment.**
- **Stroke pathway.**
- **A range of services for Carers.**

Section 5: What is on offer in the District

Information about services and numbers of older people accessing them:

With the support of my community matron I have more confidence to manage my health problems

Primary Care: There are approximately 68,000 people over 65 living in the District, and there are 98,000 people over 60 registered with a local GP. This may include people living in neighbouring areas such as North Yorkshire, Leeds, Lancashire. GPs work with district nurses and community matrons to support older people in the community. New primary care hubs have been located with public transport access in mind.

Approximately 33,400 older people have one or more limiting health condition, and require medical and nursing support to manage these in the longer term. Often health conditions may only be problematic at certain times. For example 18,500 people over 65 are likely to fall within the district. Community teams and professionals support many older people to manage ill health appropriately without the need for acute admission. Community services and professionals include; continence care, District Nurses, Community Matrons and Case Managers.

Airedale Hospital now have a “dignity” room where volunteers have donated items such as dressing gowns to ensure older people are appropriately dressed if they arrive in an emergency

Hospital care: There were over 21,000 planned episodes of care in hospital for over 65s in 2009-2010 and a further 18,000 unplanned episodes. (Bradford Royal Infirmary and Airedale Hospital). This cost the NHS £102,201,860. There are three general hospitals in the district, Bradford Royal Infirmary, St Luke’s Hospital and Airedale General Hospital. Further details of in-patient activity are available in the Appendices. New ways of working to improve discharge liaison are also being introduced. Hospitals are monitored closely through their contracts to drive down hospital-acquired infections and as a result C-difficile and MRSA rates are falling significantly. A Dignity in Care District-wide network has been established to ensure high standards are met in hospital for older people. This has led to initiatives including the Seamless Transfer of Every Patient STEP Project which ensures older people entering hospital from care homes have sufficient personal belongings to remain independent.

Transport: An Access Bus has been commissioned to provide support to older people who wish to go shopping and a Free City Bus is used by many older people in Bradford city centre. There are five different community transport schemes in the district, mainly in Airedale and Wharfedale (grant funding from the Council of £66,000 in 2009-2010).

Other Universal Services:

Bradford District Libraries have a wide range of resources, including support for house-bound older people and the Neighbourhood Services teams support older people in maintaining high standards for local communities, tackling issues such as anti-social behaviour or littering. Community Development teams focus on working in specific communities often with the highest indicators of deprivation. Adult Education services are also widely used by older people across the district. The passport for leisure scheme encourages access to leisure centres and Seniors

Show the Way is a scheme recruiting older people as Health champions who can give information to other friends and neighbours about key issues. There are significant levels of private sector provision across the District e.g. leisure centres, gyms. Community centres and Healthy Living Centres promote activity and an Exercise on Prescription service (BEAP – Bradford Encouraging Activity in People) is also available.

Information and advice: 23,870 people contacted Adult Services in 2009-2010 for advice and information of which 18,029 were dealt with at point of contact, the remainder went on to further assessment. Age Concern has been commissioned to provide a service called “Starting Point” which deals with around 600 queries a month. Several online resources have been developed including

- Website dedicated to social and leisure opportunities for older people
- Online Directory of housing related support services.
- Online Directory of voluntary sector organisations.

NHS hospitals provide a Patient Advisory and Liaison Service (PALS) and Home from Hospital leaflets.

Social care assessment: In 2009-2010, 4,324 people over 65 received a community care assessment and a further 8,400 existing over 65 clients were reviewed 1,218 older people received direct payments/self-directed support in Bradford.

"I was able to speak about my problems and felt someone was listening to me and understood the ways I was feeling. It is a lifeline"
Mrs X, a Carer

Carers: 2,178 carers aged over 65 received a service following an initial assessment and 356 received information and advice. The Carers Resource provide an information and signposting service which was accessed by 1800 carers in its first year of operation. TimeOut is a service provided by Adult and Community Services to provide respite to carers looking after older people. It provides an alternative to day care for older people and their carers through the Compass project. Other services on the domiciliary care providers list include Crossroads who provide sitting services for carers.

"Telecare gives me real peace of mind as I now know that if my father falls he won't be left lying on the floor but will get help as soon as possible."

Community alarms: Last year 6,500 older people in Bradford benefited from having access to a community alarm service through “Careline”. Telecare equipment is also on offer for the majority of community alarm customers. A further 3,000 service users currently receive a community alarm service through a housing related support provider.

Meals: 1,226 older people received subsidised meal delivery in 2009-2010. These were provided following a social care assessment. Hot meals are provided in day care services and grant-funded day centres, lunch clubs and community cafes.

Community Equipment: In 2009-2010 this service was accessed by 3,448 customers over 65, providing walking aids and adaptations to promote independent living.

Handyperson “Helping Hands”: this scheme works with around 500 older people per month, and refers older people to trades people for larger works, through a Traders Register. The traders register is available to all older people seeking the reassurance that a trader / service has been checked and recommended.

Wellbeing Activities: 5,470 older people benefited from activities run by over 100 small groups, coordinated by adult social care in 2008-2009. A further 1193 people attended a network of 16 Wellbeing Cafés, including people with their dementia and carers. The budget for these activities was £210,000 in 2009-2010.

“Due to poor health I was finding it hard to do my own cleaning and was finding it hard to get on buses to get to the shops and for appointments. Since meeting with Age Concern I now get more financial support in Benefits and can afford to pay for a cleaner and use taxis when I need to”

Lunch clubs and informal day care: there are 36 social day care centres providing 77,500 places per annum, and 30 lunch club schemes and drop-in facilities providing 75,000 places per annum. There are six different exercise schemes with a range of activities including “silver surfers”, arts & crafts and walking groups. Grant funding of £1.4 million is provided for these activities.

“I want to go back to my local keep fit class but have had a fall which shook my confidence, so I joined the Walk from Home scheme.” Mrs M

Day care: In 2009-2010 Bradford Council provide on average 659 day care places per week during the year, with a total of 1449 clients over 65 annually. A further 198 day care places are available per week through alternative providers. The main client group for day care were older people with physical disabilities (73%) and Mental Health 17%. The budget in 2009-2010 was £3.5 million.

Sheltered housing: Supporting People provide a subsidy for residents living in sheltered housing schemes of £2.3 million which currently provides a warden or housing related support service for around 4,000 residents.

Intermediate Care: There are four NHS and social care funded community support teams in the District, who visit approximately 9,000 older people each year. The teams operate 24/7 and provide rehabilitation and support for older people experiencing difficulties at home, or requiring support to get home from hospital until a social care assessment can be completed, and longer term reablement or domiciliary care put in place.

There are four community hospitals providing 72 beds for treatment and rehabilitation, and 40 beds in Council care homes for rehabilitation, assessment and people awaiting return home. 16 beds are also commissioned in the private sector in Airedale, and supported by a multi-agency rehabilitation and assessment service. Overall the budget for intermediate care is £18 million with the majority of funding from the NHS.

Bradford Teaching Hospitals provide Occupational Therapy and Physiotherapy support for older people in the community, and see an average of 400 new patient referrals per month..

Domiciliary or home care: In 2009-2010, 4,265 older people were supported with home care packages and over £20 million was spent by the local authority on these services. Every older person who is assessed as having personal support

needs, is now offered a reablement service to help promote longer term independence.

Community Mental Health services: Approximately 5,000 people will have dementia in the Bradford District at any one time. Work is underway to improve services in the community through new memory assessment clinics based in primary care, and new liaison services in hospitals and care homes. In 2009-2010 the Community Mental Health Team made 20,018 contacts with patients and as a “snapshot” of activity in October 2010, 1652 patients over 65 were seen by specialist services. There are specialist in-patient wards for older people with mental health needs at Lynfield Mount and Airedale Centre for Mental Health. A new campaign group “Positive Minds” is focussing on the needs of older people with depression.

The Healing Environment project for people with dementia, has allowed patients to choose the ward environment they find most relaxing including new artwork and colours”

Extra care housing: 17,576 weeks of extra care housing were provided to older people in Bradford in 2009-2010 across seven different schemes throughout the District.

Residential and nursing care

Total number of people aged 65 and over in residential and nursing care during the year, purchased or provided by the local authority was 2,318. 583 new admissions into care were funded by the local authority in 2010, and the residential and nursing care home spend was £47.5 million in this sector on care of the elderly (2009-2010). This represents over 50% of adult social care service provision budgets. There are over 3,000 care home beds for older people in the District, with occupancy running at 90-93%. A higher proportion than average of people over 65 are discharged from hospital directly into residential homes (2006-2007) 7.2% (national comparator average is 4.7%).

End of life and continuing care:

Bradford PCT currently lead a multi-agency partnership group in delivering a programme of activity to improve outcomes for people at the end of life. The End of Life Strategy captures this in more detail. Many people with complex conditions and terminal illness can be helped to live at home. The Continuing Healthcare programme ensures that people with the most complex health needs receive entitlement to NHS funding of the entire care package. The NHS invests £20 million through continuing care funding 375 people over 65.

Advocacy:

There are three different advocacy schemes in the District. Advocacy services are commissioned to support older people, including people with mental health needs. Advocacy support ranges from financial and housing issues, to in-patient mental health assessments, or people needing independent support with a decision for future care needs. When complaints about the safety of an older person in a care setting are raised, the safeguarding team advise and support everyone involved to ensure safety and good care practice.

Section 6 Opportunities, Challenges and Local Needs

The main challenge in terms of mapping new demand for services is that older people in Bradford today and in the future are a diverse community with many different needs. Ensuring services are accessible is therefore a key priority for future commissioning.

We will deliver a range of services that respond to changing attitudes jointly through care, health and housing related support

6.1 Context

Demand for services is driven by a wide range of factors such as changing expectations, housing quality, the economy, politics and weather events. This section therefore recognises the interdependence with other strategies addressing this wider set of variables.

In 2010 in Britain today, most 80 year olds will have grown up during the Second World War and gone on to build their lives in a post-war economy, experiencing huge changes in society. Older people today have a new and different attitude to ageing which reflects the big changes in society they have lived through.

In researching the needs of older people for this strategy, several pieces of work have been referenced. 'Staying Well, Staying Independent' a recent review of older people's services in the District highlighted the crucial importance of social wellbeing and support. Many older people can become more physically dependent and unwell, following emotional setbacks such as bereavement or ill-health. The Council has published 'A Housing Strategy for Our Ageing Society' for consultation, which has informed the development of this strategy through its research and discussion around which looks at the way in which older people will make decisions about housing options. Family and informal carers have a big role to play in the decisions that are made about the future of care of older people, and the strategy includes a summary of the local Carers Strategy 'Caring Matters. Think Carer'.

Public health issues such as smoking cessation, falls prevention, managing fuel poverty, or better management of diabetes, stroke and heart disease will become part of the local authority's remit in delivering public health services in the future. Challenging issues such as alcohol or drug dependency are crucial to raising standards for NHS and social care. These issues are detailed in the Joint Strategic Needs Assessment for the District.

The evidence shows that delivering services to older people in Bradford District requires a range of different approaches, as the District has a diverse community of older people with different ethnic backgrounds, different religions, rural communities and city centres. For example Bradford's population has high levels of poverty in some communities, but the majority of 65-84 age group own their own property outright or with a mortgage. Current population predictions show that by 2025 there will be increased pressures on health and social care services, in order for services to cope with changes in demand, what we do now has to change. ([Appendix Two, Tables one and two](#)).

6.2 Analysis of the Challenges Ahead

a. Population Growth

There will be 85% more people over the age of 85 by 2030!

Around half a million people live in Bradford and Airedale and over the next few decades our population is expected to increase further, at twice the national rate, to reach 650,000 by 2030. Our population is also increasing at both ends of the age range which means that not only will we have more people aged 65+ but we are also expecting an increase in those aged under 16.

Demand for services is still likely to increase as there will be 83% more people aged 85+ by 2030. Although older people's role as active citizens in society will increase, those living into their 80s are proportionately more likely to need help and support with one or more activity of daily living. The prediction tool POPPI shows a growth in people aged 85+ in Bradford from 9,400 to 17,200 by 2030. This is the biggest growth in numbers across all the different age brackets.

There will be approximately 32,900 more over 65 year olds living in the District by 2030.

As a group, older people will represent a larger proportion in some communities in the district. For example the north of Bradford District (Keighley and Shipley Constituencies) has 38% of the general population, but represents 47.5% of all older people in the District³.

Pressure on resources is expected to affect all organisations caring for older people, in the light of this shift in population; this will have a big impact on families and older people themselves. Almost two in every 10 older people themselves are carers for family members. Although people aged 85 or over are less likely to be carers, those who are, are twice as likely to care for more than 50 hours per week.

b. Financial pressures

Bradford is a high performing district with a wide range of services to meet the needs of older people. We will redesign provision to reflect views of older people and the need to ensure best value for money from public finances.

A large proportion of the overall budget for older people is spent on hospital and care home services. Over £100 million was spent on hospital care for the elderly in 2009-2010 and over £60 million on caring for older people in care homes. If an older person has a health condition that requires hospital treatment the average cost of an unplanned admission, for example, in an emergency is £3,023. A planned admission costs £2,082. The sustainability of this a significant challenge to the health and social care economy.

The solution to this is multi-factorial, requiring cultural and social change as well as shifts in expectation. Commissioning activity needs to refocus on preventing unnecessary admissions into care, and flexible early intervention to support self-help, and support people to retain independence and control over their lives. This includes better community planning and support for older people with critical and long-term health conditions to prevent unplanned admissions, along with responsive rehabilitation and reablement that can support people to regain

³ Staying Well, Staying Independent, 2009

independence and remain at home. This is dealt with in detail in the Joint Intermediate Care Strategy.

The current spend on older people's services in the District through provision of care homes, continuing health care and hospital care is £161.7 million annually. A further £9.6 million is spent on home care services. ([Tables Seven and Eight, Appendix Four](#))

While there are a range of resources for people at all levels of need in the District, the majority of spending takes place looking after the smallest group of older people with the most critical needs. For example, if someone qualifies for NHS continuing healthcare funding, they are likely to need 24 hour support. The PCT spends an average of £53,000 per person per annum on continuing healthcare⁴ services.

c. Meeting the needs of people from Black, Asian and minority ethnic backgrounds (BAME)

People who came to live in the UK in the late 20th century from minority ethnic groups are growing older. The numbers of older people of Asian origin aged 65+, will double in the next 15 years, from c. 5,000 to 10,000 in Bradford District. The number aged 85+ will more than double, from 300 to 750.

Bradford district contains a rich mix of ethnic groups and cultures and has the highest proportion of non-white ethnic backgrounds of any District in Yorkshire. At the time of the 2001 census, 76% of the population described themselves as white UK, with 24% identifying with a minority group. Amongst the population aged 65 and over, there were 89% identifying as white UK, who will remain the majority group, though this figure will fall to c. 85% by 2025. Research and consultation with BAME elders has identified disadvantage in access and outcomes relating to health and social care services.⁵

Bradford District has diverse minority populations. The 2001 census figures show significant numbers identifying as south Asian: Pakistani (4% of people over 65), mainly from Mirpur and a minority from the Attock community; Indian (1.2%) who are mainly Punjabi Sikhs, or Gujerati (both Muslim and Hindu); Bangladeshi (0.3%). There are small but significant numbers of older people who are Irish (1.5% of people over 65); and from elsewhere in Europe, including Polish, Ukranian, Estonian, Latvian and Lithuanian communities (who accounted for nearly all the 3% 'White Other' figure). People identifying as 'Black Caribbean' (0.6%) and 'Black African' (0.1%) are similarly small but significant minority ethnic groups. There is a minority population from travelling communities in the District. Developing the facilities and services for the support of frail older people and family carers requires new and strong partnerships between community organisations and the statutory and voluntary association providers.

Services must be able to respond to diversity within BAME communities

Different religious traditions can inform the way people wash, eat, dress and celebrate. Diversity of religion and belief within one ethnic community is often normal. For example Polish, Latvian and Lithuanian are spoken languages within the Catholic community in Bradford District. It is common to hear very different

⁴ NHS Bradford and Airedale Continuing Health Care, 2009-2010

⁵ Later Matters: Tackling Race Inequalities for BME Older People, Age UK/Communities and Local Government. 2010

views within one family. Those of Muslim faith are the largest group in Bradford after those who would describe themselves as Christians. Within the Muslim faith there is diversity of expression of religion.

d. Meeting the needs of older people living in rural communities.

22% of people living in rural communities in Bradford District are over the age of 65. Services must be made available to prevent isolation.

Bradford is one of the country's most rural Metropolitan councils⁶. In recent work on rural poverty by the Joseph Rowntree Foundation⁷, it has been shown that nationally, more elderly people live in rural settings than other age groups, and of the older people living in rural areas; older people have a higher share of all of those living on low incomes than other age groups. More people regionally are moving to rural areas and market towns.

In rural areas of the Bradford District (as classified by ONS), 22% of the population are of retirement age (60+ females, 65+ males). In contrast, in urban areas, 15% of the population is of retirement age. Overall, 11% of retirement age people in the Bradford District live in rural areas.⁸

For many older people living in rural areas or suburbs of Bradford reliance on their own car is likely to be the only form of transport.⁹ If older people are no longer able to drive due to disability or ill-health, public transport becomes increasingly important in order to be able to visit relatives, attend social activities with friends and engage in community events. Health and social care agencies will need to engage with transport agencies in Bradford to ensure flexible and appropriate solutions are being developed for the future.

e. Supporting older people with disabilities or long-term health conditions

By 2026 approximately 8,300 people will need a support service to assist with their daily living – services must be designed to prevent entry into long term care and quality assured to offer choice and control

While the NHS provides a universal service for all, adult social care has traditionally served people with more intensive support needs. In 2002 the Wanless Review examined the technological, demographic and medical trends over the next two decades that would affect the health service in the UK as a whole¹⁰. In the light of those trends, the review identified the key factors which will determine the financial and other resources required to ensure that the NHS can provide a publicly funded, comprehensive, high quality service available on the basis of clinical need and not ability to pay. The review identified health, mobility and rehabilitation issues as one of the main causes of adults' social care needs.

It is estimated that approximately 12,400 older people need some assistance in maintaining independent living in Bradford, and a further 8,200 people require help

⁶ Bradford Total Place Report, 2010

⁷ Indicators of Poverty in Rural England: 2009 A report for the Commission for Rural Communities, Guy Palmer, www.poverty.org

⁸ (NB as per ONS classification, rural areas include Burley, Addingham, Silsden, Wilsden, Denholme, Cullingworth, Harden, Haworth & Oxenhope but not Ilkley, Menston, Thornton, Queensbury, Oakworth, Baildon, Esholt which are all classified as urban.

⁹ Age Concern Older people in Yorkshire and the Humber, by Tony Warnes, Ruth Lowles and Kyeung Mi Oh Sheffield Institute for Studies on Ageing, University of Sheffield

¹⁰ Securing Our Future Health: Taking A Long-Term View', Derek Wanless, 2002

with one or more activity of daily living. As the older people's population grows, increasing pressure on resources is expected by health and social care providers. It is estimated that 8,300 additional older people will need support with activities of daily living by 2026.¹¹

A growing number of older people and families are likely to fund their own care and further research into the plans and aspirations of this group is required to inform market development. Recent research by the Joseph Rowntree Foundation shows that for those people living in long-term care, it can be harder for them to raise concerns about care, even if funding it themselves as they "rarely have access to assessment and tend to be left without any form of independent review, advice or support. Older People are often given no option but to enter residential care, especially at a time of crisis, and often there is no way back as homes are sold (often very quickly) to pay for care."¹²

f. Meeting the needs of older Carers

The number of older carers will increase by 70% in 2030 and the profile of carers must remain a priority to ensure support is available in a timely and appropriate manner

Older carers represent a large proportion of those people providing substantial and regular care for family both in Bradford and nationally. Currently estimated at 976 the number of carers over 65 is likely to rise to 1,400 by 2030. This may be an underestimate, as many people have a caring role in the family without being recognised as a full-time carer.¹³ There are a large proportion of caring situations where an elderly couple are caring for each other as neither could safely/comfortably exist without the other.

Many rely on short break care to get enough sleep or to get on with everyday tasks around the house and garden. However many people will continue to cope alone without any support from services until the situation deteriorates to a point where carers do not feel able to manage. This could be due to the fact that many people do not identify themselves as carers, rather they see themselves as husband/wife etc. or because there is still considerable stigma attached to accessing support and information from the council or the NHS. This may be related to specific conditions such as dementia, or be due to a preference in maintaining a private and independent life.

g. Economic Wellbeing

Older People and those approaching retirement face financial pressures and hardship

The District has some of the most deprived communities and some of the wealthiest nationally. The largest concentrations of older people tend not to live in the most deprived communities, however due to the higher population densities in city centre communities large numbers of older people do live in more deprived areas. Overall 32% of those aged 65+ are currently entitled to the means-tested Pension Credit in the District, with some of the lowest numbers of claimants in

¹¹ Staying Well, Staying Independent

¹² Older People's vision for long-term care, Nov 2009, Joseph Rowntree Foundation, p21

¹³ Number of carers receiving different types of services provided as an outcome of an assessment or review, by age group of carer, aged 65 and over, projected to 2030, POPPI

areas such as Ilkley and higher levels in Keighley and Bradford city centres. In Nov 2009 30% of all non-pension related benefit claimants e.g. carers, job-seekers, incapacity benefit, were over 55.

h. Prevention:

The new government has made prevention the first of its seven principles identified in its *Vision for adult social care: Capable communities and active citizens*¹⁴:

“Empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence”.

The cost of leaving in place existing patterns of provision is huge. If service demand increases in proportion to expected numbers of older people with disabilities, then in 2025, £100m hospital costs in 2010 will become £135m; and £60m care home costs today will become £81m. The Council uses 54% of its older people’s service provision budgets on residential care¹⁵ (2009-10); reducing this to 40% over the next 15 years, in line with Department of Health recommendations¹⁶, would level out demand for residential care against the upward demographic trend. The evidence for many preventive interventions is growing and a recent summary identifies ten key interventions, whilst noting that it is difficult to prove that something has been prevented is difficult; therefore commissioners must be prepared to take investment risks in prevention and developing new approaches¹⁷. Universal services and organisations (i.e. those open to all) are a major part of maintaining health and well being, reducing dependency on health and care services, and deliver many wider benefits such as reduced social isolation.

Promoting healthy living for the whole population covers a range of initiatives: physical activity and healthy eating, reduction of harm from drugs and alcohol, social activities and befriending. Primary care services work to ensure older people have flu and pneumococcal vaccination; and offer targeted screening and interventions, e.g. middle-aged and older adults for blood pressure and cholesterol. Falls prevention, response and treatment is important, given that every year 45% of people aged 80+ experience a fall, and an older person having a fall leading to a hip fracture has a severe impact on quality of life and costs an estimated £28,700 in subsequent treatment, care and other social costs. There is emerging evidence for the benefits of handyperson services and other home-based support such as telecare, equipment and adaptations. Housing-related support has a strong evidence base from national and regional evaluation of costs and benefits¹⁸. Bradford District’s Health in Mind Programme was evaluated in 2008, and showed that well-being cafes and activities reduced people’s depression indicators; and crisis support at home prevented hospital and care home admissions¹⁹.

¹⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

¹⁵ including the care and accommodation element of nursing home fees.

¹⁶ www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation_advice/298683_Uses_of_Resources.pdf

¹⁷ <http://www.hsmc.bham.ac.uk/publications/policy-papers/policy-paper-eight.pdf> “The billion dollar question. Embedding prevention in older people’s services. 10 “high impact changes”.” Kerry Allen, John Glasby, Birmingham University, 2010.

¹⁸ *Prevention and personalisation – the case for housing-related support* (Yorkshire and Humber Housing-Related Support Group).

¹⁹ Health in Mind Programme Evaluation – University of Bradford 2008.

i. National drivers and the needs of our community in summary:

We must be able to respond to increasing demand at a time of decreasing budgets

In delivering services we will ensure that they:

- ◆ Meet the needs of people aged over 85 and 65.
- ◆ Meet the diversity of our communities.
- ◆ Address the needs of people living in rural areas.
- ◆ Are preventative and low level where needed.
- ◆ Targeted at those with complex long-term conditions or disability.
- ◆ Are accessible for people with a range of needs, including dementia, depression, and learning disabilities.
- ◆ Are flexible, good quality that offers choice and control.
- ◆ Support older carers and families paying for their own care.
- ◆ Recognise the need to support older people facing financial hardship

Our action plan will set out how we deliver the overarching demands of our ageing population by addressing the following:

- ◆ Improving community support.
- ◆ Tackling age discrimination.
- ◆ Promoting and delivering person centred care
- ◆ Providing timely and appropriate access and information to the public.
- ◆ Addressing long term conditions.
- ◆ Understanding early diagnosis.
- ◆ Providing quality of dementia care.
- ◆ Looking at the flexibility of rehabilitation.
- ◆ Providing reablement services.
- ◆ Preventing unplanned admissions into hospital.
- ◆ Providing leisure, transport and education.
- ◆ Reducing care home placements.
- ◆ Developing extra care to avoid emergency hospital admissions.
- ◆ Focusing on care closer to home.
- ◆ Developing support for people at home.

Section 7 The Way Forward

7.1 Conclusions

The NHS and local authority in Bradford District commission and deliver health, social care and housing-related support services for a growing population of more than half a million people. Older people represent a large proportion of the population and create a significant demand on services.

This strategy brings together:

- Local and national policy direction
- what older people tell us is important
- information on demand on services
- the demographic profile for the area

Development of the strategy has highlighted the importance of including older people in the design and planning stages of service development ‘**nothing about us, without us**’ and also helped us focus on the key messages such as providing information, signposting and advice in a variety of methods to ensure better access for all groups across the district. ‘**We need to know where to go for help**’

The importance of ensuring access to preventative services and providing ‘**that little bit of help**’ to support people remain independent for longer is also clear. More vulnerable groups such as those at the end of their life, or suffering from dementia must also have equal access to services.

The importance of ensuring that there is a genuine alternative to hospital admission by assessing, treating and supporting people at home or in the community and providing early supported successful discharge back home is central to the strategy. This can only be achieved by working together. We need to commission services that do not allow organisational boundaries to get in the way of delivering excellent services.

The changing needs of older people have been highlighted, including the growth in the number of people over 85, and the changes in the age profile of black, Asian and minority ethnic groups. We also need to ensure that services are equally accessible to older people living in Bradford’s rural areas.

Supporting families and older people themselves in caring for family, or loved ones is crucial, and developing community support services that can be accessed during a health crisis is critical in maintaining support for older people in the community. The unsustainable rising costs of hospital and long-term care in residential or nursing homes has been identified through the strategy.

The commissioning strategy focuses on service developments over the next three years from 2011 – 2014. The detail of how it will be delivered appears in the associated [action plan](#) which will be regularly updated as the changing political and financial landscape dictates.

Section 8: Our Priorities for Action

8.1 Commissioning for Outcomes

We want to commission services which achieve the outcomes outlined in the Introduction to this strategy. We want to learn from research findings and feedback from older people to inform our commissioning in the future. To restate:

Choice and Control

- a. People have choice and control and experience services which are personalised to their individual needs. Self-care is enabled where this is possible.
- b. People experience an integrated approach to their care, across primary, secondary and social care services
- c. People have ready access to good information about the support and services available to keep healthy, well, independent and active. This will include services beyond those traditionally delivered by health and social care such as leisure, cultural and educational services.

Health and Wellbeing

- d. People's home environments support their health and wellbeing
- e. People have access to support that prevents unnecessary or early dependence on services, e.g. services with a low level prevention focus, information, falls prevention, telecare and telemedicine, equipment and adaptations
- f. People experience rapid access to high quality services: right place at earliest time (applies across primary, secondary and social care, as well as preventative services)

Economic Well-Being

- g. People are supported to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment

Safety and Dignity

- h. People have their rights and dignity respected and are not subjected to discrimination, prejudice or abuse

Enjoy and Achieve

- i. People experience services which support them to enjoy a good quality of life

8.2 Commissioning Themes

The following themes provide an overview of the direction of commissioning activity of the partners over the next three years. The action plan provides the detail. "How do we know it is working" provides a way for older people and other citizens of Bradford to hold NHS and Local Authority commissioners to account for the services they deliver.

- Commissioning theme 1: Information and access to services
- Commissioning theme 2: Prevention and early intervention
- Commissioning theme 3: Choice and control
- Commissioning theme 4: Supporting independence
- Commissioning theme 5: Quality, dignity and safety
- Commissioning theme 6: Shifting investment and improving productivity
- Commissioning theme 7: Working together

Commissioning theme 1: Information and access to services

We will ensure that information is available and support older people to make choices about the support they need

Health and social care commissioners will lead the provision and development of information, advice and signposting, recognising this as an essential requirement for older people to get the right help at the right time, have informed choices, and make difficult decisions. We will ensure information is available in a variety of ways, and that when people need extra help to make decisions and follow up information, the help is there.

Areas for development

- Joining up statutory and voluntary sector services which provide information, advice and signposting.
- Implementing the new national 111 number for urgent care by April 2013.
- Reaching and supporting people who self-fund for social care.
- Development of the role of primary care, in working with the voluntary, community and faith sectors to support the availability of the right information at the right time, e.g. Health on the Streets (HOTs) and Health Action Learning Experience (HALE)
- Development of the independent sector including social enterprise in supporting the availability of the right information at the right time.
- The role of universal services such as libraries in providing information and helping people to navigate through the system.
- Making sure that information is available through lots of different sources, and in different formats
- Improving access to information for the diverse population of the District.
- Sustaining the dementia advisor role beyond the current funding, and continuing to evaluate its success within new memory assessment and treatment services.

How do we know its working?

- a. Older people are aware of the services available and know where to go for help in a crisis
- b. Provision of information is coordinated and delivery is joined up between different agencies.
- c. Families are supported as expert partners in supporting older people
- d. A wide range of communities and traditions understand what is available and where to get it
- e. Older people report that there is plenty of independent information available to help them make decisions about the support or care they need

Commissioning theme 2: Low level prevention and early intervention

We will focus on improving support for older people at home to help maintain their health, independence and well-being

We will ensure that older people can access a range of services, equipment, adaptations and improvements at home, making as much help as possible available where people live, not dependent on moving to specialist accommodation. We will develop alternative accommodation with support and care, for when people want to move, or for when one's own home is affecting well-being and improvements cannot be made.

Areas for development

- Build on the success of Bradford District's Beacon Status for "Positive engagement of older people to promote independence and well-being", continuing to sustain people in the mainstream of community and social life.
- Developing a range of suitable accommodation for older people, in line with the local strategy *Great Places To Grow Older*.
- Simplifying and encouraging take-up of simple technology for all older people e.g. community alarms and small items of equipment.
- Developing access to opportunities for physical activity within the community to help people stay fit and strong and to help prevent falls
- Older people can access a range of preventive and well-being support close to home, e.g. social activity, befriending and peer support, practical and domestic help, volunteering opportunities. To ensure such support includes people with mental health needs.
- Winter Warmth campaign and access to improvements to provide warmer homes and reduce fuel bills.
- A Home from Hospital scheme to provide low-level support and follow-up after discharge.
- Joint commissioning of public health measures to improve overall health e.g. flu vaccines, health screening, smoking cessation, alcohol advice and keeping warm in winter.
- Supporting people with dementia and other health issues and their carers to have early access to a diagnosis and supporting to access the services.
- Developing services for older people with functional mental health problems such as depression.

How do we know its working?

- a. Older people across the District have access to social, physical activity or community activities that promote wellbeing and independence.
- b. Older people will be able to access adaptations or advice on housing and independent living more easily and get a good quality service wherever they live.
- c. Older people will have a good choice of suitable accommodation if they wish to move house.
- d. Older people will actively exercise choice and control over the support they need and be offered personalised options supported by information to help make decisions.
- e. Older people report that they are invited for regular health checks to ensure that any problems are detected at an early stage.

Commissioning theme 3: Choice and control

We will make sure that services are personalised and integrated

We will ensure that older people have the right support to plan the support they need with individual accounts, self-funding, individual health budgets and care plans. We will ensure that a wide range of services and support are available in the provider marketplace. We believe that older people in particular have suffered from limited choice of traditional services and have too often been told that “we don’t do...” the very thing that would help most, and often cost the least.

Areas for development:

- Development of individual accounts for social care and housing related support services, and personal health budgets; and a clear focus on the reasons for doing this and how older people can benefit.
- A project to recommission housing-related support services to meet needs wherever a person lives.
- Continuing to improve and integrate occupational therapy and housing services to speed up access to adaptations.
- Developing housing options for older people with health and care needs, including extra-care housing. This is reflected in the District’s housing strategy for older people, *Great Places To Grow Older*.
- Services to help people choose the right providers, including people who self-fund for social care.
- Clear pathways through joint provision for older people and their families
- Development of opportunities for self-assessment for services.
- Increasing the numbers of people who have end-of-life care at home
- Ensuring new service developments take account of transport and access arrangements and enable group social activities.
- Review of day services, acknowledging the continuing demand for day care alongside the development of alternatives.
- ‘Market development’ – inviting new providers to offer services in the District, and supporting existing providers to change in response to what people need and want.
- Supporting people with long-term conditions to self-manage and prevent unnecessary admissions to hospital
- Supporting GPs to access support and develop their skills in dementia care, end of life care, palliative care, dignity in care and a personalised approach to care, including living wills

How do we know its working?

- a. Older people can access community and social activities of choice
- b. Services are easy to get to or provide transport arrangements
- c. Services listen to older people’s views and adapt what’s on offer
- d. Services provide information, advice and signposting on a range of issues
- e. Services support families and carers as well as older people
- f. Older people’s views are considered when developing universal provision e.g. leisure services, transport, adult education
- g. Services commissioned are accessed by a cross-section of the local community

Commissioning theme 4: Supporting independence

We will focus on providing services that promote independence

Promoting independence reduces demand for expensive services, so represents an “everybody wins” for older people, carers and public sector finances. We recognise that this can mean spending money for short-term interventions and low-level support, to make savings longer-term. The approaches include promoting well-being for the whole population; intervening early when problems arise; offering crisis support which doesn’t lead to unnecessary hospital and care home admissions; and offering rehabilitation and recovery after ill-health. People should be helped back to the highest levels of independence as possible.

Areas for development:

- Delivering more services in the community and at home to keep people as well and as independent as possible
- The joint *Intermediate Care Plus* programme, covering a wide range of service integration and development, in hospitals, care homes and people’s own homes; and ensuring that older people with dementia, long-term conditions or learning disabilities, who could benefit from a period of rehabilitation have access to it.
- Improving services in the community that help people regain and keep their independence (therapy and enablement services).
- Integrating hospital and social care occupational therapy services to increase capacity and coordination
- Integrating social care reablement, NHS community support teams and community matrons to provide a better, joined up service to support people at home.
- Developing generic workers with a wide range of skills to meet people’s health and social care and support needs at home.
- Improving access to assistive technology services (telecare, daily living equipment, telehealth etc) to support people to remain at home, safely and as independently as possible
- Developing a joined-up approach to prevent falls and fractures
- Speeding up discharges from hospital and to preventing inappropriate and avoidable admissions.

How do we know its working?

- a. Older people are able to access good quality home care reablement services in a crisis and will be closely integrated with community health services.
- b. Older people and health and social care professionals report that there is a coordinated approach from health and social care services
- c. Older People report that there are a range of ways to access different medical assessment and therapy services which are as close to home as possible
- d. Older people experience a coordinated and timely discharge from hospital with support at home so that they don’t stay in hospital any longer than is medically necessary
- e. Older People report that they had the opportunity to access rehabilitation services where appropriate before being offered permanent 24 hour residential care
- f. Older people with dementia or mental health needs and their carers report that support is available to access a full range of services.

Commissioning theme 5: Quality, dignity and safety

We will work with providers so that quality, dignity and safety are widely and routinely understood and achieved, and people can feel trust and confidence in services and staff. Where older people experience poor quality services, or their dignity and safety is put at risk, we will make it as easy as possible to report it, and act to protect vulnerable people.

Areas for development:

- We will step up our management of quality and contracts with providers, implement the Bradford Integrated Quality Assurance Framework (BIQAF), to manage contracts across provider services, including routine involvement of people using services and carers.
- Promoting the quality standards older people can expect when choosing services across the NHS, social care and housing related support.
- Developing the workforce to understand the impact of their role in meeting quality, dignity and safety standards including adult protection processes and procedures.
- Significantly build on the assets of older people, in the process of reviewing quality and standards through programmes of 'expert reviewer', peer reviews and mystery shopping.
- When older people cannot communicate their own views easily ensuring advocacy services are widely available, and can be built into support plans.
- Contract management and commissioning activity to be informed by individual reviews, "mystery shopping", complaints and advocacy services.
- Developing support to care homes to ensure people are on the right medications and are getting good nutrition
- Developing the skills of GPs to treat frail older people at home, preventing unnecessary admissions

How do we know it's working?

- a. Older People are represented on groups that determine the quality standards of all health and social care provision in Bradford.
- b. Older People report that they experienced dignity and respect when receiving health or social care services.
- c. Older people are able to have their say through advocacy networks and peer support
- d. Everybody will know where to raise concerns about safeguarding issues
- e. Self-funders can be assured of good quality services and access approved lists and frameworks.
- f. Peer support and advocacy networks are available to help inform carers and families about good quality service providers
- g. Older people will experience quality, dignity and safety standards seamlessly across sectors.

Commissioning theme 6: Shifting investment and improving productivity

We need to redirect money and resources to make services better and respond to diverse and local needs.

If we are to achieve our aims, and invest in the above priorities, we will have to decommission services which are not achieving good quality and outcomes at reasonable costs, including those which promote undue dependence. We will not commit resources to large blocks of service, unless there is clear justification for doing so. We will ensure the range of services on offer is shaped to meet the needs of the local community. We will ensure best practice when decommissioning, recognising that all services can be important to vulnerable people.

Areas for development

- Doing both 'more for less' and 'earlier for less'; increasing the productivity of services for older people, as public spending is cut.
- Moving away from block contracting to alternatives such as framework agreements; reviewing directly-provided services provisions to ensure a justifiable and sustainable approach to direct provision.
- Shifting investment from long-term care placements to simple and accessible short-term reablement and respite.
- Developing local approaches to commissioning, supporting the emerging GP-led Clinical Commissioning Groups, based on the needs and views of local communities.
- Shifting investment from emergency response towards preventive services.
- Ensuring where services are no longer appropriate that de-commissioning is carried out professionally and protects the rights of vulnerable people.
- Working with the Clinical Commissioning Groups from 2013 to ensure commissioned services for older people are on a sound and secure evidence-based footing and promoting future development and investment.

How do we know its working?

- a. Communities of interest can demonstrate that they have helped inform service development and influence future planning.
- b. Older People report that they are able to access general health and social care services as close to home as possible, recognizing that some specialist services can only be provided centrally for the entire population
- c. Older people report that when necessary they can access housing support services regardless of where they live
- d. We will be spending a lower proportion of our budgets on hospital and care home admissions, and more on preventive support and home-based support and care.

Commissioning theme 7: Working together

Working together across the NHS, social care and housing-related support can only improve services for older people. All too often we hear about care being compromised because of different criteria for services, different ways of working and separate budgets. The changing role of local organisations as “place-shapers” also means that greater efficiencies in delivering services can be achieved by delivering joint strategies and approaches.

Areas for development

- Saving money by a fully integrated approach, aligning budgets more closely
- Development of technology and infrastructure to enable people to work together effectively and efficiently in the NHS and social care
- Developing joint provider services for community and home based services.
- Joint NHS, social care and housing related support commissioning teams;
- Developing a joint commissioning workforce, with confidence and competence to commission and monitor quality standards across all sectors.
- Aligning commissioning strategy with workforce strategy via the Integrated Local Area Workforce Strategy approach (InLAWS), embedding both a preventive, enabling approach, and competence to meet older people’s mental health needs.

How do we know its working?

- Shared office space across sectors
- Joint access point arrangements for information, advice and signposting
- Joint access points for assessment, care coordination and brokerage services.
- Joint service provision of home based support
- Joint service provision of rehabilitation and reablement services
- Joint commissioning and operational budgets
- Joint public pathways through the system for people with long-term conditions, dementia, end of life and physical disabilities.

This document is produced jointly by NHS Bradford and Airedale and Bradford Metropolitan District Council.

For further information about the content of this document please contact the commissioning team at commissioninginbox@bradford.gov.uk or telephone: 01274-434500.