

Developing a Strategy for Older People in Oxfordshire

What matters to older people

Health and Wellbeing Partnership Board 20th March 2008

Introduction

Much work has been undertaken by Age Concern Oxfordshire over recent years to ascertain the views of older people and their carers in Oxfordshire (see *Sources* below). Of course, those views are as individual and diverse as the older people who voice them, but a number of broad themes emerge and there is a marked consistency in what older people say matters to them. It is these broad themes that we shall attempt to elucidate further in a short presentation to the Health and Wellbeing Partnership Board on 20th March.

Sources

The presentation will draw on a number of sources, all part of Age Concern Oxfordshire's Involving Older People Programme. Age Concern is committed to involving older people and their carers in all aspects of our work, listening to and acting on the views of all older people and supporting older people in making their views known to other organisations. We do this in a number of ways, including:

- **Older People's Panels and Forums:** the countywide Older People's Health and Social Care Panel and a system of district council area based Panel and Forums meet regularly. They exist solely to ensure that older people have a voice - and that their voice is listened to. The notes of Panel and Forum meetings are a rich source of information about what matters to older people.
- ***Shaping the Future***, June 2005: this day-long event brought together older people from Age Concern's Panels with colleagues from Social and Community Services and the PCTs, to ensure that the views of older people were central to the development of a Commissioning Strategy for older people's services.
- **Information and Advice Helpline:** Age Concern's Helpline takes over 4,000 calls a year from older people and their carers. Data from all these calls is collated and analysed to identify trends in what matters to older people and to identify gaps in services.

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- ***Rural Grassroots Realities*** research project: this project was aimed at enabling older people, who are not having their voices heard in other ways, to participate. The photographs and transcripts arising from the project provide a fascinating insight into what matters to older people in rural West Oxfordshire and the report, *get the picture*, documents some of this.

What matters

The sources identified above have all been used to identify *what matters* to older people and their carers. They have consistently identified the following five themes as *what matters* to them, and they will form the basis for a presentation to the Health and Wellbeing Partnership Board on 20th March:

- remaining active, maintaining wellbeing
- community facilities in neighbourhoods
- information and access to services
- support when and where it is needed
- influencing and shaping future provision.

Anita Higham and Penny Thewlis
4th March 2008



A Health and Social Care Service Model for Older People in Oxfordshire

Background and Context

Oxfordshire PCT and Oxfordshire County Council (Social and Community Services) have both expressed a strategic intention to focus on the development and enhancement of services for older people. The PCT strategy has 'a better deal for older people' as one of its three key priorities and the Director of Public Health in the 2007 annual report states the demographic growth in older people is one of the four main challenges to health and social services. In 2007 social and community services stated that their commissioning strategy would be the final uni-organisational strategy and that, from 2008 joint strategies with health commissioners would be developed.

Demographic modelling through to 2026 has illustrated that the population over 65 will grow in Oxfordshire as in the rest of the country. This is in contrast to a reduction in the population of working age. The degree of growth is estimated differently by different methodology, however it is agreed it will be significant and put pressure on both the health and social care resources.

Therefore to ensure that there are appropriate and adequate services to meet the needs of the older person from now through to 2026 there is a requirement that both the PCT and the Local Authority in discussion with their providers of service, patients and the public have a service model which is developed and agreed to transform services in the first instance for the years 2008-2018.

Progress to date

Older people's Programme Board that was established in the summer of 2007 has initiated and overseen the joint service improvement so far.

To date the following have been achieved:

- Physical and Life Style health needs assessment for older people
- Mental health, health needs assessment for older people
- Both of the above have been shared and validated with Carers, users of services and professionals
- Falls services remodelling
- Outcomes for intermediate care services

The work so far has identified gaps for services such as:

- Improvements to the quality of care delivered in care homes
- Key work force training e.g. dementia, falls
- Improved information access

These will form the basis of the work as it will paint the picture of what we are delivering at present, what the health status is of the population and where developments need to be focused.

Headlines from the Health Needs Assessments

In general older people within Oxfordshire are healthier than their counterparts in England.

Prevention

- Older people become ill as they age, and although this is expected, some of the ailments from which they suffer could be delayed or prevented with better health promotion and access to lifestyle clinics which will make adopting healthy lifestyles easier.
- The literature suggests that older people want health promotion delivered as part of their on going care, rather than as a separate service.
- Recent work with Dr Foster has shown that smokers in the older age groups are least likely to give up smoking and therefore targeted interventions about giving up smoking may be required
- Poor nutrition is another issue identified

Inequalities

There appears to be some clear cases inequalities within services across the county although it is not clear whether these inequalities arise from different practitioner protocols (brought about from the five different organisations merging) or whether the differences are driven by different cultures and norms within the population. For example - Older people within the city are least likely to be using statins and present later with a diagnosis for osteoporosis.

Physical III Health

Musculoskeletal and circulatory disease are the main reported problems in old age. Older People tell us that the most disabling of these is a reduction in their mobility which impacts on all aspects of their life. Treating conditions may be relatively easy but improving mobility is more difficult.

Mental III Health

Mental illness, especially dementia within the elderly population in Oxfordshire is an increasing problem. GP data has shown that the prevalence of the disease in primary care is equal to that of cancer in those over the age of 65. However, this hides the fact that the prevalence of dementia is much higher in the frail elderly, over the age of 85, which is the group that is expected to increase at the fastest rate over the next decade.

Older people with mental health issues are not immune to physical health problems and there is a need to bring together work streams to ensure that care pathways can cope with both physical and mental aspects of a persons health needs in a seamless and compassionate way that respects both individuals and their carers.

General

- Care must be joined up with local partners to ensure that resources are optimised and care is seamless for those receiving it.
- Interventions will be most effective when tailored to specific needs, whether they are for frail, institutionalised, community living, active or non-active older people
- Rehabilitation remains a cornerstone of care for older patients after recovery from acute illness.

Development of a Service Model for Oxfordshire

A working group, made up of representatives from across a spectrum of areas, have commenced work around developing a service model for older people of Oxfordshire. The work of the group is being developed with input from patient representatives, Carers and user of both health and social care services.

The aims and deliverables

To produce an evidence based service model for health and social care for older people in Oxfordshire with supporting full business case by November 2008.

The model which will be developed will consider the following:

- National and local policy context
- Health and social care position statement based on current activity and expenditure for older people (year 2006/07)
- Health and needs analysis
- The evidence for change
- Health and social care services to be commissioned for Oxfordshire population – the suite of services required to deliver a modern, cost effective, responsive service to meet the needs of the whole population.
- Benefits realisation exercise and risk analysis of non delivery
- Outline cost / resources shift to support the model

The model will then inform all service developments from 2008 across all spectrums of service delivery, and inform other agencies, e.g. housing and transport of the direction of travel of health and social care, service delivery.

The work is responsible to the older peoples programme board within Oxfordshire
The responsible manager will report to the older peoples programme board at each of their meeting on the progress of the work.

Citizen Engagement

This work is being augmented, at this early stage, with views from the Oxfordshire population of Older People, and Oxfordshire Rural Community Council have been contracted to undertake this work.

Purpose of events

To build direct relationships with local communities involving them in planning and designing services for the older population, ensuring services are fit for purpose taking into account the views and experience of users.

- Ascertain the current perception of services – what is good and what is not
- To know what the perceived areas for service improvement are (the ‘gaps’ from the perspective of the population)
- What factors are important for users of services – ‘what makes a good service’?
- To inform attendees of the work that we wish to undertake and progress to date
- To seek views on how future communications and involvement might be best undertaken

Authors

Suzanne Jones, Service Development Manager, Older People Oxfordshire PCT
Varsha Raja, Service Manager Oxfordshire social and community services

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Outline of an Older People Service Model

