

## Newcastle JSNA: Older People December 2008

### What do we know?

#### Facts and Figures

- In Newcastle there are 82,900 people aged 50+ who form almost 30% of the population.
- The population in Newcastle and across England is generally ageing and will continue to do so. The Institute for Ageing and Health is predicting that life expectancy will continue to increase by about two years per decade – equivalent to five hours per day'. By 2020, one in five people in the UK will be aged 65 and over. For more information read the demographic profile of Newcastle Section of the JSNA.
- The aspirations of older people are changing rapidly with increasingly high lifestyle expectations, diverse needs and views and a preference to remain independent for as long as possible.
- A 2005 study by Nazroo et al., found that there were six main factors that influenced the quality of life of older people: having a role, support networks, income and wealth, health, having time, and independence.
- At present women make up 59% of the population aged over 65 (2005 ONS mid-year estimates). As a result, many of the services available to this age group are geared towards women, leaving men more isolated and less likely to engage.
- A significant contributing factor to low well being in older people is the number of older people living alone. 17 % rated themselves as 'often/always lonely' compared with two % living with others, and 80 per cent of the 'often lonely' lived alone. (IPPR 2008)
- The [English Longitudinal Study on Ageing](#) found that 29% of older people are excluded through lack of social relations and that this increases with age.

#### Socio-economic Issues:

- Income inequalities among older people compound existing deprivation and physical and mental health inequalities to produce significantly higher likelihood of poor emotional wellbeing for those groups (IPPR 2008).
- In 2006/7, 2.5 million people over 65 were living in poverty (IPPR 2008). There is also an age gradient with 18 per cent of 65- to 69-year-olds

receiving less than 60 per cent of median income, compared to 32 per cent of the over-85s (Department for Work and Pensions 2008).

- Newcastle is one of the most deprived areas, and has some of the poorest health in the country (Index of Multiple Deprivation ranked 37<sup>th</sup> out of 354 local authorities). [Indices of deprivation 2007](#) . For more information read the demographic profile of Newcastle Section of the JSNA

### **Mental health:**

- 25% of people aged 50+ report that they are in poor health (self-assessed) (census 2001). Health is overwhelmingly felt to be the most important determinant of happiness among the over-55s. It has been estimated that up to 70 per cent of all new cases of depression arising in older people may be caused by disability associated with ill health (Surr et al 2005, ONS 2003).
- According to the data from the former Office of Deputy Prime Minister's analysis of the [English Longitudinal Study of Aging](#), Tyne and Wear is one of the four areas in the UK with high levels of loneliness and depression amongst older people: 23% of older people report feeling depressed for much of the last week and 18% report feeling lonely for much of the last week.
- The first report from the [UK inquiry into Mental Health and Wellbeing in Later Life \(Age Concern and Mental Health Foundation\)](#) recommends that taking action to promote mental health and well-being in later life will benefit the whole of society by maintaining older people's social and economic contributions, minimising the costs of care and improving quality of life.
- 2.4 million older people are estimated to have depression which impairs their quality of life. Older People and Wellbeing from the institute for Public Policy and Research report (IPPR) July 2008

### **Housing:**

- In Newcastle, there is comparatively little accommodation owned by older people: 55% of people aged 65+ live in rented accommodation in Newcastle, compared to 36% nationally ([census 2001](#)).
- In Newcastle, high levels of people live alone in their homes (40% of people aged 65+) often on low income and without resident family support, coupled with high levels of poor health ([census 2001](#)).

### **Disability:**

- The [2003 World Health Report Global Burden of Disease](#) estimates, dementia contributed to 11.2% of all years lived with a disability among people over 60 years, along with stroke (9.5%), muscular skeletal disorders (8.9%), cardio vascular disease (5.0%) and all forms of cancer (2.4%).

- Newcastle has a high proportion of households including someone with a disability (27.3% compared to a 15% national average). For more information read the physical and sensory impairments section of the JSNA
- Newcastle has increasing numbers of people with complex physical and learning disabilities living longer, with increased expectations in relation to levels of support to enable independent living. It is estimated that there are 1,449 adults with learning disabilities in Newcastle and National predictions suggest that this will rise by 1% a year for the next fifteen years. For more information read the learning disabilities section of the JSNA.
- Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK. For more information read the Falls Section of the JSNA.

#### **Access to transport:**

- ❖ The ability to get out and about is central to older people's quality of life. Over 50% of people aged 65+ in Newcastle do not own a car and are therefore dependent on good-quality, accessible public transport services.

#### **Carers:**

- One in eight adults in the UK is a carer.
- 9% of people aged 50+ provide between 1-19 hours of unpaid care per week and 5% provide care for more than 50 hours per week (census 2001).
- ❖ Newcastle has around 26,000 adult carers.
- Older carers are some of the poorest people in the UK and are most likely to be managing alone.
- BME carers are less likely to have support due to negative assumptions and stereotypes about their cultural difficulties.
- Nearly two thirds of working-age carers are juggling paid work with their caring role.
- Over half of all carers have physical and mental health problems of their own.
- Over half of all carers look after someone aged over 75.
- For more information read the Carers Section of the JSNA.

#### **Seasonal Deaths:**

- While 2006/2007 saw a decrease in excess winter mortality in the UK as a whole, the North East rates increased. Newcastle has the highest level of excess seasonal mortality in the North of Tyne area and has significantly higher number of people who die between 65-74 years old than the other

PCOs. Those most at risk are the elderly, especially those aged over 75.  
[For more information read the Excess Seasonal Deaths section.](#)

### **Residential and Nursing Home Care**

- Because Newcastle has a high proportion of older people without sufficient investments to pay for their own residential care the Council supports 14.5% of people 85+ with full or partial payment of fees to live in residential or nursing care.

### **Trends**

- In Newcastle there are 82,900 people aged 50+ (almost 30% of the population). This will increase by an estimated 13.6% by 2029 (to 94,200).
- The number of people aged 65 to 74 is projected to grow by 17.5% (from 21,700 to 25,500) by 2029.
- The number of people aged 75 to 84 is projected to grow by 12.3% (from 15,500 to 17,400) by 2029.
- By 2029, a 67.3% increase in the city of people aged 85+ is projected (from 4,900 to 8,200). (Office of National Statistics 2004 population projections). For more information read the demographic profile of Newcastle Section of the JSNA.
- The continuing trend towards an older population has implications for health and social services and other partner agencies.
- The older population will become more diverse and with a growing number of black and minority ethnic (BME) older people. According to the 2001 Census, the number of BME people aged 50+ is 1,900 and this is projected to increase to 4,300 by 2016 (Office of National Statistics 2004).
- Newcastle has a relatively high proportion of people with a disability and this is expected to increase in line with an ageing population. For more information read the demographic profile of Newcastle Section of the JSNA.
- The prevalence of dementia in the UK is forecast to increase to 940,000 by 2021; in Newcastle this means an estimated increase from 3,000 people in 2005 to 4,100 by 2021. For more information read the dementia section.

### **Targets**

- The Newcastle Partnerships [Sustainable Communities Strategy and Local Area Agreement 2008 – 2011](#) contains the following indicators relating to older people.

LAA objectives	Priority	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target
Increasing access to Direct Payments/Individual budgets to enable choice and control		NI 130 Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) (*35 target LAA)	158.5231 <sup>1</sup> (2007/08)	227.0869	454.1738	726.6147
Ensuring adults and older people and carers access a range of services which enable them to stay physically, mentally and emotionally healthy		NI 136 People supported to live independently through social services (all ages) (*35 target LAA)	3,110 (200708)	3,130	3,150	3,160 <sup>2</sup>
Ensuring older people have decent, appropriate accommodation in older person friendly environments		NI 138 Satisfaction of people over 65 with both home and neighbourhood (*35 target LAA)	TBC <sup>3</sup>	TBC	TBC	TBC
Providing homes for older people, people with disabilities, vulnerable people and people with support needs		NI 141 The number of vulnerable people achieving independent living (*35 target LAA)	67.2% (2007/08) <sup>4</sup>	68%	69%	70%
		NI 142 Number of vulnerable people who are supported to maintain independent living ( <b>additional local indicator</b> )	97.5% (2006/07)	97.7	98	98.3

- Newcastle City Council Adult Services are measured against a range of indicators set by the Commission for Social Care Inspection (see Appendix 2)
- There are four indicators which are shared between the local authority and PCT under the Performance Assessment Framework (see Appendix 3)
  - Delayed Discharge.
  - Community Loan Equipment.
  - Emergency Admissions.
  - Older people supported to live at home.
- Newcastle City Councils Adult Care and Health Portfolio contain the following National Indicators specifically relating to older people.

<sup>1</sup> Note: this is a new indicator – baseline and target will be reviewed at first annual refresh when up to date data becomes available

<sup>2</sup> Note: draft targets for NI 136 are based on the new calculation (not lifted directly from previous 'CAF' indicator figures and trends) – the targets are therefore estimated from the newly calculated baseline and may be reviewed at first annual refresh.

<sup>3</sup> Note: this is a new indicator – baseline and target will be set at first annual refresh when data becomes available

<sup>4</sup> Baseline based on quarter 4 of 2006/07 and quarters 1,2,3 of 2007/08

Description	2007/08 Outturn	2008/09 Target	2009/10 Target	2010/11 Target
NI 125 Achieving independence for older people through rehabilitation intermediate care	N/A	Baseline data no target at present	TBC	TBC
NI 127 Self reported experience of social care users	N/A	Baseline data no target at present	TBC	TBC
NI 132 Timeliness of social care assessments.				
NI 133 Timeliness of social care packages following assessment.	93.5% (est)	95% or above	95% or above	95% or above
NI 139 The extent to which older people receive the support then need to live independently at home.		Baseline	TBC	TBC
AC1 Amount of annualized benefit gained	£6.7m	£5m	£5.3m	£5.6m

## Performance

The Older People strategy includes a summary of Social Care Indicators relating to services for older people. For the majority of the indicators Newcastle appears to be doing well, graded as 'good' (four star) or 'very good' (five star) by CSCI<sup>5</sup>. The following table presents only **the exceptions** to this generally high standard.

### Summary Of Social Care Indicators - Relating To Services for Older People 2006 Actuals and Future Targets Newcastle upon Tyne

PAF code Adults	Date of Changes in Definition	CSCI Performance Assessment Indicators Descriptions	CSCI grading 2005-2006	targets 2006-7	targets 2007-8	targets 2008-9	targets 2009-10	CSCI grading
C32		Older people (aged 65 and over) helped to live at home	<b>acceptable 87</b>	good 90 or above	good 90 or above	good 90 or above	good 90 or above	☆☆☆

<sup>5</sup> Commission for Social Care Inspection

C62		Services for Carers (numerator only)*	6.8	670	688	694	701	☆☆☆
-----	--	---------------------------------------	-----	-----	-----	-----	-----	-----

The full table (see Appendix 2) includes several other areas graded with three stars (acceptable). These are not included because 'acceptable' is the highest CSCI grade in that area.

### Other achievements

- A number of different organisations support older people in having their say, including ward co-ordinators, community development staff from the City Council and voluntary organisations, the Tenants Federation, Age Concern Newcastle, Community Action on Health and others.
- Since 2001 there has been significant progress in developing a citywide voice of older people through the Elders Council of Newcastle. The Elders Council is an organisation of older people working for older people. Membership is open to individual older people aged over 50 and older people's organisations in Newcastle upon Tyne.

Further examples of good practice and models of achievement in Newcastle include:

- Good models of engagement of older people in decision-making: Action for Health – Senior Citizens in Newcastle and 'a better life in later life' (Newcastle's Better Government for Older People Programme).
- Denton Park House – Tenants Group set up to improve the quality of life for residents in the building. The group is playing an important role in the development of an older people's forum in Denton, which brings together representatives from a range of different older people's groups in the area.
- Models of good practice for supporting and encouraging volunteering include: Volunteer Centre Newcastle; Age Concern Newcastle; Search Project; Dementia Care Partnership.
- Information NOW (Newcastle Older People's Website): a comprehensive information resource being developed with older people and written from their perspective. It is linked to a range of local and national websites, providing a comprehensive information network
- Infrastructure which promotes and supports older people to adopt healthy lifestyles:
  - The Quality of Life Partnership's Active Ageing Group
  - The Well-being and Health Partnership and the Health Improvement Strategy
  - The Elders Council Learning and Culture Group

- Age Concern Newcastle: provides a wide range of activities and courses to over 1,000 older people per week and also runs a popular café offering healthy food.
- Dementia Care Partnership; offers activities with specialist support. also provides a gym, activity groups and a healthy eating cafe open to the wider community.
- A number of voluntary organisations support activities within specialist groups e.g. Newcastle Society for Blind People, or within particular geographical areas e.g. Search Project, or special interest groups e.g. Metropolitan Community Church, or cultural groups e.g. South Mountain Chinese Club or Roshni.
- Newcastle City Council Arts Team supports a range of arts activity with older people across the city, ranging from major projects such as those carried out at The Grange Day Centre ([www.grangearts.org.uk](http://www.grangearts.org.uk)) to smaller, community-based activity.
- There are a number of examples of services which are being piloted to support older people to retain their health and independence and demonstrate the shift towards prevention and early intervention. These include:
  - Walker Medical Group ‘Holistic 75+ Health Check’ – an assessment and screening service which includes a variety of tests, such as blood pressure, vision and mobility, Includes other issues such as benefit checks, housing issues, carer information and social care.
  - A package of intensive by the STAR team to help older people over a short period (approx six weeks) to help them to regain skills and retain their independence. Includes accessing equipment (including telecare); signposting to other services; occupational therapy; physiotherapy; setting up exercise regimes. It is proving particularly effective in helping older people regain independence after a fall.
- Information and advice for older people which enables them to keep themselves safe. e.g.:
  - The Tyne and Wear Fire Service is proactive in offering advice and information to older people, including Home Risk Assessments.
  - A Falls Prevention initiative including older and safer days.
  - Bogus caller campaigns e.g. by Help the Aged.
  - Old Spice drama group’s performances on staying safe and falls prevention.
- ‘Anchor Staying Put’ provides a range of services to help older homeowners with anything from major adaptations to minor repairs. They also manage the Trades Register – a list of reliable, vetted tradespeople.

## **Local views**

### **Satisfaction with services**

Newcastle City Council carried out an annual survey of residents covering a variety of issues. The following figures represent a sample of questions asked, based on residents aged 16-49 and 50+ (Newcastle City Council Residents Survey 2005/6)

- 54.2% of people aged 50+ were very or fairly satisfied with public transport information, compared with 43.3% of people aged 16-49.
- 58.4% of people aged 50+ were very or fairly satisfied with the local bus service, compared with 52.1% of people aged 16-49.
- 35% of people aged 50+ were very or fairly satisfied with community/neighbourhood centres, compared with 29.3% aged 16-49.
- 68.3% of people aged 50+ were very or fairly satisfied with parks and open spaces, compared with 75.5% of people aged 16-49.
- 51.6% of people aged 50+ definitely or tend to agree that people from different backgrounds get on well together, compared with 54.5% of people aged 16-49.
- 79.5% of people aged 50+ are very or fairly satisfied with the neighbourhood as a place to live, compared with 74.7% of people aged 16-49.
- 19.1% of people aged 50+ strongly or tend to agree that they can influence decisions affecting the local area, compared with 14.9% of people aged 16-49.
- 11.1 % of people aged 50+ are involved in formal volunteering, compared with 8% of people aged 16-49.

### **Newcastle City Council Personal Social Services Survey 2006**

- 63% of respondents were extremely or very satisfied with the help that they receive from Social Services.
- 91% said that their care workers always or usually came at times that suited them.
- 98% agreed that they felt safe in their home.
- 91% agreed that they had as much contact with other people as they wanted.
- 94% said that they felt listened to when their needs were assessed or reviewed.
- 16% received practical help from someone living in their household: 60% said that they received help from someone living in another household:

- 21% said that they did not receive any practical help from friends, neighbours or family members.
- 22% of respondents had used the meals at home service within the last month.
  - 85% of respondents replied that they received between 1–9 hours of care per week. 3% received over 21 hours and 12% received 10-20 hours.

## **Other**

The Elders Council 'older person friendly city centre' group has undertaken a range of opinion surveys and street surveys to determine whether, in their eyes, the city centre is an older person friendly environment. The results of their work are written up in reports: *An Older Person Friendly City Centre: Interim Report of Working Group*, Elders Council of Newcastle, May 2003 and *An Older Person Friendly City Centre: Report from a Working Group*, Elders Council of Newcastle, December 2006.

The Quality of Life Partnership and the Elders Council of Newcastle wanted to feed the views of local older people (aged over 50) and carers into the national debate on care and support to inform the forthcoming Green Paper and the Transformation of Adult Services. A series of small community based events were attended by 58 older people and carers and the results can be found in the report *Thinking about a new care and support system: An opportunity for debate*.

## **National and Local Strategies**

### **National**

Government policy is changing. The government is beginning to recognise the impact of an ageing population and is building a more coherent and integrated approach around four key themes:

- The importance of planning for the older population as a whole, not just for the 15% of older people who are regular users of health and social care services
- Recognition of the contribution that older people can make to society, and the need for a focus on quality of life and well-being.
- The need to engage older people as partners and putting decision-making directly in the hands of older people.
- Ensuring that all older people are able to contribute to and be part of society by addressing issues of social exclusion amongst older people.

*LAC (DH) (2008) 1(Transforming Social Care)* sets out the Department of Health's expectations for the reform of Adult Social Care Services. The circular needs to be read in conjunction with '*Putting People First*'; a concordat between Local Government, Central Government and other key stakeholders in the Adult Social Care sector which contains the following key components:

- Strategic shift of investment to prevention, re-enablement and early intervention
- Common assessment framework in place across health and social care to deliver a diverse range of local services and solutions
- Everyone eligible for statutory support having a personal budget, a clear and transparent allocation of resources, with many more people having the opportunity to take all or part of this budget as a direct payment
- An established mechanism to ensure that views and experiences of users, carers and other stakeholders is central to every aspect of the reform programme.

For further policy documents see appendix 1.

### **Local**

[Newcastle City Councils Corporate Plan for Adult Care and Health](#) have the following outcomes relating to older people:

- Ensuring that every adults in enabled to be healthy
- Ensuring that every adult is enabled to have a good quality of life
- Ensuring that every adult is enabled to make a positive contribution
- Ensuring that every adult is enabled to exercise choice and control
- Ensuring that every adult is enabled to be free from discrimination and harassment
- Ensuring that every adult is enabled to have economic well-being
- Ensuring that every adult is enabled to preserve personal dignity

### **Transformation of Adult Services**

In response to the significant shift towards delivering personalized services, prevention and enablement and delivering efficiencies, the City Council and its key partners are currently embarking on a program to Transform Adult Services by 2011

The key objectives of the programme are to improve outcomes for adults through:

1. The provision of better access to services, information, advice, brokerage and advocacy, greater opportunities for participation in community life as active and equal citizens and access to employment opportunities.
2. Improved access to direct payments/ personal budgets and individually tailored support packages, vulnerable adults helped to manage risk in personal life and achieve and maintain their full potential for independent living within an appropriate setting.

3. Improved access to a market that responds to individual need which is cost effective, competitively priced and of a high quality.
4. Effective partnership working, underpinned by agreed and shared outcomes and a common assessment framework that delivers integrated care pathways, including preventative, early intervention, enablement and community services.
5. Delivery of services by an appropriately registered, trained, skilled, knowledgeable and flexible workforce able to respond to the needs of individuals within a personalised service.
6. A system where need, demand and services/support is managed in an efficient and cost effective way within a framework of streamlined business processes.
7. Improved monitoring systems to understand how the change is experienced by the population, focussing on efficiency, quality and customer satisfaction.

### [Everyone's Tomorrow a Strategy for Older People and an Ageing Population](#)

The overarching aim of the Strategy for Older People and an Ageing Population developed by the Quality of Life Partnership, Newcastle City Council and Newcastle Primary Care Trust is to improve the quality of life of older people in Newcastle. The following table shows how the aims and outcomes of this strategy link to other key national and local strategies.

<b>Newcastle Strategy for Older People and an Ageing Population – aims</b>	<b>Newcastle Strategy for Older People and an Ageing Population – outcomes</b>	<b><i>Opportunity Age</i> – quality of life outcome domains</b>
1. Making a positive contribution (active citizens)	1a. Older people are engaged in decision-making 1b. Older people are contributing to community life 1c. Older people are respected and valued and free from discrimination 1d. Older people have opportunities to engage in activities with younger people	Independence within inclusive communities Healthy active living
2. Accessing information and mainstream services	2a. Older people have access to information, advice and advocacy	Healthy active living Fairness in work and later life
3. Physical, mental and emotional health and well-being	3a. Older people and carers access a range of preventive services which enable them to stay physically, mentally and emotionally healthy 3b. Older people and carers access a range of good-quality health and social care services 3c. Older people will have good social networks 3d. Older people have access to practical services which promote independence	Support and care Independence within inclusive communities

4. Enjoying older person friendly environments	4a. Older people will feel safe in their home, their city and their communities 4b. Older people have decent, appropriate accommodation in older person friendly neighbourhoods 4c. Older people can get out and about easily	Independence within inclusive communities
5. Enable older people to be financially and materially secure	5a. Older people have the opportunity to prepare for retirement and to receive ongoing advice and information 5b. Older people have the opportunity to work	Material well-being Fairness in work and later life

- The Newcastle Carers strategy and action plan sets out how social services, health services and voluntary organisations will develop services over the next three years to support carers.

### Current activity and services

- **Use of Adult Social Services**

During 2005-06 only 3% of all adults in Newcastle aged over 18 received services commissioned by Adult Social Services. This increased to 12% of all adults aged over 65, 20% of all adults aged over 75 and 40% of all adults aged over 85.

- **Long-term conditions**

In Newcastle, the proportion of very high intensity users (VHIUs) occupying emergency inpatient bed days was around 60%, which was much higher than the national average of 42%.

- **Welfare rights**

In 2006, 4000 people over 50yrs of age were helped to claim a total of over £4million of annualised benefits

- **Residential and Nursing Care for Older People**

All long term residential and nursing care for older people is provided by the independent sector.

In January 2007 there were 1349 registered residential care places and 889 registered nursing care places. Newcastle City Council purchases 996 residential places 353 residential Elderly Mentally Infirm (EMI) places, 583 nursing places and 306 nursing EMI places. In addition to the above there are 30 continuing care NHS funded places.

The average occupancy rate across the residential and nursing care sector was 93%.

The independent sector meets the needs of people who are self financing their care as well as those people choosing a care home placement in Newcastle, who are funded by their host authority. Information is collected on monthly basis and in January 2007 the position was:

- Newcastle Social Services Funded 53%
- Self Funded 22%
- Vacant Beds 13%
- Other Local Authorities Funded 9%
- Continuing Health Care 3%

- **Extra Care Housing Schemes**

Operated by Anchor Homes, the scheme provides 44 tenancies offering 24 hour care and support from the on-site domiciliary care team. There is another scheme planned for 2008/9

There are forty five independent supported living tenancies throughout the city for older and younger people with dementia, offering care and support. The care packages are all commissioned by Social Services and provided by Dementia Care Partnership.

- **Domiciliary Care Services**

The Council (Social Services) commission services from 13 general personal care providers supplying 12,000 hours per week, 3 domestic support providers supplying 1537 hours per week and 2 specialist care providers providing 3230 hours per week (1035 of those are for people with dementia). The Council directly provides 5846 hours per week through the in-house service.

- **Day Services**

There are six day centres in the city for older people providing 171 general places per day. 100 places are commissioned by social services and provided by the independent sector and 71 are directly provided within the in-house resource centres for older people.

There are four day centres providing specialist services for people with dementia and depression. This service is delivered by not for profit organisations and will be subject to a capacity review in 2007.

Age Concern provides ten supported groups throughout the city which will operate fifty weeks per year excluding bank holidays and fifteen volunteer led groups which are 2 or 3 hour sessions. They also provide lunch and day clubs for ethnic minority elders throughout the city.

Roshni Asian Women's Association are a city wide project offering advice, information and support. The Mahila Mandal Club offers older members of the community opportunities for social contact.

- **Other Preventative Services**

The City uses grant aid and service level agreements to commission a range of open access, preventative services for older people and their

carers, provided predominantly by voluntary sector organisations. It is estimated that 2656 residents 65+ use these services each week.<sup>6</sup>

- **Rehabilitation and Intermediate Care (Examples of Partnership Working)**

Rehabilitation services are provided by:

- Newcastle Hospital Trust – 2 wards at Walkergate Hospital
- Primary Care Trust – 3 wards at Newcastle General Hospital
- Community Rehabilitation Beds provided jointly by Adult Services and the PCT provided in the Adult Services Resource Centre's.
- Community Teams: Community Resource Team, Community Stroke Services, Orthopaedic Discharge Team
- 2 Day Units providing Day Hospital and Out-patient Services Hospitals

- **Older Peoples' Specialist Mental Health Services**

Work is progressing to improve the delivery of services in the following areas:

- In patient units.
- Day hospitals.
- High Dependency Unit.
- Assertive Outreach Team.
- Community Mental Health Teams.
- Memory Assessment/Memory Management.
- Liaison Service.
- Early Onset Dementia Service.
- Challenging Behaviour Service.

## **Resources and Investment**

- **Residential and nursing care**

Because Newcastle has a high proportion of older people without sufficient investments to pay for their own residential care the Council supports 14.5% of people 85+ with full or partial payment of fees to live in residential or nursing care.

- **Adult Social Services finance**

Newcastle City Council's Social Services gross revenue budget was £59.68m in 2006/7, increasing to an estimated £61.02m in 2007/8, to £62.74m in 2008/9 and to £64.62m in 2009/10.

---

<sup>6</sup> Source – information on usage of preventative services by residents 65+ in a typical week, collected November 2006

## Older People's (65+) Social Services Expenditure

	<i>Outturn</i>	<i>Revised Estimate</i>	<i>Original Estimate</i>	<i>Original Estimate</i>	<i>Original Estimate</i>
	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>
Description	£000's	£000's	£000's	£000's	£000's
Expenditure	58,061	59,683	61,021	62,738	64,620
Income	20,275	19,718	20,048	20,649	21,268
Net Expenditure	37,786	39,965	40,973	42,203	43,470

### Notes:

1. Source: SSD Management Estimates 2007-08
2. Income reduction in 2006-07 reflects transfer of some specific grants into the revenue support grant.
3. The budgets for 2008-09 and 2009-10 assume increases in gross expenditure and income of 3.0%

In 2007-08 older people's service's had a number of significant medium term plan efficiency targets but also some growth items to manage:

### *Efficiency Targets*

- Social Services Directorate support services (£0.050m)
- Assessment and care management (£0.130m)
- Home care (£0.400m)

### *Growth Items*

- Aids and adaptations (£0.100m)
- Direct Payments (£0.100m)
- Protection of vulnerable adults (£0.060m)
- Older People Mean Business (£0.20m)

There were also additional resources to meet significant cost pressures resulting from pensions, single status, the loss of some specific grants and above inflation increases for community care providers mainly due to the increase in the national minimum wage.

## **‘What is this telling us’?**

### **What are the key inequalities?**

Factors identified by the Institute of Public Policy Research as shaping wellbeing in older people include:

- **Poverty** – financial security
- **Physical / mental health** – ill health / lack of mobility
- **Marital status** - divorce or separation
- **Living alone** – 80 per cent of those classifying themselves as ‘often lonely’ live alone. Women over 75 are almost twice as likely to be living alone as men.
- **Social isolation** - Community participation - family life, an active social life and support from partners, friends, family and religion is important in promoting well being and a sense of value. Transport and access to important social networks
- **Gender** – women are more prone to some mental health problems than men particularly depression
- **Ethnicity**

### **What are the key gaps in knowledge / services?**

- Given future resource constraints, the strategy highlights the need to focus on the potential for reducing need for intensive support by investing in low-intensity, preventative interventions.  
<http://www.pssru.ac.uk/pdf/b17/b17.pdf>
- More needs to be done to ensure that those most at risk of depression are made the focus of community initiatives and policy priorities.
- As the number and frailty of black and minority ethnic residents increases over the next ten years there will be a need to commission more services that are culturally and religiously appropriate.

As the number of people with dementia increases, in line with a growing older population, there will be a need for staff to be able to communicate with people and deliver care appropriately.

### **What are the risks of not delivering our targets?**

- Older people in poor health – particular risk of dementia, stroke, musculo-skeletal disorders, cardiovascular disease and cancer
- Unnecessary hospital admissions: older people’s health neglected until they become ill and require treatment
- Older people unable to participate in neighbourhood, family life and social life
- Carers not adequately supported to enable them to continue their caring role

### **Is what we are doing working?**

Many initiatives in place, but Health and social care services face a particular challenge in meeting the expectations of a growing and changing older population.

### ***What is coming on the horizon?***

In 2008/09 and 2009/10 older people's services is likely to face significant base budget pressures in Social Services. It is unlikely that older people's net expenditure budget will increase significantly above inflation and there will therefore be greater demand to realise efficiency savings so that resource levels can finance most of the growing demand for services.

Care needs in people aged 65 and over are estimated to rise by 87 per cent by 2051 from 2002 levels and by 2041 the number of disabled people is expected to double compared with 2002 (Moullin 2008). In 2008 the Government launched a national debate, leading to a Green Paper in 2009, about the future care system. These debates and strategies show recognition that the current care system is in need of a major redrawing in terms of funding, types of care support offered and where and how care should be delivered.

### **What should we be doing next?**

1. Provide a package of support to enable older people to retain independence in their own home e.g. direct payments and individual budgets, supported housing schemes, domiciliary services, invest in new technologies such as tele-health, tele-care and tele-medicine, equipment and adaptations, better access to GPs and work with the voluntary sector to encourage the development of preventative services e.g. handyperson, trade register, information bank.
2. Ensure that rehabilitation and intermediate care services are in place which avoid unnecessary admission to hospital and facilitate timely discharge back to a person's own home. PCT community staff are enabled to maintain contact with people during hospital admissions including systems to track people during their hospital admission to ensure continuity of care.
3. Provide information, advice and support to older people and their carers so that they can make more informed choices about options available to them, thereby empowering people to have more control. E.g. review of first contact/referral systems in social services, consider self assessment process, patient information centre at Newcastle General Hospital and written information, Information NOW website and NHS Life Check
4. Support welfare rights to maximise the income of older people to enable to them make choices and participate fully in society. E.g. benefit checks for people using day and domiciliary services and for carers and Pension Credit 'take up' service.

5. Safeguarding and dignity Maintain and continually improve standards in the social and health care workforce through investing in staff training and development. Develop a portfolio of joint training and inter-agency development opportunities in partnership with the independent sector. Carry out Safeguarding Adults and Mental Capacity Act.

**References:**

Joint Commissioning strategy for older people in Newcastle-Upon-Tyne 2007-2010. April 2007, Newcastle City Council, North of Tyne NHS Commissioning Consortium.

Everyone's tomorrow. The strategy for Older People and an Ageing Population in Newcastle Upon Tyne. April 2007. Quality of Life Partnership, Social Policy team.

Allen, J. Older People and Wellbeing July 2008, Institute for Public Policy Research

## Appendix 1

### National and Key policy drivers

The legislation which deals with the provision of social care services for older people is as follows:

- NHS & Community Care Act 1990
- National Assistance Act 1948
- Carers Recognition & Services Act 1995
- Care Standards Act 2000
- Community Care Direct Payments Act 1996
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons Act 1986
- Health Act 1999
- Health Flexibilities Act 1999
- Local Authority Social Services Act 1970
- Mental Health Act 1983
- Supporting People (England) Directions
- Supporting People Grant (England) Guidance

Some of the recent policy drivers which inform the way in which health and social services, deliver their services and against which they are judged and rated by external inspection agencies are:

- [NHS Next State Review \(Darzi\)](#)
- [Putting People First: a shared vision and commitment to the transformation of adult social care](#) and the associated [Local Authority Circular LAC \(DH\) 2008 1 Transforming Social Care](#)
- [Our Health, Our Care, Our Say: a new direction for community services \(2006\)](#)
- [A New Ambition for Old Age \(2006\) Next steps in implementing the National Service Framework for Older People](#)
- [National standards, Local Action: Health and Social Care Planning Framework 2005/06 – 2007/08](#)
- [The National Service Framework for Long Term Conditions \(2006\)](#)
- [Everybody's Business– Integrated Mental Health Services for Older Adults: A Service Development Guide \(2005\)](#)
- [Supporting People with Long Term Conditions: An NHS and Social Care Model \(2005\)](#)
- 'Safeguarding Adults' National Framework of Standards ADSS 2005
- [Choosing Health: Making Healthier Choices Easier \(2004\)](#)
- [The NHS Improvement Plan: Putting People at the Heart of Public Services \(2004\)](#)
- [Community Care Act Delayed Discharge \(2003\)](#)
- [Fair Access to Care Services \(FACS\) \(DH 2003\)](#)

- [National Service Framework for Older People \(2001\)](#)
- [Securing our Future Health: Taking a long term view](#) (Wanless 2001)

Appendix 2

Summary Of Social Care Indicators - Relating To Services for Older People

2006 Actuals and Future Targets Newcastle upon Tyne

PAF code Adults	Date of Changes in Definition	CSCI Performance Assessment Indicators Descriptions	CSCI grading 2005-2006	targets 2006-7	targets 2007-8	targets 2008-9	targets 2009-10	CSCI grading
B11	2003-04	Intensive home care as a % of intensive home care and residential care*	<b>v. good 30</b>	v.good 27-45	v.good 27-45	v.good 27-45	v.good 27-45	●●●●●
C28		Intensive home care per 1000 population > 65	<b>v. good 30</b>	v.good 16 or above	v.good 16 or above	v.good 16 or above	v.good 16 or above	●●●●●
C32		Older people (aged 65 and over) helped to live at home	<b>acceptable 87</b>	good 90 or above	good 90 or above	good 90 or above	good 90 or above	●●●
C51		Direct payments (number of people)*	<b>85</b>	205	210	229	248	●●●●●
C62		Services for Carers (numerator only)*	<b>6.8</b>	670	688	694	701	●●●
D37		Availability of single rooms*	<b>100</b>	100	100	100	100	●●●●●
D39		% of people receiving a statement of their needs and how they will be met*	<b>good 99</b>	good 98 or above	good 98 or above	good 98 or above	good 98 or above	●●●●
D40	2003-04	Clients Receiving a review ▲*	<b>62</b>	60-90	60-90	60-90	60-90	●●●
D41		Delayed discharge*	<b>v. good 17</b>	v. good	v. good	v. good	v. good	●●●●●
D54		Percentage of equipment provided within 7 days *	<b>v. good 90</b>	v.good 85 or above	v.good 85 or above	v.good 85 or above	v.good 85 or above	●●●●●
D55	2005-06	Acceptable waiting time for assessments	<b>good 72</b>	good 80 or above	good 80 or above	good 80 or above	good 80 or above	●●●●
D56		Acceptable waiting time for care packages	<b>v. good 94</b>	v.good 90 or above	v.good 90 or above	v.good 90 or above	v.good 90 or above	●●●●●
E47	2001-02 2005-06	Ethnicity of older people receiving an assessment ▲	<b>1.20</b>	1.1	1.1	1.1	1.1	●●●
E48	2003-04 2005-06	Ethnicity of older people receiving services following an assessment▲*	<b>0.99</b>	1.1	1.1	1.1	1.1	●●●

**LOCAL INDICATORS**

**Home Care User Satisfaction Survey's for Older People**

The percentage of home care service users who say 'they feel in control of their daily life or services help them feel in control'.

**90**

90 or above

90 or above

90 or above

90 or above

The percentage of home care service users who have as much contact with other people as they want

**91**

90 or above

90 or above

90 or above

90 or above

The percentage of home care service users who say 'I feel safe in my home'

**98**

90 or above

90 or above

90 or above

90 or above

**Carers Satisfaction Survey**

% of carers saying provision of services helps them feel independent

% of carers saying provision of services helps them continue caring

% of carers say carers centre services have made a positive difference

### Other Local Indicators

Number of people receiving tele care services (exclude comm care alarms)	50		80	100	150
Number of extra care housing units	44	44	44	44	84
Amount of annualised benefits gained for residents	£4.5m		£4.6m	£4.7m	£5m
% of POVA alerts with completed outcomes	7%		75% or above	80% or above	85% or above
% of staff trained in adult protection (all agencies)			65%	75%	80%

### CSCI Grading

- Investigate Urgently
- Ask Questions About Performance
- Acceptable but possible room for improvement
- Good
- Very Good
- ▲ Acceptable is the highest possible CSCI rating
- \* PI's Cover all ages of client groups however the highest percentage of service users are older people

Appendix 3

**Performance Assessment Framework  
NHS and Local Authority key performance indicators**

	<b>INDICATOR</b>	<b>DEFINITION</b>	<b>SOURCE</b>	<b>COMMENTS</b>
1	Delayed Transfers of Care	Acute hospital delayed discharge (%)	HC BS PCT LA KPI HCNT	Looks at all ages but generally seen as an older persons target Also LA KPI AO/D41
2	Flu Vaccinations	Target uptake to be 70% for >65yrs & vulnerable groups	HC BS PCT	75% + achieved for last 2 yrs.
3	Diabetic Retinopathy Screening	80% of people with diabetes to be offered screening – increases to 100% of those at risk by end 2007	HC BS PCT ADA HCNT	Looks at all ages but generally seen as an older persons target
4	Community Equipment	% delivered within 7 days	HC BS PCT LA KPI	Looks at all ages but generally seen as an older persons target Also LA KPI AO/D54
5	CMHT Integration (older people)	New indicator with unclear definition	HC BS MH	Hits MH Trust ratings but not PCT
6	Psychiatric Readmissions >65yrs		HC BS MH LA KPI	Hits MH Trust ratings but not PCT Also LA KPI AO/A6
7	Emergency Admissions	To grow at less than 1%	ADA LA KPI	A de facto older persons target Also LA KPI AO/A5
8	No growth in readmissions	Target = 0%	ADA	A de facto older persons target
9	Number of Intermediate Care Beds		ADA	A de facto older persons target
10	People Benefiting from Intermediate Care		ADA	A de facto older persons target
11	Older people supported to live at home		ADA2 HC 0506 LA KPI	Also LA KPI AO/C32 ADA2 PSA18a

12	Adults helped to live at home	Physical Disability indicator – with some element of older people	LA KPI HCNT	LA KPI AO/C29
13	Emergency Bed Days	Reduce acute emergency bed days	ADA2 HCNT	Ada2 PSA12a Part of LTC agenda
14	Number of Community Matrons	Number of w.t.e. staff in this role	ADA2	Ada2 PSA12b Part of LTC agenda
15	Number of VHIUs under case management	Numbers under case management of community matron	ADA2	Ada2 PSA12c Part of LTC agenda
16	Personalised Care Plan for vulnerable people most at risk	To be clarified	HCNT	Part of LTC agenda

**LEGEND:**

HC BS PCT	=	Healthcare Commission Balanced Scorecard 2004-05 for PCT Star Ratings
HC BS MH	=	Healthcare Commission Balanced Scorecard 2004-05 for MH Star Ratings
HCNT	=	Healthcare Commission National Target from 2005
HC 0506	=	Proposed Healthcare Commission Indicator from 2005-06
LA KPI	=	Local Authority Key Performance Indicator with LA indicator number AO/D41
ADA	=	Current Annual Deliverability Agreement between PCT and SHA
ADA2	=	Annual Deliverability Agreement between PCT and SHA from April 2005
De facto	=	These are targets that do not specify an age cohort but are seen to essentially refer to older peoples' services