Ageing Well in Hertfordshire 2014 - 2019
Introduction

Welcome to Hertfordshire’s first partnership Ageing Well Strategy. The strategy has been developed by the multi agency Older People and Dementia Strategic Commissioning Group that includes membership from providers, carers, service users, Health Watch, Public Health and Health and Social care. Since July 2013 we have worked with service users, carers, health and social care commissioners and providers and operational teams to ask the following question:

What does Ageing Well in Hertfordshire mean?

and we have heard the following….

- People are enabled to live well, independently and safely, for as long as possible in their own homes
- Older people feel valued, and are treated with dignity and respect
- When support is required, it is joined up and at the right time
- Carers are supported to care, and have their own needs met to maintain their own physical and emotional wellbeing
- The workforce supporting older people and their families is compassionate, capable and confident
- Older people have choice and control over their lives
- Older people are helped to make informed choices about their end of life care

Who is the strategy for?

The strategy is for older people and their families, and sets out our commitment to working with older people, carers and families and a wide range of stakeholders to ensure older people are supported well in their communities to lead their lives fully, and when they do need help and support it is joined up and at the right time.

The strategy covers social care, health and public health services support for older people in Hertfordshire and includes specialist and universal health services and preventative services provided by a wide range of partners including the voluntary sector and district councils.
National outcomes frameworks informing this strategy.....


Making it happen

To ensure that services and providers are working towards and delivering services in the ways described in the strategy an action plan will be developed to identify what we need, who will do what and by when. This will be the implementation plan.

The strategy will be reviewed annually, by the Older People and Dementia Strategic Commissioning Group (OP & D SCG), to ensure that it is current and continues to address the key strategic outcomes outlined within this strategy, and that any new challenges or priorities identified are incorporated into the strategy.

The performance management of the strategy will also sit with the OP & D SCG.
Population

In 2011, 21% of people in Hertfordshire were aged 60 and over which is similar to East of England at 24% and England at 22%. The current population of 65 year olds and over is 180,000. The local population pyramid clearly shows a large ageing population of people aged 40-64, which means that in 15-25 years time we will have a significant number of older people coming into our services. A rapid growth of population aged 65 and over has been predicted for the next 20 years, showing an estimated 70% increase between 2010 and 2035. When looking at how life expectancy and disability free life expectancy are influenced by deprivation in Hertfordshire, we can see that the most deprived areas have the lowest life expectancies and the least deprived areas have the highest. There is a clear negative correlation between life expectancy, disability free life expectancy, and deprivation.

Life expectancy in Hertfordshire from 2008-2010 for a man aged 65 was 19 years as compared to a woman also aged 65 at 21 years. Disability free life expectancy at 65 was examined in Hertfordshire showing that from 2007-2009; the district average was 10.6 years for men and 11.1 years for women which is also similar to the East of England.

How is Hertfordshire ageing compared to the rest of the UK?

Data for 152 local authorities in England was analysed to show the top ten places to age well (i.e. those with the lowest percentage of people aged 65+ whose daily activities are limited to slight degree. Hertfordshire was ranked 21 out of 152. Hertfordshire was most similar to Buckinghamshire. Aspects we do poorly on in comparison to the top ten local authorities are smoking and obesity. Therefore this strategy incorporates a number of key outcomes that include physical wellbeing and staying fit and healthy which we anticipate will improve our overall ranking for ageing well in the UK.

Demography

The Joint Strategic Needs Assessment profile for Older People is a locally developed tool that assists commissioners to predict future service needs from prevalence data. Information collated is from national and local data covering both children and adults. For further details go to:

http://atlas.hertslis.org/IAS/profiles/

Supporting Carers

Supporting unpaid carers is a key principle of our Ageing Well Strategy. A carer is someone of any age who provides unpaid care and support to family or friends who could not manage without their help. Approximately 14% of Hertfordshire’s adult population are unpaid carers, and both the age profile and number of carers is set to rise. Through this strategy we want to move the trend towards caring for more people at home and therefore we commit to working with all agencies that support carers to ensure the right support is in place and that carers have access to carer’s breaks, peer support networks and there are more carer friendly communities.
What are the health inequalities in Hertfordshire?

People in Hertfordshire generally enjoy good health and wellbeing with access to a wide range of high quality services and leisure activities. However some pockets of deprivation exist where there is evidence of health inequalities. The 2013 Policy Commission on Ageing report confirmed that general patterns of health inequality are repeated in the elderly population, and through this strategy we will ensure the appropriate focus of resources on the most deprived areas such as Stevenage, Watford and Broxbourne.

Living Well with Dementia

Hertfordshire already has a well developed National Dementia Strategy (NDS) implementation Plan, whose progress is managed through the NDS Implementation Group. The number of people living with dementia is projected to double by the year 2020. Dementia has been chosen as a priority in Hertfordshire’s Health and Wellbeing Strategy for 2013-16. In order to meet future needs within reducing resources, health and social care services will need to:

- Identify and diagnose people with dementia early, providing the best advice and information to support them and their families to live well independently for as long as possible
- Ensure that every interaction with the health and social care workforce is respectful of the person, their family and the issues they face
- Change the services that are currently offered so that each one can be personalised for every individual’s changing needs

The Ageing Well Outcomes framework will include all people living with dementia and outcomes from the NDS Implementation Strategy will be included within our Ageing Well strategy.
National policy and practice

Sources of further information:

Health and Social Care Act (2012)
Creation of new health commissioning system

The Care and Support Bill (published in July 2012)
The Care and Support Bill introduces legislation to provide protection and support to the people who need it most.

Think Local, Act Personal
Adult social care sector wide coalition of agreement on the transformation of social care to Personalisation

Local policy and practice

Sources for further information:

- Health and Wellbeing Strategy - has a number of key priorities that focus on older people including Dementia and Long Term Conditions
- Carers Strategy
- National End of Life Strategy 2008
- Hertfordshire County Council End of Life Strategy Review 2012
- Dying Matters
- Supporting People to Live and Die Well: a framework for social care at the end of life
- Health and Community Services Plan 2012 - 2015
- Clinical Commissioning Groups – strategies and work plans

National Policy – General Practice

National policy direction affects what happens locally in Hertfordshire. There have been major changes in the commissioning structures of the NHS and the Government has expressed its desire to transform the delivery of adult social care with a strong focus on Health and Social Care Integration.

- The Health and Social Care Act (2012) moved the control of a significant proportion of health commissioning to General Practitioners (GPs) through the Clinical Commissioning Groups (CCGs). Driving much of this transformation for General Practice are the six key ambitions that general practice, in partnership with key stakeholders, set out within *The 2022 GP: A Vision for General Practice* ([www.rcgp.org.uk](http://www.rcgp.org.uk)) :
  - Promote a greater understanding of generalist care and demonstrate its value to the health service
  - Develop new generalist led integrated services to deliver personalised, cost effective care
  - Expand the capacity of the general practice workforce to meet population and service needs
  - Enhance the skills and flexibility of the general practitioner workforce to provide complex care
  - Support the organisational development of community based practices, teams and networks, to support flexible models of care
  - Increase community based academic activity to prove effectiveness, research and quality

Developing a multi agency Outcomes Framework for Older People

There are a number of outcomes frameworks already in existence that explain the key priorities for Health, Social Care and Public Health. We have brought together the common themes from each of these frameworks to develop an integrated Outcomes Framework for older people, which will support more integrated care planning and commissioning. We have called these outcomes key Strategic outcomes.
Ageing Well: Key Strategic Outcomes

Key Strategic Outcome: I am safe and Secure in my own home

Keeping older people safe is a priority for all partners across all settings and robust safeguarding systems are in place across all sectors providing care and support to older people. Feedback from the older people we met has indicated that older people would get out more within their localities if they felt safer and less vulnerable when out and about.

What does this look like?

- Services for people at home are of a high quality, and all agencies comply with safe recruitment standards
- Services and support meet the cultural needs of individuals
- Agencies including Social Care, Fire and Rescue, GPs and other health settings work closely together to align resources and share information
- More dementia friendly communities in Hertfordshire
- Increased use of enablement services

What you told us:

‘I want to choose my own care and support”
“’I want to get to know my paid carers”
‘I want to stay in touch with family and friends”
“I would like to have more hobbies and get out and about more”’
‘I want to be able to do things for myself”
“I don’t want to keep being assessed every time my needs change”
Key strategic outcome:  **I am supported to stay emotionally well and happy**

The emotional and mental wellbeing of older people has been highlighted nationally as one of the key areas that need to be addressed through a more joined up approach across health and social care. Mental Wellbeing is more than just feeling happy and avoiding mental health problems. It is also about feeling good and functioning well. Many older people who we met as we developed this strategy have told us how important it is for them to feel connected to their communities, giving their time to others and generally being active.

**What does this look like?**

- Older people have more opportunities to socialise, including support for digital inclusion
- Older people are supported to stay in touch with their families and communities
- Therapeutic services are more readily available, with less dependency on medication to treat depression
- Appropriate support services are available for older people who have experienced bereavement

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**Making it happen:**

- Outcome based care planning and contract monitoring
- People and families are involved in service monitoring as experts by experience
- Better use of the eMarketplace
- Good advocacy services
- More flexibility for providers – payment by results based on quality of outcomes
Key Strategic Outcome: Making my own choices about the care and support I need

Choice and control was a common theme across all of our discussions with older people and their carers. People want to be able to be as independent as possible, and when they do need support they want access to be straightforward and timely.

What does this look like?

- Outcome based care planning and commissioning
- Increased use of personal budgets
- Health and social care services are fully integrated – joined up around the needs of older people
- Information, advice and guidance is readily available across each locality – and health and social care providers know what voluntary and community services are available locally

Key Strategic Outcome: I have access to high quality end of life care that is joined up to meet my needs

The End of Life Care Strategy 2008 identified three specific areas that hinder good end of life care.

- Difficulties in identifying those who are approaching the end of their life
- Poor communication between patients, professionals and between services.
- A lack of effective care planning, including advance care planning,

We know from feedback from services users, families and professionals, that given the choice, a large majority of people would choose their end of life care and support differently and where possible would choose to die at home. We want to use this strategy to ensure people are supported to die well.

What this looks like:

- High quality end of life care that is consistent across the county – people can choose their preferred place of care.

What you told us:

‘Day services should be open for more hours, evenings and weekends’
‘I want to keep in touch with my grandchildren’
‘I want to feel safe when I’m out in the community’
‘I want to take part in activities when I feel like it’”

Making it happen:

- Better partnership working with the private, community and voluntary sector to ensure leisure facilities are accessible and have suitable activities for older people
- Promoting the eMarketplace to community groups and services to improve choice and information
- Good preventative services – including better access to telecare and community equipment to help people live at home for longer
- Supporting more older people to get on line
- More joined up commissioning – linking day services with libraries and GPs
Making it Happen

- Jointly with partners roll out improved Advanced Care Planning for people approaching end of life care.
- Improve end of life care information and data sharing between Health and Social Care staff.
- Through Partnership working support carers of people approaching the end of life and after death.
- An Integrated approach to training and support to care homes and care providers to prevent unnecessary hospital admissions and deaths in hospital.

People will be well supported to make decisions about how their care and support is planned, and who is providing their care.

- Agencies work well together, including the voluntary and community sector, to provide holistic care for service users and their families.
Health and Social Care Integration: what does it mean for older people?

In “Integrated care and support: our shared commitment” integration was defined by National Voices from the perspective of the individual as being able to “plan my care with people who work together to understand me and my carers, allow me control, and bring together services to achieve the outcomes important to me”

Hertfordshire will be working through the multi agency Older People and Dementia Strategic Commissioning Group to develop joint plans to progress health and social care integration that will include:

- A joint approach to assessments and care planning – families shouldn’t have to keep telling their story
- Developing and implementing an integrated approach to end of life care
- 7 day working in health and social care to support patients being discharged and prevent unnecessary hospital admissions at the weekend
- Targeting pooled resources to the best effect – more integrated care packages with less separate visits from different professionals

Key Strategic Outcome: I have a range of positive things to do

Older people want to stay as independent as possible, and wanted to feel more included in their communities. Communities must also take responsibility for supporting their older population, and recognising where some older people may be particularly vulnerable or isolated.

What this looks like:

- Older people have access to a full range of community activities
- More opportunities for older people to take part in volunteering – including with schools, libraries and community groups
- More imaginative use of existing community assets, including libraries
- When older people move in to residential or nursing care, or become more frail in their own homes, leisure activities are still available and are tailored to meet their needs

Key Strategic Outcome: I am supported to eat well and stay fit and healthy

We know from Public Health data that earlier intervention is required longer term to improve overall outcomes for older people, including reducing obesity and lifestyle related conditions such as diabetes. Part of our Ageing Well strategy will focus on building on the resilience of the “younger old” (those aged between 60-75) to ensure they maintain a healthy lifestyle, including participating in physical activity and eating well.

What this looks like:

- Good management of existing health conditions
- Increased take up of health checks amongst 40-60 year olds
- Better access to dietary advice for older people, particularly for those living alone who are less likely to eat well
**A capable, confident and compassionate workforce**

To support our Ageing Well Strategy partners from the NHS, Hertfordshire County Council, Hertfordshire Care Providers Association (HCPA) and Public Health are working together to develop and implement a workforce development strategy. There are currently approximately 23000 people working as paid health and social care carers across 300 homecare agencies, 300 residential homes and 100 day services. Our workforce development strategy will include the following commitments:

- A detailed skills audit will be carried out to map existing skills and expertise across the health and social care workforce in Hertfordshire that will make recommendations about future training and recruitment needs – by April 2014

- Health and social care commissioners will work with providers to develop an integrated workforce that will be underpinned by a robust learning and development programme and the appropriate qualifications – by May 2015

- Employers will ensure that their workforce has the right values, attitudes and behaviours – Leadership training will commence in April 2014

- A review of the use of 15 minute calls for Homecare to make recommendations about more responsible use of 15 minute calls – by May 2014

- More flexibility for providers to manage individual outcomes together with the person receiving through increased use of direct payments – April 2014

- Excellence will be grown through the use of champions who can lead through coaching and mentoring to ensure high quality everyday practice.

- Employers will be given countywide assistance to manage both recruitment and retention with a focus on succession planning to ensure the workforce grows to meet future needs – a 5 year workforce programme to be developed – May 2014

**Key strategic outcome: Having Choice about the paid care workers involved in my care**

Whilst many people we spoke to about the care and support they receive at home were happy with their care, we received many comments about the lack of continuity of care and lack of choice about the times and frequency of support. Through our Ageing Well strategy we want to transform the way care and support is provided for people living at home

**What this looks like:**

- Paid carers treat people with dignity and compassion

- Changes to paid carers are kept to a minimum, and where changes have to be made they are communicated in a timely way

- Paid carers are well informed of the care needs of individuals, and work with family members to communicate about changes in care

- Paid carers are well supported by their agencies, have good supervision in place and have access to a wide range of training.