

6.1.2 Wellbeing amongst older people in Bradford's communities

Context

There are 71,900 people aged 65 and over in the District, 13.7% of the population. Bradford's proportion of older people is the lowest in West Yorkshire and below the average for England of 16.9%. The communities that older people belong to include diverse 'communities of interest', such as ethnic groups, faith communities and sports or leisure societies; people may also associate with a geographical community such as a town, neighbourhood, village or area of the district. The Government's "Vision for adult social care" lists "Prevention" as the first of its seven principles and states that:

"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."

Older people in Bradford district play an active role in helping develop services through the Older People's Partnership, as carers for their children and partners, as carers for their grandchildren and as active members of the community, volunteering in local charities and projects. Over half of grandparents in the UK are aged over 65 and around one in three mothers in paid work receive help with childcare from grandparents. Lone parents and mothers from South Asian backgrounds are also particularly likely to rely on grandparents to provide childcare for very young children while they are working and this trend is likely to increase¹.

About 3.8 million older people live alone², 70% of these are women³. Many older people experience increasing levels of social isolation as they age through loss of close family members and life-long friends; this can relate to bereavement or to the next generation of family moving further away. Isolation can be further exacerbated through the fear of crime or difficulties building neighbourly relationships, if there is a high turnover of the local population or there is ill-health that affects the ability to drive or to use public transport. The impact of isolation on the individual is decreasing confidence and less self-esteem; this often leads to low level depression and reduces physical activity. Older people without social networks are also likely to be much more vulnerable and in moments of crisis, to be without important practical and emotional help. Within Black and Minority Ethnic (BME) communities, older people may be less likely to live alone and to live with family but may still feel isolated from their peers. Approximately 775,000 older people (7% of those aged 65 or over in the UK) say they are always or often feel lonely⁴ and 36% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9% say they feel cut off from society⁵.

These factors indicate that planned, formal, and sometimes grant-funded, initiatives are necessary to develop and maintain social networks and secure the wellbeing of older people. These must include both primary and secondary prevention. Primary prevention to promote wellbeing includes key interventions like combating ageism, providing good quality information, improving older people's access to universal services through "age-proofing", supporting safer neighbourhoods and promoting health and active lifestyles. Secondary prevention or early intervention aims to identify older people at risk and to slow down any loss of independence and actively seek to improve their wellbeing.

Initiatives to promote social wellbeing include group activities, befriending schemes, community transport, "post-intermediate care" support where people are helped back to active life after illness / injury and rehabilitation, plus groups and projects coordinated and led by active citizens; these are frequently led by older people themselves. Developing these groups and projects enables older people to make a positive contribution within the communities and neighbourhoods where they live. One area that has proved to have particularly good outcomes for all involved is intergenerational work which links older people with children and young people in local communities⁶.

Involving the wider community in education and training programmes about issues that affect older people is important in challenging age discrimination and in supporting community cohesion, for example training bus drivers in how to communicate with older passengers and working with local shop-keepers to advise on how to handle situations where someone with dementia may have left the shop without paying for goods.

Activities and support that are commissioned in the district include:

- Social opportunities and activities – day services, luncheon clubs, drop-ins, themed activities, exercise and physical activity
- Wellbeing Cafes – wellbeing activities and other emotional support for older people with early mental health issues and their carers
- Befriending, peer support
- Information and advice services
- Practical help to enable people to stay independent; handy person schemes, gardening, shopping
- Community transport
- Generic community health approaches that start with the needs and issues identified by the person; examples include Health Trainers, lay health workers, Champions Show the Way, community development

Many of the above can now be accessed through “social prescribing”, GPs providing information about local activities and help, or a local scheme which can form a single point of contact and support an isolated older person back into community life.

National and local targets

Communities and wellbeing are part of the remit of a wide range of statutory organisations. Each Neighbourhood Team within the local authority produces an annual area plan. The following national indicators are relevant:

- NHSOF: Improving recovery from injuries and trauma / Improving recovery from fragility fractures / Helping older people to recover their independence after illness or injury / Bereaved carers' views on quality of care in the last 3 months of life
- PHOF: Falls and injuries in the over 65s / Health related quality of life for older people / Hip fractures in over 65s / Older people's perception of community safety
- ASCOF: Proportion of people who use social services who have control over their daily life / Proportion of people using social care who receive self-directed support and those / Permanent admissions ages 65+ to residential and nursing care homes / Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital intoreablement/rehabilitation services receiving direct payments / Permanent admissions ages 65+ to residential and nursing care homes / Proportion of older people (65+) discharged from hospital with the clear intention that they will move on/back to their own home out of those discharged from hospital / Average number of delayed transfers of care attributable to social care

A shift to prevention and early intervention is embedded in a range of key policy documents including Our Health, Our Care, Our Say 2006⁷, Putting People First 2007⁸ and Equity and Excellence 2010⁹.

Relevant strategies and local documents

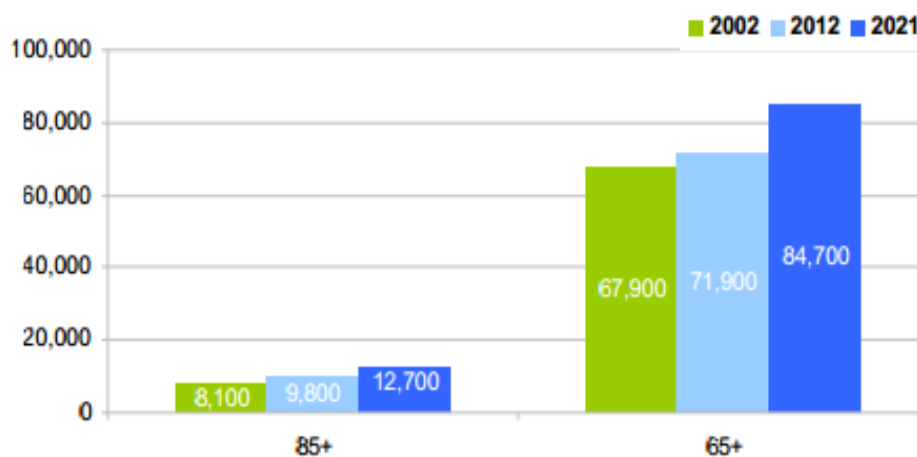
- Good Health and Wellbeing Strategy to reduce health inequalities 2013-2017
- Bradford Older People's Partnership Framework 2012-15
- Adult Services 5 Year Strategy 2007–2012, Bradford Metropolitan District Council
- Bradford District's Community Strategy 2011-14, Stronger Communities Partnership
- “Meeting Changing Expectations”, Joint Commissioning Strategy for Older People, 2011
- Vision for adult social care: Capable communities and active citizens 2010
- Interim Place Survey for Bradford District 2009, Ipsos MORI

- National Dementia Strategy 2009, Department of Health; Objective 5 “ Development of structured peer support and learning networks”
- Staying Well, Staying independent: strengthening preventative support for older people 2009 N.Javaid and A.Jones
- Making a strategic shift to prevention and early intervention: a guide 2008, Department of Health
- The DIVA Survey 2007 Update: The strength of the Voluntary and Community Sector in the Bradford District, Keighley Voluntary Services
- Housing Needs Survey 2007, Bradford Metropolitan District Council
- Sure Start to Later Life 2006, Social Exclusion Unit
- Active Ageing: A Policy Framework 2002, World Health Organisation
- The Big Plan 2008 - 2011: the Sustainable Community Strategy for Bradford District
- Area and Neighbourhood Action Plan (see BMDC Neighbourhoods Service)
- Active Citizenship Framework 2009

The evidence base for preventative support to promote the wellbeing of older people is contained in a range of documents including the LinkAge Plus evaluation reports¹⁰, the national and local Partnerships for Older People Projects (POPPS) evaluation report¹¹ and the “Altogether Better” work in Yorkshire and the Humber¹².

What do the data tell us?

There are an estimated 73,570 people aged 65 and over in the District, making up 14.0% of the total population¹³. Bradford’s proportion of older people is the lowest in West Yorkshire and below the average for England of 17.3%.



Source: ONS mid-year population estimates 2002-2012 & 2011-based interim population projections

The graph above shows the population increase of older people between 2002 and 2021. The number of older people aged 65 and over increased by 4,000 (5.9%) between 2002 and 2012. This age group is expected to increase by a further 12,800 (17.8%) to 84,700 by 2021. There are also currently 9,850 people aged 85 and over in the District¹³, 1.9% of the total population and 13.4% of the over 65s. This elderly population is expected to increase by 2,900 (29.6%) to 12,700 by 2021.

The distribution of elderly people in the District is uneven. Over 20% of the population in Ilkley (26.9%), Craven (23.9%), Baildon (22.7%), and Wharfedale (21.9%) are 65 or over, compared to only 5.3% in City ward, 6.5% in Little Horton and 6.6% in Bradford Moor.

Many older people experience increasing levels of social isolation as they age through loss of close family members and lifelong friends. Around 40% of older people live alone, and this is more common in White populations than Black and Minority Ethnic communities, and in the rural areas of the Bradford District.

Older people with care needs may vary in intensity and can fluctuate over time. Reflecting identified needs, care provision also ranges in intensity of support, from domiciliary care through day care and other community based care to residential and nursing care:

- The total number of people aged 65 and over receiving long term adult social care services in Bradford was 7,025 in 2012/13 – a rate of 10,067 per 100,000 population and the majority of this support came in the form of community based services.
- Rates of people aged 65 and over still at home 91 days after discharge from hospital into reablement / rehabilitation services were considerably higher than regional rates at 92% during 2012/13. In particular Bradford achieves better than average rates for the 75 - 84 and 85 and over age groups.
- Although the number of people in residential and nursing care has reduced year on year over the last three years, permanent admissions of older people to residential and nursing care homes are 847 per 100,000 population – significantly higher than national or regional averages.

Quality of life for people with care and support needs in Bradford closely mirrors national and regional averages. Control over daily life is one of the key outcomes derived from personalisation policy and rates of control over daily life in Bradford for people who use services are 76.7% - very similar to the regional average of 77.3%.

What do our stakeholders tell us?

Older people make a significant contribution to social, economic and community life, and people are generally living longer and healthier lives. But these advancements are not spread evenly across the population and the growing numbers of people aged 80 and over have increased vulnerabilities and support needs. Stakeholders tell us that although neighbourliness, and in particular looking out for older neighbours, is important, older people are often afraid of fraud and scams perpetrated by people perceived to be offering support or services in the community.

The pressures on health and social care services mean that it is vital that partner organisations focus on the promotion of healthy ageing. 'Great Places to Grow Old' is an innovative new programme with the goal of enabling more older people to maintain their independence, health and wellbeing. The programme brings Adult Care, Housing, Health services and independent housing providers together with local communities to invest in and develop new kinds of services and support for older people both now and in the future. By working together, our vision is "*we want Bradford's Older People to have the opportunity to make great lives, whatever challenges life brings*".

Future needs and gaps in provision

Future needs to promote the wellbeing of older people in communities will be framed by a combination of the demographic changes facing the district, (covered in Chapter 2 of this JSNA), and the analysis of the evidence of which interventions are the most effective.

As well as the social need for older people to remain active members of their local community, it is clear that social isolation or depression can also lead to negative impacts on a person's physical wellbeing and there is a clear economic case for interventions to prevent social isolation. There are therefore four fundamental reasons about why it is essential to invest in preventive support:

- The economic case, with savings made elsewhere in the system
- Evidence of effectiveness, with measurable benefits to recipients of such support
- Preventive support has a positive wider social impact

- People themselves have clearly said in research and consultations that preventive services are a high priority

Activities which are purely volunteer-run and without external funding are very valuable, but it is expected that such schemes will often find it hard to include people with physical disabilities, sensory needs and mental health needs.

As resources for older people's services are put under pressure due to increasing demand and budgetary constraints, it is important to maintain a longer-term approach to realising cost-savings. People over 65 account for the highest activity and spend across primary, secondary and social care and This trend holds new responsibilities for the NHS and social care in helping older people stay healthy, active and independent for as long as possible¹⁴.

There are a wide range of activities provided across Bradford district, in which older people can join. Age UK Bradford and District¹⁵ allows older people to find out about leisure and activity groups in their locality. Befriending services are available in most wards for people who are housebound and need company and a range of community transport schemes have been set up in rural areas to allow community groups to use minibuses to bring people along to local activities.

Summary of priorities

Main priorities for older people:

- Supporting neighbourhoods and communities to remain or become more welcoming, safe and accessible for older people.
- Transport services to link up isolated communities with leisure facilities, adult education and community activities.
- Better information on what activities and social groups are available within neighbourhoods.
- Joined up approach to providing information, advice and signposting across different statutory agencies.
- Building bridges between the generations through intergenerational work within the district's communities and neighbourhoods, including locality planning,
- Continue to create more opportunities for older people to contribute to the civic and community life of the district.
- Continue to support an approach to equality which recognises that some older people may wish to belong to, and benefit most from, small community groups based around ethnic origin and faith and that the local voluntary sector has grown up in this way.
- Encourage activities which promote community cohesion and the sharing of resources such as buildings and transport between small groups, and support the development of groups which can meet diverse needs.
- Recognise the importance of older people having more choice and control through personalisation, for example the potential to use an individual account to fund transport to shops and friends or for help with gardening.

Commissioning priorities:

- Joining up commissioning for wellbeing outcomes for older people across key funders.
- Ensuring the best use of funding from statutory bodies, the Lottery and other external funding for specific communities, including independent grant-making bodies and private sector sources.
- Protect, as far as possible, investment in wellbeing cafes and other wellbeing and preventative services; the state of public sector finances will put a greater emphasis on funded groups to demonstrate good outcomes for people, including evidence of prevention.

- Continue to support schemes which are based on activities and can justify a requirement for grant funding. Commissioners will not have the resources to subsidise schemes which do not provide a high standard of evidence showing that they include wellbeing activities and clearly justify their funding.
- Continue to support voluntary and community groups to work with older people with mental health needs.
- Support integration of preventative services at a local level to meet the needs of localities and communities.
- Balance investment between the diverse urban, suburban and rural areas of the district, recognising needs related to deprivation and geographical isolation. Grant funding in rural areas may be best used to supporting schemes which include transport and / or befriending services.
- Recognise the usefulness of grant-funding community groups, the use of other fund raising activities and the sharing of risks, but avoid applying formal contracting and procurement processes where they are not appropriate to the scale of the activity. This approach has been supported by the Department of Health and the Council's grant-funding for older people's VCS has been used as a case study in a 2009 paper on the commissioning of long term conditions self care support from Third Sector organisations¹⁶.

Priorities for the future – to extend current provision these would include:

- Support for carers and older people to enable them to build social networks of support, using the internet for example.
- Better public awareness of the contribution older people can make to society and more positive attitudes towards ageing. Actively challenge age discrimination.
- Better use of leisure facilities during the day by both private sector businesses and public facilities to develop opportunities for retirees e.g. youth clubs, pubs, bowling, health clubs, cinemas.
- Workforce development and coordination of Intergenerational projects.
- Better housing related support for older people in the community including BME communities.
- Further Development of Well-being Café network, as demand is generated by new Memory assessment and Treatment Services (MATS).
- Better marketing and promotion of services in BME and “hard to reach” communities.
- Research into the needs and views of older people funding their own care.
- Sustaining public health and community approaches with good evidence of results, as demonstrated by Champions Show the Way and First Contact project.

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