

8.6 Independent living and quality of life

Older people want, and have a right to be able to live their lives as they wish, feeling safe, taking part in society and being able to choose how and when they are supported. In addition, being able to decide when they need to access public services and equality of citizenship in every aspect of their lives, from housing to employment to leisure.

Good health deteriorates with old age and the recent 2012 Lifestyle Survey supports this. The survey also reveals 27% of the Walsall population claim to suffer from a long standing health problem or disability (including problems which are due to old age), which results in them having substantial difficulties doing day to day activities or work. 2011 Census information tells us there are 12.8% (13,845 over 65's) who are living alone, of these 65% do not have access to their own transport (this compares to 58% nationally). It is vitally important that these people are supported when needed to continue to live independently and to have a good quality of life. The Link Line programme in Walsall provides contact, friendship and support to elderly people across the borough through phone calls, home visits, shopping trips, small jobs in their homes as well as providing access to other agencies. Current members have praised the service – “The Link Line is my life line.”

The Adult Social Care Operating Model, which came into effect September 2013, puts a stronger emphasis on prevention and early intervention (stages 1 to 4) as being the means by which most residents of Walsall with care and support needs get their initial help.

Evidence suggests that people wish to stay in their own homes for as long as possible and in older age face declining years surrounded by family and friends. This operating model is now focused on achieving outcomes and changing cultural outlooks; primarily a way of looking at disability, aging and capacity that maximises individual and community assets, focusing on prevention and not solely an approach to the provision of services.

The change to the operating model would mean that all new customers (and some existing customers) will be channelled through a range of “preventive” services before they are assessed for longer term care and support. These services are designed to offer an immediate response to the person seeking help in a way that looks at options in which they can be assisted without necessarily assuming that they will need longer term help if this first intervention can resolve their problems. The success of “preventive services” would then be demonstrated by fewer people needing long term help but people still getting their needs met in a timely and appropriate manner.

Walsall Adult Social Care Operating Model

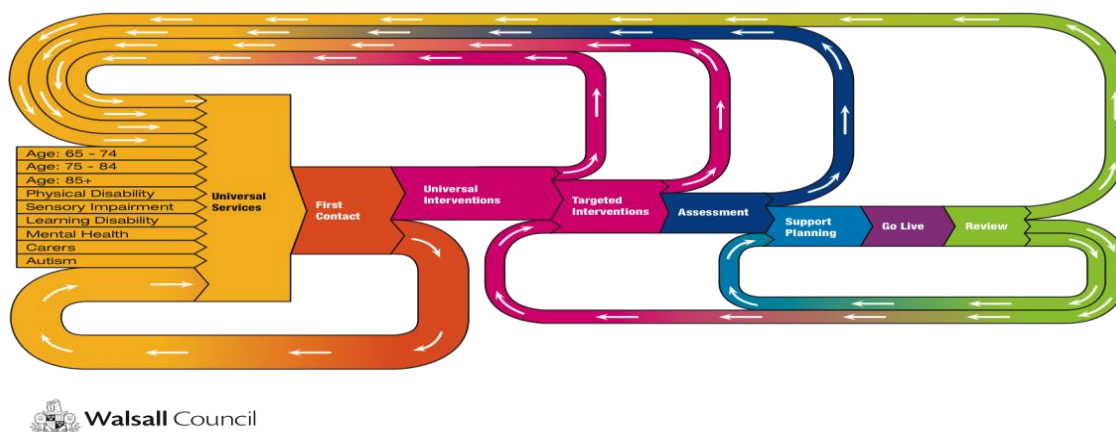


Figure 1 Walsall Adult Social Care Operating Model

There are a vast number of preventative services which are currently offered in Walsall for example community alarms (assistive technology), sensory support services and crisis response teams.

The Health and Wellbeing Strategy outlines the 4 different types of preventative services that need to be in place. There are 4 different approaches to prevention identified:

1. Universal provision
2. Services that are for people who have some needs but not critical enough to warrant an assessed social care intervention
3. Services that support recovery, rehabilitation and recuperation which reduce the need for high intensity care
4. Services that sustain a level of independence over time thus deferring the point at which people require the need for high intensity services

The implementation of this model will result in an intended outcome of a reduction of the numbers of older people being admitted into residential care (temporary or permanent basis) and a small reduction in people needing packages of long term care in their own homes.

However, there are still many people living relatively isolated lives, with little social contact and not always receiving the support services they need, either through ignorance (of themselves, families or professionals) or through lack of joined up work across agencies. In addition, as mentioned in preceding chapters, approaches to reduce disease and disability in earlier life are likely to lead to healthier older people, more able to participate actively in society. Efforts to improve the social, financial and physical environment will help to increase the proportion of older people living independently.

Exploration has been made in relation to Extra Care / Dispersed Supported Living developments in Walsall. A Balance of Care Provision report identified Darlaston South and Bentley areas to be potentially suitable and 13 sites have been identified. Further work is currently being undertaken to explore these possibilities further.

Should such developments go ahead, these would contribute significantly to the Adult Social Care Operating Model in maintaining people within the community.

Indicators:

- *Permanent admissions to residential and nursing care homes per 1000 population*
- *Readmissions to hospital from care homes and rehabilitation services*
- *Health related quality of life for older people – definition and data collection required*
- *Percentage of older people who leave their homes only once per week (or less) – Age UK data*

Priorities for action:

- *All agencies in Walsall should ensure opportunities to maximise income for older residents*
- *Specific work should be conducted in 2012 to ascertain the views of older people on quality of life, independence and wellbeing so that our objectives can be clearly aligned to the expectations of our population. This work should ensure that the views of those older people who are socially isolated are specifically included*
- *Opportunities to make services which support wellbeing more accessible to older people*
- *The Health and Wellbeing Board should agree strategies which ensure people, irrespective of illness or disability can exercise maximum control over their own life*
- *Support services for carers should be developed to improve their quality of life and the likelihood of them continuing their caring role.*
- *Rehabilitation and reablement services should be available rapidly when required to support all those who suffer temporary reduction in function to prevent this becoming permanent*
- *Commissioners should review and monitor key data on admissions from care homes to hospital at the end of life and readmissions to hospital within 30 days of discharge*
- *Implement the Adult Social Care Operating Model*
- *Continue to work towards the possible Extra care / Dispersed Living Developments*