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Care of older people and public policy

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Age UK

- Local, national and international charity working for and with older people
- Involved in service development, research, campaigning and public policy
- Information and advice services with around 6 million+ contacts pa
- Social enterprise

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Age UK and frailty

- Sought to reach out and understand older people's lived experience of frailty
- Autonomy a central goal from care, but not routinely part of care planning/support
- Low expectations often imposed or reinforced by others
- Experience of care becomes as important as the care itself
- Insufficient focus on social and peer relationships
- Fear of change often more significant than change itself
- "Tipping point" often talked about as defining moment

"A few years ago my wife got discharged from hospital. The report said 'a frail old lady of 88'. I said this is lies!"

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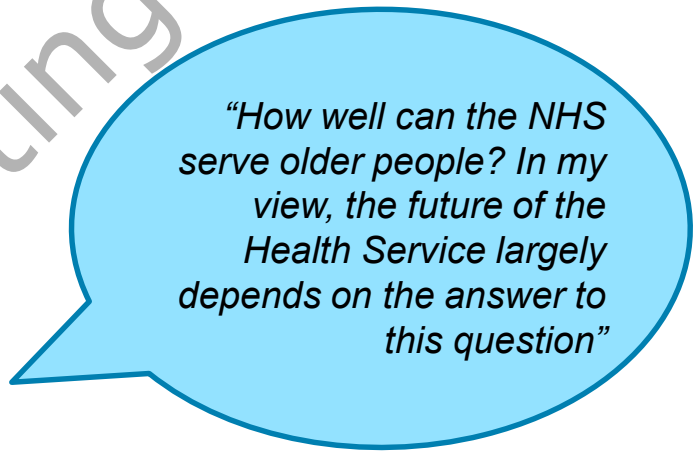
NHS Long Term Plan

- Key objective = more care in the community
- To support this:
  - Primary care networks
  - Greater use of urgent care centres
  - Same day emergency care
  - Digital and technology



- "Provide an acute frailty service for at least 70 hours a week. They will work towards achieving clinical frailty assessment within 30 minutes of arrival"
- Growing role of STPs/ICSs at population-level

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Ageing well

- Anticipatory care (moderate frailty)
  - Multiple or complex needs
  - Care coordination and MDTs
- Urgent Community Response (moderate/severe frailty)
  - More responsive at time of crisis
  - Early identification = rehab, reablement, end of life
- Enhanced Health in Care Homes (severe frailty)
  - Enhanced primary care
  - Better coordination; more comprehensive offer

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Other key mechanisms

- NHS Right Care Frailty Pathway – identifying, planning and supporting people living with frailty
- Community Directed Enhanced Service – standards for primary care to support Ageing Well programme
- Frailty Core Capabilities Framework – workforce standards for supporting people living with frailty
- NHS People Plan – workforce strategy built around principles of Long Term Plan
- Social prescribing – growing contribution of non-medical interventions

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Everything sorted?

- Social care
  - Some funding commitments but remains in crisis
  - Long delay on green paper
  - Social insurance model?
- Local authority budgets squeezed
- Impact on acute care can be slow
- Local commissioning can also be slow to change
- General election and new Government
- Brexit
- Workforce

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Our local partners

Isle of Wight age UK

Wakefield District age UK

Leeds age UK

- 130+ independent charities
- Face of Age UK in the community
- Range of sizes and capabilities
- Must provide information and advice services
- Typical services include befriending, home help, lunch clubs, social activities
- Challenging financial climate

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Connecting care

- Multi-specialty Community Provider
- Age UK seamless component of rapid response system
- Hubs with MDTs, integrated with call centre, information and advice service and other VCS resources
- Common care record allows for data sharing across agencies
- Contact with 6,000 older people per year, around 10% of the local population
- Case example: Gentleman falls at home; paramedics referred to hub; within four hours: OT assessment, community matron prescribed AB, bed and mattress ordered, social worker and care coordinator assessed future needs. No admission required

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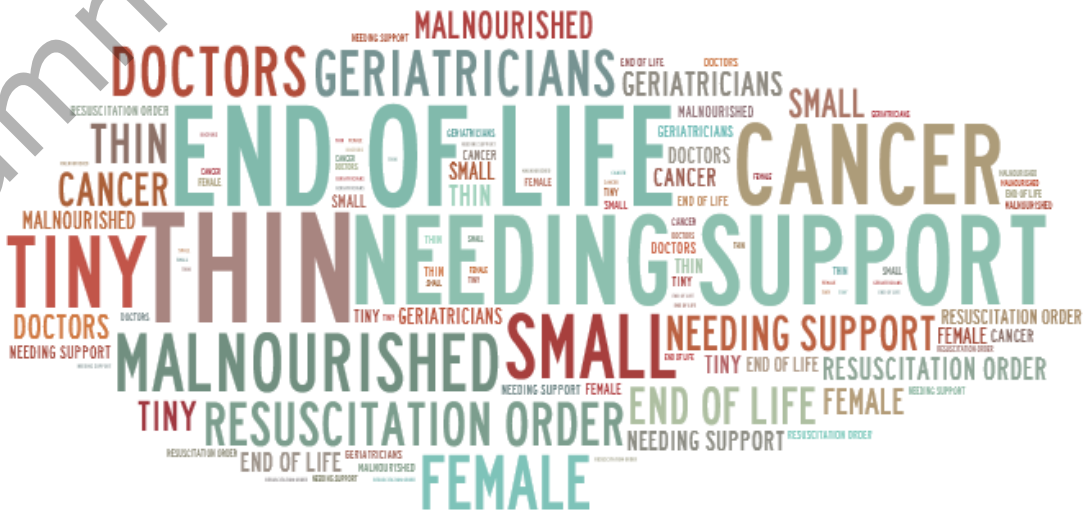
Summary

- Tangible programmes for older people at national level
- Focus on early intervention, management in the community
- A commitment to wider use of community assets, incl VCS
- Social care remains a significant challenge
- Workforce uncertainty



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Thank you

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