

## **Community Needs Assessment for Older People in the Braintree District**

### **Executive Summary**

Over the next 20 years the number of people over 60 is due to increase dramatically. Even between 2009 and 2013 the number of people over 65 will increase by 4000 people. It is important that action is taken at this stage to make sure services and activities are provided to cope with the needs of the older people now and the growing population.

The aim of this study is to investigate the Health and Wellbeing of the 60+ community in the Braintree District. Existing projects and services have been identified that maintain Health and Wellbeing for older people so changes can be made to meet the needs of older people in the Braintree District. The study was carried out using a 3 tiered approach, capturing the views of older people, workers and professionals.

Funding has been cut and budgets have been reduced by statutory organisations over the past 6 months; money needs to be spent efficiently and effectively. From this research the recommendations put forward support money saving strategies.

- To develop a leaflet for all older people in the district listing local activities, services, clubs and volunteering opportunities which are relevant.
- To investigate possible funding opportunities for local agencies so they can continue providing their service with the possibility of expansion to meet the needs of the growing population.
- To develop a home from hospital service for the Braintree District.
- For provision to be maintained or even increased for the growing population of people over 60 years old.
- To ensure hospital transport is more easily accessible, for older people.
- Encourage more men over 60 years old to participate in social activities.
- Further evaluations need to be carried out to ensure older people get the best care from paid carers.
- Further funding opportunities to be found for continuation of the Home Improvement Agency
- Promotion of the Choose and Book System.
- Consider a Telephone Home Shopping Service for older people.

Older people in the Braintree District generally feel they are lucky to live in the district and that there are a lot of activities and services that they can access. However there are also a large proportion of older people who do not know or have the confidence to access the things they need and want. Help needs to be given to these people to provide them with access to the activities and services. Concerningly, due to the economic climate, both statutory and voluntary sectors are looking at financially difficult times. Instead of looking at increasing provisions for older people to run parallel with the increasing number of older people, it is more likely provisions will stay the same or even decrease which will be at the detriment of older people health and wellbeing.

## **Introduction**

This Community Needs Assessment is being conducted to establish the health and well-being needs of older people in the Braintree District. Specific areas covered are Mental Health, Finance, Housing, Access to Health Services and Falls Prevention. To carry out this research the methods used were interviews, questionnaires and focus groups to determine the views and opinions of both agencies and older people themselves. A three tier approach has been taken, with answers coming from professionals, front line staff and the public.

## **Aim**

Investigate the Health and Wellbeing of the 60+ community in the Braintree District.

## **Objectives**

- Identify existing projects and services that increase and maintain Health and Well-being for older people in the Braintree District.
- Identify where changes can be made to meet the needs of older people in the Braintree District.

Funding has been cut and budgets have been reduced by statutory organisations over the past 6 months; money needs to be spent efficiently and effectively. From this research the recommendations put forward support money saving strategies.

## **Background**

Over the next 20 years the number of people over 60 is due to increase dramatically. Even between 2009 and 2013 the number of people over 65 will increase by 4000. It is important that action is taken at this stage to make sure services and activities are provided to cope with the needs of the older people now and the growing population.

Population aged 65 and over, in the Braintree District by age, projected to 2030

	<b>2009</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
People aged 65-69	6,800	9,600	8,500	9,100	10,900
People aged 70-74	5,400	6,900	9,100	8,100	8,700
People aged 75-79	4,300	5,100	6,400	8,400	7,600
People aged 80-84	3,300	3,700	4,400	5,500	7,400
People aged 85 and over	3,200	3,800	4,600	5,800	7,500
<b>Total population 65 and over</b>	<b>23,000</b>	<b>29,100</b>	<b>33,000</b>	<b>36,900</b>	<b>42,100</b>

Figure 1. Information is taken from Office for National Statistics (ONS) sub-national population projections by sex and quinary age groups.

It has been recognised nationally and locally that action is needed now to try and keep up with needs of the older population.

The Department of Work and Pensions produced the document, Building a Society for all ages in 2009. It comments on people of later life still an integral part of the community, volunteering, caring for grandchildren or partners and generally being

part of the neighbourhood. It is important that older people are not discriminated or stereotyped; they are individual people with individual capabilities, needs and wants.

The Don't Stop Me Now National Report produced by the Audit Commission highlights the responsibility of local councils to work with their partners and older people themselves to age proof services, reduce social isolation and tackle stereotyping and age discrimination.

'Inadequate housing exacerbates health problems and creates others' *HAPPI- Housing our Ageing Population, 2009*. The HAPPI report proposed that housing needs to be addressed and improvements need to be made for older people in England. In the Braintree District Greenfield's Community Housing have a number of sheltered homes that are in bed-sit accommodation. These are inadequate and refurbishment is currently taking place to provide accommodation suitable and comfortable for older people.

The Essex Local Area Agreement 2008-2011 highlights the importance of older people living independently. National Indicator 141 – The percentage of vulnerable people achieving independent living has led to LAA Priority 2 – More people supported to live independently in their own homes with better support. Braintree Local Strategic Partnership has taken this on board and older people provision is one of their priorities.

The NHS Mid Essex Five Year Strategic Plan – Delivering Healthy Communities, has prioritised a number of things relating to older people:

- Delivering more hospital care at home and in your community
- Improving quality, efficiency and productivity in out GP and community services.
- Also, NHS Mid Essex has recently produced an Older Persons Needs Assessment. This was a quantitative report with supports the findings of this study.

## **Methodology**

A 3 tier approach was chosen for this study to ensure a variety of views across the Braintree District are considered. These were with professionals who commission and monitor agencies and projects that impact on older people in the Braintree District, workers who work with older people on a day to day basis and older people themselves. The data collection methods were interviews, questionnaires and focus groups, Appendix A shows the list of the 17 agencies consulted. The same questions were asked to all participants, which will ensure consistency, in the information that has been received. This data collection determined what agencies feel is important to older people, what could be improved and what is currently successful, see Appendix B for a list of questions that the agencies were asked.

Further to this, interviews, questionnaires and focus groups have been carried out with older people to find out if their views are the same as the organisations and what they would like to see changed to improve the health and well-being of older people in the Braintree District. Appendix C shows the interview and focus group questions for the older participants. The sample was taken from a wide range of older people who live

their lives differently.. For example it included people who reside in rural and urban areas of the district, different ages, disabilities and health, wealth and deprivation.

Altogether there were 29 individual interviews carried out, 4 Questionnaires and 5 Focus groups. 96% of the people that were consulted were female. This was mainly due to the availability of females at the activities where the older people were consulted.

Although the most deprived MSOA areas within the Braintree District are in the urban areas North Braintree, East Braintree, South Halstead and Witham. For this study, it is important to evaluate all locations within the district so the needs of people in rural isolation and deprivation can be considered.

## **Results**

### **1 - General Observations**

#### **1.1 - Title and Grouping**

One of the first questions asked to the people consulted was, “What was your preferred population title?” Professionally the most politically correct term is older people, but this changes frequently. 67% of people asked said they would prefer to be referred to as Senior Citizens. ‘Older people’ sounded too much like old people and they didn’t want to be thought of as old. It was a concern that some agencies still referred to older people as elderly. This is thought to describe people as frail and old which is not the case of the majority of older people. The agencies and the senior citizens all felt strongly that people should be taken as an individual and one size does not fit all. It is important to address the population group as they wish to be addressed, in a respectful manner.

#### **1.2 - Mental Strength**

Due to mobility and transport difficulties 6 of the interviews were carried out in the persons own home. The life experiences they talked about expressed their ability to cope with the difficulties they are facing, including getting older and frailer themselves. Everyone consulted had different circumstances but the same positive, determined attitude was expressed throughout. They would openly want to discuss their partner who was either in a care home or had already passed away.

#### **1.3 - Gender split**

In the Braintree District there are 12,800 females over 65 compared to 10,300 males. This could be seen with female attendance being significantly higher at clubs, activities and use of services. The men that did attend were asked why they thought only a few men engaged in social activities. The general answer was quite blunt, with the response that most were already dead. However when asking the same question to the women, they would answer that it was because men didn’t have the confidence to join in and kept themselves to themselves. Figure 2 shows the difference in the number of males and females over 65years old in the Braintree District. It can be seen that between the age of 65 and 69 there are equal numbers of males and females, however for the people over 85 there is a significantly higher number of females compared to males.

**Gender split in the 65year old and above population  
in the Braintree District 2009**

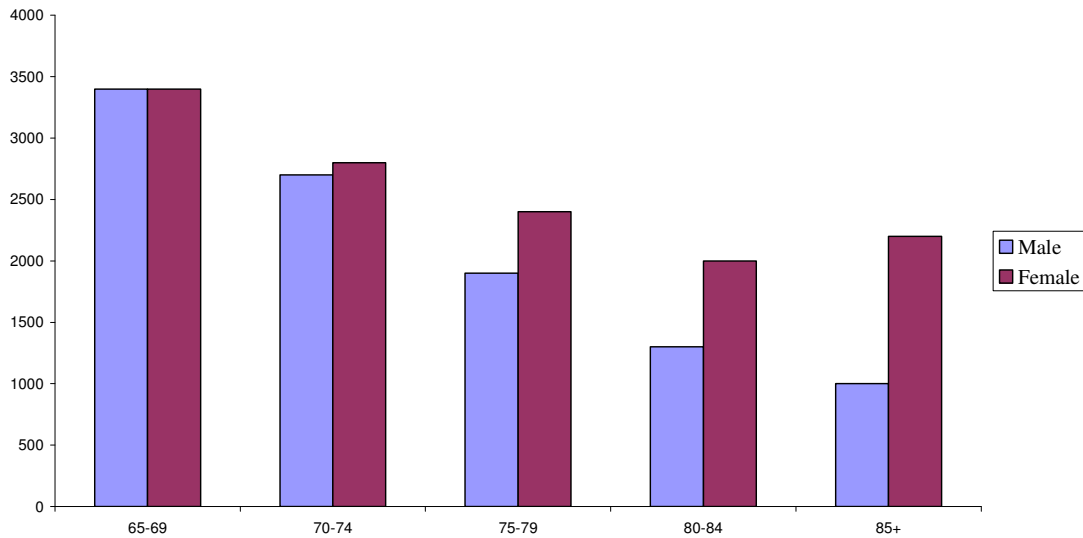


Figure 2. The information is taken from Office for National Statistics (ONS) subnational population projections by sex and quinary age groups. The latest subnational population projections available for England are based on the 2006 mid year population estimates

1.4 - Sign posting

Everyone who was consulted needed information on a service or wanted to know about other activities they could take part in. The Braintree District have support and Advice services including the Village Agents, Age Concern, Advice and befriending services, the BDVSA, Hanover at Home Health Trainers and CAB. These services are successful in engaging with a large number of people but there is still a big proportion of older people in the district that are not generally engaging. The reasons for this are, they didn't know about it and/or they didn't think they were able to use it, but once given more details they realised they could have access it.

1.5 - Third Sector Importance

Appendix D shows a table of third sector activities that are organised around the District. It shows there are a high number of activities that older people can join in. Social activities increase and maintain a good, positive mental attitude.

Day Centres are particularly beneficial in a number of ways to maintain and increase, health and wellbeing. Time was spent in day centres and luncheon clubs and it was clear that they were like a small communities. People looked out for each other and if regular members didn't turn up someone would find out if they were ok. Activities were always arranged and raffles were received well. The lunches are very important to the people who attend. The meals are of a good standard, and provided people with a healthy meal they may not have been able or willing to make for themselves. Comments made by some people that attend Halstead Day Centre and Halstead Senior Citizen Centre were:

“It gives me something to get up for”

“I wouldn't leave the house or see anyone if I didn't come here”

“I get a good square meal and friends to chat to, I don’t know what I would do without this”

Churches are also a key facility for older people. A lot of the people consulted attended church coffee mornings or outings but did not attend church services or were especially religious.

The main finding from this research is that Braintree District has a wide range of quality services and social activities for older people. The problem is letting older people know about them. Some initiatives do not advertise because they are at full capacity and others rely on word of mouth.

Essex County Council produced the handbook called Be Safe, Be Smart that was delivered to all older people in Essex. The handbook promotes personal safety, security, health and wellbeing by giving information and useful contact numbers. The evaluation carried out by ECC on this book was very good and it carried out the purpose it was made for. However a local version including groups, clubs, volunteering opportunities and social events would greatly increase the wellbeing of older people in the district.

However all of the older people consulted felt that a booklet or pamphlet would be beneficial to have to hand in their own homes listing all activities, services and clubs that they may need or would like to join in the locality.

Hanover At Home, The BDVSA Greenfinger’s Gardening Scheme and Community Transport all signpost to other organisations while carrying out their services for older people. This could be increased with an up to date database with organisations’ contact and referral details. This would enable more agencies to be able to signpost correctly to other services and activities. This would also ensure that older people receive more help and support they require, in a preventative way which will save in providing services to cure problems that could have been avoided. However, demand for preventative projects and services is high, and this will only increase as the population increases, as it is predicted. Agencies consulted, both 3<sup>rd</sup> sector and statutory, felt that they are at full capacity already and are unsure if they will be able to provide there service to meet demand, especially at the population increase.

One agency provided this comment, “We are currently at saturation point and would need extra staff, funding, equipment and volunteers to accommodate additional services. Is there funding available – who knows with the current grant funding situation. I am potentially facing funding cuts.”

Another said, “Our services are currently pretty much at full stretch. With the predicted continual increase in the numbers of older people, we will have to recruit more paid staff and more volunteers to keep up, and a major problem at present, of course, is funding. Statutory bodies are having to look seriously at their own financial situation and both grants and payments for commissioned services are increasingly difficult to come by. If the situation persists, we will have to look at whether we can continue to provide the services we do to the extent we do, or indeed at all.”

With funding cuts and economic downturn, an increase in services is highly unlikely. With the predicted increase of older people, new cost effective ways to provide these services need to be investigated. Agencies need to plan for the future as well as what needs to happen currently. It can be difficult to work on the future with governmental changes and funding opportunities reducing, but it is important to think about the needs of the future.

#### 1.6 - Time is important

Older people want to look at the now and not the future. Some people do this because they realise they may not be here in 15 years time and others do not realise they need to think about planning for the future and being prepared and organised for older age.

#### 1.7 - Neighbours

Neighbours were very important to 75% of the people questioned. Some of the older people questioned have neighbours of their own age and others have younger families as neighbours, but the outcome is the same. The neighbours looked out for them which made them feel safe and confident about living in their own home for longer. A recurring comment was "If the curtains aren't drawn, the neighbours knock to see if I am OK."

Case study – "Mr Richards who has been my neighbour for 20 years deals with all my banking and helps me organise everything. I can't hear very well on the phone because I am a bit deaf and I am really not that confident in sorting things out. My husband used to do all that before he died. If I get a letter I just take it straight round to Mr Richards. He also helps with my shopping, especially with all that bad weather last year, I daren't go out."

#### 1.8 - Personality and Behaviour of Older People

There were common themes that were important to older people: respect, dignity, being given choice, and independence. All agencies identified the same points which mirrored the feelings of the older people themselves. Worry and fear were also recurring themes in respect of:

- Fear of falling. For example, Community Transport stated that clients would cancel a shopping trip if the weather was bad and there was a slight chance of a fall.
- Fear of not having enough money for heating or food. Older people are reluctant to ask for help and don't like to take benefits as they see it as charity.
- Fear of not being able to live in their own home anymore.

#### 1.9 - Volunteering

It was noted that even though older people are classed from around 60+ years old, a lot of people are very capable individuals. Volunteering posts are often carried out by people 65+ and without these people a lot of services and projects would not be able to run which would be detrimental to the whole population but particularly older people. Examples include:

- Age Concern has a variety of volunteers including 17 Befrienders, 5 Councillors, 4 Community Advocates. From these, 15 are over 60 years old.

- Citizens Advice Bureau has 2 volunteers over 60 and one paid member of staff that runs Disability Outreach Team. This service found £267,000 in benefits and grants for older people within the district in 2009. Many more volunteers advise within the CAB offices.
- Witham Luncheon Club has 10 volunteers spread over the 2 days they offer lunches. 9 of them are over 60. They are keen to offer lunches on a 3<sup>rd</sup> day but more volunteers are needed. Without the older people that currently work on the 2 days they would not be able to run at all.
- Community Transport has around 100 volunteer drivers. A lot of these also use their own car to transport clients. Around 85-90% of the volunteers are over 60.
- Braintree District Council runs Heart and Sole Walks and the Walking for Well-being programme. These sessions rely on the 44 volunteer leaders to carry out the walks. Around 75% of these volunteers are over 60 years old.

#### 1.10 - Service Standards

- Older People expect a service to be, regular, punctual, reliable, honest, and consistent.
- **“One service doesn’t fit all”** Agencies accept that people over 75 years old are in more need of their services than older people between 60-70years old. This is a general rule and exceptions are made but ability and well-being significantly change once over 75 year old. Lack of transport, support, caring for partners or bereavement, all contributes to a decreased mental and physical well-being.

#### 1.11 - Paid home carers

Paid carers need to be monitored more to ensure the full service is being given. A lot of older people become institutionalised due to carers lack of time. There are 3 main reasons why older people don’t complain:

- They don’t realise they can complain
- They don’t want to make a fuss
- They don’t want it taken away.

## **2 - Mental Health**

### 2.1 - Dementia

**“Its about adding life to years, not years to life”** *National Dementia Strategy 2009*

The Department of Health produced a National Dementia Strategy in 2009. The number of people with dementia is rapidly increasing. By 2030 it is predicted that there will be 1720 people with dementia in the Braintree District which is 44% increase of the figure today. See Appendix C for the 17 objectives which this strategy highlights.

### Total population aged 65 years and above, predicted to have dementia in the Braintree District

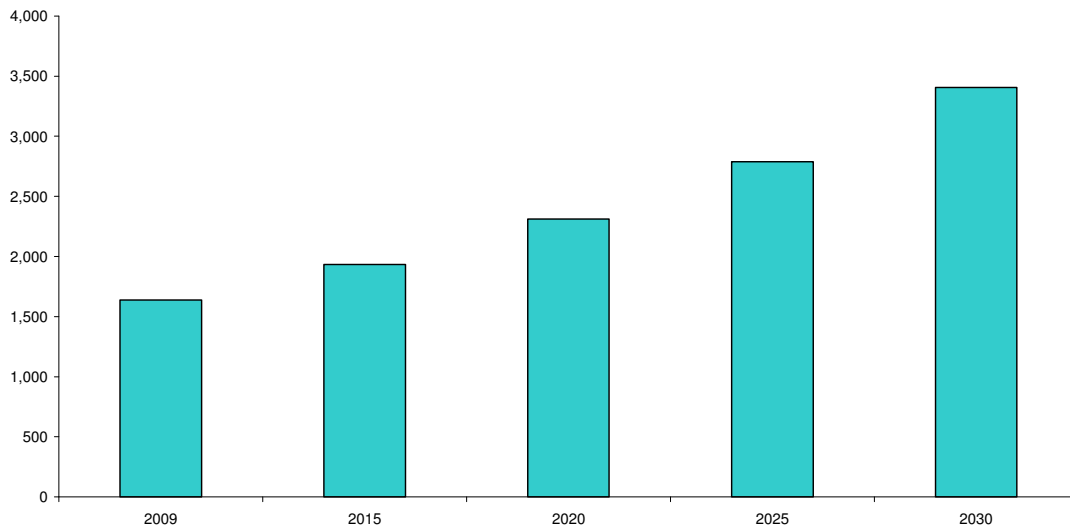


Figure 3. Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.

Essex County Council has already started to implement some of these objectives. Their website, [www.essex.gov.uk/Adultsocialcare](http://www.essex.gov.uk/Adultsocialcare) offers a range of information to help with dementia or any other issues where older people may need additional support. For example, AskSARA is an initiative where a few questions are answered by the older person about their needs and a report is produced outlining what equipment can be of use to enable them to carry on living independently, which is the overall target.

Helen Court is another significant development that can contribute to meeting some of the Dementia Strategy's objectives. Braintree District Council is working in partnership with Hanover Housing Association to provide an extra care scheme in Witham. The property hosts 55, one and 2 bedroom apartments. Leisure facilities are available onsite including a restaurant and hairdressers along with a 24hour care team. Care assessments are carried out as people move in, so if there are any needs they can be met. This could be help with the shopping or assistance getting up in the morning. This is a positive step forward in providing housing for older people, which older people want.

NHS Mid Essex 5 year strategic plan recognises the importance of dementia services and is currently taking action to provide better a better service to meet the needs of people with dementia and their carers.

2.2 - Home shopping service A low percentage of Older People have or want to have access to the internet, therefore the usual Home Shopping services from the major supermarkets are not suitable for the majority of older people. A scheme is needed where a person can telephone their order, speaking to familiar, local voices and receive their shopping at the date and time specified.

### **3 - Falls prevention and hospital admissions**

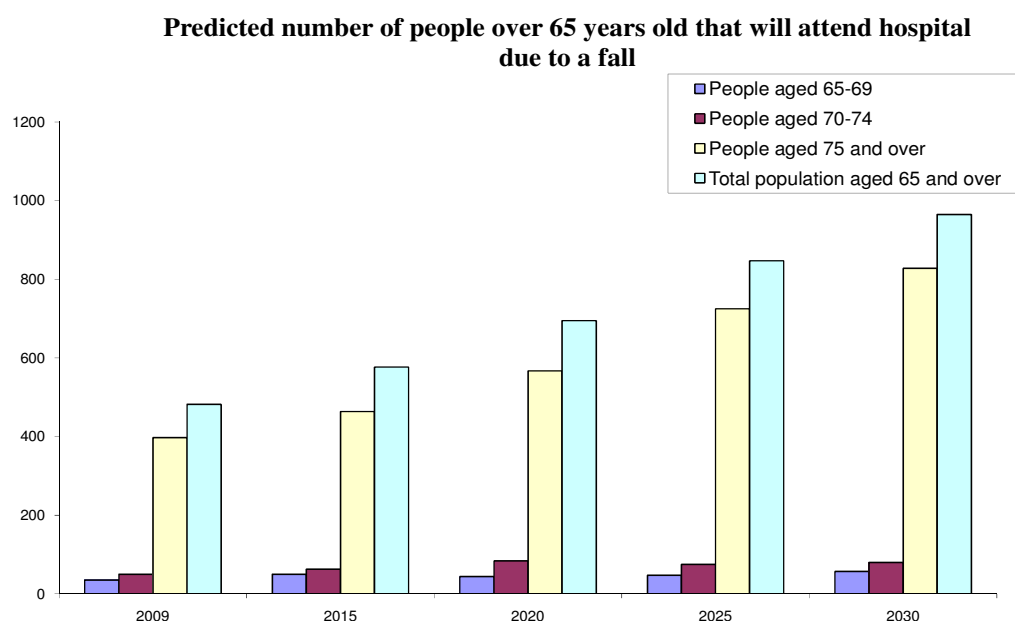


Figure 4. These figures are based on a study of 647,721 A&E attendances and 204,424 admissions to hospital for fall related injuries in people aged 60 years and over. Scuffham, P. et al, Incidence and costs of unintentional falls in older people in the United Kingdom, Journal of Epidemiology and Community Health, Vol. 57, No.9, Sept. 2003, pp.740-744.

#### **3.1 - Home Improvement agencies**

Hanover at Home offers a home improvement service for the Braintree District. Local evaluation shows this is a valuable service with over 600 handyman jobs completed in 2009. Nationally, support for home improvement schemes is evidenced in the Department of Work and Pensions Strategy, Lifetime Homes, Lifetime Neighbourhoods 2008 and Foundations is the governing body. [www.foundations.uk.com](http://www.foundations.uk.com)

Funding is being reduced for this scheme in the Braintree District, but the service is greatly needed. Many older people consulted had used the service and were greatly appreciative. Others who hadn't heard of the scheme were very interested and were going to contact them for a number of different jobs, including changing the clock battery because they couldn't reach and didn't want to stand on a stool, in case they fell.

#### **3.2 - Falls Prevention Classes**

Dr Dawn Skelton who is the Scientific Co-ordinator of ProFaNE (Prevention of Falls Network Europe) has carried out a significant amount of research to evidence the positive impact, low intensity exercise can have on preventing falls. 5 classes run in within the Braintree District each week. Classes are to capacity with a low drop out rate. The classes are run in partnership with a Physiotherapist and Occupational Health Therapist but one of the most important parts of the session for the participants

is the cup of tea and socialising at the end. The programme lasts for 24 weeks and Braintree has recently set up follow on sessions to enable the participants to maintain their social circle and the continuation of the exercise.

## **4 - Housing**

### **4.1 - Local Commitment**

Braintree District Council's Housing Strategy 2009-2014 has realistically thought about older people and the increasing numbers. Aims within the strategy include:

- Improving the condition of housing, especially for vulnerable people
- Address the housing and support needs of vulnerable people.

BDC are currently carrying out a Task and Finish Group on the provision of services for older people in the Braintree District. This information will enable further actions to be taken in delivering the Housing Strategy Action Plan. Other actions carried out include:

- Targeting older people with newsletters and registering over the phone instead of expecting them to use the internet.
- Breakfast Briefing sessions have been organised to explain to agencies the Choice Based Lettings scheme. These have been very well attended. Importantly Village Agents have attended which will enable more vulnerable people to access the scheme with help from the Village Agents.

Figure 5 shows the number of housing grants that Braintree District Council have allocated in 2009/2010. 50% of these grants have been received by older people.

<b>2009/2010</b>		
	<b>Total number of grants</b>	<b>Of which were awarded to people 60+</b>
<b>Major Housing Grant</b>	30	6
<b>Minor Works Assistance</b>	51	28
<b>Disabled Facilities Grant</b>	60	36
<b>Total</b>	<b>141</b>	<b>70</b>

**Figure 5.**

### **4.2 - Home from Hospital Service**

Hanover At Home offers Home Improvement support for when someone comes home from hospital including help with applying for the grants above. The home adaption service is prompt to enable the person to leave hospital at the earliest opportunity, going back into a safe environment that they are comfortable in. Staying in hospital can reduce wellbeing for the older person, reduce the number of beds available for others and increase the cost. Without the home improvement service the people would either return to a home that does not meet their needs with a high chance of readmission or stay in hospital. Both these options are unsatisfactory for either the patient or the NHS.

A further scheme is needed to offer care, befriending and support for the weeks after discharge from hospital. This will decrease the number of hospital re-admissions, therefore creating cost saving for the NHS and increasing quality of life and life

expectancy for the individuals. There is a need for this service in the Braintree District which would support the following:

- NI 134 – The number of emergency beds per head of weighted population.
- LAA priority 2 LI 2.1 – People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.
- Braintree District Sustainable Community Strategy Theme 4.2 – Enabling everyone to enjoy a safe and healthy lifestyle.

There are a number of agencies that can offer this service but funding is essential for this to take place. Currently there is a similar service in a neighbouring district offering this proven service. They have experienced a reduction in delayed hospital discharge and readmission. This will save the NHS money and have a positive impact on the patient.

In 2009, 932 people over 65 years old lived in care homes, by 2013 this figure is predicted to have risen to 1053. Helen Court, as previously mentioned, which opens in August 2010, is offering 55 new apartments. This scheme significantly helps to provide the additional accommodation that is needed for the increase in over 65 year olds.

## **5 - Finance**

### **5.1 - Household warmth**

Fuel companies and the Government realise the importance of heating for older people during the winter months. The Winter Fuel payments have been well received by people over 60 with a maximum of £250 per household which increases to £400 if the person is over 80 years old. Two other partnerships exist: E-ON and Age Concern, British Gas and Help the Aged, that reduce fuel costs for people over 60 years old. Additionally Gas and Electricity suppliers are not allowed to disconnect households that consist of only of people over 60 between 1<sup>st</sup> October and 31<sup>st</sup> March.

Below, figure 6 shows the number of grants that have been given out through the Government Warm Front Scheme for people over 60 years old. The Warm Front grants help people to have warmer homes to save money and increase health and wellbeing. Along with other agencies, Hanover Home Improvement Agency and Citizens Advice Bureau signpost people to this scheme and help with any paperwork to ensure they receive what senior citizens are entitled to. It can be seen that the scheme has been beneficial to a large number of households in the District.

## Braintree - Over 60's

Assisted Households	2008-2009	2009-2010 (upto 28th Mar 10)
Braintree	421	193

Referrals Received	2008-2009	2009-2010 (upto 28th Mar 10)
Warm Front	528	245
Warm Front Rebate Scheme	405	235
Warm Front Non Eligible	19	11

Measures Installed	2008-2009	2009-2010 (upto 28th Mar 10)
2nd Time Heating Repairs		4
Boiler Replacement Gas	63	89
Boiler Replacement Oil	8	12
Boiler Replacement Solid Fuel		1
Boiler Replacement Warm Air		3
Cavity Wall Insulation	45	35
CFL	401	122
Draughtproofing	40	36
Electric Storage Heating	14	22
FIDIHWT		1
Gas Central Heating	6	11
Heating Repairs	83	31
Loft Insulation	93	76
Oil Central Heating		5
Tank Jackets	10	5
Sum:	763	453

**Figure 6.**

### 5.2 - Self Directed Payments

Following the Department of Health Document, Putting People First, 2007, Essex County Council has implemented a new system for Adult Social Care payments as part of the Putting Essex People First Initiative. The scheme is designed to give people more control and choice on how they would like to use their money to benefit their needs. It is still in the preliminary stages and the agencies consulted are interested to see if it becomes successful.

## **6 - Access to the Health Services**

### 6.1 - Transport

Issues were raised about attending hospital appointments by 52% of the people questioned. In the Braintree District there are 4709 people that live alone without transport, *Office of National Statistics 2006*. The criteria for accessing hospital transport is very strict with many older people having to pay for taxi's to get to their appointments which they can not afford and do not feel confident and safe using.

Taxi tokens were very popular with the older people consulted, they were disappointed that they do not now fit the criteria. Due to cuts, Braintree District Council has changed the criteria for the tokens. This only allows people in rural isolation to obtain the tokens. It is understood that this service will be reduced further due to more cuts in the future. Community Transport could be used for some of the journeys that taxi tokens were used for. However it is important that the individuals are told about alternative services.

Case Study - One gentleman questioned explained that he lived in Witham but the nearest bus stop is 20mins walk away with his walking frame. This was too far for him to walk and if he did get to the bus stop he would not be able to get on the bus because of his poor mobility.

The number of passenger journeys carried out by Community Transport between January 2009 and December 2009 were 52,304. The most popular trips are food shopping, doctors, community centres, lunch clubs, other health related appointments, garden centre visits. Maldon, Clacton and Walton are popular during the summer months. The most popular areas for users are the towns, Braintree, Halstead then Witham – followed by the Hedinghams then all other parishes. This is simply because they are the most populated areas. Everyone knew about the service was very complementary.

Public transport is not suitable for many hospital appointments, cost is not an issue because older people have the use of their free bus pass. However, the routes can cause problems, hospitals do have bus stops near them but the older person may not have one near their home, they may also have to change buses to complete the route. Older people don't feel comfortable in doing this, simply because of lack of mobility or confidence. Community Transport does not provide a hospital service. The reasoning is because a hospital service is already provided by the East of England Ambulance Service. The GP surgery refers people to the hospital transport service, but this seems to be a barrier. The older people told me that it had never been offered to them or told they didn't fit the criteria even though support was needed.

An effective hospital transport service needs to be provided that suits the needs of the people using it, older people need to be consulted so realistic criteria to be set. The service needs to be made available for the people that need it, which include GPs and practice staff to make people aware of it. Currently only a few GP surgeries offer the Hospital Transport Service, older people have to ask for it, which they don't always do.

#### 6.2 - Availability of services

Braintree District is a rural district with 7719 people (women over 60 years old and men over 65years old) who live in rural isolation. Villages including Foxearth use a number of services from Suffolk and villages including Sturmer use services from Cambridgeshire. This can make things complicated for people when they are referred to medical specialists a lot further away from their homes than the closest one in the alternative county. The NHS Choose and Book system should improve the primary and secondary care service that is offered to older people. This was launched April 2009 but is now being promoted on a wider scale. When GPs refer patients for specialist appointments the patient has the choice of any hospital in the country that

provides for their needs. This will need to be promoted widely by various agencies within the community for older people to make use of this scheme.

### 6.3 - Hospital Avoidance

NHS Mid Essex 5 Year plan acknowledges that the PCT spends £45million on non elective admissions and long term conditions in people over 65years of age. They realise a lot of these are avoidable and are working to reduce these admissions to save money and give older people independence and choice. This includes:

- 24hour district nursing support
- 7 days a week specialist advice
- Individual care plans to allow people to manage their own conditions
- Hospice at home
- Generalist care in care homes

### 6.4 - Integrated Care teams and Community Matrons

Community Matrons will be the initial contact for a large number of older people with health conditions that still live in their own home. The community matrons will liaise with all other health professionals to ensure a holistic approach and partnership working is achieved for each individual. This will reduce hospital admissions and increase wellbeing in the patients. Each Matron has 50 patients, Braintree District has 2 Community Matrons in Braintree, 1 on Halstead and 1 in Witham, and will be fully implemented by 2013.

### 6.5 – QIPP (Quality Innovation, Productivity and Prevention)

In order to meet the challenge of providing high quality and responsive services against a backdrop of increasing demand and increasing costs the NHS is focusing its efforts on delivery using the QIPP programme framework. QIPP, standing for Quality, Innovation, Productivity and Prevention seeks to improve productivity, eliminate waste whilst maintaining a strong focus on protecting and promoting quality. There is still a strong commitment to tackling inequalities and promoting equality through the maximisation of quality and improvement of patient experience.

Given the implication of the ageing population it is important that QIPP maintains a strong focus on the needs of older people. There is an increasing body of evidence that care should be delivered within the community or in patients' homes wherever possible and that admission to acute hospitals should be avoided other than in the cases of the sickest patients. Most people prefer to be able to access services as near to where they live as possible so much of the work that is being undertaken has this as a key objective. In order to deliver on the objectives of QIPP it is essential that there is a whole systems approach across both health and social care in order to maximise outcomes for service users.

All of this will clearly impact on the older people in our community and this needs assessment will provide valuable evidence on how best we can meet those needs within the QIPP programme

## **Conclusion**

Older people in the Braintree District generally feel privileged to live in the District and that there are a lot of activities and services that they can access. However there are also a large proportion of older people who do not know or have the confidence to access the things they need and want. Help needs to be given to these people to provide them with access to the activities and services. Concerningly, due to the economic climate, both statutory and voluntary sectors are looking at financially difficult times. Instead of looking at increasing provisions for older people to run parallel with the increasing number of older people, it is more likely provisions will stay the same or even decrease which will be at the detriment of older people health and wellbeing.

## **Recommendations**

- To develop a leaflet for all older people in the District listing local activities, services, clubs and volunteering opportunities which are relevant.
- To investigate possible funding opportunities for local agencies so they can continue providing their service with the possibility of expansion to meet the needs of the growing population.
- To develop a home from hospital service for the Braintree District.
- For provision to be maintained or even increased for the growing population of people over 60 years old.
- To ensure hospital transport more easily accessible, for older people.
- To improve this study the following should be done:
  - Question and consult with more males over 60 years old to achieve an even balance in opinion between men and women.
  - Question and consult with a larger number of older people. However this is time consuming but valuable information is received when time is spent either in their homes or at social clubs they attend.
- Encourage more men over 60 years old to participate in social activities.
- Further evaluations need to be carried out to ensure older people get the best care from paid carers.
- Further funding opportunities to be found for continuation of the Home Improvement Agency
- Promotion of the Choose and Book System.
- Consider a Telephone Home Shopping Service for older people.

## **Action Plan**

The following groups will receive a presentation on this study:

Braintree District Equality and Diversity Group  
Braintree District Council Task and Finish Group  
NHS Mid Essex Public Health Team  
Local Strategic Partnership sub group, Health Housing and Well-being

All agencies consulted will receive a copy of this study.

## **Acknowledgements**

I would just like to thank all the agencies and individuals that have contributed to this study.

BDC Community Transport  
Hanover At Home, Home Improvement Agency  
Guinness Trust and Dengie Project Trust  
Essex County Council, Adult and Community Wellbeing  
NHS Mid Essex Carers Champion  
Village Agents  
Age Concern  
BDC Equality and Diversity  
BDC Environmental Health – Grants  
CAB, Witham Office and the Outreach Service.  
BDVSA Braintree District Voluntary Services Agency  
ECC Adult Social Care  
BCD Leisure and DC Leisure  
CECS – Central Essex Community Services  
Care Call  
Essex Police  
Gypsy and Traveller site Manager (Gypsy origin)  
Witham Luncheon Club  
Halstead Day Centre  
Make My Community Work Group – ECC  
Village Agent Clients Braintree and Bocking Community Centre  
Falls Prevention  
CAB Clients  
BDVAS Greenfinger's clients  
Age Concern at Halstead Community Centre  
Jane Richards  
Charmaine Dean  
Jo Albini  
Alison Weaver  
Jenni Simpson  
Angela Verghese  
Anna Szwagiel

Clare Lawrence, Health and Wellbeing Development Officer  
24<sup>th</sup> August 2010

## Appendix A

### Organisations that have been interviewed:

BDC Community Transport  
Hanover At Home, Home Improvement Agency  
Guinness Trust and Dengie Project Trust  
Essex County Council, Adult and Community Wellbeing  
NHS Mid Essex Carers Champion  
Village Agents  
Age Concern  
BDC Equality and Diversity  
BDC Environmental Health – Grants  
CAB, Witham Office and the Outreach Service.  
BDVSA Braintree District Voluntary Services Agency  
ECC Adult Social Care  
BCD Leisure and DC Leisure  
CECS – Central Essex Community Services  
Care Call  
Essex Police  
Gypsy and Traveller site Manager (Gypsy origin)

### Older People interviewed and focus groups

Witham Luncheon Club  
Halstead Day Centre  
Make My Community Work Group – ECC  
Village Agent Clients (Isolated Individuals)  
Braintree and Bocking Community Centre  
Falls Prevention Class  
CAB Clients (Isolated Individuals)  
BDVAS Greenfinger's clients (Isolated individuals)  
Age Concern at Halstead Community Centre

## Appendix B

### **Stakeholder interview discussion guide**

Stakeholder Name and Organisation

Could you explain what your role is with regard to Older People?

What are your organisations priorities for Older People?

Has an evaluation been carried out for your projects and services?

What is your understanding of the title 'Older People'?

From your experiences with working with Older People how do you think they differ from other population groups? (Diet, transport, Mental Health)

What is the best way to communicate with Older People?

What sort of things do you think are important to Older People?

In our opinion, what are the key issues for Older People?  
(Mental Health, Access to services, Finance, Housing)

How do you think services can be delivered successfully to Older People?

Are there any services that are particularly successful?

Past and present

Are there any services that need to be considered for the future?

What has not been so successful and why?

What would you like to see changed to benefit Older People?

Do you notice any difference in the needs of Older People in different Ethnic groups?

What would you like to see come out of this research?

Is there anything that hasn't been discussed that you would like to mention?

## Appendix C

### **Older people interview discussion guide**

Name, Age and Area of Residence

What is your preferred group name?  
(Older people, Pensioners, Elderly, Seniors)

What is your understanding of the title 'Older People'?

What do you think priorities, should be for Older People?  
(BDC, NHS, Voluntary groups)

Do you think Older People differ from other population groups?  
(Diet, transport, Mental Health)

How do you prefer to be communicated with?

What does being healthy mean to you? Is it important to you?

Do you feel you are healthy and why?

What activities and services do you use?

What activities and services would you like to access and why don't you currently?

What sort of things do you think are important to you and Older People in general?  
(Mental Health, Access to services, Finance, Housing)

How do you think services can be delivered successfully to Older People?

Are there any services that are particularly successful?

Past and present

Are there any services that need to be considered for the future?

What has not been so successful and why?

What would you like to see changed to benefit Older People?

What would you like to see come out of this research?

Is there anything that hasn't been discussed that you would like to mention?

Name of group ( <b>Appendix D</b> )	Companionship	Mental wellbeing	Physical activity	Advice and support	Health	Independence
Alzheimer's Society						
Asthma						
Arthritis Care						
Breath Easy						
CHARMS (MS)						
Braintree Social Club for the Blind						
Essex Dementia Care						
Respite Association						
Diabetes UK						
Farghleigh Hospice						
Folly House Trust (Deaf)						
Halstead Firm Friends Stroke Club						
Hearing Help Essex						
MS society						
Green Carpet Bowls						
Club 55						
Parkinson's society						
Salvation Army						
Stroke Support						
Relative and Residents Association						
Halstead Day Centre						
University of the 3rd Age						
Witham Luncheon Club						
Witham Methodist Church Coffee Morning						
Make My Community Work Group (ECC)						
Branston Leisure Centre 50+ group						
Women's Institute						
Witham United Reform Church						
Halstead Senior Citizen Centre						
CheerRing Hearing help						

Support for Sight						
Village Agents						
Community Transport						
Carecall						
Age Concern - Advocacy Service, Advice and Support Service, Toenail Cutting, Home Support and Befriending Service						
BDVSA Greenfingers gardening scheme						
Hanover Home Improvement Agency						
Heart and Sole Walking Groups						
Crossroads Care						
Action for Family Carers						
Greenfield Housing						
Falls Prevention classes						
Leisure Centres - Leisure users over 60 years old. Leisure Card Holders = 221, Swim Members = 8, Full Fitness Members = 100, Casual Gym Members = 84						
Braintree District Council - Housing services including Welfare rights, Environmental health, Planning, Community Safety and Development, Community Well-being						
Fire Service						
NHS Mid Essex and Central Essex Community Services						
Essex Police						

This table shows a range of agencies that support older people in the Braintree District. The areas highlighted in yellow demonstrate the service that each agency offers.



## Appendix E

**Dementia Strategy 2009** [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_094051.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf)

There are 17 objectives which this strategy highlights.

1. Improving public and professional awareness and understanding dementia
2. Good quality early diagnosis and intervention for all.
3. Good quality information for those with diagnosed dementia and their carers.
4. Enabling easy access to care, support and advice following diagnosis.
5. Development of structured peer support and learning networks.
6. Improved community personal support services.
7. Implementing the Carers Strategy.
8. Improve the quality of care for people with dementia in general hospitals.
9. Improved intermediate care for people with dementia
10. Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.
11. Living well with dementia in care homes.
12. Improved end of life care for people with dementia
13. An informed and effective workforce for people with dementia.
14. A joint commissioning strategy for dementia.
15. Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
16. A clear picture of evidence and needs.

17. Effective national and regional Support for implementation.