An Action Plan to improve services for older people throughout the Outer Hebrides.

2012/2013

Older Peoples Partnership (Outer Hebrides)

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Reviewing Team	**Older Peoples Partnership**

INTRODUCTION

The Older Peoples Partnership (OPP) is made up of representatives from statutory, third sector and private partners who have an interest in improving services for older people. The group meets every 6 weeks.

The partnership aims:

a) To achieve the best possible health and wellbeing for older people in the Outer Hebrides;
b) To enable older people in the Outer Hebrides to live as independently as possible.
c) To identify and promote the needs of older people and their carers to service providers.
d) To ensure we meet the National Standards across Health and Social Care Services, the local outcomes in the Single Outcome Agreement and the NHS HEAT targets.
e) Provide an opportunity for information sharing and promoting partnership working

The Older Peoples Partnership is committed to tackling the implications of an ageing population. This action plan aims to challenge and change attitudes towards older people to ensure they get a fair deal and are able to contribute meaningfully to our communities promoting a positive attitude towards ageing. This requires a fundamental change in attitudes, changing the dialogue from negative stereotypes of dependence and loss to a positive appreciation of the skills, wealth of knowledge and experience owned by older people.

There are three common groups when considering the older person;
(1) **Young and active** i.e. those who are aged 50 and over and **active** and **independent**. The relevance of stimulation, activity and promotion of physical and mental wellbeing during the transition from middle age onwards is crucial.
(2) **Older** i.e. those in their 70's and 80's who are in **transition** between healthy active and frailty.
(3) **The frail** older people who are **vulnerable** as a result of health problems such as stroke, dementia, social care needs or a combination of both.

The introduction of the **"Reshaping Care for Older People Change Fund"** supports work to bring about a cultural change in service delivery for older people, this alongside the aspirations of the CHaSCP and the priorities for the Outer Hebrides Community Planning Partnership (OHCPP) are reflected in this action plan. As well as tackling the issues around caring for our vulnerable older people the OPP recognise the importance of preventative measures to maintain a healthy active aging population. Partners within the OPP will also support work that comes out of the Change Plan, to ensure better and more responsive services for older people.

This Action Plan aims to reflect the United Nations Principles for Older People to **promote Independence, Participation, Care, Self fulfilment and Dignity.**

This action plan contributes to the following National Outcomes for Scotland:
Primarily it will contribute to National Outcome 15:
"Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it";

Whilst also contributing to the following national outcomes:

6: We live longer, healthier lives
7: We have tackled the significant inequalities in Scottish society
9: We live our lives safe from crime, disorder and danger
11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
16: Our public services are high quality, continually improving, efficient and responsive to local people's needs

This action plan contributes to the following CPP Local Outcomes:

1. The populations of the Outer Hebrides are stable, with a better balance of age, gender and socio-economic groups
2. The economy of the Outer Hebrides and the economies within the Outer Hebrides are thriving
3. The people of the Outer Hebrides are well educated, well trained and well skilled
4. The physical and mental health and wellbeing of the people throughout the Outer Hebrides is improved
5. The communities of the Outer Hebrides are stronger and more able to identify, articulate and take action and responsibility regarding their needs and aspirations
6. The people of the Outer Hebrides derive maximum benefit from the natural and cultural resources of the area, whilst at the same time safeguarding those resources to benefit future generations
7. The services of the Outer Hebrides are of high quality, continuously improving and reflective of local needs

This action plan contributes to the following SOA priority:

Improved services for older people in the Outer Hebrides.

ACTION PLAN

1. Increase the percentage of 50+ age group who are healthy, active and receive high quality services reflective of their individual needs. ▪ Promote independent living and prevent dependency ▪ Promote active ageing ▪ Promote participation and involvement in communities	
Work of individual partners contributing to outcome:	**Lead**
Health promotion activity including alcohol brief interventions, smoking cessation and nutritional advice.	NHS, HP, ADP
Promotion of the health benefits of volunteering to over 50's.	VCWI
To promote the benefits of learning and to signpost towards readily accessible information.	Com Ed CnES/ Cothrom
To support the recruitment and retention of older people in employment.	Job Centre plus/ CnES Com Ed
To promote concessions to encourage the participation of older people in leisure activities.	NHS WI / Slainte Mhath
To promote the development of health and social care services for the older person with Mental Health, Alcohol and Long Term Condition related issues in order to improve their life circumstances.	NHS WI
Support the development of the Older Adults Mental Health Forum	NHS WI
The production of a Housing Options guide	CnES Housing
Carry out a mapping exercise to identify any gaps in services for older people	WICCF
Provision of aids/adaptations to homes	HHP / Care and Repair / CnES
The implementation and monitoring of the refocused Care and Repair Service	CnES Housing

Community Transport & Dial –a-Bus services			Tagsa Uibhist
Over 60's clubs 5 clubs supported with organising outings and funding throughout Uists			Tagsa Uibhist
Identifying opportunities for service development and improved / refreshed information gathering on the housing related needs and aspirations of our older population, with due regard to the National Housing Strategy for Older people and related agenda's such as the Change Plan and Carers Strategy			CnES Housing
To support those who live alone and struggle with ill health and loneliness, by providing companionship and opportunities to socialise.			Crossroads Lewis
Supporting neighbourly and social connections through organised events and informal gatherings in Uist			Caraidean Uibhist
Supporting access to services including learning; safety information and health appointments and services in Uist			Caraidean Uibhist
Priority areas to be addressed through partnership work	**How**	**When**	**Lead**
Improve the sharing of resources between the partners and improve access to information of interest to older people.	Set up an older people's partnership website to pull together all the info/resources of partners.	Plan in place by October 2012	HB resources officer
Raise awareness of services and options open to older people	Run pre-retirement events as a partnership. Pilot in clinical skills WI Hosp for a day 10-12 stall	Events run by March 2013	Tina Burgess /Terri Davies
To promote income maximization, benefit maximization work and also the Citizens Advice Bureau.	A series of publicity campaigns through local media and awareness raising training for staff from the public and third sectors Application to funding streams to fund posts	Publicity - ongoing Application to funds March 2013	Poverty Action Group

2. Increase in the percentage of those in transition between healthy active and frail who are supported to remain independent and receive high quality services reflective of their individual needs.

- Increased support at home
- Reduction of hospital admissions and avoidable hospital stays
- Accelerated discharges from hospital
- Development of reablement models of care
- More people able to live independently in their own homes

Work of individual partners contributing to outcome:	**Lead**
Scheme of assistance	CnES Housing
To promote and encourage the use of Tele-healthcare equipment to support independent living.	eHealth forum / DALLAS
Implementation of the local Falls Policy	NHS WI /CSP
To promote concessions to encourage the participation of older people in leisure activities.	NHS WI / Slainte Mhath
To promote the development of health and social care services for the older person with Mental Health, Alcohol and Long Term Condition related issues in order to improve their life circumstances.	NHS WI
Support the development of the Older Adults Mental Health Forum	NHS WI
The implementation and monitoring of the refocused Care and Repair Service	CnES Housing
Continued involvement in the development and improvement of multi agency information sharing and assessment procedures relating to individual clients	CnES Housing
Promote self directed support	Tagsa Uibhist
Carry out a mapping exercise to identify any gaps in services for older people	WICCF
Facilitate rehousing/transfer of people to more suitable accommodation where appropriate while still staying independent	HHP

Promotion of fall prevention and home safety for older people			Community safety Partnership
Provision of aids/adaptations to homes			HHP / Care and repair / CnES
Respite care at home and new Respite care centre at Iochdar due to open for September 2012			Tagsa Uibhist
Provision of Home Support. Information and Advice to service users, carers and families.			Alzheimer Scotland (Lewis & Harris)
Develop Supported Self Care by assisting early discharge from hospital, preventing hospital re-admission and providing care in the home within the community.			Red Cross
Provision of home based respite for Carers to have regular breaks from their Caring role. To enable Carers to feel valued and supported and more able to continue in their Caring role.			Crossroads Lewis
Supporting neighbourly and social connections through organised events and informal gatherings in Uist			Caraidean Uibhist
Supporting access to services including learning; safety information and health appointments and services in Uist			Caraidean Uibhist
Priority areas to be addressed through partnership work	**How**	**When**	**Lead**
Better identify the number of people aged 50+ admitted twice recorded on the SPARRA register (Scottish Patients at Risk of Readmission) who have not had a Single Shared Assessment.	Kirsty to restart group	Sept 12	NHS WI / CnES Kirsty Street
To continue to support and promote National Older Peoples Day on 1 October.	Week of activities in Uist and Barra and Lewis	Oct 2012	Tagsa and NHS WI
Explore opportunities, and seek to increase, the volunteering opportunities in NHS WI to improve the experience of transition from hospital to home for patients.	OPP Working Group meet with Volunteer Lead at Hospital to identify opportunities and recruit volunteers	March 2013	VCWI and NHS WI

To promote income maximization, benefit maximization work and also the Citizens Advice Bureau.	A series of publicity campaigns through local media and awareness raising training for staff from the public and third sectors Application to funding streams to fund posts	Publicity - ongoing Application to funds March 2013	Poverty Action Group
Consider how the Discharge Group could work better with other agencies (i.e. TIG, Third Sector Support agencies) to ensure a successful transition from hospital to home for clients	Work with the Discharge Group to find ways of including the Third Sector and other agencies in the discharge of patients	March 2013	Kirsty Street with the hospital Discharge Group

3. The frail and vulnerable receive appropriate and high quality services reflective of their individual needs. ▪ Maximise development of tele-health and eHealth facilities ▪ More carers feel supported, with a range of services through the third sector ▪ Re-align secondary care, care home and housing provision ▪ More people able to live independently in their own homes	
Work of individual partners contributing to outcome:	**Lead**
Support the actions within the Change Plan to enable the shift in the balance of care	Change Fund
To promote and encourage the use of Tele-healthcare equipment to support independent living.	eHealth forum / DALLAS
Implementation of the housing strategy (wording needed)	CnES Housing
Carry out a mapping exercise to identify any gaps in services for older people	WICCF
Implementation of the local Falls Policy	NHS WI /CSP
Provision of aids/adaptations to housing	HHP/ Care and repair TIG / CnES
Facilitate rehousing/transfer of people to more suitable accommodation where appropriate while still staying independent	HHP
Respite for Carers care at home service	Tagsa Uibhist
The implementation and monitoring of the refocused Care and Repair Service	CnES Housing
Alzheimer Scotland provides high quality care at the Solas day centre	Alzheimer Scotland (Lewis & Harris)
Provision of Home Support. Information and Advice to service users, carers and families.	Alzheimer Scotland (Lewis & Harris)

Patient transport and escort services within Lewis and Harris, supporting the NHS and the Council.			Red Cross
Develop Supported Self Care by assisting early discharge from hospital, preventing hospital re-admission and providing care in the home within the community.			Red Cross
Provision of palliative home based support service for individuals wishing to remain in their own homes in end of life situations			Crossroads Lewis
Supporting access to services including learning; safety information and health appointments and services in Uist			Caraidean Uibhist
Priority areas to be addressed through partnership work:	**How**	**When**	**Lead**
To monitor service quality	User satisfaction surveys, user representatives, forums.	March 2013	WICCF, CnES and NHS WI
To promote income maximization, benefit maximization work and also the Citizens Advice Bureau.	A series of publicity campaigns through local media and awareness raising training for staff from the public and third sectors Application to funding streams to fund posts	Publicity - ongoing Applicatio n to funds March 2013	Poverty Action Group

MONITORING THE ACTION PLAN

This Action Plan will continue to be monitored through the Older Peoples Partnership to ensure service developments are progressed and that the quality of service provision for the older person is continually being reviewed. Through its links with older people we can ensure the voice of older people is heard with regard to developments within the Community Health and Social Care Partnership, Community Planning Partnership and the Change Fund Team.

The Older Peoples Partnership will report annually to the Community Health and Social Care Partnership Committee and will report to and play an active role in the Community Planning Partnership groups (primarily the Health and Wellbeing Outcome Group and the Communities Outcome Group).

HIGH LEVEL INDICATORS OF ACHIEVEMENT

Targets from Health Improvement and Clinical Targets	**Baseline figures**
Number for screenings for alcohol brief interventions. (NHS WI Health Improvement)	**606** (2011/12) Applies to all age groups
Number for inequalities targeted cardiovascular Health Checks. (NHS WI Health Improvement)	**440** 40-69 yr olds (2011/12)
Reductions in emergency bed rates for people aged 75 and over (NHS WI Treatment Targets)	**7309** per 1000 population aged 75+ (2011/12)
Percentage of all patients admitted with a diagnosis of stroke will be admitted to a stoke unit on the day of admission, or the day following presentation (NHS WI Treatment Targets)	**84%** (2011/12) Applies to all age groups
A reduction in the rates of attendance at A & E (NHS WI Treatment Targets)	**2213** per 100000 population for all ages (2011/12)
SOA – older people	**Baseline figures**
Life expectancy at 65 years (Female) (NRS)	**85.90 yrs** (2008-10)
Life expectancy at 65 years (Male) (NRS)	**81.10yrs** (2008-10)
Percentage where the time from first contact to completion assessment is less than or equal to four weeks for new Clients aged 65+ (CnES)	**77.65%** (2010/11)
Older people (65+) rating the area within 15 minute walk from their own home as very safe (Northern Constabulary Community Consultation)	**84.00%** (2009)
Number of occupied emergency bed days in general acute specialties for people aged 75+ per 1000 pop (WI NHS (SMR01))	**7033.00** (Mar 2010)

Percentage of older people aged 65+ with intensive care needs receiving personal care at home (NHS WI & CnES)	**45.30** (Mar 2010)
Percentage of service users satisfied with opportunities for social interaction (CnES Social & Community Care)	**55.82** (2010/11)
Percentage of pensioners in fuel poverty (Scottish Housing Condition Survey)	**86.00** (2007-09)

REFERENCES

We acknowledge the following national and local priorities.

- Change Plan 2011/12 and 2012/13
- Single Outcome Agreement
- 50+ volunteering a vital resource
- Alcohol and Drugs Partnership Strategy
- All our Futures: Planning for a Scotland with an Ageing Population
- Carers strategies
- CnES Corporate Strategy 2007-2011 and 2012-17
- Draft Reablement Strategy for the Outer Hebrides.
- Falls Policy
- Health and Homelessness Plan 2006
- HEAT Targets
- Housing (Scotland) Act 2006
- Housing Strategy 2011-2016
- Joint Hospital Discharge Policy
- Joint Futures and Better Outcomes for Older People
- Long Term Care Plan
- National Minimum Information Standards
- NHS WI Local Health Plan 2009-2013
- Tele Health and Tele Care plan

MEMBERSHIP OF OLDER PEOPLES PARTNERSHIP

(Other partners can be invited to attend meetings or become a member as considered appropriate by the Partnership)

Kirsty Street (Chair), Strategic Commissioning and Partnership Services Manager, , CnES
Tina Burgess, Snr Health Promotion Officer, Health Promotion Dept, NHS WI
Nicky Cowsill, Manager, Crossroads, Lewis
Terri Davies, Manager, Volunteer Centre Western Isles
Gayle Findlay, (Vice Chair) Community Partnerships Coordinator, OHCPP
Nicholas Hunt, Manager, Red Cross (Western Isles)
Christine Lapsley, Allied Health Professional Representative, NHS WI
Kenna MacInnes, Senior Health Promotion Officer, NHS WI, Uist
John Maciver, Director of Operations, Hebridean Housing Partnership
Isobel Mackenzie, Housing Strategy and Development, CnES
Mary MacKenzie, Team Leader, Community Nursing, NHS WI, Uist
Peggy Mackay, Coordinator, WICCF
Marion MacInnes, Services Manager, Alzheimer Scotland Lewis and Harris Services
Kathryn Martin, Manager, Tagsa Uibhist
Sheena Stewart, Coordinator, Caraidean Uibhist
Murdo Macleod, NHS WI
Denise Symington, Change Fund Project Manager, NHS WI
Coordinator, Cobhair Bharraigh

GLOSSARY OF TERMS

ADP	Alcohol and Drugs Partnership
CHaSCP	Community Health and Social Care Partnership
CSP	Community Safety Partnership
CNES	Comhairle nan Eilean Siar
DALLAS	Delivering Assisted Living Lifestyles At Scale
HEAT Targets	Health improvement, Efficiency, Access Treatment Targets for the NHS
HHP	Hebridean Housing Partnership
HP	Health promotion
NHS WI	National Health Service Western Isles
OHCPP	Outer Hebrides Community Planning Partnership
OPP	Older People's Partnership
PAG	Poverty Action Group
SOA	Single Outcome Agreement
SPARRA	Scottish Patients At Risk of Readmission and Admission
TIG	Taighean Innse Gall
VCWI	Volunteer Centre Western Isles
WICCF	Western Isles Community care Forum


Alzheimer Scotland
Action on Dementia
BritishRedCross
Cobhair Bharraigh
Western Isles
Community Health and
Social Care Partnership
Innse Gall
Partnership
CROSSROADS
Caring
LEWIS
hhp
NHS
Eileanan Siar
Western Isles
Tagsa Uibhist
Volunteer
WESTERN ISLES
COMMUNITY CARE
FORUM