

Please email your response to evidence@cpa.org.uk by **14th November 2014**.

The role of Local Government in respect of an Ageing Society

The Centre for Policy on Ageing has been commissioned by the Local Government Association to undertake a call for evidence on the role for Local Government in respect of an Ageing Society. A Task and Finish group has been established to consider the opportunities and challenges that an ageing society presents and how local government might prepare itself in the immediate and longer term to respond to these. The intention is for this programme to be completed and its report published by March 2015.

We would welcome your views on the contribution that Local Government can offer, and the changes Local Government should make, to adjust to their local ageing communities and to maximize the opportunities for local citizens and communities to age better. It would be helpful if you can cite examples where you are aware of good or innovatory practice

Section A

Person answering the call for evidence

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Section B

The questions that follow are for guidance and to act as a prompt. It is not necessary to answer all of the questions or even to use this form if you find it more convenient not to do so. We are also happy to receive local reports and evaluations where appropriate.

The call is particularly interested in looking beyond traditional 'care and support' services to strategies that improve older-age quality of life, provide an age-friendly environment and include prevention measures that promote healthy ageing in place.

We would like to hear of any innovative and ground-breaking work that you are doing. Examples may come from any area including strategic planning, commissioning, service design and delivery or activities developed in partnership with local networks of older people and communities.

1. *What are the main benefits to your community with regard to an ageing society?*

North Yorkshire attracts many people to retire in the County and there is a growing number of relatively affluent people with a wide range of skills. This group is active and is often involved in local community groups and volunteering. There are more than 3,000 voluntary and community sector organisations in North Yorkshire, providing a broad range of local services to all kinds of people.

Voluntary and community groups also provide many of our cultural, sport and leisure opportunities. Most organisations are charities, some employ specialists, but many are informal volunteer based groups. North Yorkshire's strong voluntary sector plays a crucial role in our quality of life and in strengthening the fabric of our local communities.

2. *What are the key issues for your community with regard to an ageing society?*

North Yorkshire is the largest County in England, covering 3,100 square miles. Whilst it is relatively affluent and, overall, healthier, than many parts of the country, the size and nature of the County's geography creates significant challenges, including hidden rural and urban deprivation and fuel poverty.

Only a fifth of residents live in the main urban areas, with the majority living in small towns and villages, bringing issues of transport and accessibility, particularly in winter months. Population density is low; over half the County is sparsely populated (fewer than four people per hectare). This creates challenges for public, independent and voluntary sectors in providing consistent, cost effective and accessible services for older people to geographically scattered communities. Services are expensive to deliver, commercial providers are unable to attract sufficient staffing and efficiencies to make provision attractive / economic and so the County faces high delivery costs. NYCC's average hourly rate for domiciliary care is higher than most authorities in our region.

North Yorkshire's population is projected to increase by 6.6%, from its current 602,700 reaching 642,100 by 2037. Whilst numbers of young and working age adults are expected to fall, the number of people aged 65+ is expected to have increased by 81,250 by 2037. This increase is partly driven by the number of

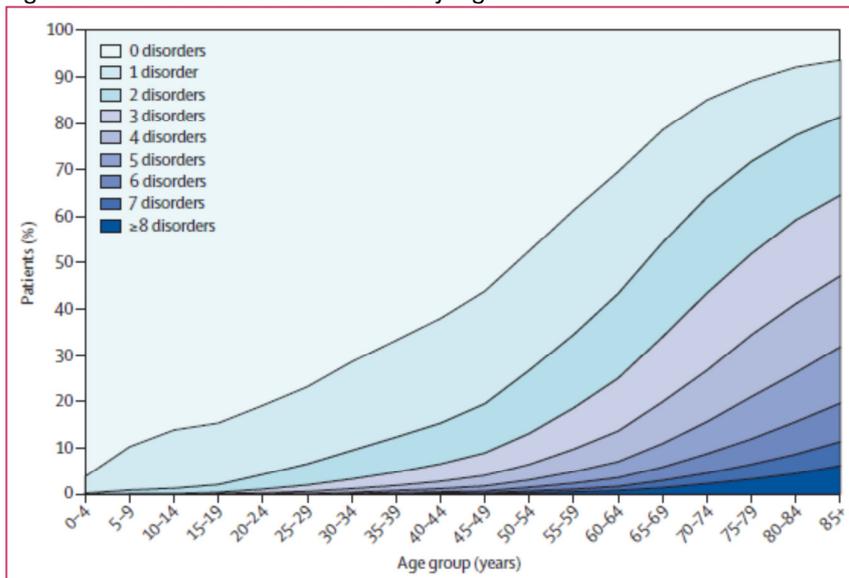
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people who retire into North Yorkshire. This influx of retirement age adults to North Yorkshire impacts on the likely incidence of long term conditions and need for social care support, whilst the number of working age adults who are moving away reduces the capacity for family carers within the County and increases the likelihood of need for external/statutory support. House prices are relatively high and there is significant demand for second homes leading to a lack of affordable housing. The lack of housing supply is compounded by the low wages seen in many areas of the County.

This projected increase in the number of older people in the County leads to particular challenges for certain age related conditions such as dementia and stroke. Multiple morbidity becomes progressively more common with age. Fig. 3 below illustrates how morbidities accumulate with age which places a particular challenge on the North Yorkshire system. Around 80% of people over 65 have at least one long term condition, by the age of 85, more than 30% have 5 or more. The current system in North Yorkshire is not designed to cope with this level of complexity, in particular the complexity of managing mental health disorders.

The most problematic expression of population ageing is the clinical condition of frailty. Frailty develops as a consequence of age-related decline in many physiological systems, which collectively results in vulnerability to sudden health status changes triggered by minor stressor events. Between a quarter and half of people older than 85 years are estimated to be frail, and these people have a substantially increased risk of falls, disability, long-term care, and death.

Fig.3: Number of Chronic Disorders by Age



The growing number of people living with dementia in North Yorkshire is a particular challenge. By 2025 it is predicted that there will be over 13,000 people diagnosed with dementia in North Yorkshire. In 2007, the London School of Economics estimated that the annual cost of dementia in England amounted to an average of £25,000 per person with dementia per year. (see: http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=531)

To address these issues, we are, for example, using extra care developments as potential incubator units for new local care providers, and are exploring options around staff mutuals.

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The approach to be taken to achieve whole-system collaborative gain will include:

- Integrating care around people rather than organisations
- Greater proportion of care deliver outside acute settings with seamless working across primary and secondary care to keep people at home
- Services promoting the patient’s home as the default for care delivery
- Commissioned services with the underpinning ethos of “No health without mental health”
- Common procedures for individual care needs assessment
- Pooled resources across health and social care wherever possible to support joint care delivery

North Yorkshire CCGs currently fund a variety of schemes aimed at reablement and carers. These schemes include services such as rehabilitation in various intermediate care settings, respite care, advocacy, befriending, dementia navigator services, adult day care, community equipment, case management, and specialist nurses working in the community.



HAS 2020 Vision.pdf

3. In your opinion or from your perspective - are local authorities important as contributors to a society adjusting to an ageing population? In what ways can they contribute? What should they do?

The County Council firmly believes that it has a positive role in enabling its population to play a full part in its own community and is currently investing significantly into a wide programme of activities entitled “Stronger Communities”. The authority is working with local communities to encourage them to deliver a range of formal and informal local services – it has set a target of 100 such services that can be provided by community groups by 2020.

Objective	‘Ask’ of Stronger Communities Programme.	Key partners outside NYCC
Get to know older people, vulnerable adults and carers locally	Use of census, District Council and other data and use of local knowledge (word of mouth) to identify older people, vulnerable adults and carers who might benefit from and/or want to contribute to the programme.	District Parish & Town Council, sports & social navigations, pubs, post offices, faith groups.
Keep older people and vulnerable adults independent and safe at home and improve their health and wellbeing.	The schemes will be established on the basis of what is needed in the community and may vary between different Stronger Communities locations. However, it is expected that core components which would help older people, vulnerable adults and carers could include:.	Parish & town councils, local businesses, volunteers and community groups.

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	community car clubs, gardening volunteers, shopping volunteers, “pop in” visitors, cooking, social outings, help with recycling, breaks for carers, sports activities, inter-generational activities.	
Keep people involved in their communities and encourage neighbourliness, thereby reducing loneliness and other triggers of social care need	As above – also volunteering (including utilising a time credit scheme), work placement and supported employment opportunities for people with learning and physical disabilities, autism and mental health problems.	Local businesses, Parish and town councils, and community groups.
Help people to resolve problems quickly and early to prevent the need for long term care where possible.	Local advice services, village or town contacts for more targeted prevention services (section 3 below), visible and trusted people in the community (shop workers, hair dressers, publicans, postal workers) who can be trained to give basic health messages.	Local businesses and voluntary groups including CAB.

Health and Adult Services contribution to the Stronger Communities programme

- Public Health advice on population data and identification of vulnerable households (anonymous) and on effectiveness of different interventions;
- Collaboration from HAS managers to identify people currently using NYCC services who might benefit from Stronger Communities programme activities;
- HAS managers and staff contributions to work in specific towns and villages to help identify what community assets and resources exist and which gaps might need to be addressed. For example, there is an opportunity to link Stronger Communities activities with Extra Care Housing;
- Practical advice and training (e.g. dementia awareness, basic safeguarding training, basic food hygiene, manual handling, basic falls prevention – this will be developed into a training menu);
- Practical advice and support for volunteering, work placement and employment opportunities for people with disabilities and mental health issues, through the Supported Employment Service;
- Use of Extra Care facilities as community hubs and bases, incubator units for new care businesses and social venues for the town or village etc;
- Locally linked Targeted Prevention services (See section 3 below), which will be able to work with people who might need additional support to that which the Stronger Communities programme can offer to them (for example, because they are on the cusp of needing care services);
- In line with good practice from other counties (Lancashire, Cumbria etc), the creation of a North Yorkshire prevention ‘brand’, linked to the 2020 Customer theme, which will make it easy for people to find the support they need.

From December this year, the County Council will be working with North Yorkshire Forum for Older People to provide a conduit for the voice of older people. The Forum has also invited representatives from other statutory and voluntary partners. The purpose of this new arrangement is so that older people can assist in the development of future strategy.

The Forum brings together local older people’s forums across North Yorkshire, with a membership of 600+ and growing.

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4. *If you are not part of a local authority - How might local authorities complement and support your work and what might you envision or what are your particular hopes for local government to achieve?*

N/A – This is a Local authority response.

5. *How do local authorities need to adapt to enable older people to achieve their full potential?*

See question 3

6. *What are the key challenges facing local government in respect of health and social care as a result of population ageing? What needs to change (structurally, culturally or financially) to enable local government to tackle these challenges in cooperation with health and other partner organisations?*

The detail provided in question 2 about the demographic challenges sets out some of the specific drivers for the need to change.

One of the biggest challenges to local government is how, in the face of growing demand as described, the funding for services is being significantly reduced. The Better Care Fund introduces the requirement of the health and social care system to work together to protect social care. Protecting adult social care services recognises that people's health and wellbeing are generally managed best where people live, with very occasional admissions to acute hospital settings. Without the full range of adult social care services being available, including those enabling services for people below the local authority's eligibility criteria for support, the local Health system would quickly become unsustainable. Adult social care services are fundamental to the delivery of our ambition to deliver the right care and support, in the right place, first time. Protecting adult social care will allow the local health economy to deliver 'care closer to home' and, whenever possible, in people's own homes.

This protection of social care is against a backdrop of an ambitious transformation programme (known as '2020 North Yorkshire') being undertaken by the County Council. The social care budget is already profiled to reduce by £21.5m from its 2013/14 level of c£138m having reduced by £27m in the four years to 2015. Adult Social Care spend per capita in North Yorkshire is lowest of all its peer group of 27 Shire counties – some 18% lower than the average and 30% lower than the highest.

A 2013 report¹ on the North Yorkshire and York Health Services identified that prior to its dissolution the PCT had for the previous six years not been able to maintain financial balance without either support from the Strategic Health Authority or by overspending its budget. Having repaid the PCT legacy deficit and built new clinically led organisations, the CCGs will be working with NYCC and Health providers during 2014-15 and beyond to use the opportunity of the BCF to develop and test out some new approaches.

The very rural nature of much of the County has profound implications for the delivery of services and creates associated additional costs for both NHS and Council partners, which are not always addressed within national funding formulae. Some standardised policy solutions often require different approaches.

¹ "NY & Y clinical services review", 22 January 2013, follow-up to Professor Hugo Mascie-Taylor, "Independent Review of Health Services in North Yorkshire and York", 2 August 2011

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For example:

- Market development looks very different in a large rural area, in which there are many different market economies, ranging from areas with a competitive supply of providers to other areas where significant effort has to be made to stimulate a provider market.
- The crucial importance of sustaining several medium sized, high quality, general hospitals because of the distances that people have to travel to access services

The County Council would like to see national policy and funding formulae take much greater account of population sparsity and the delivery costs associated with it. Moreover, policy approaches, designed with unitary or metropolitan authorities in mind, often work very differently in two-tier local government areas.

The introduction of the Care Act will mean changes in the way HAS works across a range of areas. These include:

- The way we provide information and advice, including financial advice
- Increased focus on preventing and delaying needs
- Integration and partnership working is reinforced
- Carers placed on same footing as those they care for
- Working differently with increased numbers of people who fund their own care

This transformation programme also involves corporate activity to strengthen local community resilience, invest in a digital and telephone Customer Resolution Service, support self-help and increase the Council's ability to generate income via commercial solutions. The programme requires us to substantially change the way people receive information and advice and the ways in which they manage their own health and well-being. This will require substantial numbers of people to have their route through the social care system changed – for example, improving and promoting people's use of digital channels, reducing the number of long term placements to the lowest nationally and investing Public Health resources in Prevention schemes to ensure we can divert or delay demand.

Specifically within the Health and Adult Services directorate transformation programme are activities including:

- Reducing demand, investing in prevention and diverting people to self-help and community solutions;
- Promoting independence by improving reablement, integration with the NHS, extending the use of Assistive Technology and improving equipment services;
- Developing a wider range of Accommodation and Care and building on our flagship programme of Extra Care to support more groups of customers to live independently;
- Developing a distinctive NY Public Health agenda and in particular linking this to the rural nature of the County and the challenges of reducing social isolation and loneliness, affordable warmth and the challenges posed by garrisons and coastal communities;
- Developing our current and future capacity to develop the market, developing our own and the independent sector workforce and prepare for greater public service integration.

The Better Care Fund is providing the impetus for the NHS and local government in the County to set out a shared vision, underpinned by practical actions and joint investment, which breaks the cycle of the past. As a public services economy, we know we face the challenges that come with rurality, geography and system complexity. Our biggest challenge, and our biggest opportunity, is to learn from our history and to look to the future. For the first time, we are united in our ambition to make the County an exemplar for how a complex, rural health and social care system can deliver health improvement and social gain.

The BCF Plan describes how our shared investment will:

- Improve self-help and independence for North Yorkshire people;

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- Invest in Primary Care and Community Services;
- Create a sustainable system by protecting Adult Social Care and by working with Secondary Care to secure the hospital, mental health and community services needed in North Yorkshire.

7. *How is an 'ageing' strategy being developed in your area? What are the personnel, structures and processes necessary to support that strategy? What are the means by which 'buy-in' and engagement with the strategy are achieved? How is the strategy informed by the needs and aspirations of older people and how is integration achieved between officers and members and local authorities and partner organisations in the health and voluntary sectors?*

North Yorkshire does not yet have a specific older people's strategy. We are refreshing all our strategies including those relating to Older People, Dementia, Mental Health, Autism and 'Care and Support Where I Live', each of which has an impact on the care and support that would be commissioned or delivered for older people.

The Health and Wellbeing Board is currently in the process of refreshing its Joint Health and Wellbeing Strategy which will allow partners across the system to focus its commissioning activity; this will include the needs of older people, but as described above, through a more joined-up health and care approach.

Engagement with older people: from December this year, the County Council will be working with North Yorkshire Forum for Older People to provide a conduit for the voice of older people. The Forum has also invited representatives from other statutory and voluntary partners. The purpose of this new arrangement is so that older people can assist in the development of future strategy.

The Forum brings together local older people's forums across North Yorkshire, with a membership of 600+ and growing.

North Yorkshire HealthWatch are a member of the Health and Wellbeing Board and have a clear role in developing links with public and patients.



Care and Support
Where I Live Strategy

8. *If you are within a local authority – What are the governance arrangements on ageing issues? Which officer leads on the implementation of your ageing strategy or leads on ageing issues (in the absence of a strategy). If possible please include contact details? Which elected member or board or committee deals with ageing issues?*
- Councillor Clare Wood is the Executive Member for Adult social Care and Health Integration and is chairman of the NY Health and Wellbeing Board
 - Councillor Don Mackenzie is Executive Member for public health and prevention
 - North Yorkshire has also has an elected member, Councillor Shelagh Marshall OBE, who acts as its Older people's champion.

The Health and Adult Services Directorate is currently undergoing a restructure. Policy will sit with the Assistant Director with responsibility for Commissioning

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9. *Which national policy levers and drivers assist you to prepare and respond for an ageing society locally? What has assisted you and what has been a hindrance? What would assist you to respond more actively or help you to undertake an appropriate role for your community?*

see question 6 Better Care Fund

10. *Do local authorities have a role in addressing digital exclusion or in helping their older populations deal with the national government's 'digital-by-default' strategy?*

Local authorities with responsibility for library services have been actively improving community access to computers in their buildings for a number of years. Pressures on library funding has led to closures in some areas, but other authorities, including North Yorkshire have been very successful in enabling some at-risk libraries to pass into community management and/or ownership.

It is important not to stereotype older people as being disinterested in digital technology. Applications such as Skype are very useful tools in enabling some people who find it hard to get out as much as they would like to maintain contact with their family and friends.

There are also good practice examples of telehealth and telemedicine emerging, including in Airedale where nursing and residential homes are linked by secure video to enable residents to remotely 'see' a doctor or nurse rather than either having to travel long distances in a rural location. This scheme in particular is seen as having contributed strongly to reducing emergency admissions to Airedale Hospital.

Local authorities could use this evidence of success to establish whether it is possible to replicate the model in other settings and circumstances.

In developing its 'front-door' arrangements in line with digital by default, North Yorkshire is thinking about how it can extend the concept of 'assisted digital', in which people are helped to learn how to access services online further. There is already such support in library bases, and this could be extended to provide support in the community.

11. *How can or should local authorities address the ageing of their own workforces?*

Although our ageing profile of our workforce brings pressure on the council in terms of succession planning and in some circumstances long term service continuity, it should not be seen as entirely negative. Experienced staff provide the authority with strength and stability and are an invaluable resource in the development and mentoring of new starters.

Well organised mentoring schemes present a potential double positive effect. Not only do younger members of the team gain knowledge and experience, but the mentor themselves could use their experience of mentoring as a springboard into community volunteering once they have retired.

Apprenticeship and graduate development schemes can help attract and keep young people with excellent skills and potential, thereby maintaining a healthy flow-through of staff of all ages in the organization.

Many workers will need access to flexible working to enable them to continue with their role as carer for a family member. Not only does this maintain the worker's own health and wellbeing, it also prevents the cared-for person needing to be reliant on statutory services for their own care and support.

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Phased retirement schemes can help workers towards the end of their careers to transition smoothly between full time work and retirement and can provide the worker with the time and space to develop a volunteering or second career role.

12. *We would like to hear of any services, activities or initiatives which you believe are good practice and innovative with regard to an ageing society – please note – please provide a short description. If there are any reports or evaluation documents please attach.*

Our flagship Extra Care home programme has already provided 666 homes for people over the past 5 years and will deliver another 2134 over the next 5 years. The extra care housing model enables older people to maintain their independence whilst being able to access on-site support services when needed.

Prevention is at the heart of the County Council transformation programme. Our Innovation Fund, delivered in partnership with the voluntary sector, is encouraging innovative local approaches to issues such as tackling loneliness and addressing bereavement with the use of time bank initiatives and an ambition to maximise the use of local assets for local communities. This is important in the context of reducing budgets and higher demands.

Rural Action Yorkshire received funding from North Yorkshire County Council for a 2 year project. The aim of the project was to develop 7 community hubs across North Yorkshire offering preventative social care and early intervention whilst meeting local need. A variety of activities were developed including community cafes/lunches, film clubs, IT workshops, book swaps, local history talks, craft classes, dance/exercise classes and table tennis - all welcoming and with time to socialise. The community hubs were set up and run by volunteers from the local community supported by a RAY Development Officer.

Helping people to lead independent, healthy lives and to do more for themselves through a digital model of service delivery is another key feature of our transformation programme. We are developing an effective ‘front door’ to services, built upon better web content, self-service processes and telephone support. This will ensure people can access the most appropriate services to meet their needs without unnecessary delay.

The attached “APPG” report is the response to the County All Party Parliamentary Group Inquiry – 17 July 2014 on Integrated care and support: the future of adult social care in county areas which provides further context for this response.



APPG report