

The NHS at 70: Time for an age-friendly health and social care system

Greater Manchester Older People's Network (GMOPN) Event Report

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1. Executive Summary

Greater Manchester is striving towards making our city region age-friendly and its Age-Friendly Strategy has health and social care at its heart, pledging to “build a health and social care system that works for older people”¹. The Health and Social Care Partnership is committed to achieving this by focusing on 7 key issues; dementia, falls, frailty (resilience and independent living), nutrition and hydration, housing and home improvement, keeping active and mental wellbeing.

This priority chimes with that of the Greater Manchester Older People's Network (GMOPN) for whom, Health and Social Care is a key area where members wish to influence. The GMOPN decided to hold an event in May 2018 – The NHS at 70: Time for an Age-Friendly Health and Social Care System. The event was planned in order to influence health and social care development for older people in a constructive way and make sure that older people's voices continue to be heard.

The event brought together around 100 members of the GMOPN to hear from health care professionals and community organisations and discuss health and social care for older people. A positive focus was retained throughout the event, on maintaining wellbeing and building resilience. This report collates the findings from the workshop and outlines the recommendations developed as a result. An action-plan based on these recommendations will support the continued development of a system that works for older people.

The Findings of the Event

Discussions indicated that older people maintained health and wellbeing in a variety of ways making use of various support and networks. Healthy eating was a key theme but community and social networks were also seen as a key facet of maintaining wellbeing and avoiding loneliness and social isolation. Participants highlighted the importance of socialising with friends and family or getting involved in local groups and activities with the aim of staying physically and mentally active and continuing to learn.

Where people required the support of systems and services it was noted that various aspects were not age-friendly. Participants found difficulty in finding out what is going on locally as well as technological barriers and lack of support for technology training. Funding changes, lack of consistency in services and diminishing local facilities mean an increased difficulty in identifying people in need, with the result that older people can “fall through the gaps”. Within hospital services, little consideration is given for the time it takes for older people to negotiate and get around the facilities. Older people can also find it difficult to access healthcare appointments, particularly due to transport, and little support is available to explain hospital letters and/or medication.

¹ A strategy for an Age-friendly Greater Manchester 2017-2020, GMCA, February 2018

Event participants felt that priorities for age-friendly health and social care systems should centre around better education on how to stay healthy and avoid isolation, including more accessible information about local activities. They also emphasised that positive media images, language and stories about older people were needed to maintain the focus on wellbeing rather than ill-health and disease. Participants wanted later, more accessible, appointment times and venues and suggested the need for better planning around care at home and support for carers.

Our Recommendations

The following recommendations have been developed from the discussions held at the workshop. These recommendations will be reviewed by the GMOPN and priorities determined for campaigning and action. 75% of participants believe changes will be made as a result of the event.

Good news and positive stories about older people need to be shared with media outlets to increase positive language and promote a view of older people as valued members of society, encouraging a focus on health and wellbeing rather than illness.

Intergenerational activity should be encouraged to promote better communities and support, such as older people volunteering in schools and school children volunteering in the community or care homes.

Systemic changes are needed to develop services to meet older people's needs i.e. taking services to older people rather than them travelling to services and better appointment times for older people

Local clinical commissioning groups (CCGs) need to engage in discussions around ensuring ease of access to GPs for older people. This would limit the possibility of individuals 'falling through gaps' in services.

GPs need to encourage healthy lifestyles to combat isolation, poor diet and lack of exercise. Strategies should focus on social prescribing and signposting to local groups or services via GPs or GP navigators, with particular emphasis on social activities, exercise and learning, involving volunteers to support people to engage

Work with local councils and key organisations such as Transport for Greater Manchester needs to be undertaken to encourage consideration around key infrastructure e.g. timings on pedestrian crossings, public transport access and more/better seating in public places.

Healthcare workers should be available to help older people understand medical letters, appointments and medication. This could be a support network led by their local GP surgery or pharmacist.

Strategy and policy should always encourage learning from best practice in other areas to ensure that Greater Manchester keeps up with the best examples in the country and internationally.

Strategies need to ensure homecare is valued as a career, both financially and other types of reward and recognition, in order to improve care for older people at home.

Section I: Introduction

This report details the findings of the workshop held at the GMOPN Health and Social Care Event in May 2018. It makes recommendations for change in order to ensure that the priorities of the health and social care system reflect those of the older population in maintaining their health and wellbeing.

From the first stages of development, there were strong feelings from the network that this event should focus on celebrating health and wellbeing amongst older people, rather than managing illness. As such, the report and recommendations retain a positive focus and are based on principles of building resilience and developing existing means of maintaining wellness.

The findings from the event have fed into the GM Framework for Resilience and Independent Living, published in October this year by The Greater Manchester Health and Social Care Partnership, the renaming of which – from the former “Frailty Charter” - takes into account older people’s dislike of “frailty” as a negative term and their desire to frame strategy around the positive aspects of ageing.

A word from Elaine Unegbu, GMOPN

“As older people we have so many strengths and make a positive contribution in so many ways. But the portrayal of us within the media is often negative, we are so often seen as a burden, or a drain on resources.

Being healthy is about far more than dealing with illness, an age-friendly health and social care system has to recognise older people in a positive way. We want systems that recognise our strengths and what we contribute to society.

We have made sure that this event is about health and not just illness – let’s change this negative stereotyping of older people and make sure that Greater Manchester leads the way.”

Acknowledgements

Thank you to the presenters, panellists and most importantly to the GMOPN members for attending the event and sharing their views. The event was a huge success with 98% of participants saying the day was useful. The suggestions for future events have been noted and we look forward to working with you to take the recommendations forward.

Section II: Background²

As our ageing population increases so too does the need for a clear understanding of the health and wellbeing of older people. Across Greater Manchester, there is a predicted 29% increase in the proportion of people over 65 by 2032, and the proportion of over 85s is expected to double.

Greater Manchester is pioneering its approach to ageing. In March 2018 Greater Manchester was recognised as the UK's first age-friendly city region. Its overall strategy is showcased in 'A strategy from an Age-friendly Greater Manchester 2017-2020'.

"Our vision is to make Greater Manchester one of the best places to grow up, get on and grow old."

Working with partners, Greater Manchester Combined Authority have set up an Ageing Hub to coordinate a strategic response to the opportunities and challenges of an ageing population. Its pledges are as follows:



² A strategy for an Age-friendly Greater Manchester 2017-2020, GMCA, February 2018

The Greater Manchester Ageing Hub, is complemented by the work within the Greater Manchester Health and Social Care Partnership on specific health related issues. Its focus is on 7 key issues:

- Dementia
- Falls prevention and treatment
- Frailty (resilience and independent living)
- Nutrition and hydration
- Housing & Home Improvement Agency
- Keeping Active
- Mental Wellbeing

Section III: About the Event

On the 24th May approximately 100 of the members of the Greater Manchester Older People's Network gathered to hear about and discuss health and social care for older people in Greater Manchester. The event was developed in consultation with a planning group of network members, who met regularly in the run up to the day, to determine the themes, scope and shape of the event.



Presentations

Presentations were delivered by:

Warren Heppollette, Greater Manchester Health and Social Care Partnership (GMHSCP) – who set the scene by demonstrating demographic and health statistics and outlined the 7 key issues of focus and current and forthcoming age-related projects.

Professor Alistair Burns, NHS England – who talked to the event about 'The Challenges of Dementia'. He examined, "What is it, can we diagnose it, can we treat it, how do we view it and can we prevent it?"

Jess Ingham, Music in Hospitals and Care – who introduced the event to the registered charity that brings live music to thousands of people in care settings across the UK. The event heard the Charleston Charlies play some uplifting jazz. You can watch the band's performance [here](#).

Workshop

In the afternoon a workshop was held, facilitated by Liz Jones. The workshop was preceded by introductory presentations. Ewan Jones from the Greater Manchester Health and Social Care Partnership introduced the “frailty charter” as an idea and explained how insight from the workshop would feed into the work. Louise Robbins from Greater Sport talked on the theme of physical activity and how it might contribute to wellbeing, and Kathryn Cheetham from Manchester Cares talked about how wellbeing could be promoted by social interaction and the importance of intergenerational work.

The workshop consisted of table discussions, where three questions were considered.

Q1: *How do you maintain your health and wellbeing? What's working well for you or in your area? What good support do organisations, communities and systems provide that support you or others to do this?*

Q2: *Where and how is the system not age-friendly? What needs to change within health and social care?*

Q3: *What should be the priorities for an age-friendly health and social care system?*

Section IV: Findings from Workshop

Following the presentations, participants discussed topical questions amongst their tables.

Maintaining Health and Wellbeing

Some common themes emerged from discussions around the first question on health and wellbeing. The participants described the following as ways in which they maintain their health and wellbeing:

- Linking and engaging with local voluntary and community groups to form social networks and connections and take part in activities
- Spending time with friends and family
- Staying both physically and mentally active by taking part in activities individually and also as part of a group. Examples included: gardening, walking, swimming and arts and crafts
- Eating healthy foods
- Continuing to learn
- Other suggestions included:
 - Intergenerational socialising
 - Using technology e.g. NHS exercise app



- Volunteering
- Health Improvement Team – helping with falls prevention and strength and balance

Finding out about local activities and groups was considered important and where social prescribing and signposting were available this was seen as very effective. However, some people did recognise that not everyone has the confidence to seek out and engage with local activities and groups on their own.

Age-Friendliness of the Health and Social Care System

The participants were asked to think about where and how the system is not age-friendly and what needs to change within health and social care.

Overall, the findings suggested the health and social care system doesn't factor in that older people need more consideration around; time, access, support, advice and prevention.

The participants talked about a lack of understanding that older people need more time factored into everyday life such as, accessing appointments, travelling around, seeing their GP (getting appointments and more than 10 minutes for consultations), getting onto public transport and even crossing roads at pedestrian crossings.

In terms of access to health and social care services, the participants discussed difficulties in understanding hospital letters, a lack of continuity and a need for doctors to review medication and include preventative aspects of care. Prevention discussions also identified diminishing local facilities and communities, meaning that people look out for each other less and that older people in need can be missed. Many thought GPs should be taking up the slack as part of a preventative approach.

The participants also identified issues around some services stopping and starting due to changes in funding, resulting in lack of consistency. Many also felt older people found it difficult to access local services as there is a lack of signposting and therefore difficulty in finding out what is going on locally.

Technology was mentioned as a barrier, in that there was an expectation that older people will know how to use it. Some suggested however, that they should be supported and trained to use technology to their benefit. For example, to keep in contact with family members via Skype and to access digital information.

Transport was a consistent theme and considered to be not age-friendly due to cost, availability, mobility and restrictions.

Other issues mentioned in relation to a lack of age-friendliness included:

- Lack of age differentiation
- More seating required in public areas
- Lack of positive portrayal of older people in the media
- Support and understanding around cultural sensitivities
- Treatment of people with dementia

Priorities for Change

The final question asked of the participants was, “what should be the priorities for an age-friendly health and social care system?”

The portrayal of older people in the media or within neighbourhoods was a key priority for change. The participants wanted to see positive images and hear positive language in the media, and to challenge the way older people are viewed in society.

“Stop telling me I’m old and tell me the positive – about how to live well.”

This links with another priority: to provide advice on healthy living. The participants wanted more education for older people on how to stay healthy and avoid isolation. Six-monthly assessments of health were suggested and rewards to change lifestyles.

Improving access to information was also considered a key priority. This included the availability of different formats and better signposting to services. Suggestions for signposting included community/surgery navigators. One group mentioned hearing about an Age UK pilot where there is one central point for health-related information and appointments. This also aligned with discussions around the need to link health and social care successfully.

Having age-friendly appointments with regard to time and travel was considered important, as was providing core funding and valuing voluntary services.

“Seeing voluntary services as partners.”

Care at home was considered a priority in terms of better planning for discharge, providing better care at home services overall but also ensuring credibility of caring staff through better wages, career opportunities and value recognition.

Other priorities identified by individual tables included:

- All staff being dementia friendly
- Provision of telephone support
 - Speaking to a GP

- Booking a GP appointment
- Pedestrian-friendly hospitals and pavements
- Buddy scheme
- Better access to voluntary services
- Seeing the same GP
- Intergenerational activities
- Understanding of age-friendly need
- Consistency of standards/ need for uniformity across Greater Manchester and understanding of age-friendly need

Section V: Recommendations

The aim of the event was for older people to share their views and identify where areas need action or campaigning by the network so that health and social care in Greater Manchester is the best it can be. The following recommendations have been developed from the overall discussions and priorities for change.

75% of participants believe changes will be made as a result of the conference.

- Good news and positive stories about older people need to be shared with media outlets to increase positive language and view of older people as valued members of society and encourage a focus on health and wellbeing rather than illness.
- Intergenerational activity should be encouraged to promote better communities and support such as older people volunteering in schools and school children volunteering in the community or care homes.
- Systemic changes are needed to develop services to meet older people's needs i.e. taking services to older people rather than them travelling to services, better appointment times for older people..
- Local clinical commissioning groups (CCGs) need to engage in discussions around ensuring ease of access to GPs for older people limiting the possibility of individuals 'falling through the gaps' in services.
- GPs need to encourage healthy lifestyles to combat isolation, poor diet and lack of exercise. Strategies should focus on social prescribing and signposting to local groups and services via GPs or GP navigators, with particular emphasis on social activities, exercise and learning, making use of volunteers to support people to engage.



- Work with local councils and key organisations such as Transport for Greater Manchester needs to be undertaken to encourage consideration around key infrastructure e.g. timings on pedestrian crossings, public transport access and more/better seating in public places.
- Healthcare workers should be available to help older people understand medical letters, appointments and medication. This could be a support network led by their local GP surgery or pharmacist.
- Strategy and policy should always encourage learning from best practice in other areas to ensure that Greater Manchester keeps up with the best examples in the country and internationally.
- Strategies need to ensure homecare is valued as a career, both financially and other types of reward and recognition, in order to ensure improved care for older people at home.

Appendix: Panel Questions

A panel discussion was held in the afternoon session, which was facilitated by Nigel Rose, Strategic Lead Commissioning (Macc). The panel was made up of:

- Alistair Burns, NHS National Clinical lead, Dementia and Older People's Mental Health
- Dominic Byrne, GMOPN member
- Louise Robbins, Development Manager, Greater Sport
- Lauren Wentworth, Consultant Geriatrician Wythenshawe; Clinical Director, University Hospitals Greater Manchester



Questions for the panel discussion were developed by participants of the workshop based on what they considered to be the priorities for an age-friendly health and social care system. They are detailed below. The first set of questions were posed to panel members; those following will require further feedback.

Questions posed to panellists:

- *Increasingly some appointments require complex and long journeys, especially using specialist services. So how do we increase the places where specialist services are accessed? And, how do we ensure appointment times reflect complex journeys?*
- *We should use the education system to further our aims around healthy ageing, what role do we think education has?*
- *What the impact of an ageing society has on education but also what is the role of the health service in working with schools?*
- *What strategy should the combined authority and the Health and Social Care Partnership implement to tackle social isolation?*
- *What does the panel think about group consultations (for health)?*
- *We talked about continuing healthcare and how to access. What provision is there for giving out information about continuing healthcare?*

We know there is a need for more carers especially with a rising population of older people. How can we encourage more people to work in the caring profession? And, how are they going to be paid for?

- *GP's are the gateway to most services, how can we improve access to the GP? Most of the time you phone and you can't get through. How can we improve discharge so patients remain clinically fit and are not remaining in hospital?*
- *Shouldn't we be able to look forward to more extra care properties being built in all boroughs of Greater Manchester and they being close to houses that are for younger people to use, so a true community feel is the result? I feel they should be close to town centre facilities and with green spaces provided close by so that the occupants would have a view of plants and trees, so that it could be a great improvement to wellbeing and lessening of social isolation.*

The full panel discussion can be viewed via the following link: <https://bit.ly/2AxcaZv>.

Questions not asked at the event will be sent to the Health and Social Care Partnership for responses, answers to which will be published on the Macc website. They are detailed below.

Digital Exclusion/Information

- How to make information more accessible and stop digital only?
- How will you reduce the impact of digital exclusion?

Social Services/Policy

- How can we get the older people's agenda to have the same parity as early years?
- What is being done about falls prevention and how much of a priority is it, if at all?
- What specialist support is available to BAME older people?
- Currently older people delayed in hospital are called 'bed blockers'. They are actually 'victims of a disintegrated system'. How can we create a properly integrated system?

Education/Prevention

- How can we prepare ourselves at an earlier age to prevent the problems of isolation and loneliness in older age?
- How can we re-build community spirit and caring neighbourhoods?
- How do we identify people needing support earlier and provide that support for them (preventative work)?
- What provisions can we make for the most vulnerable housebound?