



birmingham advisory
council of older people

Plan for Birmingham's Older People



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FOREWORD

The draft plan reminds us that nearly 15% of us who live in Birmingham are over sixty and that this ought not to be a source of woe and concern but the city and its people should use - as a resource - the knowledge, the experience, and maybe the wisdom of those of us who faced similar problems some years ago.

I write from experience. When I became leader of the City Council at the age of 66, a well-known broadcaster commented that “he is an old clapped-out political organiser shoved in as a stop-gap until they can find somebody more capable” I was there for ten years and we did a lot in that time. Birmingham is a very different city now.

Now at eighty-five I am still doing a fair amount of voluntary work and so are thousands of sixty, seventy and eighty year old men and women in this city. Many of the “carers” in this city are over pensionable age and the system would break down if they were not there.

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The plan points out that many pensioners do not claim their full benefits and the Neighbourhood Advice centres are doing sterling work. The Annual Pensioners Week Benefit campaign backs up this targeted work and the one last April provided an extra £2,100,000 direct to Birmingham pensioners.

There is a lot to do and it has to be a joint effort by all the agencies. That is why I welcome the growing co-operation between Social Services and the Health Service. That is why I welcome the action of the police to reduce the fear of crime with special concern for older people.

Birmingham is fortunate in being one of the few local areas with the “free” bus passes for older people. It keeps us mobile and any dilution MUST be resisted. Someone once said “ what bit of legislation in Birmingham did most for the health of the older people” The answer came “Harry Watton’s Free Bus Pass” which he

pushed through the Council after the second world war. This was extended to the seven boroughs in the West Midlands in the 1970s and it means that we are not stuck in the house, but can go from Birmingham to Coventry to Wolverhampton and anywhere in between.

This report is a follow up to the report of the Committee that I chaired on “Implications of an Ageing Population” and which reported to the City Council sometime ago. Reports about implications never get anything done, but this Plan is factual and practical and it will have the support of the age-group to which I belong. I commend it to you!

Lastly, may I appeal to everybody to STOP PATRONISING US. We may well be a bit slower in walking. We may be a bit deaf. We cannot see as well as we used to, but we ain't daft and may I remind all the political parties that our tendency to vote in most elections is higher than the average.

FINALLY, a quotation for my fellow “oldies” - Dylan Thomas wrote:

“Do not go gentle into that good night
Old age should burn and rave at close of day
Rage, rage against the dying of the light ”



Sir Richard Knowles

6th January 2003



Plan for Birmingham's Older People

Summary of Recommendations

User Involvement

1. Rooting out age discrimination in policy and practice (Standard 1 NSF Older People).
2. Involving service users and carers to ensure their views shape services.
3. Expanding the network of older people who are service users to increase feedback from them.

Support to Carers

4. Work in partnership to identify family members and friends who provide substantial and regular support to older people (carers) and to provide information and support to sustain them in their caring role.

Partnership

5. Work in partnership to improve services in health, social care and assisted living options.
6. Develop better shared information.
7. All partners to commit to integrating services wherever possible especially where opportunities arise e.g. the proposals to merge the mental health trusts.

Promoting independence

8. Promote a positive view of ageing, tackling dependency and addressing barriers to independence.
9. At a local level, reduce falls.

Appropriate Care

10. Develop new models of person centred care built around care pathways.
11. Review access to specialist services: these are usually in acute or specialist trusts e.g. people over 65 who require mental health services to establish where over 65s might be discriminated against.
12. Monitor and address delays to over 65s in hospitals including developing further 'divert' schemes.

13. Further develop common information which is shared across social care and health services.

Benefits uptake

14. Build upon the existing work within neighbourhood offices to assist more older people to receive more income entitlements.
15. At the local level, review how Primary Care Trusts, voluntary organisations and all partners promote information about income maximisation.

Community Safety

16. A host of initiatives and targets are underway to reduce crime and help people feel safer. One of which is to provide information from the police to prevent older people from being the victims of crime in their own homes.

Transport

17. Improve the transport provided by the NHS and social services by working in partnership to optimise services.
18. Improve the connections between ring and ride and Birmingham buses to increase travel opportunities for older people.

Housing

19. Using 'Supporting People' plan and commission extra care sheltered housing within the quadrants to address shortages and appropriate care support. The needs of black and minority ethnic older people and those with dementia should inform the re-commissioning of this service.
20. Work through joint management of the equipment occupational therapy and the adaptations team to improve service delivery of the adaptations service.

Plan for Birmingham's Older People

1. Introduction

- 1.1 Birmingham is a vibrant and cosmopolitan city where people over the age of 65 represent 14.5 per cent of the total population. This is not a source of woe or concern, but should be regarded positively because the experience, knowledge and wisdom of older citizens is a rich resource which can help improve all aspects of life in the city. In the summer of 2001 the limitations of social services funding reached a crisis point where people sometimes waited for long term care in hospitals because money was not available. The City Council and health service responded by agreeing new targets to prevent such delays in future as well as awarding more money. Since then those targets have been continually met and a common system now operates across Birmingham to constantly monitor this. Significant joint efforts have resulted in sustained improvements to the waiting times experienced by older people in hospital who require long term care.
- 1.2 Partnership between the independent and voluntary care homes sector has also been strengthened. Their closures have concerned the City Council and the NHS and a higher fee level has been offered by the City Council. Partnership between health and local government is stronger now and more able to meet the expectations placed upon us by older citizens who want improvements in areas of life which matter most to them. Because of this we are now able to update the action plan formed under the chairmanship of Sir Richard Knowles and to commit ourselves to renewing efforts on what older people care about - transport, income, housing, crime and access to health, education and leisure services. From this plan the four Primary Care Trusts will work with social services, housing and other partners to produce local versions.
- 1.3 There is now a newly created board responsible for making improvements and giving priority to older people's service issues. This is made up of senior managers and clinicians of NHS Trusts from hospitals and primary care as well as social services, housing, the voluntary and private sectors and some elected members and non executive trust directors. It includes the chairman of Birmingham's Advisory Council of Older People -BACOP. It is a reflection of the commitment of the leaders of all agencies to improving and responding to the improvements sought by older people themselves. It is proposed to build in further accountability to older citizens by joint meetings between BACOP and the Older People's Board on at least 3 occasions a year. There, progress can be regarded from the clear, unbiased perspectives of the citizens who comprise BACOP members.
- 1.4 The annual launch of BACOP on 14 November resulted in an expansion of its membership and networks and gave a clear steer on priorities for the board. People spoke out about issues which



matter to them. The significant numbers of black and ethnic minority older people emphasized some specific areas which need to improve. Our intention is to communicate the arrangements for leading and supporting the older people's work including the distribution of this plan and the quadrant plans to follow, whilst further broadening the networks connected with BACOP.

- 1.5 This plan sets down the broad goals as well as a determination to jointly address age discrimination. Standard one of the national service framework for older people addresses age discrimination. It found that older people can encounter less favourable treatment because they are old. Partly this is about ingrained values deep within our culture which associates the worth of groups with their economic production so when older people stop work their value diminishes. This is also due to prejudice - other people's assumptions about the rights and entitlements due to older people. When these views are held within policies or govern access to services, older people are disadvantaged. This plan represents our willingness to change this in Birmingham and to regard older people as most valuable citizens. It describes both what we intend as well as how we will work to achieve it in particular by involving older people themselves.

2. Involvement

2.1 We are committed to involving service users and carers to ensure their views shape services and determine priorities. Older people are a diverse group with different backgrounds and life experiences living in wide ranging circumstances. The scope of this makes it impossible to regard the involvement of some users as representative of others. Because of this the City Council and health service has encouraged and supported many ways of working with service users. However it tends to be sporadic - over a particular proposal where opinion is sought.

- A key challenge is to establish a model whereby the City Council, NHS and any other partners commit to connecting all the views given by service users to inform our priorities and plans. We wish to strengthen such a model by creating a user reference group of older people with whom both agencies can engage to seek user feedback on an ongoing basis. This model works well within the social services department for people with physical and sensory disabilities and for people with learning disabilities. Whilst we are committed to strengthening involvement of older people, it requires resourcing from existing pressed budgets.

2.2 The City Council funds a user and carer unit within social services and supports Birmingham Carers' Association, both of which link with wide numbers of people who either use services or care for others. These are valuable sources of ongoing communication. The NHS has Patient forums and users views linking into the professional committees of the Primary Care Trusts.

2.3 A citizens advisory panel the Birmingham Advisory Council of Older People BACOP was established in response to the report about Birmingham's ageing population chaired by Sir Richard Knowles. BACOP is Birmingham's Better Governance

group as well as being a 'reality check' against key City Council and Health Service intentions. BACOP is represented on the joint NHS and City Council's City Strategic partnership board and on the Older People's partnership board.

- BACOP is seeking to expand its networks to involve more older people within the organisations it represents as well as to forge links with the health service user involvement channels.

2.4 Support to Carers

2.4.1. The majority of older people with substantial health and social care needs get their main support to remain in the community from family members and friends (carers)

2.4.2. Many carers do not recognise themselves as such and are not aware that they can access information and support services to help relieve the stresses and strains which may cause health problems (physical & emotional) and which may lead to breakdown of the caring arrangement.



2.4.3. There are at least 100,000 carers in Birmingham, and at least 25,000 of these provide 'regular & substantial care', which has an impact on their own health. Of these 25,000, at least 75% are older people themselves. (figures from the Government's National Carers' Strategy, 1999).

2.4.4. The most important step for all agencies working to support carers of older people is to identify those carers and make sure that they know that their role is recognised and valued.

2.4.5. Many carers do not currently experience this recognition and value, and do not feel that they are treated as important partners in maintaining older people's independence.

2.4.6. All services provided to support older people should be 'carer-friendly' - arranged and provided in a way which supports the care provided by family members and friends, and make their task easier, not more difficult.

2.4.7. Since the launch of the National Carers Strategy, a number of support services for carers have been developed in Birmingham, in partnership with carers themselves. These include the Carers Information & Advocacy Service (a city-wide information service accessible to any carer on 0121 686 4060), the Carers Manual Handling & First Aid Training Scheme, and specialist support for carers of people with dementia, with Parkinsons disease, strokes and related conditions, and for carers from minority communities.

2.4.8. A substantial number of carers of older people get 'breaks' (respite) from caring through the provision of periods of hospital or residential care for the older person, or through their attendance at Day Centres, or provision of home

support services. The availability of such breaks varies from place to place in the city, and from time to time, depending on availability of funding. There needs to be a better planned and more strategic approach to the provision of carers 'breaks' services, to make best use of available resources, and to ensure that those carers whose health is at greatest risk get access to regular and reliable breaks from caring.

3. Partnership

3.1 Much progress has been made over the years to provide integrated services, for example continuing health care co-ordinators were jointly appointed between the NHS and social services years ago. More now needs to be done to unite services so they don't continue side by side if its possible to bring them together. Social services and the NHS are committed to moving into single services wherever possible. Other services such as housing, leisure, transport, education, the police and the independent and voluntary sectors have been in a similar position and it is time to consider how better these can relate.

3.2 This is now set to change

We believe that the best way to achieve this is by: -

- Establishing a long term direction which leads to common values and objectives.
- Ensure true commitment to integration from all services.
- Ensure clear leadership, especially during the initial stages of working together.
- Ensure all partners benefit.
- Make sure the partnership is truly inclusive and involves colleagues in voluntary organisations, transport and housing.
- Develop information systems to facilitate the sharing of information knowledge and skills.
- Be able to demonstrate that by working together our services are more effective than separate service delivery.

3.3 New partnership arrangements will further establish the independent and voluntary sectors as key providers.

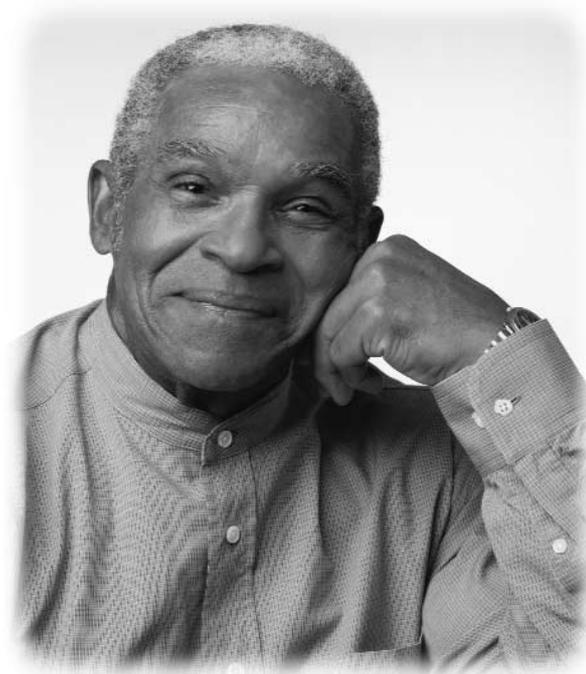
3.4 The health service and City Council has already created a City Wide Partnership Board focusing on issues relating to older people. The group comprises of representatives from older citizens,

PCTs, Acute Hospitals, Mental Health Trusts and Social Services, the independent sector, voluntary sector and black and minority ethnic older people.

3.5 Developments within Intermediate Care Services have jointly continued to progress with health, social services, voluntary and independent sectors.

3.6 Sustaining this commitment to partnership working is essential if we are to effectively respond to the needs of the communities we serve. Partnership working will ensure that the planning, delivery, monitoring and review of services is carried out in a way that brings together the expertise from varying professional groups who will contribute to future developments. Joint working and planning will allow for the exchange of ideas and will assist with increasing choice and awareness of the different standards experienced by users.

3.7 It is essential that people from all agencies providing existing services are included in discussions if they are contributing to the continually changing needs and desires, and to ensure that their services is able to adapt in a way that can respond to those needs and assist with the delivery of services. This takes both time and commitment which must be worthwhile to all partners.



4. Promoting Independence and improving quality of life

- 4.1.1 People often regard dependency as a normal part of ageing and therefore neither the individual nor the professional focuses on independence. Older people themselves and staff who work with them require a new view of old age so every opportunity is taken to tackle avoidable dependence arising from physical or mental health problems or disability. This will require a change in values, attitudes and assumptions about older people. Messages about enabling a healthy life style and preventing ill health need to support this positive view of ageing.
- 4.1.2 The cross cutting audit of rehabilitation services last year identified that Birmingham is in a vicious circle with the focus being on providing care for those who are the most dependent and generally insufficient rehabilitation services. There needs to be a wholesale re focusing by all services to support older people to be as independent as possible. This is important because its what older people themselves want. It affects services outside of health and social care including crime prevention and homes designed for life.
- 4.2.1 Barriers or obstacles to independence can create dependence in the same way disabled people are prevented from fully participating by social barriers, such as lack of wheelchair access. Dependence can result through circumstances outside an individual's control such as long waits for aids including wheelchairs and adaptations or the way pensions and related welfare benefits are organised, and result in low incomes for many older people. A poor income limits a person's ability to fully participate in community life.
- 4.2.2 Social attitudes which are shown in images of older people as victims tends to diminish their power as a group reducing expectations that they will and should fully participate and be listened to. Older people are excluded too because they are hard to reach and connect with because they are a large group who have tended to set low expectations themselves of services and rights.
- 4.3 Locally PCTs and social services, independent and voluntary sectors are working together to reduce and prevent falls. They are also encouraging healthy life styles by:
- Adopting the Walk 2000 programme. This programme is managed by the Sport and Leisure Division of Leisure and Culture. The programme has identified short, safe, flat routes and a team of qualified walk leaders regularly lead local walks offering encouragement and motivation to those just starting out.
 - An exercise programme which is gentle exercise. Programmes focusing on balance and leg strength could be made available in day services and residential care using the skills of the extend tutors or staff from within Leisure and Culture.
- 4.4 Lifelong Learning
- 4.4.1 Knowledge can be a key barrier to full participation in community life. Lifelong Learning can play a crucial role in removing this barrier by encouraging independence, a healthier lifestyle and social inclusion. Across our communities there are many opportunities for older people to become involved in learning opportunities and courses which encourage personal development; healthy lifestyles; acquisition of new skills; and perhaps more importantly social

contact. Allowing them to more fully participate in their communities. Furthermore, older people say such intellectual engagement is important to them. Equally, older people themselves sometimes have a lot to teach others.

4.4.2 There are also opportunities through outreach and learning points and centres across the city for older people to access a range of information, and from which other services and support mechanisms for older people across the city can be accessed.

4.4.3 Lifelong Learning requires a cultural change with young people and communities to encourage them to accept and be inclusive towards older people. This will require a change in assumptions and attitudes towards older people through an educative, social process.



5. Appropriate Care

5.1 The National Service Framework (NSF) for Older People describes the themes and standards which should be aimed at in older people's services. These themes are:-

- Person centred care. Providing services that meet the needs of older people as individuals, putting service users rather than professionals at the centre of the planning and provision of services.
- Whole systems working. Since older people who are ill often have physical, mental and social needs at the same time, it is vital that the various groups, health, social and other groups that are set up to meet those needs work together to provide care and treatment.
- Access to specialist services. Older people require specialist assessment and treatment by appropriately trained professionals to ensure that a proper diagnosis is obtained. It is only following a proper diagnosis that decisions can be made about where the best place is for a person to be treated.
- Promoting health and active life. This is very important area for older people to benefit from. Maintaining an active and healthy life through all stages of life is likely to lead to a better quality of life in older age.
- We also need to provide appropriate care, including longer-term care, through managing budgets to match priorities right across the system of health and social care. This is likely to result in developing new models of care and modernising services that meet the needs of older people by:
- Inclusion of all stakeholders and developing investment and modernisation plans that are drawn from meaningful engagement with service users and carers and local people.

- User Centred care, built around pathways.
- Joined Up approaches to the whole system across health and social care including access to common information through the Single Assessment Process
- Flexibility in terms of service provision and skilling staff with a range of competencies across health and social care, and managing budgets to meet changing needs.
- Preventing delays in hospitals Much progress has been made in ensuring hospital discharges are not delayed at any one point across the pathway of care. A single system is in place in Birmingham to rigorously monitor hospital discharge rates and act speedily in the event of delays. We are developing more alternative services such as intermediate care and more health promotion initiatives. More people are diverted away from pressurised Accident and Emergency departments as we are able to provide more primary health care and reduce preventable accidents by important work on falls, for example.
- Pooling of budgets and devolving responsibility to local teams to commission services which better meet needs within the communities.

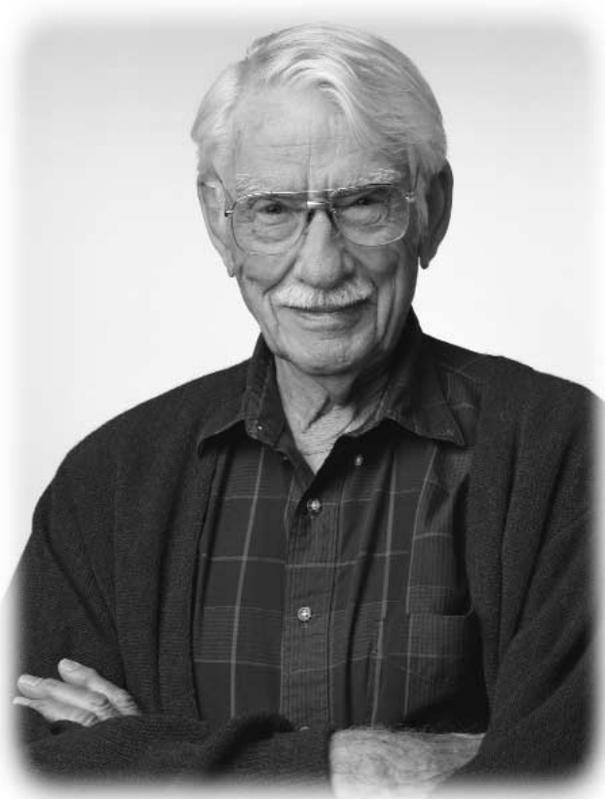
5.2 Birmingham is in the position of having more institutional care facilities than individually tailored ones. Hence, part of providing the right care is about developing new models that modernise services to better meet the needs of older people. This is about providing appropriate care, including longer-term care, through integrated service provision.

5.3 Mental Health

Currently there exists a marked difference between the quality and range of services for people under 65 years of age and for people over 65.. In Birmingham as elsewhere, people who reach the age of 65 need access to fully integrated mental health services with the same range and integration as are available for people of working age.

Pathways need to be developed to ensure full and appropriate services are available wherever older people access health, social and support services, such as housing.

- Mental health services for over 65s are currently being mapped and the gaps revealed will require subsequent address. This will form a prominent part of the work programme set by the older people's board and quadrant groups.



6. Benefits Maximisation

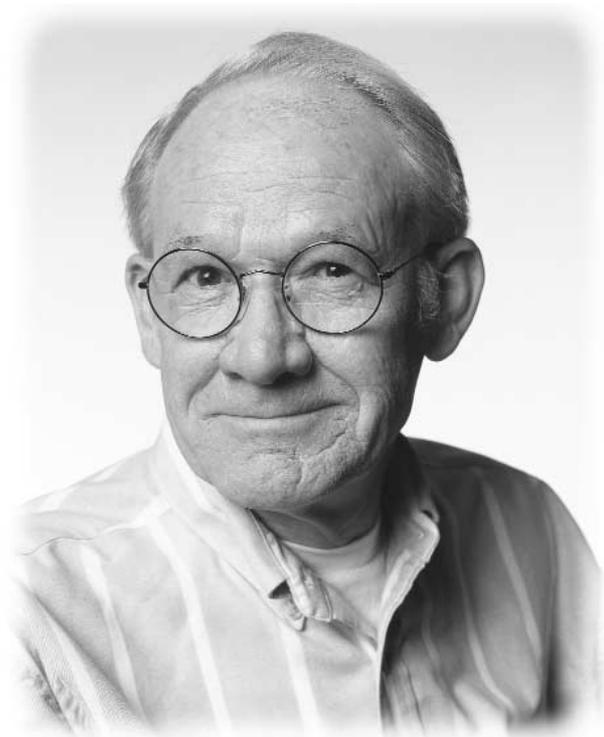
- 6.1 The City Council plays an important role in helping older people secure the highest income possible. The following brief account describes some of the impressive work of the neighbourhood services in making this possible.
- 6.2 Income is a key factor in people's involvement in their community and therefore all people having contact professionally with older people should encourage people to claim the benefits, which they are entitled to.
- All staff encouraging older people to have their benefits checked at their local neighborhood office can achieve this.
- 6.3 In 2001/02 the Neighbourhood Advice and Information Service (NAIS) provided assistance to 63,000 older people (over 60 years of age), accounting for nearly 30% of our total workload, of which almost a third were over 75 years of age. A high proportion of our daily work with this age group is related to issues around poverty. In addition the NAIS supports other specific initiatives designed to maximise benefits and increase independence.
- 6.4 Many older people have difficulty attending Neighbourhood Offices, and home visits continue to be an important part of our work. Approximately 4,000 home visits were carried out during 2001/02.
- 6.5 Our aspiration is to build upon our existing service to older people, although this is dependent upon budgets which may well be reduced over the next 2 to 3 years.
- 6.6 Raising Awareness
- 6.6.1 As part of the NAIS, the Benefit Advice Team have a rolling programme of targeted take up campaigns in specific parts of the City, with particular emphasis on socially excluded older people. Targeted take up has continued with campaigns for 2002 in Stockland Green and Balsall Heath/Highgate. In addition, a specific campaign directed at Carers, many of whom are older people, coincided with Carers Week in June 2002.
- 6.6.2 In addition to targeted take up, an annual Pensioners Week Benefit Campaign is organised throughout the City. The most recent campaign in April 2002 provided an extra £2.1m direct to Birmingham pensioners, and as a consequence an extra £1.4m to Birmingham City Council through the Standard Spending Assessment, which is based in part upon the number of pensioners in receipt of Attendance Allowance.
- 6.6.3 It has been shown that many thousands of older people fail to claim the benefits to which they are entitled. Raising awareness of this issue and helping older people through the process of claiming, is an important component in promoting financial independence and the alleviation of poverty.
- 6.6.4 Our aspiration is to extend our work in this area, although further reduction in NAIS resources will make this difficult.
- We welcome all organisations in Birmingham to consider how they can provide better information and advice about income entitlements for older people. This could be through displaying leaflets and helpline numbers in GP surgeries or establishing better links with organisations who are experts in this field.

7. Community Safety

- 7.1 Concerns about crime and personal safety rank very highly among older people, as they do among the population generally. These concerns are reflected in the Birmingham Crime and Disorder Audit 2002, which provides a detailed picture of crime trends across the city, supported by the results of public consultation on the subject.
- 7.2 The most recent survey of Birmingham residents (January 2002) identified the following top 5 priorities which people wanted to be addressed:
- Burglary
 - Street crime/robbery
 - Sex offences
 - Illegal drugs
 - Violent assaults.
- 7.3 The survey revealed that people feel most unsafe when walking alone at night, in the city centre or travelling on public transport. Underpinning these anxieties were many comments about the anti-social behaviour of youths and gangs, and a widespread fear of being mugged. One important issue, which has often been commented on, is the high level of anxiety among older people of becoming the victim of a violent attack, such as mugging. This fear is in contrast to the statistics on street crime which show that the overwhelming majority of robberies and assaults are committed by young people on other young people.
- 7.4 It is however the case that there are substantial differences in the fear of crime between residents of different areas of the city: people in some areas feel much safer than people who live in other areas. These differences also relate to large variations in the rates of crime in different areas - for example, the rate of street robberies over the 3 years to 2001 was 20 times greater in Aston ward than in Sutton Four Oaks. This kind of evidence has led to the identification of certain locations

within the city as 'priority neighbourhoods' - areas where, depending on local circumstances, particular attention needs to be given to attempting to reduce certain kinds of crime.

- 7.5 The findings reported in the Birmingham Crime and Disorder Audit provide the basis on which the city's strategy for reducing crime is based. This strategy is developed jointly by the members of the Birmingham Community Safety Partnership: the Police, City Council, Probation Service, Fire Service, Health authorities, Voluntary Service Council, Magistrates Court and others. The current strategy runs from 2002 to 2005 and includes key objectives and targets in relation to:
- measured reductions in robbery, domestic burglary, and vehicle crime
 - measured reduction in number of repeat victims of domestic violence
 - reduced youth involvement in robbery, burglary and vehicle crime
 - increased participation in drug treatment programmes
 - measured reduction in repeat offending amongst drug-using offenders.



- 7.6 An example of the kind of work that is being done to help achieve these targets concerns reducing the risk of domestic burglary among older residents. Projects in many of the most vulnerable areas of the city have already resulted in improved security of older residents' homes, by fitting better door and window locks free of charge. These projects to improve physical security are continuing, and are backed by campaigns of information and practical assistance to help prevent older people becoming the victims of 'bogus callers' - thieves who pose as officials in order to gain access to an older person's home.
- 7.7 In addition to the specific targets highlighted above, the strategy commits the partner agencies to work in a number of other areas including improving the response to noise, nuisances and graffiti; anti-social behaviour; racially aggravated crime; safer travel; and support for victims. All of these are issues which concern older people. Because of this working in partnership with neighbourhood forums, local community groups and the police is a priority.

8. Transport

8.1 We know from countless opinion poll surveys that the availability of suitable transport ranks as a high priority for older people. It is a key factor in giving them the opportunity to access services and participate within the community. Having more accessible and improved transport would considerably improve the quality of life for older people.

8.2 The following brief sections explain transport in Birmingham. It is provided by 5 principal sectors:-

8.2.1 Commercial Bus operators

These provide the majority of services on the major corridors of the city often at high frequency and operating throughout the day. A number of routes are part of quality partnership 'Showcase corridors' providing low floor vehicles and infrastructure (shelters and Kassel kerbs etc.) that facilitate easy access to the vehicles for those with mobility difficulties and wheelchair users.

8.2.2 Subsidised services

Centro provides those routes not covered by Commercial Operators on a subsidised basis. These routes will be away from the main corridors better serving housing developments and local communities to reduce walking distances to main routes or operating on evenings and Sundays where commercial operators provide no service. Low floor accessible vehicles operate a small number of the routes.

8.2.3 Services for people with mobility difficulties

For those older people who encounter mobility difficulties and cannot manage find transport provided by 1 and 2 above, they can access the services operated by West Midlands Special Transport (Ring and Ride) and partly funded by Centro. A number of issues currently limit the capacity of

services provided by Ring and Ride and this can restrict the freedom to travel and access services / activities at locations / times older people wish.

8.2.4 Community transport

A small number of vehicles operate within the community sector offering accessible transport to locally organised groups.

8.2.5 Local Authority / NHS transport

Social Services provides accessible transport for service users and other groups accessing day services and care facilities within the city.

The NHS has accessible vehicles for emergency transport and patient transport.

8.3 The Audit Commission report highlighted the need for local authorities, health and community groups to link together to maximise transport resources.

- Closer working is planned between Social Services and NHS transport services over the next year to find better ways of addressing both health and social care users jointly.



8.4 Future developments to improve access to transport

8.4.1 It is essential that progress is continuous over better transport facilities within the City to improve the quality of life for older people. These improvements are likely to come from a number of areas:-

- The continued investment in low floor buses and infrastructure will improve the general accessibility of public transport over the next few years.
- Improved connections between Ring and Ride and public transport could offer additional journey opportunities. Additional investment in Ring and Ride services would increase the opportunities for travel by older people.
- Further identification and developments of community based schemes could offer additional accessible transport facilities on a local basis.
- When the local authority and NHS accessible vehicles are not being used they could support community groups.

9. Housing

- 9.1 Data from the 2001 Census shows that 184,227 people in the City are over 60 - 18.85% of the population. Older people are disproportionately represented in the Council's housing stock. Research in 2000 showed that 34% of Council tenants were over 60.
- 9.2 Whilst 5,000 of the Council's tenants are in sheltered housing with warden services, some 27,000 Council tenants over 60 are living in their own homes.
- 9.3 However, owner-occupation in the City is now close to 63% and thus the large majority of older people in the City are owner-occupiers.
- 9.4. Whilst there is a demonstrable need for extra care sheltered housing - estimated at 2.3 % of over 75s needing such accommodation - and an ongoing need for sheltered accommodation, the majority of service need will be to enable older people to remain in their own homes.
- 9.5 Supporting People provides an opportunity to improve significantly the match between the need for and supply of services for older people. A comprehensive sector review is planned for 2003/04 and resources will be redirected by the outcomes of this review. There are issues of quality, such as the standard and scope of warden services, the design and maintenance of buildings, access to services and the involvement of existing and future customers. Work is already in hand with a number of agencies identifying service needs, e.g. with South Birmingham Mental Health Trust on the need for floating support for older people with dementia.
- 9.6 It is intended that the service review will provide solutions to the issues of difficult to let sheltered schemes, delayed hospital discharges and the need for more extra care services in some areas of the City. Existing extra care schemes will be reviewed on the extent to which they meet the agreed model of extra care. There will be significant emphasis on user

involvement, and a particular need to involve the growing black and minority ethnic older population, especially where changes to existing schemes are planned.

- 9.7 As indicated above, the Supporting People review will consider new approaches, although these may not be able to be funded solely from the Supporting People budget. Examples could include a greater use of technology to enable people to remain in their own homes, the potential role of Home Improvement Agencies and handyperson services.
- 9.8 So far as all new social housing developments in Birmingham are concerned, they are required to achieve standards that are relevant to older people. In particular Secured By design, which seeks to achieve security both by construction and layout, and Lifetime Homes, which creates dwellings which are usable by disabled persons (widened doorways, etc.), but are also capable of easy adaptation (e.g. design allows for subsequent installation of a through lift).



9.9 The principal client group of the Adaptations Service, which seeks to achieve homes which are accessible to people with disabilities, is older people. Following a recent scrutiny review of the service it has been agreed to seek the joint management of a family of services - equipment, occupational therapy and the Adaptations Team. Some 3,000 people are assisted through the Adaptations Service each year. The changed arrangements are designed to maximise unison between health, social care and adaptations to achieve client-centred services.



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Further printed copies of the Older People's Plan Booklet
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