



Cities for Active Inclusion



# Older People

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# Setting the Scene

- Challenging environment & times
- 2011 / 12 - Approx 39,000 people supported by 110 services, 80% (24,724) had positive outcomes
- HRS clearly links to prevention of dependency on higher tariff services and homelessness
- HRS contribution to:
  - Tackling inequality
  - Deprivation
  - Promoting active/social inclusion
  - Dignity and safeguarding

# Diversity of Clients

- **Client Groups Supported**
  - Older People 14% (55+ years)
  - Homeless/DV 42%
  - Vul. Adults 15%, Vul. Young 14%, Dis. 8%, MH 7%
- **Ethnicity (Census 2001)**
  - Diverse range of clients
  - Slightly less White and Asian people seeking & receiving support compared to City ethnic populations
  - More Black, Mixed & Other people supported than City population
  - 2011 Census data – Likely changes. Increasing trend of growth of BME groups

BCC Survey June 2011

# Service Models

## 23 Providers delivering a range of HRS models:

- Extra Care Villages with mixed tenures
- Sheltered Schemes with & without on-site staff
- Floating Support
- Outreach services
- Community based hubs
- Many also deliver support to other client groups

## Service Type

- >50% of all services via Floating Support models
- <50% Direct access, outreach, supported housing, refuge, other

Support is tailored around individual need for greater independence

# Scale & Reach

- During 2011/12, 94% utilisation of annual contracted hours in OP HRS (BCC SP Annual Report)
- HRS – strong foundation in partnership approach and delivery of holistic services.
- Enhanced provision via Hubs, links with Dom Care services & in-house services I.e. Aids & Adaptations, Telecare & Telehealth, Community Alarms
- Enabling people to fulfil their aspirations to stay in their own homes for longer

# Ensuring Quality

## Quality Assessment Framework [QAF]:-

- 2011/12 – 38 reviews carried out overall
- Minimum standard Level B
- Assess. & Support Planning – 95% level B
- Client Inv. & Empowerment – 74% level B
- 21% Level A in both standards
- BCC committed to driving standards up

# Case Study

- Mr and Mrs W, married 39 years
- Lived in same home 17 years
- Mrs W:
  - Diagnosed with muscular dystrophy
  - Wheelchair user 15 years, deteriorating health
- Mr W:
  - Suffered a Stroke
  - Worried about caring for his wife

# Outcomes – Case Study

- Moved in to New Oscott Extra Care Village
- Benefits:
  - Use of gym – improved mobility
  - Mr W able to go out without worrying
  - Made lots of new friends
  - Mrs W travels out to local shops and café
  - Increased confidence and sense of wellbeing



# Outcomes - Financial

Client Group	Cap Gemini Whole Programme	Local Model 8 Outcomes
All groups	Under Preparation	£841,981.92
Domestic violence	£7,765,600.00	£2,039,548.76
Homeless	£4,375,800.00	£1,689,296.00
Learning disability	£11,509,748.00	£2,845,791.52
Mental health	£18,748,400.00	£1,221,729.28
Offenders	£1,430,800.00	Under Preparation
Older people - other	£5,654,715.00	Under Preparation
Older people - frail	£30,062,043.00	£10,494,900.00
Physical/sensory	£2,715,192.00	Under Preparation
Substance misuse	£5,793,480.00	£1,321,175.34
Young people	£2,612,400.00	£1,535,214.24
<b>Total</b>	<b>£90,668,178.00</b>	<b>£21,989,637.06</b>

# Outcomes - Headlines

- 44,328 support needs - 93.5% need met
- 91.5% clients supported to maximise income
- More clients being supported to obtain paid work
- 15,528 clients needing support to achieve/sustain accommodation - 94% need met
- 92% of needs met for disabilities group (94% for accessing safety/fall prevention measures)

# Discussion

- **Q1. How do we promote health, wellbeing, financial inclusion and independence in the future?**
- **Q2. What would more effective joint working look like? and what could it achieve?**

