

One Care Partnership: Birmingham and Solihull**Description of Aging and Later Life Priority for Action – April 2018**

Ageing well and improving health and care services for older people – better healthcare and living standards mean more people are living longer. The number living beyond 85 will double over the next generation, and there will be a three-fold increase in those reaching 100. People over 85 account for 11% of our NHS budget, despite only representing 1.8% of the population locally. When the NHS was founded 70 years ago, people lived an average of only five years beyond the state retirement age. Even with a higher pensionable age, that average is now 15 years. Longer lives are a major success overall, but they present challenges too. Many people reach older age in relatively good health, but with an ageing population there will be more people living with dementia, musculoskeletal problems and frailty. We need to enable older people to stay healthy, active, independent and with meaningful engagement for as long as possible. When people do need assistance and support, they should be able to access it easily and promptly, from skilled and caring teams and professionals, and receive help as close to their own home and support networks as possible. To deliver on this priority, we will:

- Develop and implement an Ageing Well strategy. This will support people to manage their own health, well being and social participation. It will signpost community opportunities and activities to citizens and carers and to GPs as social prescribers. It will establish the concept of ‘supportive communities’, involving businesses, educational institutions and the voluntary and community sector. It will support people to remain healthy, engaged in society and reduce loneliness and isolation. It will take a life course perspective to educate children about how living well in earlier life can help with good ageing, and to support inter-generational opportunities.
- Promote awareness so that our community becomes more dementia friendly.
- Coordinate health and social care into a locality framework, aligning mental health, and primary, secondary and community care with the local authorities, independent social care providers and third sector.
- Establish multidisciplinary teams to remove barriers in the care system that cause delays when people need care urgently. When a person is unwell they will receive a comprehensive assessment by an expert team of professionals to make an accurate diagnosis, and a plan will be made for treatment and care, including their physical, mental and social needs. This will be accessible at the front door of hospitals seven days a week to avoid unnecessary hospitalisation and promote the ‘home first’ ethos, building on developments such as SupportUHome.
- Establish specialist care centres for older people in Birmingham to bridge the gap between hospital and home. These community-based centres will provide enablement beds, therapies, mental health support and specialist clinics, as well as wider services from voluntary and community groups.
- Revise local authority contracts for home care services over a phased period to incorporate the need for care staff to deliver an enabling approach, supporting people to maximise their abilities and remain as mobile as possible.

- Take a joint approach to commissioning and supporting high quality residential and nursing home provision and associated services, so that people in residential care have the same access to multidisciplinary teams as those who remain in their own homes.
- Test and take up current and emerging assistive technologies, especially in settings where they have the most potential to enhance care, such as care homes and extra care housing.
- Recognise the vital role that 135,000 unpaid carers play across Birmingham and Solihull, by establishing a Carers' Commitment to help them access the support that they need.

Creating a better experience at the end of life – When most people reach the end of their life, they would prefer to die in their own home with their family and loved ones around them, rather than in unfamiliar or overly medicalised surroundings. Yet hospital remains the most common place of death, and people spend an average of six weeks there in the last year of their life. The amount of time people at the end of life spend in hospital in their last year of life is greater in Birmingham and Solihull than the national average. Emergency attendance and admission to hospital often peaks in the month before death. This is rarely what people want and is a costly use of resources. We will support choices for those at the end of their life to achieve what for them is a good death and to make sure this period reflects their wishes. We will create a centrally co-ordinated system for all end of life services that will ensure better and more timely identification of needs, as well as a greater focus on patient centred care, designed according to people's priorities and choices. This system will reduce unwanted hospital admissions that add little clinical benefit, offer equitable access to services with fewer gaps in provision and ensure more robust information sharing. To deliver on this priority, we will:

- Focus at all times on the person and their wishes, promoting advance care planning, including advance directives, lasting powers of attorney, 'living wills' and Respect Forms.
- Use technology and other mechanisms to ensure those wishes are known and adhered to wherever an individual enters the health and care system. Agree effective systems to transfer data (including health records where appropriate), share intelligence and remove duplication.
- Support those caring for people at the end of their lives, whether they are professionals or family members, so that they can do so confidently, with the ability to access practical and emotional support when needed.
- Embody the Compassionate Community^{xvii} ethos of working in broad and varied partnerships with our diverse communities, rather than simply delivering services to those communities.
- Support open and honest conversations about death across the diverse communities we serve through engagement, education and communication, leading to a significant increase in the number of people actively articulating their wishes for end of life care.