



Growing Older on the North Yorkshire Coast.

**A strategic framework for the
development of services for
people as they grow older.**

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Contents

1. Introduction
 - Principles of the strategy
 - Purpose of the strategy
 - Vision and aims

2. Scarborough Borough and it's older people

3. The Case for intervention – key issues
 - i Population change
 - ii Location
 - iii Housing
 - iv Health and well being
 - v Poverty and deprivation
 - vi Fear of crime
 - vii Employment and education

4. Action areas
 - i Promoting and protecting well being
 - ii Early intervention
 - iii Ensuring access to services
 - iv Housing and Infrastructure
 - v Communication

5. Measuring Outcomes and Delivery

1. Introduction

Growing older is an experience that most people are lucky to enjoy and is one which, for the majority, is a positive and enriching time of life. Survey work has shown that generally people grow happier as they grow older and this perhaps reflects the value of experience and an attitude to life that is born of the wisdom and insight that this brings. It remains true however that society more frequently values youth over experience and as a result the contribution that older members of the community make can be overlooked. It is equally true that growing older brings challenges and life changes that many people struggle to respond positively to and as a result find growing older a time when their independence can be lost and their quality of life compromised in fundamental and irreversible ways.

Scarborough Borough has for some decades had an older than average population and this is acknowledged by The North Yorkshire Coast Community Partnership's Community Strategy which advocates the importance of supporting healthy and vibrant communities and recognises the contribution and needs of the Borough's older people. The Community Strategy pledges to:

- Provide local services to support older people and their carers within their own communities.
- Maximise opportunities for older people and carers to participate fully in their communities, including access to learning opportunities.
- Promote the positive contribution older people can make to the community and enhance inter-generational links.

To support these aspirations, the Community Partnership has made a commitment to publish an Older Person's Strategy and this document represents the realisation of that commitment. The strategy has been developed by a partnership of organisations which comprise North Yorkshire County Council, Age Concern, Ryedale and Scarborough Carers Resource, North Yorkshire and York Primary Care Trust, Yorkshire Coast Homes, and Scarborough Borough Council. In the process of developing the strategy the working group representing these organisations identified a set of principles to guide the development and delivery of the strategy and its eventual aims.

These principles are:

- This will be a positive strategy, ageing is not necessarily negative and the strategy will highlight the positive contribution older people make in society.
- The strategy will have relevance for the needs and aspirations of all older people in the community, not just those currently accessing services.
- The Strategy will identify the specific needs of the most vulnerable and socially isolated older people in the Borough and promote social inclusion.
- The strategy will recognise and value the diversity of older people within the Borough.

- The Strategy will be underpinned by consultation that promotes an honest dialogue and is realistic about the choices that are available.

Purpose of the Strategy

The strategy seeks to take a holistic approach to promoting well being amongst older people. Services are important but the strategy should also promote opportunities for older people to retain and develop active and fulfilling social networks and place value on meeting people's social and leisure needs.

Providing services for older people is not just about social care or health, nor is it solely of concern for older people with the most severe needs. Rather it is about the health and wellbeing of all older people in the Borough and those who are moving towards that stage in their lives.

Older people use many of the universal services provided by the Council and its partners in the Borough and the way that these are delivered has a direct effect on older people. Older people can be at greater risk of social exclusion as they are a section of society that are more often effected by many of the causes of exclusion and deprivation such as poor health, disability and living on a low income. This strategy seeks to set out how we might promote the inclusion of older people into all aspects of the local community.

This strategy builds upon and gives voice to, the North Yorkshire and Yorkshire sub-regional multi agency strategic framework for older people called "Planning for Older Age" which was agreed in March 2006. The North Yorkshire Strategic Partnership (NYSP) is promoting "Planning for Older Age" as a key activity of its Adults Thematic Partnership.

Above all the purpose of the strategy is to set out the needs and aspirations of older people in the community and then to describe ways in which they might be met. It seeks to persuade everyone in Scarborough Borough to sign up to the principals and themes in the strategy and to make a commitment to working with older people to improve the quality of their lives

Vision and Aims of the Strategy

The vision for the Older Persons Strategy for Scarborough Borough is:

To improve the experience of growing older in the Borough of Scarborough and to value and promote the contribution that the Borough's older residents make to their local communities.

Aims of the Strategy:

1. Develop integrated planning of older peoples services across the public sector in Scarborough Borough.
2. Ensure the age proofing of main stream services delivered throughout the Borough
3. Ensure that future plans and policies recognise the needs and aspirations of the Borough's residents as they grow older.
4. Ensure that everyone in the Borough can access information and services in a timely manner and is aware of the services available to them before they reach a point of acute need.

2. Scarborough Borough and it's Older People

For many people Scarborough Borough is a good place to live and work. The National Park and coastal attractions draw in millions of visitors each year and offer a good quality of life to residents. Despite this the Borough faces a number of significant challenges arising from its location and its social and economic characteristics.

The Borough of Scarborough occupies a peripheral location in the region. Scarborough town is 42 miles from York and the national motorway network. Road communications are generally poor and whilst Scarborough, Whitby and Filey are served by railways there is only limited service connecting to the main national routes.

The rural nature of much of the Borough means that there is a high degree of car dependency, but the number of householders without access to a car is higher than the national average. People without cars can experience isolation and find it difficult to access services and leisure opportunities.

The population of the Borough contains a high proportion of older people. The population has remained largely static in the last decade but the numbers of people aged 16-29 years has reduced by a fifth and there has been an inward migration of older people. The age structure of the borough has a greater proportion of people aged 65 and over (21.4% including 2.9% who are 85 years and over) than the English average (15.8% and 1.9% respectively).

Scarborough Borough has experienced difficult economic conditions. Whilst in recent years there has been significant public and private sector investment which has helped to regenerate the area and provide new employment opportunities, wage and skill

levels remain below the national average, with much higher than average levels of part time employment.

Low wages coupled with significant rise in property prices across the Borough has resulted in serious difficulty for many local residents in accessing affordable housing.

In the 2001 census approaching 90% of the population reported that their health was either “good” or “fairly good” although the number of people reporting having a limiting long term illness is above the national average and is significantly so in wards with high levels of deprivation.

Average life expectancy and general health is slightly below the national average with some wards in the Borough exhibiting a complex interaction of poor health, low income, poor housing and other signs of deprivation that are more characteristic of inner city areas. Whilst generally the more rural areas have better health and higher income levels, this can hide dispersed and often hidden pockets of deprivation.

The aging population also contains a number of features that contribute to a lowering of quality of life. In the 75-84 age range over half of women live alone and approaching a quarter of men live alone. Around a quarter of people aged over 85 will have a significant degree of dementia.

The proportion of the population providing unpaid care is similar to the national average however at 10.6%.

3. The Case for Intervention – Key Issues

3.i An ageing population

There are currently 31, 500 residents in Scarborough Borough aged 60 or over, representing 29.4% of the population (ODPM, 2003 population based projects: from the Housing Market Assessment for Scarborough Borough 2007). Population projections suggest that this will increase to:

- 35, 400 by 2011 (32.7% of the population)
- 41, 500 by 2021 (37.2% of the population)
- 45, 400 by 2028 (40.2% of the population)

1,343 households who had moved into Scarborough Borough in the past five years were headed by someone who was retired. These households represent 26.9% of in-migrant households. (Housing Market Assessment for Scarborough Borough 2007).

Retirement in-migrants have settled across the district, in particular Scarborough Town (52.7%), Filey/Hunmanby (20.9%) and the North York Moors National Park area (10.3%). Of these people 52% had an income of less than £300 per week. Housing Market Assessment for Scarborough Borough 2007).

The main reasons for moving have been identified as;

- to move to a better neighbourhood/more pleasant area (25.4%),
- to move close to family/friends to give/receive support (20.2%)
- to be closer to family/friends for social reasons (17.9%).
- 9.2% were households returning to the Borough after living elsewhere.

The population of the Borough is changing due to the inward migration of people approaching retirement, the outward migration of local young people and a generally ageing population.

Compared with other parts of the country therefore Scarborough Borough is likely to have a greater demand for social care for older people with increased pressure on health, social services and suitable housing. These issues are compounded by the fact that a significant number of those people retiring to the coast do not have family/friends in the area when they move and as a consequence lack the sort of social support network that many people enjoy.

3.ii Rurality and location

A large proportion of the Borough's population live in rural areas which lack local amenities. Increasingly the loss of local post offices, pubs and shops mean that local social networks and contacts are not as strong as they once were. As older people often find it most difficult to travel they need and value services delivered locally. However, rural locations also require more resources from public sector service providers and this can compound problems caused by excess demand for services.

Access to transport is a key rural issue. Old age itself can be isolating but rurality can exacerbate loneliness and lack of social contact. Good quality, accessible public or community transport is a key factor in promoting independence and social contacts as well as access to services such as healthcare.

3.iii Housing

The home for older people can be a source of comfort if it is suitable for their needs, but a source of hardship and discomfort if it is not. Ensuring that where and how older people live suits their needs, means ensuring that they live in a 'home' and do not just exist in a house, flat or bed sit.

This is especially pertinent as the combined CLG / NHS and DWP publication in March 2008 'Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society' identified that;

- falls alone cost the NHS £726 million a year,
- there were 26000 excess winter deaths last winter,
- 28% of people live in non-decent or hazardous housing,
- 51% of older people go into a care home after hospitalisation because a return to home is not practical.

The report concluded that if we do nothing, long-term care expenditure would need to rise by 325%.

Research conducted by the New Horizons Programme – "Housing Choices and Aspirations for Older People' (2008) found that the majority of older people were determined to stay in their existing homes as long as possible with a preference to adapt their own home rather than move into care or alternative accommodation.

The Housing Strategy 2005-2010, produced by Scarborough Borough Council, has identified the needs of older people as relevant for special consideration. The council is committed to working in partnership with the County Council to deliver the 1999 Strategy "Our Future Lives". This includes phasing out residential care homes and replacing with extra care housing whereby independent dwellings attached to a caring and social function can be rented, purchased outright or part owned.

The 2002 Housing Needs Survey highlighted that there would be a shortage of suitable housing for older people in future years and that much of the social housing stock in the Borough at that time no longer met the needs and aspirations of tenants.

In 2007 DHCR published the Scarborough Sub-Regional Housing Market Assessment which illustrated the aspirations of older people with regard to their housing options for the next 5 years;

Housing option	%*
Continue to live in current home with support when needed	83.1
Sheltered accommodation	16.3
Residential Care Home/Extra Care scheme	9.3
Buying an apartment in a specific development for older people	12.4
Buying a property in a Retirement/Care Village	9.1
Total number of households responding	18,977
Total number of preferences stated	25,246

It is clear that the vast majority of residents wish to age in their own home with support. Furthermore if a move to a more appropriate housing type, perhaps with support, is required people often wish to remain within their own community. Currently a lack of specialist housing in the more rural areas can mean older people forced by circumstance to move away from community networks, thereby exacerbating isolation and exclusion.

3. iv Health and well being

The notion that a nation's level of well-being or happiness is more important than its wealth has begun to gain credence. This interest reflects the finding that while income and wealth may continue to escalate, levels of well-being stagnate when one obtains an annual income level of £20,000. This is the so called Easterlin paradox.

Estimates suggest that 1million older people in the UK are socially isolated and lonely. For older people, as for all age groups, good physical health is important for mental health and well-being. Problems experienced by older people generally can be

exacerbated by physical disabilities. Chronic health problems and disability often result in depression, social isolation and other mental health problems.

One of the most important factors underlying older people's mental health and well-being is social participation. Lack of social support is associated with increased mortality and poor health whereas high levels of support and frequency of contact with friends reduce the risks of depression even for those with poor physical health. The Borough has many good support networks, including a very active University of the Third Age in the northern area. However, there remain large numbers of older people who experience isolation and loneliness.

Research into what older people value about close relationships shows that feeling useful, having a role and giving support and help to others is particularly important to them

There have been dramatic gains in life expectancy for everybody during the last century. Baby boys born in 2006 could expect to live for 77 years and girls for 81 years and further increases are expected as medical innovation continues. However, despite these overall gains for everybody there remain significant differences in life expectancy between social classes. Life expectancy in the borough has not improved as fast as the rest of England or North Yorkshire. Men from the most disadvantaged areas of the borough have a seven year shorter lifespan than those from the least disadvantaged areas.

While the majority of people are living longer lives in good health, this is not the case for about a quarter of men and women over 75 who are living with a disability and in poor health. In Scarborough, according to the 2001 census, 21.6% of the population reported a limiting long term illness, well above the national average of 17.9%.

However concentrations of more than 25% reporting limiting long term illnesses were found in 14 electoral wards. In 2003 men aged 65 could expect to live 4 years in poor health and women 5 years.

Nationally, around 25% of people aged over 65 have symptoms of depression that warrant intervention and 29% of all suicides were in people aged over 55 with older men twice as likely as older women. On a more positive note, however, older people in the Borough are generally more satisfied with their local area as a place to live. 85.3% are fairly/very satisfied, compared with 75% overall. (06/07 General Survey Data).

Nationally 32% of people aged 65-74 and 26% of people over 75 regularly participate in formal volunteering.

3.v Poverty and deprivation

Levels of inequality in income and wealth are very important in shaping levels of well-being and satisfaction. It is estimated that there are 2.1 million pensioners in relative poverty in the UK. Clearly this impacts on the ability of some pensioners to meet basic needs such as a nutritional diet, heating and housing repairs particularly among vulnerable groups such as single pensioners, older pensioners (80+) and female pensioners

Inequality, deprivation and poverty not only have a significant impact on life expectancy but also on health and well-being. Worryingly, despite a range of government targets and interventions nationally, this health inequality gap continues to widen. Of those people aged 60 or over living in the Borough 14.3% are identified as income deprived by the 2004 Index of multiple deprivation.

Nationally, take up of eligible benefits is low among older people and there is no reason to see that Scarborough Borough is any different in this respect. In the Borough between 2003 and 2008

the number of pension eligible people claiming housing and council tax benefits increased by approximately 20% from 5,072 to 6,292, however, there is still work to do.

3.vi Fear of Crime

Fear of crime can severely inhibit an individuals ability to do basic things in their daily life and is something that can have a disproportionate effect on older members of the population. 48.6% of people aged 65-74 or over feel unsafe walking after dark, 52% of those aged 75+ (Compared with 41% of population as a whole).

3vii Employment and Education

Remaining active in work or education as one grows older can have significant benefits for the individual. In addition changes in the population and economy mean that an older workforce will become a reality in the not too distant future. Organisations that are proactive in encouraging employees to work beyond traditional retirement age can benefit greatly and other activities such as having an active grand parenting role can also promote improved health and well being.

At the 2001 census 2,914 people between the age of 60 and 74 were in employment in Scarborough Borough or 7% of the total workforce compared to 5% regionally and 5.5% nationally.

4. Action Areas

i. Promoting and protecting well being.

Good mental and physical health is the result of a wide range of factors including diet, social contact and prompt access to good quality health services. In order to promote and protect well being in the Borough's growing older population the following **action areas** have been identified.

Fostering social / family networks

- by promoting mentoring / befriending schemes
- by encouraging intergenerational projects in the cultural sector that bring older and younger people together and break down barriers.

Reducing Isolation

- by promoting flexible employment options for older people
- by promoting opportunities for volunteering

Addressing fear of crime

- communication about actual risks and practical support such as additional security etc.
- through improved infrastructure and urban planning / development

Promoting inclusion

- by developing and promoting opportunities for life long learning, including non vocational opportunities which are valued by older people but which receive little subsidy and are expensive for many.
- by age proofing of existing services

Improving health behaviours / lifestyles

- through promoting increased participation in cultural services and social activities
- by providing information on good nutrition
- by working towards the cessation of smoking and unhealthy drinking

Prompt access to health services, both physical and mental

- through improved access to information about local services

Protection of vulnerable groups

- by ensuring the highest standards in accommodation with support
- by identifying those living alone in older age and providing proactive support for them

ii Early Intervention

The Wanless Report (2006) found that more emphasis on respite, day support and practical assistance would improve outcomes for people and can delay the need for more intensive services such as residential nursing home care or unplanned hospital admissions. This is part of a growing body of evidence that early intervention may, if it is appropriately directed and planned, prevent or delay the need for more extensive services.

In North Yorkshire investment in prevention and early intervention has proved to be successful in some circumstances. The County Council and its partners are one of the national pilot sites in implementing the Partnerships for Older People Projects (POPP).

Action areas:

Reducing the number of people experiencing crisis

- by identifying and monitoring carers
- by providing support and information for carers
- Improving access to intermediate and respite care and day to day support.

Reduce the risk of admission to hospital or residential care

- commissioning arrangements for services in the home can provide a more comprehensive range of services and ensure specific needs are not neglected.
- Improve co-ordination of hospital discharge services

Develop proactive case finding

- by providing specialised training for all staff
- by improving awareness of health and social care resources among professionals, including GPs.

Develop practical low level interventions

- by providing practical household help for older people such as gardening, shopping and mobile library services

Health Improvement interventions

- promotion of screening programmes
- interventions training for staff
- self care training through older people's forums

iii. Ensuring access to good quality services

Age and equality proofing should be built into service development, planning and delivery stages. Toolkits are available to help with this process but unless these are well known, simple to implement and relevant, they are unlikely to be widely used. Overall there is a need to raise awareness and understanding about the needs of older

people and the ways these could be reflected within service design and delivery.

Feedback from older people and their families, as well as from those delivering services identifies a need for good quality, fully integrated services. In particular this includes good connections between services and easy access to timely, good quality advice.

Action areas:

Increasing take up of benefits

- by providing home visits for claimants
- single points of access for all benefit entitlements

Ensure prompt access to the right services

- by building age proofing into service planning and delivery

Support local service delivery

- By fully utilising existing local services and maximising opportunities for mobile and outreach services to be delivered locally where appropriate.

Better service integration

- by strengthening partnership arrangements, locally and countywide through the new Older Person's Board.
- by increasing the levels of knowledge amongst staff across all sectors to improve awareness of the range of services available
- by providing access to tenure neutral housing advice.

Engagement that is built into service design, delivery and commissioning

- through wide ranging consultation in delivery planning

iv Housing and infrastructure

The provision of housing and associated infrastructure should reflect the needs of the whole community and recognise the increasing age of the population overall. Planning Policy should seek to support sustainable communities that make provision for individuals to grow older as part of their community without becoming isolated or disadvantaged by their circumstances and surroundings.

Immediate housing needs can be addressed through better information provision and support to help individuals make the right choices for their own present and future needs.

Action areas:

Encourage informed housing decisions prior to moment of crisis.

- Ensure appropriate provision of relevant information

Supporting people to remain in their homes and avoid the need for residential care.

- by continuing to deliver/promote the Telecare service
- continue to deliver the handyman service
- by ensuring appropriate and timely adaptations to homes through the Disabled Facilities Grant
- through the adoption of the lifetime homes standard at level 3 by 2013

Ensure that policies and developments reflect the needs of older people including;

- The Local Development Framework
- Local Housing Strategy
- Transport policies

- Cultural Plans and policies
- Social Inclusion Policy/Strategy

Develop and improve access to rural transport services

v Communication

Growing older is a gradual and incremental experience which brings both benefits and problems to the individual and their close relatives and friends. The pace of ageing means that adapting to changes in physical ability, social opportunity and the changing world is typically reactive and often takes place when an individual is in crisis or in need of external support. When this happens gaining access to information, and understanding and implementing those options that are available to an older person can be very difficult and often need to be undertaken at a time of stress. A general lack of awareness of support available and how to access it often exacerbates this situation.

Ensure that information is accessible and appropriate

- one stop information points
- information at libraries in multiple formats

Develop social marketing techniques to target information.

- Recognise a wide diversity of need and communication channels.
- Develop information packs for new residents
- Develop information packs for new pension recipients

Promote the positive aspects of growing older in local communities and the contribution that older people make.

- ensure that public sector organisations promote a positive image of growing older in Scarborough Borough

5. Measuring Outcomes and Delivery

Action Plan

An action plan will now be developed which will seek to show how the action areas identified in this strategy will be delivered by a range of partners, in the public, voluntary and community sector.

Monitoring Delivery

The Scarborough, Whitby and Ryedale Older People's Development Group will be responsible for driving forward the delivery of the strategy, for monitoring progress and identification of gaps.

This group is chaired by an older person and includes representatives from the local Older Person's Forums as well as services such as Age Concern, Carers Resource, North Yorkshire County Council Adult Services, North Yorkshire and York Primary Care Trust and Tees Esk and Wears Valleys NHS Foundation Trust (mental health services).

This group will report at least annually to the North Yorkshire Community Partnership Board who developed this strategy.

Outcomes

This strategy supports delivery of the North Yorkshire Strategic Partnership (NYSP) Sustainable Community Strategy and the Local Area Agreement (LAA) for North Yorkshire. Progress against the following LAA indicators will be monitored.

Relevant LAA Indicators

LAA ref.	Description	Baseline 07/08	Target 09/10	Target 10/11
NI136	The no. of adults per 100, 000 population that area assisted directly through Social Services, assessed or are planned , funded support to live independently plus those supported through organisations that receive social services grant funded services.	4347 (est)	4643	4791
L12	The number of additional extra care units occupied.	06/07 26	120 363 cumulative from 07/08	40 403 cumulative from 07/08
L13	The number of households receiving intensive home help/care as a % of all older people in residential and nursing care and households receiving intensive home help/care	06/07 22.50%	26%	26%
L19	The no. of people who are helped to live independently at home for at least 12 months and prevented from admission to residential care through assistive technology.	187	357 Cumulative from 07/08	432 Cumulative from 07/08

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