POPULATION NEEDS ASSESSMENT

2022 - 2027

OLDER PEOPLE

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1. WHAT IS MEANT BY THE TERM 'OLDER PEOPLE'?

There is no universal consensus on when 'old age' begins. Our perception depends largely on context and our own age. For example, a Department of Work and Pensions survey found that, on average, younger people think age 54 marks the start of old age, whilst conversely those over 80 think old age begins at 68.

The Welsh Government's Strategy for Older People in Wales defines older people as aged 50 and over, although this has been the subject of much debate.

In this chapter, the majority of the detail relates to those aged 65 and over. However, every effort has been made to reference specific age ranges where the information is available and relevant.

The 'Living longer: is age 70 the new age 65?' report states that:
"In the UK, 65 years of age has traditionally been taken as the marker for the start of older age, most likely because it was the official retirement age for men and the age at which they could draw their State Pension. In terms of working patterns, age 65 years as the start of older age is out of date. There is no longer an official retirement age, State Pension age is rising, and increasing numbers of people work past the age of 65 years.

People are also living longer, healthier lives. In 2018, a man aged 65 could expect to live for another 18.6 years, while a woman could expect to live for 21 more years. So, on average, at age 65 years, women still have a quarter of their lives left to live and men just over one fifth.

An important further consideration is that age 65 years is not directly comparable over time; someone aged 65 years today has different characteristics, particularly in terms of their health and life expectancy, than someone the same age a century ago.
In a number of respects, it could be argued that the start of older age has shifted."
Source: Living longer: is age 70 the new age 65? - Office for National Statistics (ons.gov.uk)

It is note that older people are not a homogenous group. Factors such as socio-economic status, ethnicity, sex, gender identity and sexual orientation all play a role in shaping people's life experiences.

Equally, the needs of older people in otherwise good health will be very different from those people affected by a disability or frailty. Adverse childhood experiences (ACEs) may also have a significant impact on a person as they grow older. Further information on ACEs can be found in the Children and Young People core chapter.

To help us understand the region's assessment of the needs for older people, research undertaken has identified evidence of a latest position from the Older People Commissioner for Wales.
It states:

"We are an ageing society, with 877,000 people aged over 60 in Wales, just under 30% of the population. This is set to increase to over 1 million by 2030, and the number of people over the age of 85 is expected to grow significantly in the years ahead, more than doubling by 2040. Older people are vital members of our families and communities, making a huge contribution to Wales – through working, volunteering and unpaid caring – worth over £2bn to the economy every year.

There are, however, significant inequalities between individuals and communities throughout Wales, as demonstrated by increasing levels of poverty amongst older people and the fact that gaps in healthy life expectancy between the least and most deprived areas of Wales vary by as much as 18 and 19 years for women and men respectively. Furthermore, I hear from older people that they feel that their voices are not always heard or listened to when decisions are being made that affect their lives, and that the services available to support them as they grow older often do not always reflect their needs or the increasing diversity of older people in Wales".

Source: Making_Wales_the_Best_Place_in_the_World_to_Grow_Older_-_Strategy_2019-22.sflb.ashx (olderpeoplewales.com)

Ageism

"Ageism is prejudice or discrimination based on a person's age and is still very prevalent within society. Ageism underpins many of the issues currently faced by older people and results in negative stereotypes, older people being treated unfairly and their rights not being respected and upheld. Ageism can also negatively influence the decisions made by society, meaning that the services, facilities and opportunities that people need to help them to age well can be inadequate and discriminate against older people. A growing body of research indicates that ageism has a wide range of negative impacts upon older people, affecting their physical and mental health, recovery from illness, levels of social exclusion and even life expectancy.

Tackling ageism and age discrimination is therefore essential to support older people's health and well-being and ensure that they have equality, are treated with dignity and respect, and that the contribution they make to society is both recognised and celebrated. It is also essential to tackle ageism if we are to make sustainable improvements in other aspects of older people's lives."

Source: Making_Wales_the_Best_Place_in_the_World_to_Grow_Older_-_Strategy_2019-22.sflb.ashx (olderpeoplewales.com)

Population

According to Social Care Wales, the over 65 population for the West Glamorgan region stands at 79,212 (as at 2020).

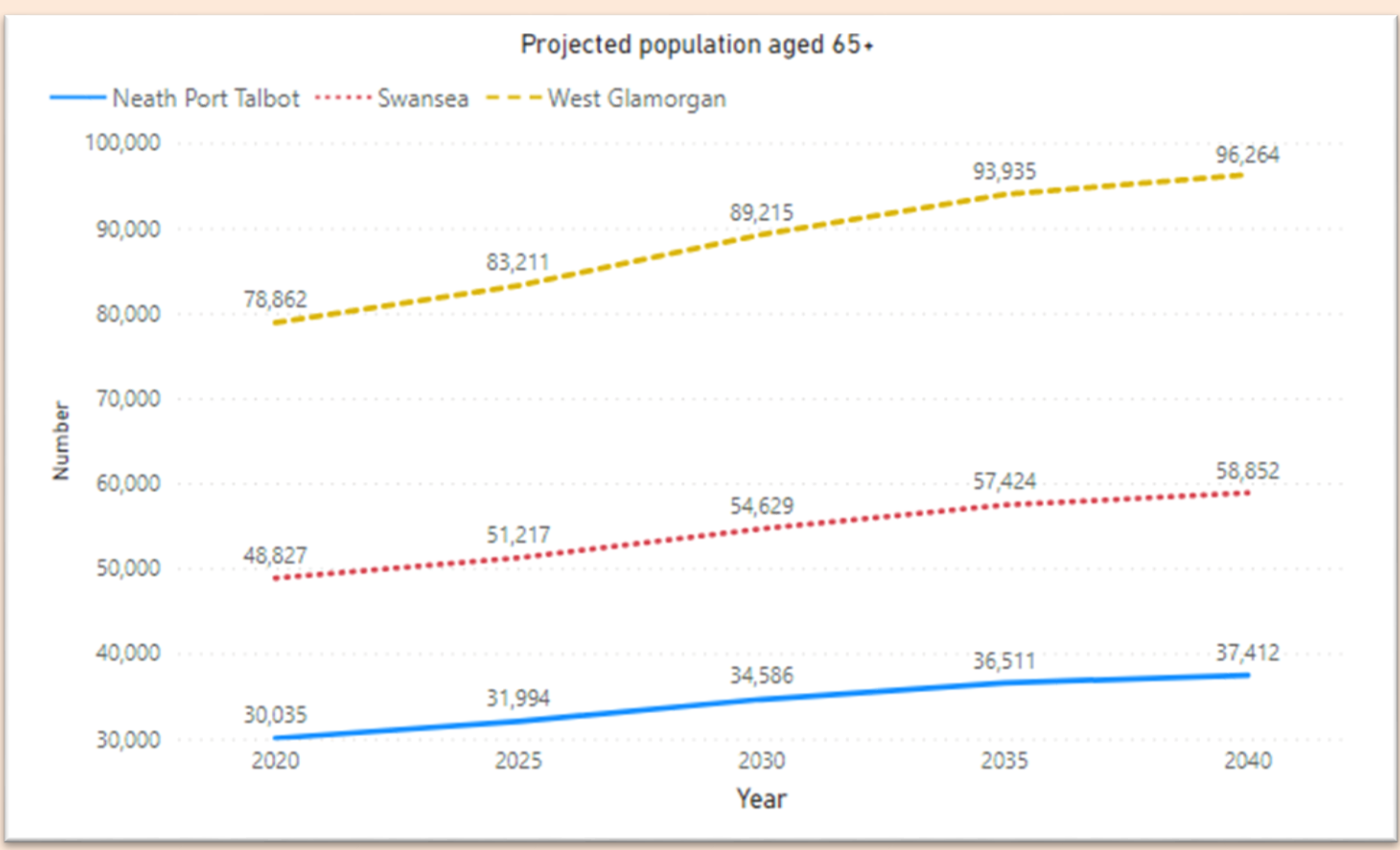
Number of people 65+ years

Year	Neath Port Talbot	Swansea	West Glamorgan
2017	29,159	47,549	76,708
2018	29,530	48,049	77,579
2019	29,981	48,720	78,701
2020	30,254	48,958	79,212

The above table shows a steady increase in the number of people aged 65 and over within our region since 2017. This paints a positive picture, but the resulting rise in pressures on health and care social services also requires consideration.

As a region, predictions from Stats Wales show that the over 65 population will increase to 96,264 by the year 2040 - an increase of just over 20%.

Please note that the population projections are based on mid-year estimates from 2018.



The mid-year estimates for 2020 supplied by Office of National Statistics (ONS) shows the female population in West Glamorgan for over 65s is 43,700, whilst the equivalent number for the male population is 35,500.

Information on specific cohorts of the population will become available when the 2021 Census results are published. However, the region recognises that there is a gap in regular data capturing for specific characteristic groups, and this will be addressed over the course of the next assessment cycle.

"In Wales, the central demographic projects that in 20 years (by 2038) 1 in 4 of the population will be over 65. The population aged over 75 in Wales is also projected to increase from 9.3% of the population in 2018 to 13.7% in 2038." (Office for National Statistics, 2019).

"Longer lives inevitably mean more years spent in retirement and for many, retirement offers the opportunity to try new things and live the life we chose. The National Survey for Wales shows some positive results for older people. For example, 69% of people aged over 75 said they have sense of community compared to only 51% of people aged 46–64. 35% of people aged 64-75

volunteer. 90% of older people feel in control of their lives and 80% feel they can do what matters to them."

In 2018, the report, 'Living Well for Longer: The economic argument for investing in the health and well-being of older people in Wales' (Bangor University) found that the economic value of the contribution made by older people in Wales was estimated to be £2.19 billion per annum. However, an ageing population does bring new challenges for governments, communities and individuals.

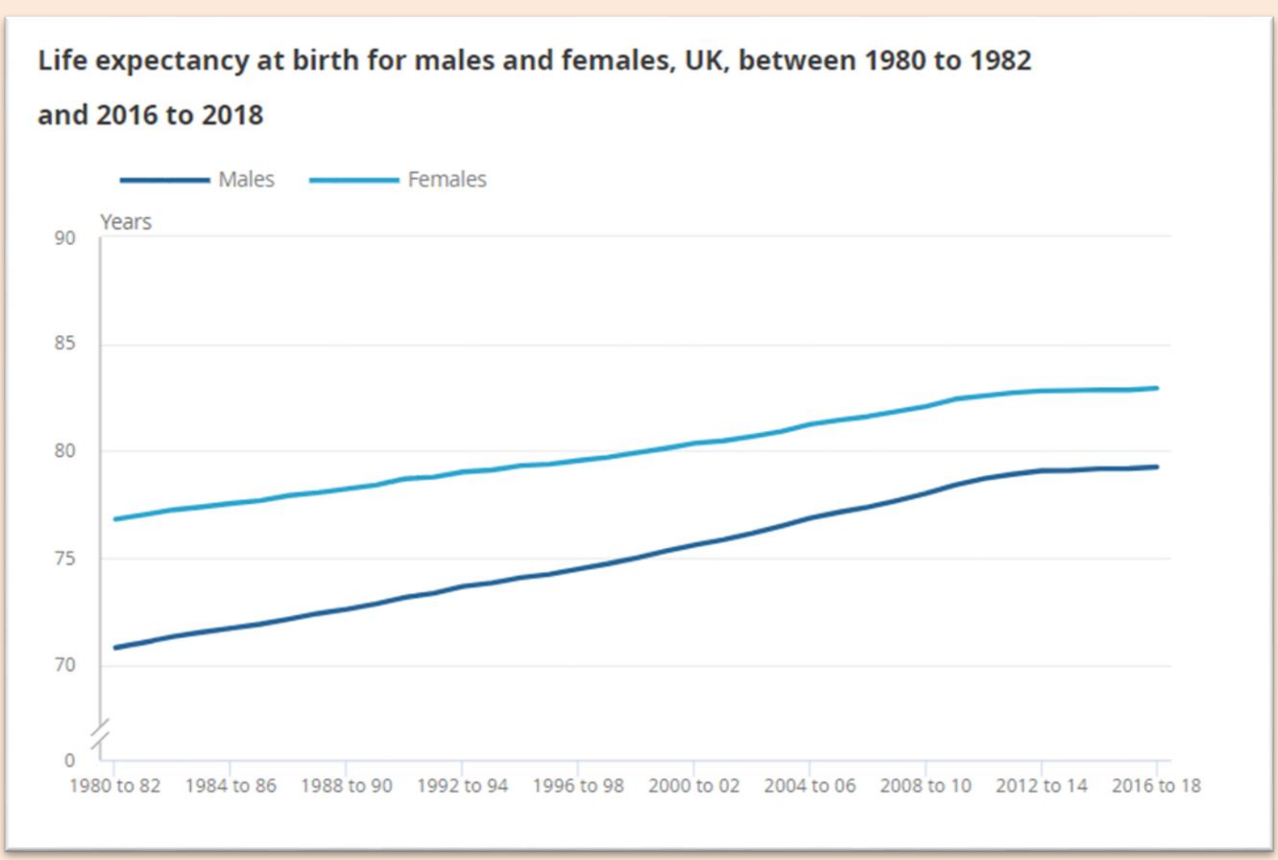
The impact of COVID-19, deep rooted social and economic inequality, austerity and the rising number of older people living with complex conditions cannot be ignored.

2. LIFESTYLE FACTORS AFFECTING OLDER PEOPLE

The nature of 'older age' is changing. Pension age is rising, many people are more active at 65 than in previous generations, the use of digital services by those aged 65 and over is probably increasing in line with the general population, and people's aspirations are very different to what they once were.

The predicted increase in life-expectancy in a period of decreasing budgets mean that traditional models of service delivery are not sustainable.

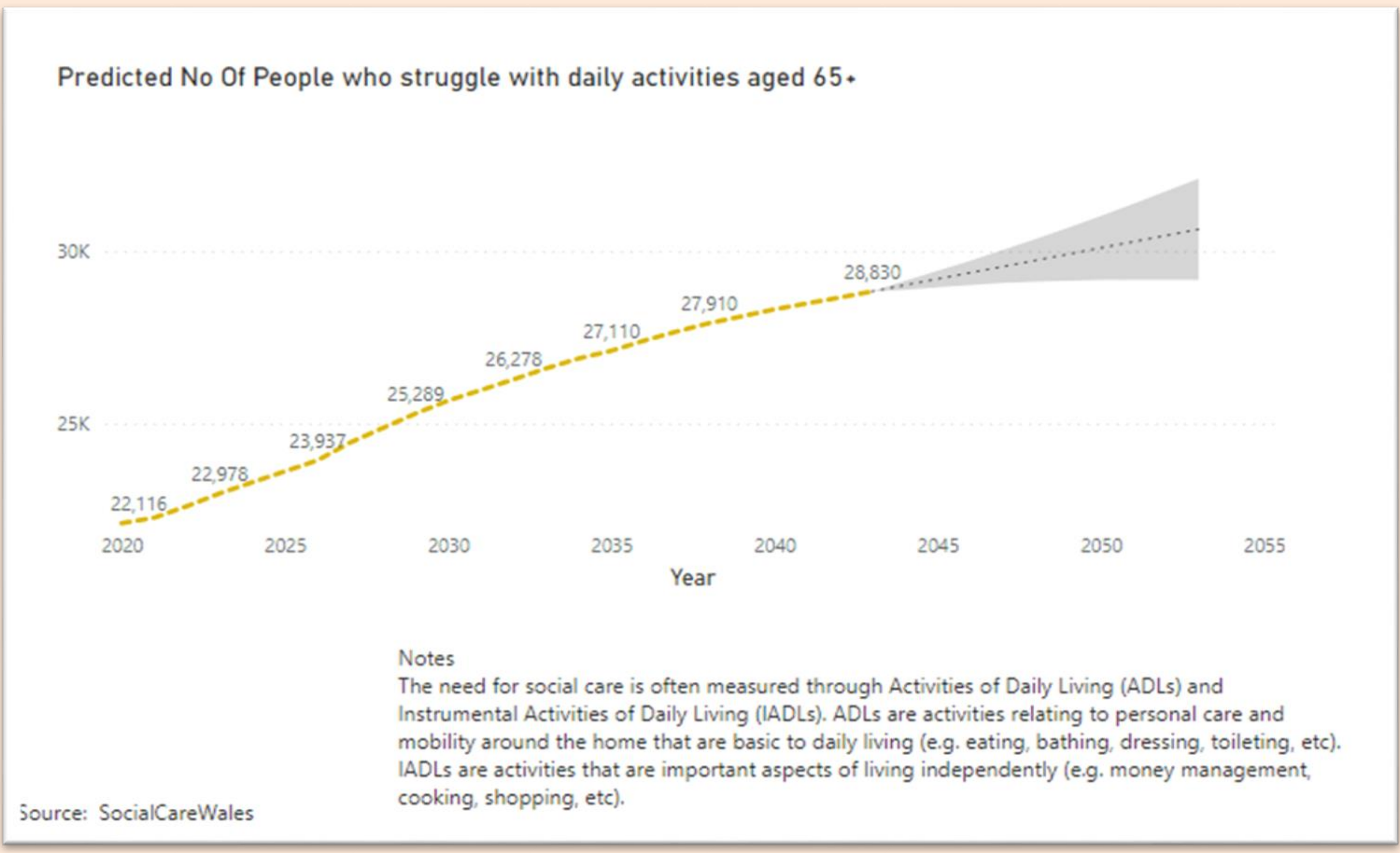
Life expectancy at birth in the UK in 2016 to 2018 was 79.3 years for males and 82.9 years for females, as depicted below:



In respect of wellbeing services, Councils and Health Boards have committed to healthy living programmes such as; smoking cessation, weight reduction and taking part in physical activities. These have been promoted to help people stay fit and well as they age. However, as the number of older people is expected to rise it is likely that there will be a proportionate increase in the prevalence of chronic conditions, leading to a potential increase in hospital admissions and social care interventions.

Daily Activities

There is a growing number of people who struggle with basic activities during their daily lives. The number of people over the age of 65 in West Glamorgan who are predicted to struggle will increase from 22,116 in 2025 to 28,311 by 2040 (see below).



Support services will need to be configured to respond to this expected increase in demand. Assistive technology and innovative ways of working will also need to be explored.

Falls

"Falls are a major cause of disability and death in older people in Wales, and result in significant human costs in terms of pain, loss of confidence and independence. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year. Between 11,500 and 45,900 of these suffer serious injury: fracture, head injury, or serious laceration."

Source: Ageing Well: Falls Prevention (ageingwellinwales.com)

Falls are unfortunately very common in older people. This could be due to isolated factors such as poor mobility, or a combination of factors such as sight loss, weight issues, mobility and other conditions such as strokes and diabetes.

"Falls are common among older people, with 30% of people aged 65 and over and 50% of people aged 80 and over falling at least once per year. Falls cause increased morbidity, mortality and use of health care services and are a growing concern, with falls costing the NHS an estimated £2.3 billion per year."

Source: New study revealed that home adaptation interventions help to reduce emergency fall admissions in older people - Population Data Science (swan.ac.uk)

Advance and Future Care Planning

In Wales, Advance Care Planning now falls under the wider umbrella term of "Advance and Future Care Planning" encompassing decision making for those with capacity and best interest decisions for those patients with diminished decisional/mental capacity and their loved ones being involved in deciding and planning for future care, especially in relation to end of life. Older people often struggle with certain elements of planning towards the end of life whether that be about making decisions around their own hopes and desires for their final weeks and days or planning in relation to their financial wishes. They may also struggle as carers supporting a dying relative or friend, and also struggle with bereavement after a loved one has died.

There are a number of strategic approaches that partners should consider when developing and innovating services and other offers around Advance and Future Care Planning in the West Glamorgan region. No one solution will meet the needs of all people due to the disparate and unique nature of everyone's circumstances. NICE quality standards on End of Life Care do however, outline that people approaching the end of life should feel satisfied that they have been able to discuss, record and review their needs and preferences if desired. Guidance also highlights that healthcare providers should record individualised care plan discussions and decisions in a person's record of care, and this plan should be shared with their loved ones and the wider health and social care teams supporting them.

Further information on End of Life care can be found in the Health and Physical Disability core chapter.

Technology

Technology plays a huge part in daily living, and the older generation sometimes do not have the skills, knowledge or equipment to engage. New ways of working and providing services (such as GP appointments), to just being notified of changes to services that will affect them, is now mainly provided through online and technological devices. Public Health Wales have stated:

Patterns in the underlying components of digital exclusion

- There is good evidence to believe that many groups who are already subject to disadvantage and worse health outcomes are also subject to digital exclusion, but the relationship is complex.
- Some national-level evidence involving narrow measures of access and use of digital technologies suggests that gaps in measures of digital technology use between disadvantaged groups and the rest of the population have been narrowing in recent years. However, important differences in access and use persist:
  - People living in rural areas have less access to, and slower, internet infrastructure. Recent data is lacking but deprived areas also seemed to be more likely to lack access.
  - Older people are less likely to own smartphones or connect to the internet.
  - Where differences between ethnic groups persist in internet access this is explained by the age and income profile of these groups. We found few other studies of differences between ethnic groups.
  - People with lower income are less likely to have access to smartphones in their household and be on pay monthly contracts and data plans.

Source: https://phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/

Obesity/Weight Management

The latest data from Social Care Wales shows that 62% of people aged 65 and over in West Glamorgan consider themselves to be overweight or obese.

% of adults aged 65+ who reported being overweight or obese

Year	Neath Port Talbot	Swansea	West Glamorgan
2009-2012	61.0	60.0	60
2012-2015	63.0	61.0	62

"Excess weight may increase the risk of coronary heart disease, hypertension, liver disease, osteoarthritis, stroke, type 2 diabetes, and some cancers such as breast, colon, endometrial and kidney cancer. People who are overweight or obese may also experience mental health problems, stigmatisation and discrimination because of their weight. Illnesses associated with obesity place a significant financial burden on services. During 2020/21, Public Health Wales

stated that there was a £1m investment secured to take action on obesity and to prevent diabetes."

Neurological Conditions

"In Wales, each year around 2,500 people are diagnosed with Parkinson's disease, epilepsy, multiple sclerosis or motor neurone disease. The latest prevalence data from Public Health Wales (2014-15) indicates out of the 100,000 over 41,000 people in Wales are estimated to suffer from one of the following neurological conditions; Parkinson's disease, epilepsy, multiple sclerosis, muscular dystrophy, motor neurone disease and cerebral palsy. In addition, a further 10,000 people each year were admitted to hospital for an acquired brain injury."

"People with neurological conditions can experience difficulties ranging from living with a condition which may weaken or disable them for periods of time through to needing help for most everyday tasks. It is an enormous challenge for the health service to absorb anticipated future levels of demand. In terms of productivity the service has responded well. The annual increases in demand have, by and large, not led to reductions in timeliness of care. There were just over 18,500 hospital admissions related to neurological conditions in 2015-16, with an average length of stay of 4.2 days. It is expected that numbers of people with neurological conditions will increase in the future due to increased longevity, improved survival rates and improved general health care. This increasing level of demand, and the cost and complexity of healthcare must be recognised. This is not an issue confined to neurological conditions and the health service in general is facing enormous challenges and pressures. The latest available figures highlighted between 2010-11 and 2014-15, there was a 65% increase in NHS expenditure on neurological conditions, making it the tenth biggest spend for the NHS in terms of per head of population. This demand will be set against the finite resources likely to be available for health and care services in Wales, which makes it challenging to simultaneously improve quality and performance."

Source: neurological-conditions-delivery-plan-july-2017.pdf (gov.wales)

Carers

Older people very often take on caring roles for other adults in their lives, as well as providing child care which usually goes unpaid. More information on this cohort can be found in the 'Carers who need Support' chapter.

Access to Services/Community Transport

Barriers when accessing services may lead to isolation and even misdiagnosis, especially for people with sensory impairments or conversation/speech issues. This inevitably leads to poorer outcomes for people and increases pressure on health and care system. It is also frustrating and anxiety inducing for those trying to access support.

Transport to hospitals and GP surgeries has proven difficult for older people, especially those who live in rural communities. An Older People Commissioner's report on access to health services highlights the challenges:

"For example in Primary care, it was clear from the survey responses that a significant number of older people find travelling to primary health services difficult, with almost a third indicating that this was usually or sometimes the case. Whilst several reasons were identified for this, the most common reasons were services not being within walking distance, not having access to their own car and a lack of public transport."

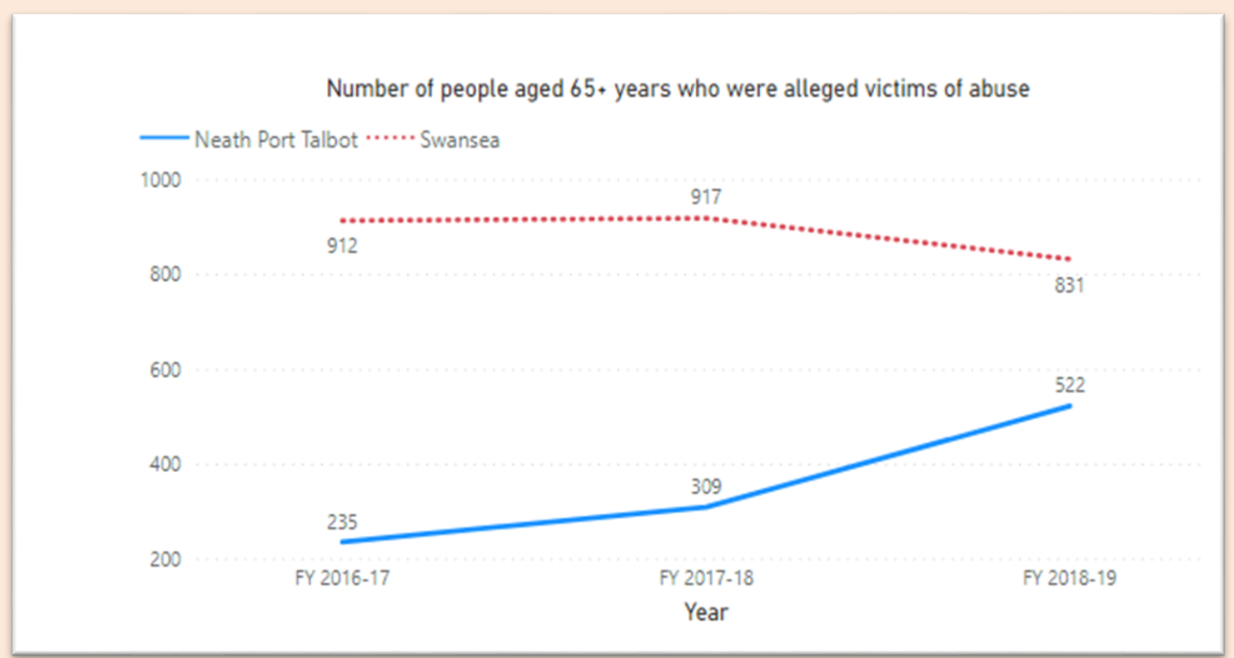
Source: Accessing_Health_Services_in_Wales_-_Transport_Issues_and_Barriers.sflb.ashx (olderpeoplewales.com)

Abuse

"Thousands of older people in Wales experience abuse – a single or repeated act, or lack of appropriate action, which causes harm or distress – and crimes committed against older people are under-reported. The types of abuse against older people may include physical abuse; domestic violence; sexual abuse; psychological or emotional abuse; financial or material abuse; organisational or institutional abuse; neglect or acts of omission; and coercive control. Whilst there is a growing understanding of the scale and nature of abuse and crimes against older people, there is still a lack of meaningful data about the levels of abuse in Wales, and awareness of these issues is still far too low across our public services and society in general. I will work to stop this abuse by increasing awareness across society, improve preventative actions across public bodies and secure access to justice for those who are or at risk of being abused and help them to feel safe"

Source: Making_Wales_the_Best_Place_in_the_World_to_Grow_Older_-_Strategy_2019-22.sflb.ashx (olderpeoplewales.com)

In West Glamorgan, over 65s who have suffered abuse stands at 1,353 in 2018-19. Analysis of the data shows that Neath Port Talbot has a higher prevalence of alleged victims of abuse than Swansea.



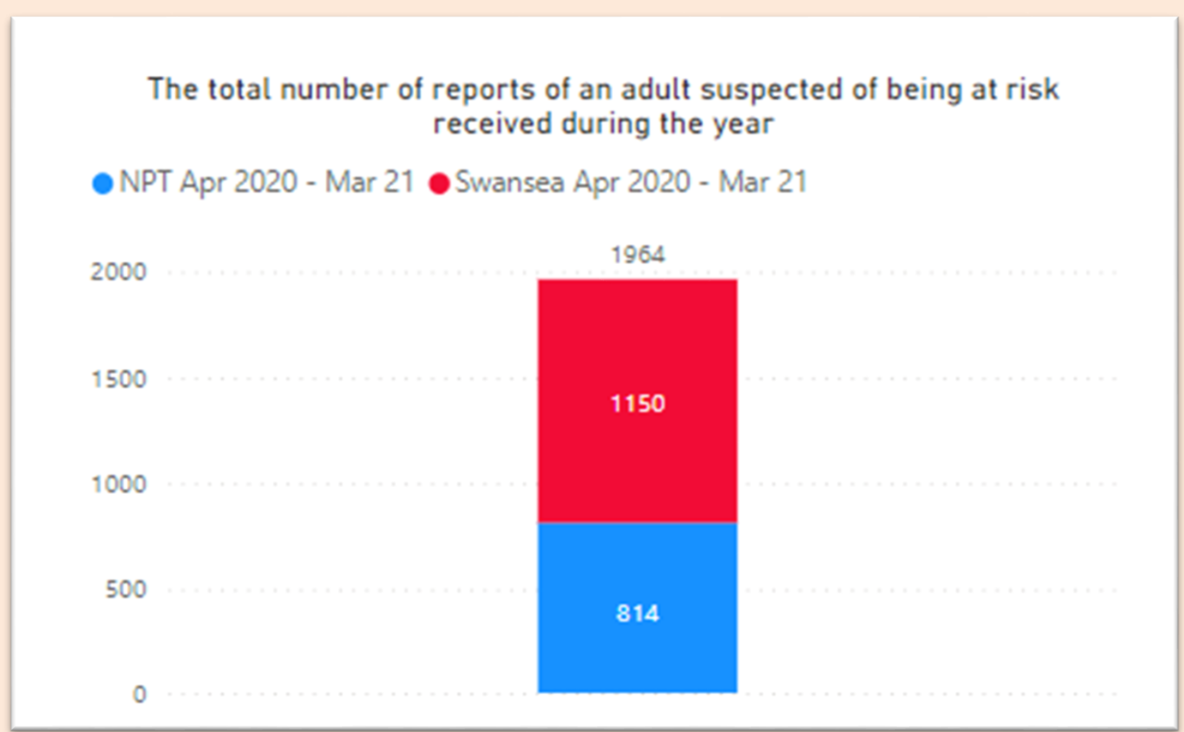
The table below shows that the numbers are increasing in Neath Port Talbot who were alleged victims of physical abuse during the same period.

Number of people aged 65+ years who were alleged victims of physical abuse

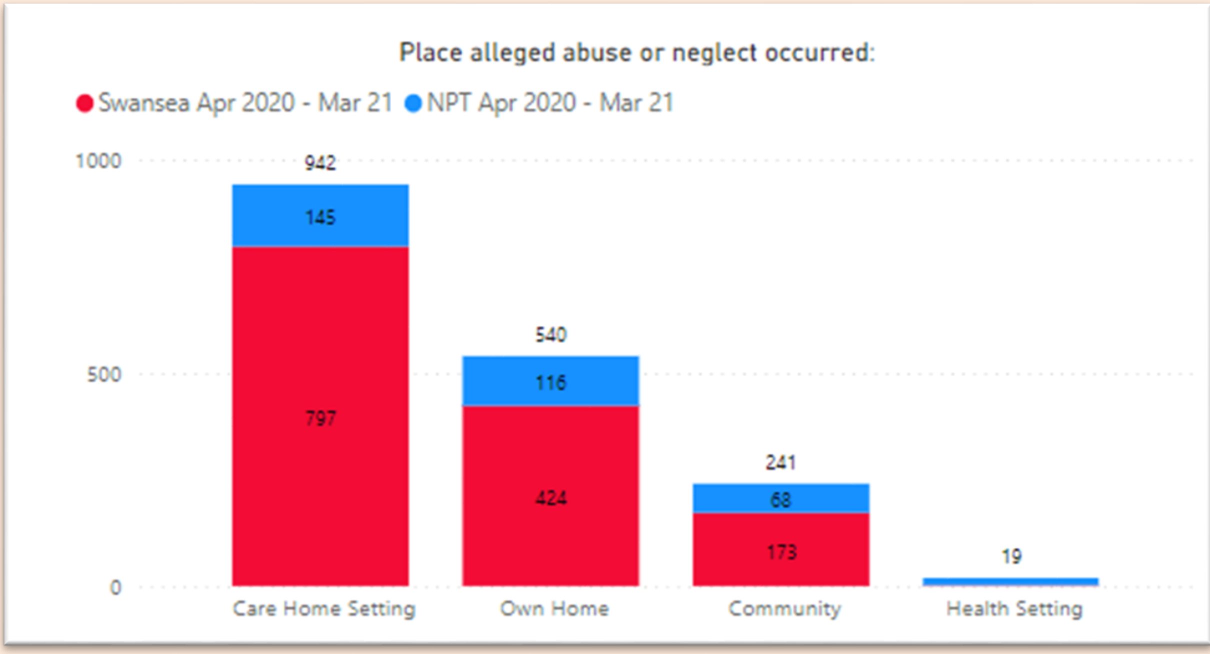
Year	Neath Port Talbot	Swansea	West Glamorgan
FY 2016-17	58	222	280
FY 2017-18	63	224	287
FY 2018-19	118	226	344

Source: SocialCareWales

Local authority safeguarding data shows that in 2020-21, the number of adults suspected of being at risk totalled 1964.



From the data reported by Neath Port Talbot and Swansea, the main place of abuse amongst the social care clients occurred in care homes settings which are predominantly occupied by older adults.



Loneliness and Isolation

Loneliness and isolation can affect people of all ages, especially through a lack of social interaction during the different phases of lockdown during the pandemic.

"Loneliness and isolation are not fringe issues; they have been shown to damage health, are the basis for social exclusion and are a significant and pressing problem in Wales that cross all boundaries of social class, race, gender

identification, sexual orientation, financial status and geography. Eradicating loneliness and isolation may be unrealistic, but working at all levels, individual, organisational and strategic, identifying and tackling the root causes is not. Given the budgetary reductions to community and public services, often seen as "lifelines", older people are at an increased risk of loneliness and isolation, sometimes referred to as "silent killers".

More than 75% of women and a third of men over the age of 65 live alone. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated resulting in damaging effects to their mental health"

Source: Ageing Well: Loneliness & Isolation (ageingwellinwales.com)

Age and loneliness

Our analysis finds that age is negatively associated with levels of overall loneliness, with a similar trend observed for emotional and social loneliness (Table 1 and Figure 1).

Table 1: Levels of loneliness, by age group

Age	Sample N (%)		Overall loneliness		Emotional loneliness	Social loneliness
			Sometimes lonely (1-3)	Lonely (4-6)		
16-24	1,908	(6.2%)	54.5%	22.3%	30.1%	36.1%
25-44	7,764	(25.2%)	50.6%	20.6%	23.1%	35.5%
45-64	10,429	(33.9%)	53.1%	18.7%	20.9%	35.4%
65-74	6,217	(20.2%)	53.7%	11.7%	16.8%	26.3%
75+	4,460	(14.5%)	54.1%	10.5%	19.8%	19.6%
All ages	**30,868**	**(100%)**	**52.8%**	**16.9%**	**21.1%**	**31.5%**

Source: The pooled dataset consists of responses from 2016/17, 2017/18 and 2019/20 NSW where respondents answered questions related to loneliness and each of the pertinent socio-demographic characteristics considered within this insight (N=30,778) (Office for National Statistics, Welsh Government, 2020; Welsh Government, Office for National Statistics 2020a; 2020b).

Source: Age-and-loneliness-in-Wales.pdf (wcpp.org.uk)

"For those aged 65+ there are statistically significant differences in reported loneliness between all general health groups, with those in very bad health being the loneliest (29.3%). Differentiating between those aged 65-74 and those aged 75+ in very bad general health we find that reported loneliness reduces with age; 23.5% of those aged 75+ in very bad health report being lonely compared to 33.9% of those aged 65-74 in very bad health. In contrast, those aged 65+ in very good or good health are significantly less lonely – only 5.6% and 9% respectively report feeling lonely, considerably below the national average."

Source: Age-and-loneliness-in-Wales.pdf (wcpp.org.uk)

Impact of COVID-19

"COVID-19 is changing older people's daily routines, the care and support they receive, their ability to stay socially connected and how they are perceived. Older people are being challenged by requirements to spend more time at home, lack of physical contact with other family members, friends and colleagues, temporary cessation of employment and other activities; and anxiety and fear of illness and death – their own and others. It is therefore important that we create opportunities to foster healthy ageing during the pandemic."

Source: Older people and COVID-19 (who.int)

Housing

Housing in the region is part of a wider Housing Market assessment undertaken by consultants on behalf of the Mid and South West Wales region.

The footprint of the assessment takes into account other local areas from the Mid and South West Wales region. The following is an extract from the report:

Figure 49: Mid and South West Wales: Modelled demand for specialist older person housing (Source Housing LIN/SHOP, preferred population projections. Note: figures may not sum due to rounding. Brecon Beacons and Pembs Coast Park populations contain residents represented in other local authority totals.)

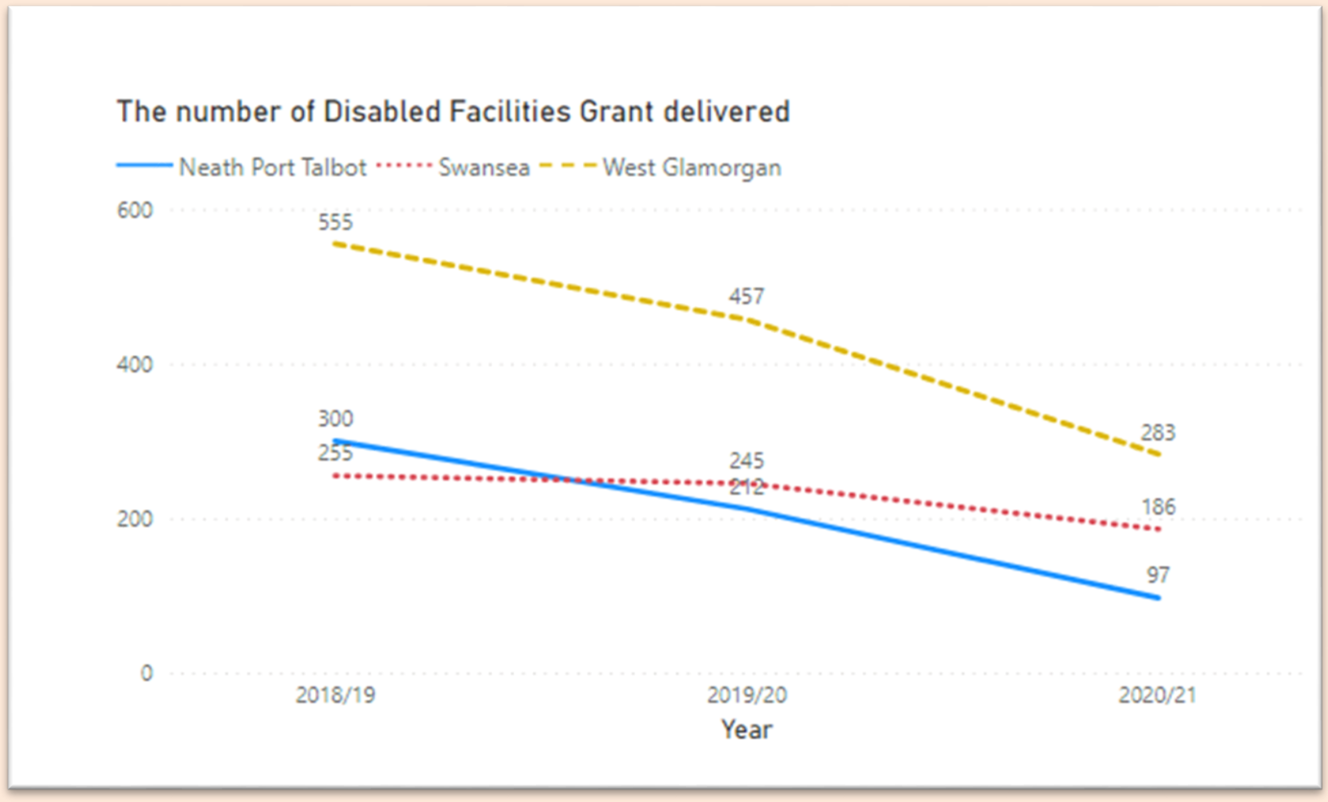
	Carmar-thenshire	Ceredig-ion	Neath Port Talbot	Pembro-keshire	Powys	Swansea	TOTAL	Brecon Beacons	Pembs Coast
1) Population aged 75+									
2018	19,980	8,450	13,490	14,980	16,830	22,940	96,670	4,400	3,430
2023	24,580	10,280	15,940	18,660	20,560	26,910	116,930	5,510	4,230
2028	28,270	11,660	18,230	21,820	23,480	30,080	133,540	6,440	4,940
2033	31,570	12,620	20,150	24,520	25,530	31,460	145,850	7,130	5,510
2) Population aged 75+ 5 Year Changes									
2018-23	4,600	1,820	2,460	3,680	3,740	3,970	20,270	1,110	800
2023-28	3,680	1,380	2,290	3,160	2,920	3,170	16,590	930	710
2028-33	3,310	970	1,920	2,700	2,050	1,370	12,320	690	570
Change 2018-33	**11,590**	**4,170**	**6,660**	**9,540**	**8,700**	**8,520**	**49,180**	**2,730**	**2,080**
3) Population aged 75+: 5 Year Changes as percentage of Total Change 2018-33									
2018-23	40%	44%	37%	39%	43%	47%	41%	41%	41%
2023-28	32%	33%	34%	33%	34%	37%	34%	34%	34%
2028-33	29%	23%	29%	28%	24%	16%	25%	25%	25%
4) Additional Modelled Demand for Older Person Housing 2018-33									
Traditional sheltered	700	250	400	570	520	510	2,950	160	120
Extra care – Owned	350	130	200	290	260	260	1,480	80	60
Extra care – Rented	170	60	100	140	130	130	740	40	30
Sheltered 'plus' or 'Enhanced' Sheltered – Owned	120	40	70	100	90	90	490	30	20
Sheltered 'plus' or 'Enhanced' Sheltered – Rented	120	40	70	100	90	90	490	30	20
Dementia	70	30	40	60	50	50	300	20	10
Leasehold Sheltered Housing (LSE)	1,390	500	800	1,140	1,040	1,020	5,900	330	250
TOTAL	**2,920**	**1,050**	**1,680**	**2,400**	**2,180**	**2,150**	**12,380**	**690**	**510**
5) Application of 5-year percentage changes to Additional Modelled Demand for Older Person Housing 2018-33									
2018-23	1,160	460	620	930	940	1,000	5,100	280	210
2023-28	930	350	580	790	730	800	4,180	240	170
2028-33	830	240	480	680	510	350	3,100	170	130
TOTAL	**2,920**	**1,050**	**1,680**	**2,400**	**2,180**	**2,150**	**12,380**	**690**	**510**

"The model identifies a gross need for 12,380 additional specialist homes for older people between 2018 and 2033. This total is split by planning authority and by 5-year band in Figure 49 above. However, current supply should also be evaluated to consider it in terms of its current condition, future life and investment requirements to establish if it remains viable."

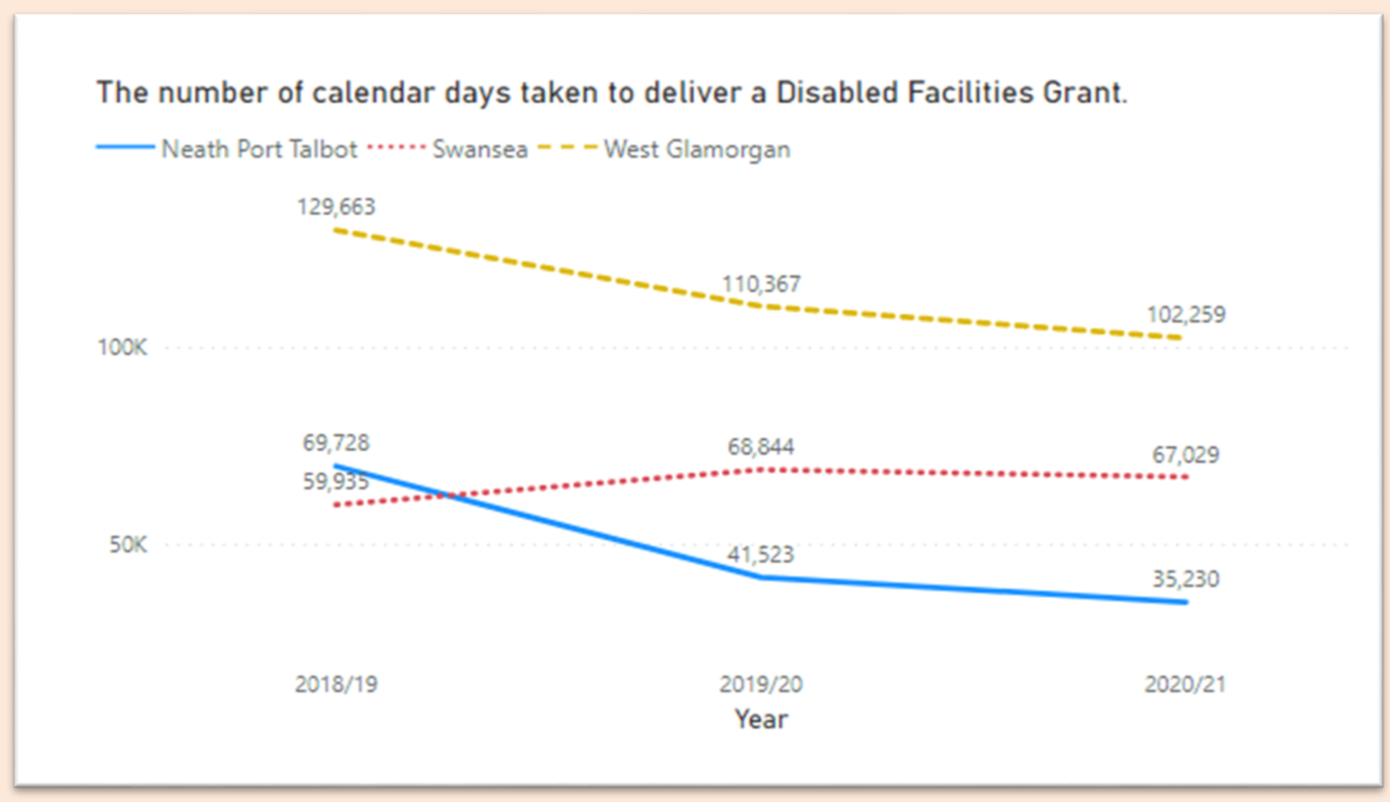
The figures from the above table highlight an additional need of 1,680 units in Neath Port Talbot and 2,150 units in Swansea by 2033.
Source: M+SWW Regional Housing Market Assessment FINAL 131020.pdf

Adaptations

The number of adaptations, recorded in each local authority, delivered across West Glamorgan is 283, which has declined by half from 555 in 2018/19 to 283 in 2020/21.



However, the time taken to complete an adaptation varies between each Local Authority, as each figure is calculated based on the number of adaptations undertaken.



The average number of days to deliver a Disabled Facilities Grant (DFG) recorded in the region has however increased over the last 3 years, with 2020/21 being the highest at 361 days on average.

The average number of calendar days taken to deliver a Disabled Facilities Grant.

Year	Neath Port Talbot	Swansea	West Glamorgan
2018/19	232	235	234
2019/20	196	281	242
2020/21	363	360	361

The numbers have dropped to some extent during this time in Swansea due to the following reasons:

- Demand has dropped due to the COVID-19 pandemic, with feedback from vulnerable clients that they preferred to isolate and avoid visitors / disruption to the home if they received adaptations during the pandemic period. Demand is expected to return to pre COVID-19 levels as restrictions are removed.

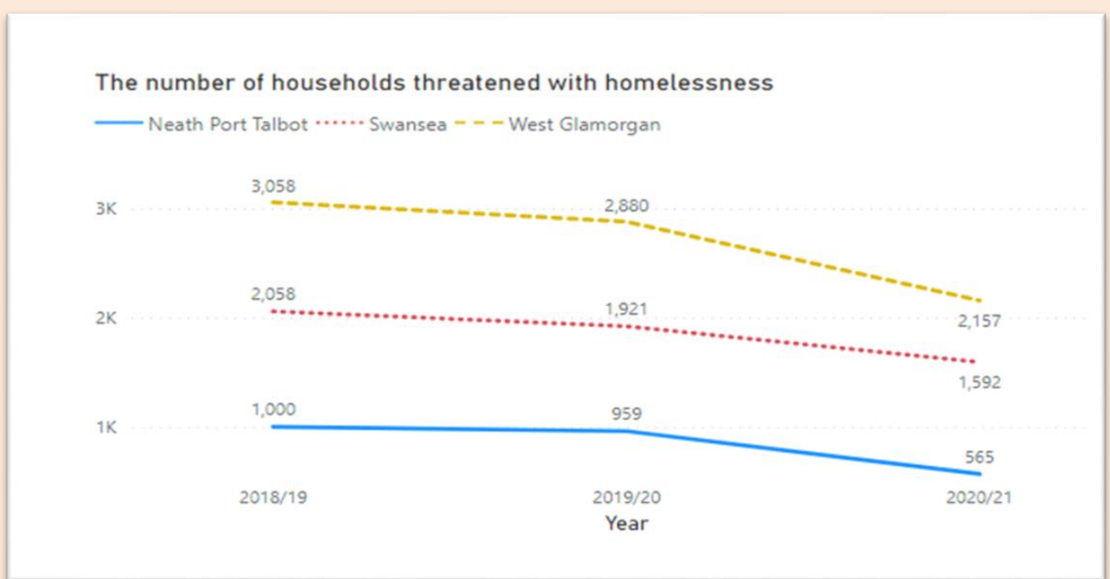
- Supply chain problems – building materials, specialist equipment and contractor / trade shortages due to COVID-19 and BREXIT have reduced the capacity of contractors to deliver the number of schemes completed in previous years.

Please note that the numbers listed are only in relation to Disabled Facilities Grants that cover the provision of medium and large adaptations to private sector homes. These numbers do not take account of Minor Adaptation Grants to private sector homes or small / medium and large adaptations to Council homes.

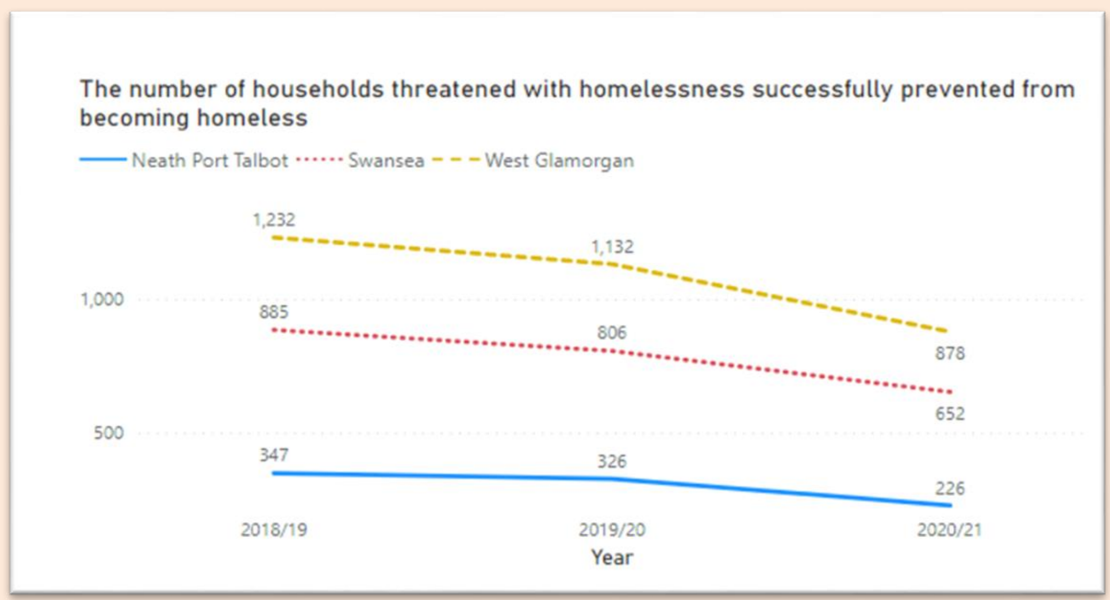
Capital funding levels have remained consistent over these years.

Homelessness

Local data from Neath Port Talbot and Swansea local authorities show the number of households threatened with homelessness in the region has decreased over the last 3 years (aged 25 and over cohort).



The number of households successfully prevented from becoming homeless has followed the trend of the number of households threatened with homelessness.



In summary, the combination of factors that will impact on the region's older population are varied and will affect each and every one of us in a different way. There needs to be a more co-ordinated, person-centred and co-produced approach to health and social care service planning and delivery.

The NHS Wales Shared Services Partnership states the following on its website:

"Person centred care refers to a process that is people focused, promotes independence and autonomy, provides choice and control and is based on a collaborative team philosophy. It takes into account people's needs and views and builds relationships with family members. It recognises that care should be holistic and so includes a spiritual, pastoral and religious dimension. The delivery of person centred care requires both safe and effective care and should result in a good experience for people. This responds to the need expressed by NHS Wales to be able to describe the key determinants of a "good" experience to help both users and providers in assessing how people feel and achieve improved outcomes as a result of the care and services they receive.

Co-production can support the delivery of person-centred care, which prioritises putting patients, their families and carers at the heart of all decisions and plans about health care. It sees patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. Co-production is an approach to public services which involves citizens, communities, and the professionals who support them, pooling their expertise to deliver more effective and sustainable outcomes and an improved experience for all involved."
Source: Person Centred Care - NHS Wales Shared Services Partnership

3. SERVICES USED BY OLDER PEOPLE

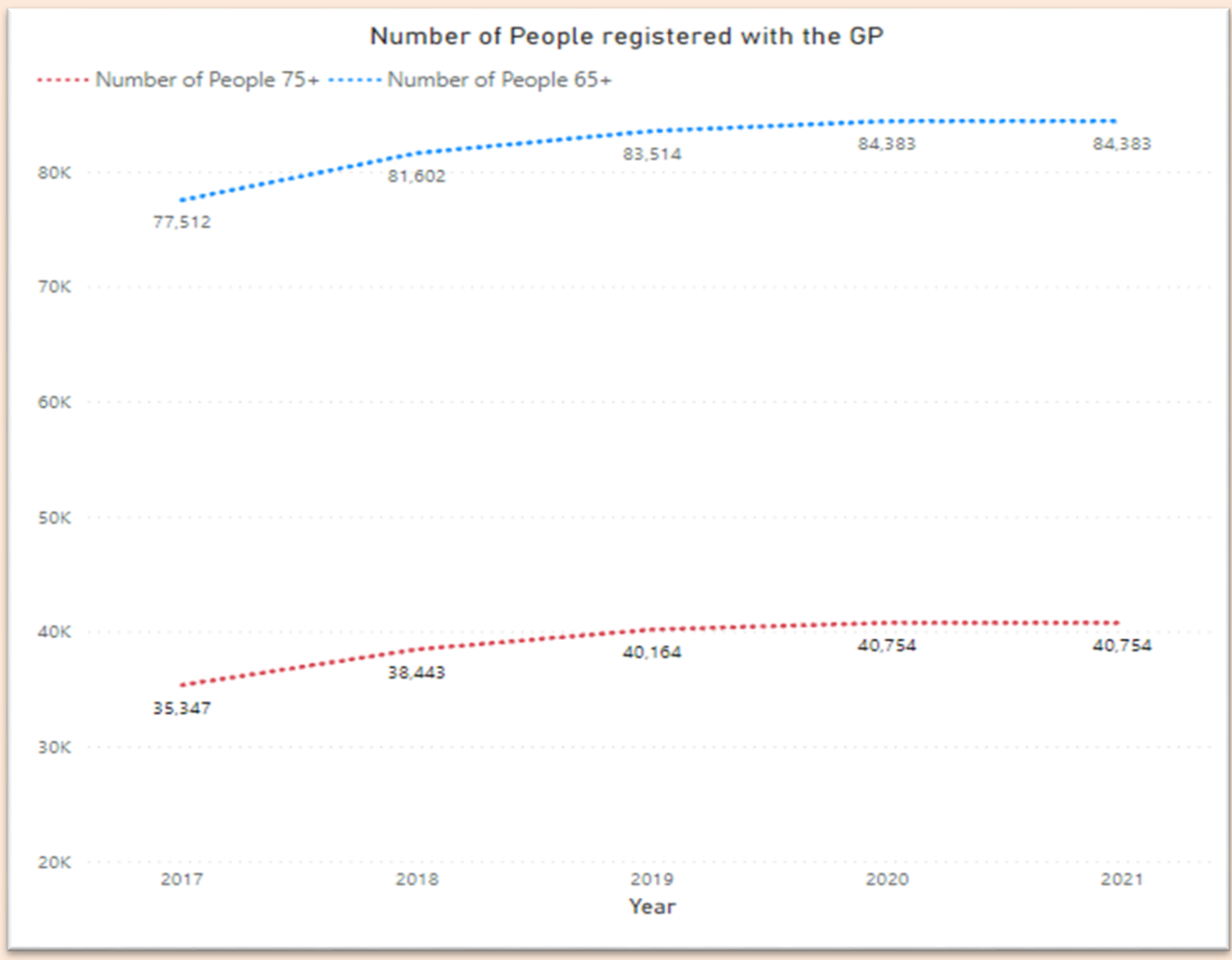
Older people access a wide range of statutory and community services. It would be impossible to list and describe all of them, therefore we aim to highlight services dealing with people at a point of need and that will support them to lead as full and independent a life as possible.

The following sections look at the current demand on key service areas that affect an ageing population.

Health Services

Access to General Practitioners (GPs)

The population in West Glamorgan where the over 65s have registered for the 49 GP practices is 84,383, compared with the published data held by Stats Wales which says at mid-year 2020 the estimated population for over 65s is 79,212.



National surveys have captured intelligence around the ease of getting GP appointments.

"The ease or otherwise of getting a GP appointment has long attracted headlines and generated public debate. Evidence suggests that it is relatively difficult for a substantial proportion of people to get an appointment and that more people are reporting difficulty than before. According to the National Survey for Wales,33 38 per cent of 65-74 year-olds and 37 per cent of people aged 75 and over reported that it was fairly or very difficult to get a GP appointment in 2018/19. This is a slight improvement on the 2017/18, but the overall trend of dissatisfaction remains upwards. While the proportion reporting that booking an appointment is very difficult has increased amongst all age groups, the increase is largest amongst older people. The Older People's Commissioner's survey undertaken in 2016 found higher proportions of people reporting difficulty getting an appointment than the National Survey for Wales did in that year, with 24.4 per cent saying it was always hard to get an appointment and 38.6 per cent saying it was sometimes hard. Our survey found a similar proportion 16 to the Older People's Commission survey saying it was always hard or sometimes hard to get an urgent appointment (39.5 per cent and 25.0 per cent respectively). People's perception of the ease or otherwise of getting an appointment is very much shaped by the process for contacting the GP practice and whether a convenient appointment was available, either on the same day or within a week."

Source: Access to GPs by Older People – Bevan Foundation

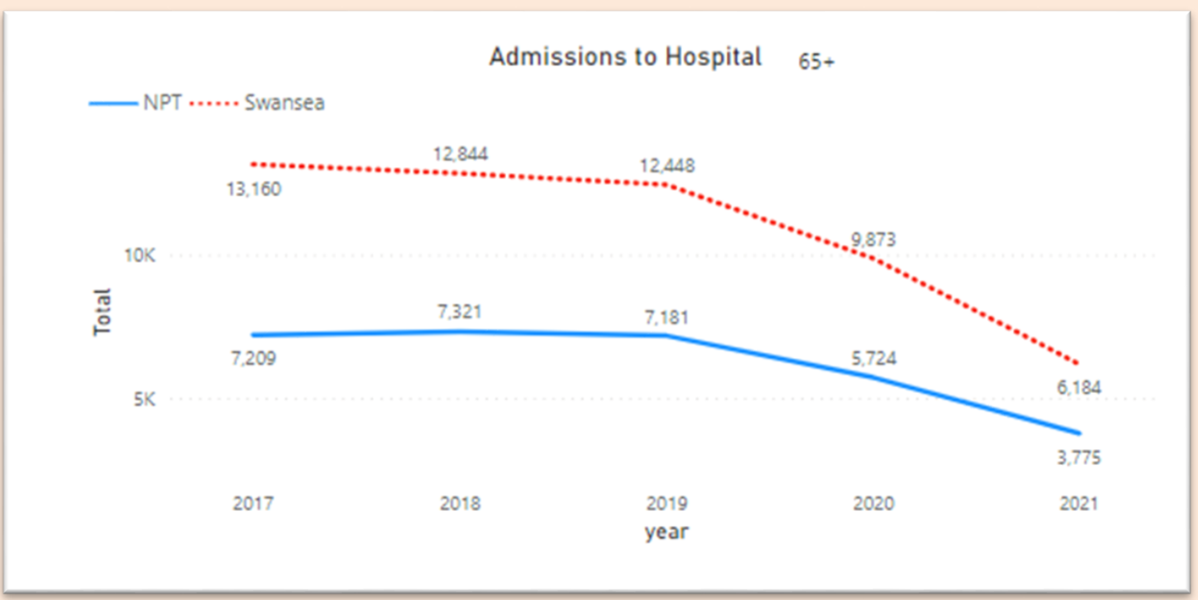
The number of people over the age of 65 registered at GP clusters in the West Glamorgan region has increased from 76,981 in 2016 to 84,383 in 2021.
This is an increase of approx. 9.6%.

Year	Number of People Registered Capitation total All Ages	Number of People 75+	Number of People 65+
2016	392,474	35,461	76,981
2017	393,375	35,347	77,512
2018	392,925	38,443	81,602
2019	393,360	40,164	83,514
2020	394,335	40,754	84,383
2021	394,335	40,754	84,383
Total	**2,360,804**	**230,923**	**488,375**

Admissions to hospital

Over the last 18 months to 2 years, there has been a significant reduction in the number of admissions to hospital for the over 65s. Information from Swansea Bay

University Health Board states that the numbers of admissions to hospital reduced from 15,597 in 2020 to 9,959 in 2021.



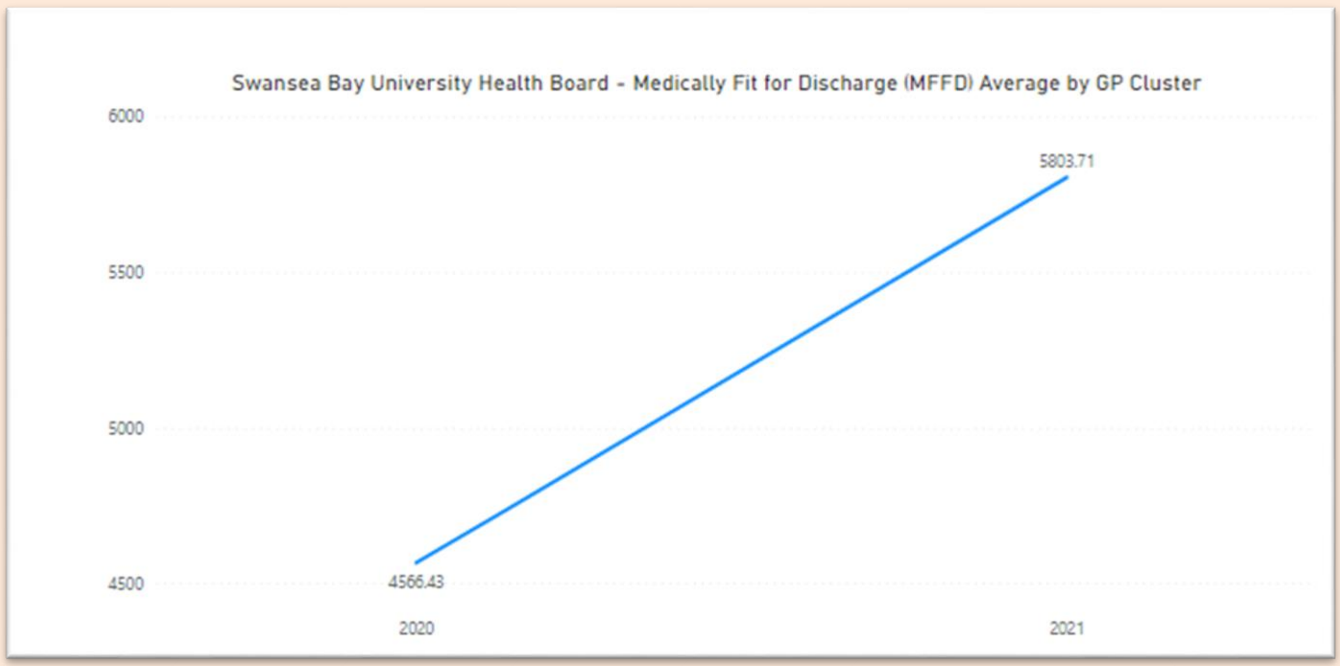
Reasons for this reduction were primarily due to COVID-19 and behavioural changes.

During the first wave of the pandemic and coinciding with the initial UK wide lockdown in March 2020, there was a significant decrease in the level of both emergency and elective work which resulted in a decrease in hospital occupancy. This enabled the system to focus on treating patients affected by COVID-19. Simultaneously, the number of clinically optimised patients (i.e. declared 'medically fit' and ready to leave hospital) decreased as patients were moved to more appropriate care settings in order to free up capacity.

The second wave of infection of the winter of 2020/21 also saw a dip in emergency admissions, though not as marked as in the first wave. As recovery actions began to take effect, the number of elective cases being undertaken steadily increased over 2020 and into 2021 but remains below pre-pandemic levels due to continuing control measures.

Clinically Optimised Patients

Clinically Optimised Patients (those considered 'medically fit' and able to be discharged from hospital) information recorded by GP clusters shows a growth in the number of patients that have been classed as medically fit for discharge



The clinically optimised information links into the flow of patients out of hospital and to ensure there is capacity in the community care sector to provide the care they need to sustain a quality life.

Specific conditions that are medically diagnosed and treated are captured and analysed in the Health and Physical Disability chapter.

Virtual Wards

Virtual wards that provide support for frail older people, and those with complex health and social care needs, in their own homes rather than in hospital are to be expanded across Swansea Bay.

A virtual ward is a weekly multidisciplinary team meeting, conducted over Microsoft Teams, involving primary care, secondary care and voluntary services.

They combine their expertise to discuss how to manage and support frail and potentially frail patients within their own community, helping take the strain off Swansea Bay's hospitals.

Although the concept is not new, having already proved to be beneficial in three of the health board's eight cluster areas – and coming to the fore during the pandemic – its expansion has now been agreed.

The move will see enhanced virtual wards in four of Swansea Bay's eight primary care clusters (Bay, Cwmtawe, Neath and Upper Valleys) with plans for the remaining four to enjoy similar roll-out next year.

Source: [Expansion of Virtual wards to bring benefits for all to see - Swansea Bay University Health Board (nhs.wales)]

Social Care Services

The social care services most commonly accessed by people over 65 are domiciliary care, reablement, care homes, and community services such as transport. Some are paid for, whilst others are means-tested.

Data from Neath Port Talbot and Swansea Councils show that demand for people being supported over 65 are decreasing overall. However, the data from Social Care Wales is only up to 2018-19. Due to changes in national performance frameworks and the changes required by local performance monitoring systems to adopt those changes, there is a gap in data collection which has been exacerbated by COVID-19.

More needs to be done to strengthen data collection mechanisms and ensure consistency across the region.

Community Support

Latest available data from Social Care Wales shows that until 2018-19, the number of people supported over the age of 65 experienced a year on year increase in Neath Port Talbot, but for Swansea in 2018-19 a decrease of approx. 23% was recorded.

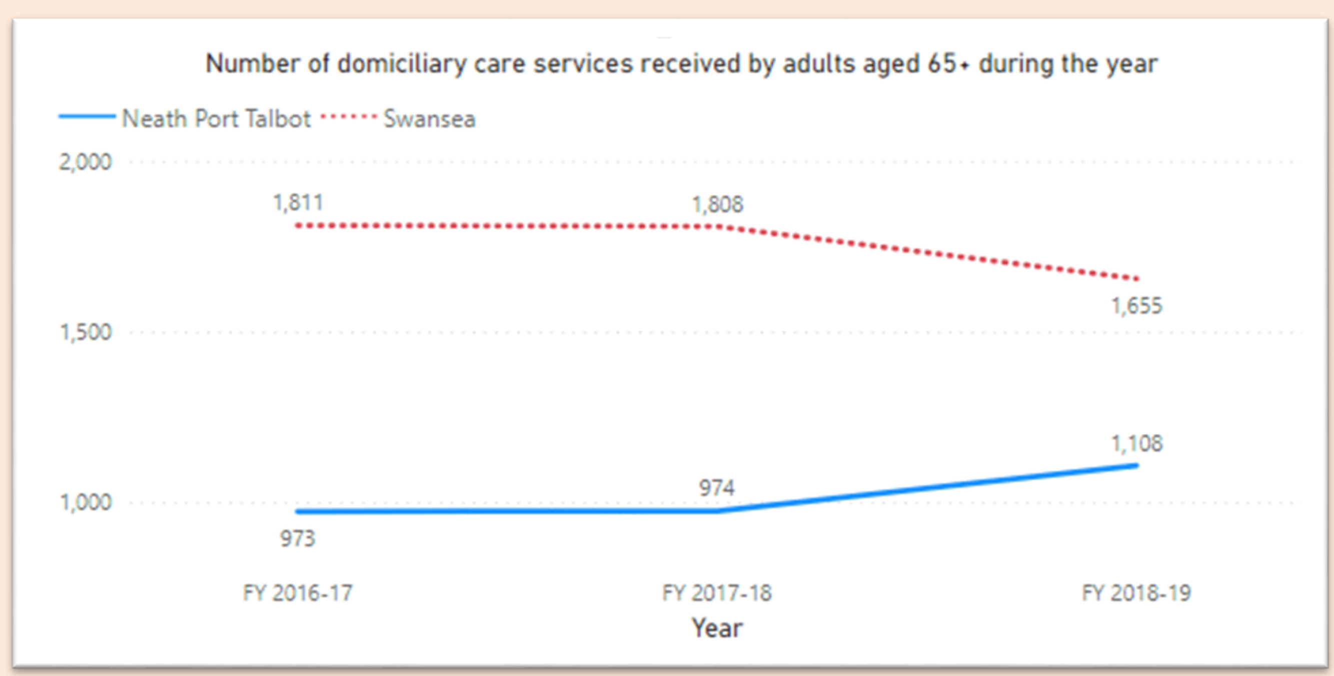
Number of adults aged 65+ years supported during the year

Year	Neath Port Talbot	Swansea	West Glamorgan
FY 2016-17	1940	5371	7311
FY 2017-18	1949	5487	7436
FY 2018-19	2048	4468	6516

Source: SocialCareWales

Domiciliary Care

For services that help people live at home, the numbers up to 2018-19 show a fluctuating demand for Domiciliary Care in both Neath Port Talbot and Swansea.



Respite Services

For services that help people live at home, the numbers up to 2018-19 show a fluctuating demand for respite services in both Neath Port Talbot and Swansea. However, the effects of the COVID-19 pandemic will have had an effect on respite provision in the region, but this information for the over 65 cohort is not available at the time of writing.

Number of respite care services received by adults aged 65+ during the year

Year	Neath Port Talbot	Swansea	West Glamorgan
FY 2016-17	214	304	518
FY 2017-18	277	294	571
FY 2018-19	304	757	1,061

Source: SocialCareWales

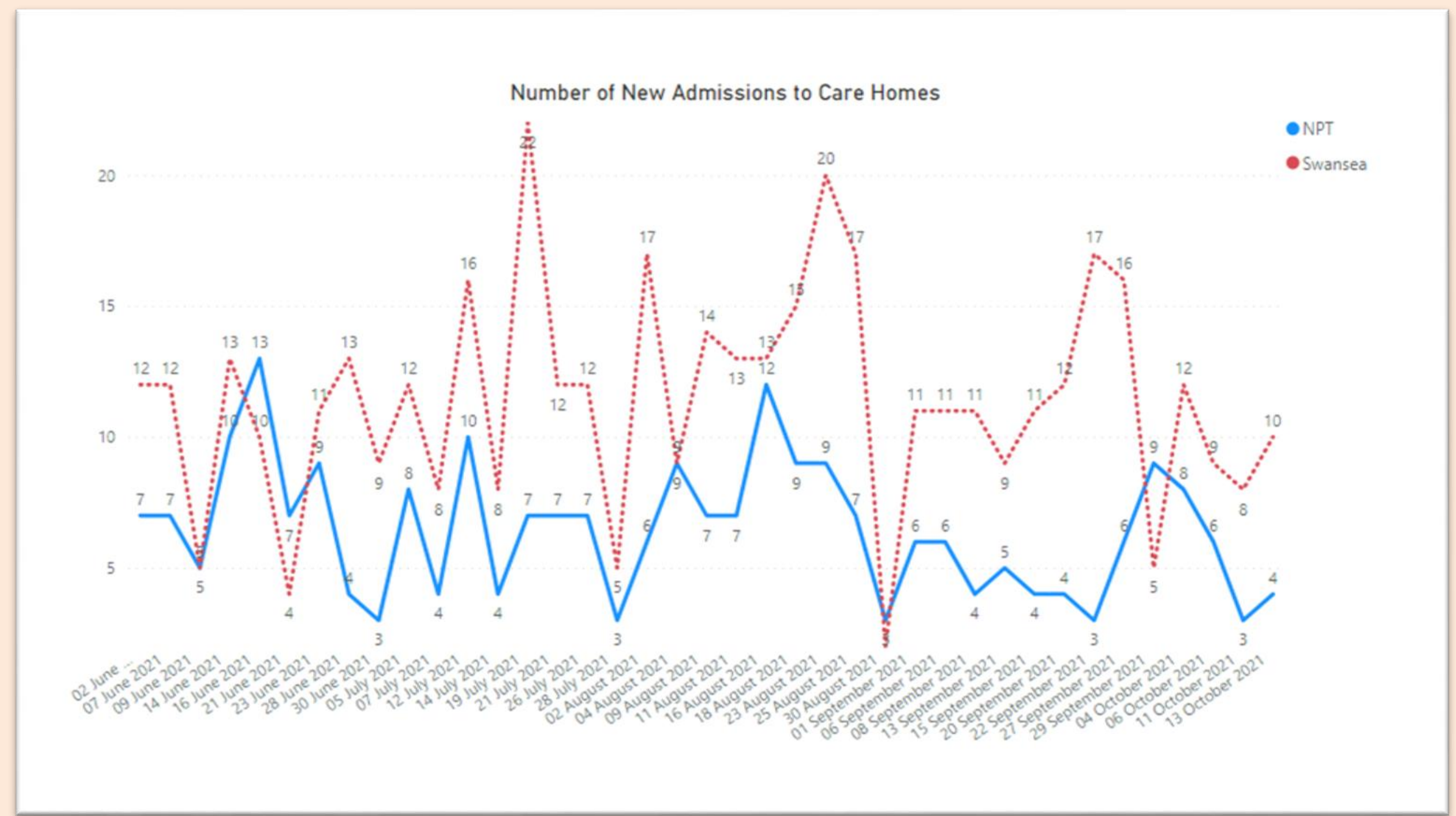
Care Homes

In the West Glamorgan region there are currently 67 older adult care homes that are available for residential and nursing care.

The ability of care homes to accept new admissions has been significantly impeded by the pandemic. The admission rates and occupancy rates of older

adults has been affected by the reticence of families to have their loved ones put in a position of risk.

The following graph is a snapshot of admissions to older adults care homes from June 2020.



The number of older adult care homes with low occupancy levels is also quite stark, with some homes continuously 'at risk' over the last year. The pandemic has made it increasingly difficult to accept placements when homes are in incident status and cannot accept any new admissions.

According to the Older People's Commissioner for Wales' 'State of the Nation' report (2021):
"Older people living in care homes have been particularly badly affected by the pandemic as residents have lived with the consequences of restrictions on visiting and have seen many of their friends and fellow residents die as a result of the virus. In June 2020, the Commissioner published her Care Home Voices report, which provided a snapshot of the experiences of those living and working in care homes during the first peak of the Covid-19 pandemic. Issues raised by the report included older people's access to health services, particularly visits from GPs, and the effect that a lack of support was having on the physical health of residents, as well as the impact that the pandemic was having on the day-to-day life, quality of

life and mental health and well-being of residents. Lockdown and stringent infection control measures have seen families separated, people unable to participate in the care of their loved ones, increasing numbers of people living with bereavement, and growing recognition of the vital role families and friends play in the care and well-being of care home residents."

"The distress and anxiety my dad and our family has been through in the last 8 weeks has been unprecedented." (Family Member)

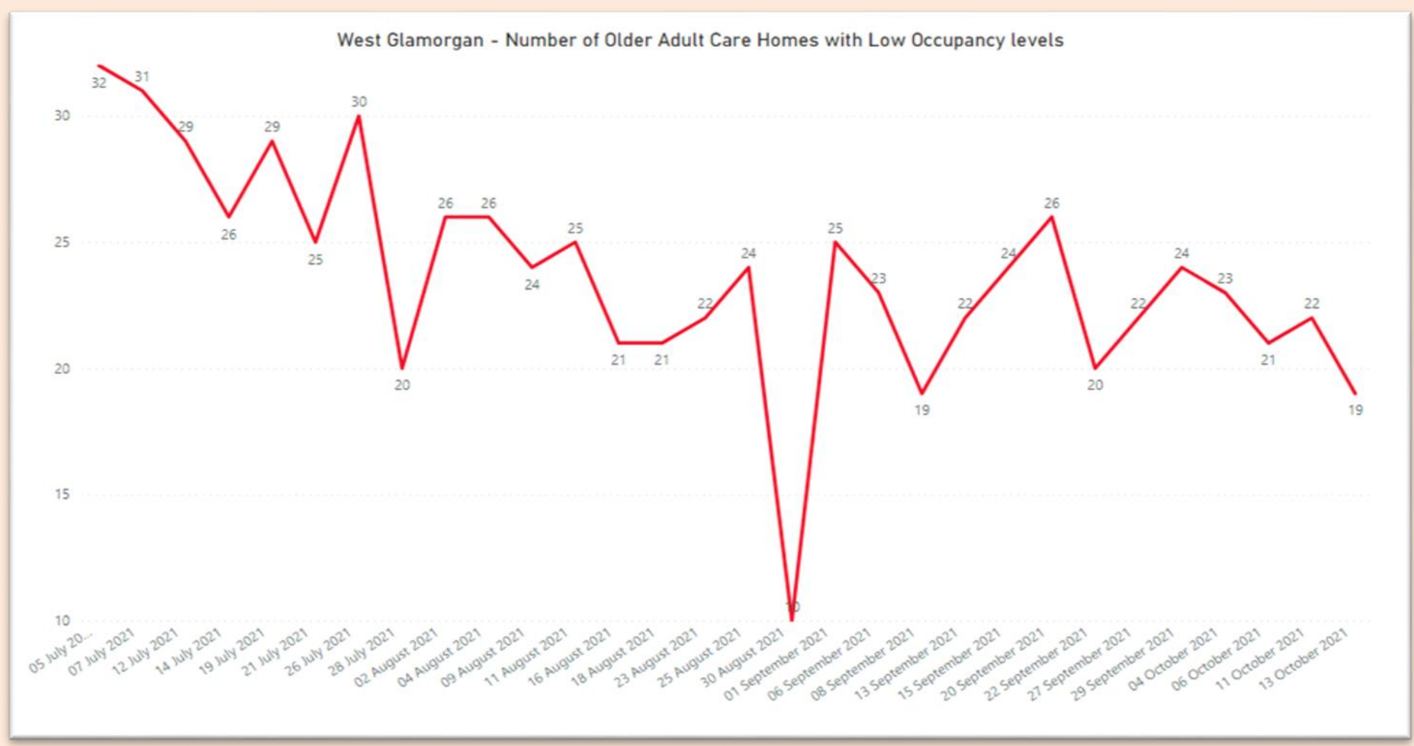
"The pandemic period has shown that the rights of older people living in care homes are not always upheld and respected and action is needed to strengthen and promote the rights of residents. What became clear was that older people living in care homes were not always afforded the same rights and freedoms as the rest of society and measures must now be taken to ensure that residents' rights to have contact with friends and loved ones can continue during any future outbreaks. When visits were suspended during lockdown periods, older people, their relatives and care home staff expressed significant concerns about the impact that a lack of visits was having on their loved ones:

"If anything happens to me and I won't be able to see my children again and that depresses me." (Care Home Resident)

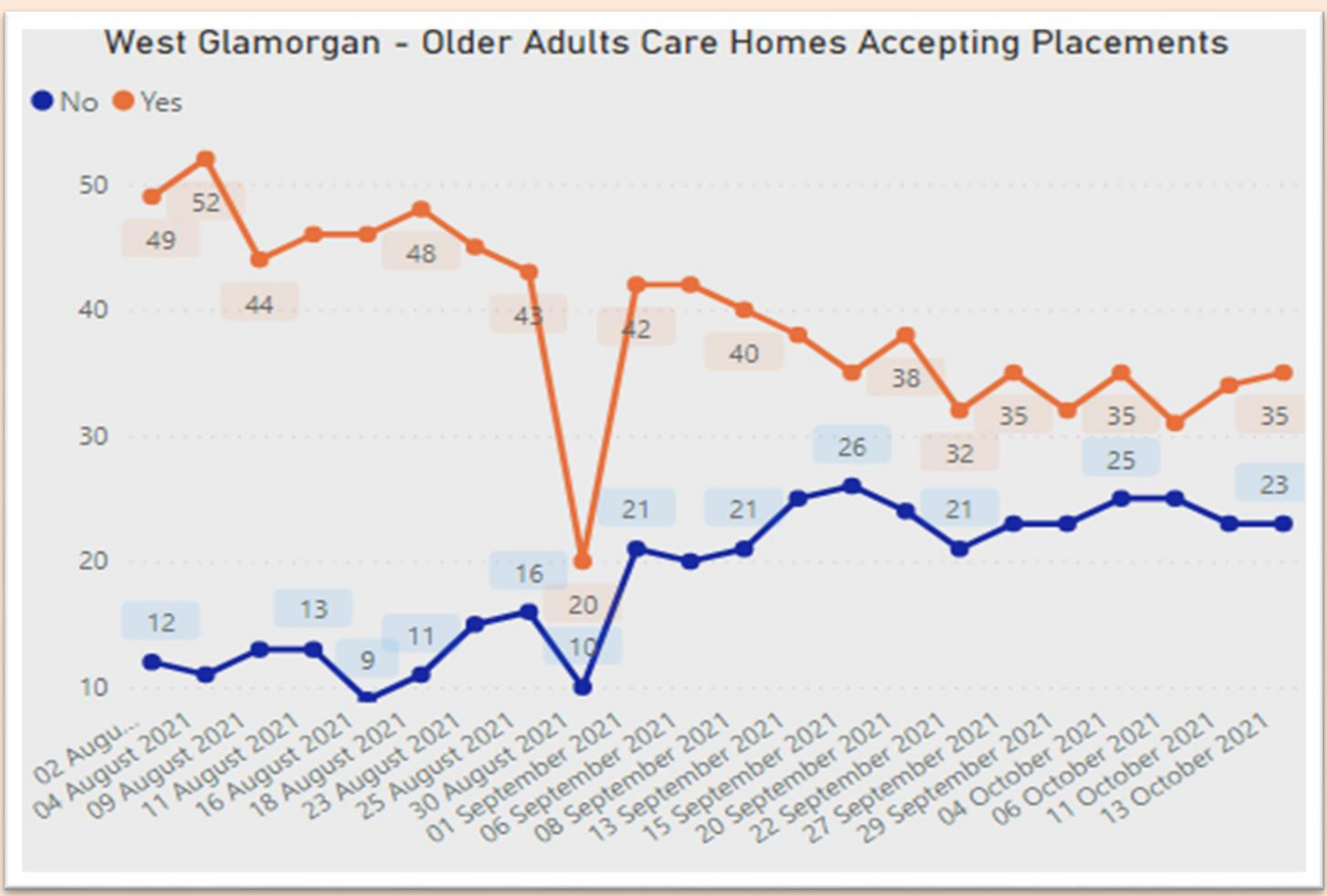
"Since lockdown my mum has gone downhill quite a bit. What is so upsetting is mum must be so confused and must feel that her family have abandoned her." (Family Member)

"Another impact it [isolation] has had is on the emotional well-being of our residents. Many feel that they have been abandoned by their family and cannot understand why we need to keep them away at the moment." (Care Home Manager)
Source: State_of_the_Nation_Report_2021.sflb.ashx (olderpeoplewales.com)

The quantitative data presented in our graphs represents what is happening in the care sector in West Glamorgan. Difficulties placing people into care home settings has resulted in patients not being able to leave hospital beds. The low occupancy levels fluctuate weekly between 19 and 30 homes.



The number of homes accepting placements in the region also fluctuates depending on the outbreak status of each home. During the early stages of the pandemic, homes were closing their doors to admissions to protect the residents and staff, but since risk assessments and improved infection and prevention control measures have been implemented, over time the reasons for not accepting admissions are largely due to positive cases of the virus prevalent in older adults care homes.



The older adult care home sector has been significantly impacted by the COVID-19 pandemic and is still currently experiencing issues in availability of staffing and accessing financial support, which continues to have an impact on the available beds in hospitals in the region.

Age Alliance Wales (AAW)

AAW was set up in 2003 and is funded by the Welsh Government. It is a powerful alliance of 25 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people in Wales.

During the pandemic, members have provided ongoing support to their clients, in every aspect of their lives, to optimise their health and wellbeing. This has included emotional and practical support to enable them to access primary care, from training in using digital technology to picking up and delivering prescriptions.

Care and Repair Cymru

Care and Repair Cymru (C&RC) is a national charity in Wales (UK) that supports an all-Wales network of Care & Repair agencies. Western Bay Care and Repair provides home adaptation, home safety interventions and advice to enable older

people to live safely and independently in their own homes in Neath Port Talbot and Swansea.

A study undertaken by Swansea University Medical School linked administrative, geographical, C&RC data and electronic health record data within the Secure Anonymised Information Linkage (SAIL) Databank to investigate fall outcomes following home adaptation interventions. The key objectives were to determine if home adaptation interventions carried out by C&RC led to a reduction in falls resulting in emergency admissions to hospital and investigate if there were differences in the risk of a fall based on area.

The research involved 657,536 individuals aged 60 and over living in Wales (UK) between 1st January 2010 and 31st December 2017, 123,729 of which received a home adaptation service.

Its main findings were:

- Compared to the control group (who didn't receive any interventions), C&RC clients had higher odds of falling – this indicates that C&RC are successfully targeting a more vulnerable sub-population of older adults.
- C&RC adaptions/interventions in older people's homes reduced the odds of falling.
- Falls were more likely in females.
- Older age increased the chance of a fall.
- People living in deprived areas were more likely to fall.
- Increased frailty severity was linked to a higher chance of falling.

Source: New study revealed that home adaptation interventions help to reduce emergency fall admissions in older people - Population Data Science (swan.ac.uk)

4. SUPPORTING AN AGEING POPULATION

There are many services that support older people and an ageing population and we are highlighting some of these examples of the preventative work across the region currently being developed/adopted. However, additional programmes will be included in future iterations to showcase their preventative work.

"There are many factors influencing healthy ageing. A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or a long-neglected passion. Older people also

contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health.
Evidence suggests that the proportion of life in good health has remained broadly constant, implying that the additional years are in poor health. If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.
Although some of the variations in older people's health are genetic, most is due to people's physical and social environments – including their homes, neighbourhoods, and communities, as well as their personal characteristics – such as their sex, ethnicity, or socioeconomic status. The environments that people live in as children – or even as developing foetuses – combined with their personal characteristics, have long-term effects on how they age.

Physical and social environments can affect health directly or through barriers or incentives that affect opportunities, decisions and health behaviour. Maintaining healthy behaviours throughout life, particularly eating a balanced diet, engaging in regular physical activity and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity and delaying care dependency.
Supportive physical and social environments also enable people to do what is important to them, despite losses in capacity. The availability of safe and accessible public buildings and transport, and places that are easy to walk around, are examples of supportive environments. In developing a public-health response to ageing, it is important not just to consider individual and environmental approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth."
Source: World Health Organisation: Ageing and health (who.int)

National Improvements

The Older People's Commissioner for Wales has included a detailed action plan which outlines key priorities that need to be addressed nationally and more importantly locally. These key priorities are highlighted in the "Making Wales the best place in the world to grow older Strategy 2019-22":

- End ageism and age discrimination
- Stop the abuse of older people
- Enable everyone to age well.

Source: [Making_Wales_the_Best_Place_in_the_World_to_Grow_Older_-_Strategy_2019-22.sflb.ashx (olderpeoplewales.com)]

The recent ‘State of the Nation’ report published by the Older People’s Commissioner for Wales in 2021 identified some key findings through surveys conducted during the COVID-19 crisis.
It states:

“This report focuses on five keys aspects of older people’s lives to provide an overview of the main areas of change since the 2019 State of the Nation report: Health, Care and Wellbeing; Financial Security; Risk of Abuse; Supportive Communities; and Communication and Inclusion.

Across these five areas, a number of key findings have been identified, which must be addressed by the Welsh Government, and other public bodies in Wales, as actions are taken immediately to respond to the pandemic and as we look into the future and our recovery:

- *Accessing community services, particularly health and care, has been difficult for older people over the past 18 months.*
- *Unpaid care has increased significantly over the last two years as social care services have been withdrawn or handed back by service users.*
- *There has been a significant deterioration in the physical and mental health of older people as a result of pandemic restrictions and reduced physical and social activities.*
- *Older people have been impacted financially by the pandemic, and those who wish to remain in the workforce are at higher risk of redundancy or exclusion from developing working practices.*
- *The lack of available data on older people’s experiences of abuse makes it difficult to assess the impact of the pandemic but it is clear that criminals have been targeting older people for financial crimes and fraud.*
- *Opportunities to engage with communities and volunteer have been limited for older people during the pandemic and many have not felt like valued members of society.*
- *Many older people are at risk of exclusion as public and private services accelerate the introduction of digital services.*
- *Despite these challenges, older people have shown resilience and determination throughout the pandemic and are generally optimistic about the future.”*

Source: https://www.olderpeoplewales.com/en/reviews/sotn.aspx

Coinciding with this is the Welsh Government's 'Age Friendly Wales: Our Strategy for an Ageing Society', which outlines the following prevention agenda for housing:

"Right now, to build housing for an ageing population we are:
→ Reviewing our affordable housing supply and ensuring all Welsh Government grant funded new housing complies with the Lifetime Homes Standards.
→ Tackling fuel poverty – we launched a new plan to tackle fuel poverty in March 2021 which sets ambitious, but deliverable targets for the further reduction of fuel poverty by 2035. Further work has started to assess the level of fuel poverty in Wales in 2021, which will inform interim targets for fuel poverty to be added to the plan.
→ Investing £104 million in the Warm Homes Programme between April 2017 and March 2021 to improve up to a further 25,000 homes of people on low incomes or living in the most deprived areas of Wales. We will be consulting on the next iteration of this programme and proposals to maintain the Warm Homes Programme Next Scheme Health Conditions Pilot. This will continue the additional support which has been made available to older households through the pilot scheme. The new Warm Homes Programme is expected to come into effect from spring 2023".
Source: Our Strategy for an Ageing Society - Age Friendly Wales (gov.wales)

Health Care

Swansea Bay University Health Board's 'Changing for the Future' public engagement report outlines proposals that have been developed in the light of COVID-19 and other operational pressures.
It states:
"Proposals for the reshaping of planned, acute and emergency services have been developed by:

- *Reviewing the service changes already agreed through public engagement but yet to be put into practice.*
- *Listening to the views of NHS staff, stakeholders and our patients on the vision for what future services could and should look like and how they are best delivered.*
- *Considering the best way of integrating the services we deliver in hospitals with those services provided by other organisations."*

"These proposals for change have been driven by our desire to:

- *Improve access to high quality care*
- *Improve outcomes for patients*
- *Reduce waiting times*

- *Provide access to treatment when it is needed, particularly emergency and urgent care*
- *Shift our resources towards earlier intervention through primary care and community care*
- *Rejuvenate our hospitals by giving each of them a clear role within our care system • Deliver maximum value from the resources available to us and*
- *Ensure NHS staff feel supported.”*

“Changing for the Future is led by Swansea Bay University Health Board and has been developed almost a decade after the original Changing for the Better programme was launched in 2012, by what was then Abertawe Bro Morgannwg University Health Board. The original programme, the associated South Wales Programme, and subsequent engagements have sought to ensure our health services are sustainable and address the health challenges arising from the global pandemic. In addition, however, our services need to address several longstanding challenges that existed before COVID-19, including:

- *Significant local health inequalities*
- *A growing and ageing population*
- *Health problems arising from poor lifestyle choices (smoking, alcohol etc.)*
- *The prevalence of long-term illness*
- *Difficulties in recruiting health and care staff*
- *Financial challenges”.*

“Despite these challenges, the COVID-19 pandemic has also taught us that we can change services quickly when we need to and we can develop new and effective ways of working. We want to build on these positives and continue to change services quickly for the benefit of our patients and local communities. Specific examples of positive change over the last year include:

- *The continued development and operation of primary care ‘clusters’, with multi-disciplinary teams working together close to people’s homes*
- *Moving some services off hospital sites where it is safe to do so, improving access either through specialist centres for services (for example the blood test centre at Bay Field Hospital) or more locally delivered services*
- *A growth in community-based care, with more services being delivered in or closer to home*
- *Increased use of technology for direct patient care and in the management of health and care services”.*

In terms of secondary care, the report states:

"Morriston will be the centre of excellence for urgent and emergency care, specialist care and regional surgical services for Swansea Bay, including complex medical interventions. This is a general principle which has already been outlined and agreed in past public engagements.

Locating together a range of acute care facilities, supporting A&E as part of a new Acute Hub for all patients needing urgent care, including the following services:

- *Same day assessment*
- *Children and young people*
- *Primary Care Urgent Care Centre including the GP out of hours service (which was temporarily transferred from Morriston during the pandemic), acute GP assessment unit (transferred from Singleton), working with the 111 service.*
- *An Older People's Assessment Service with more expertise in dealing with patients with multiple conditions and allowing us to better respond to the long term demands of our older patients.*

Singleton will be a centre of excellence for planned care, cancer care, maternity and diagnostics. The COVID-19 pandemic has had a particularly significant impact on planned care services which have necessarily temporarily taken a 'back seat' to the urgent demands on the NHS to manage the huge challenges created by the pandemic. Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment. To get to a situation where our patients receive planned care within a reasonable time, we propose concentrating most of the planned care at Singleton.

Neath Port Talbot hospital will be a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. Orthopaedic and spinal care services have been stretched by the pandemic and the need to focus on primary, urgent and emergency care. Likewise waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee, hip or back surgery. We recognised we need to take steps to address the problems and improve the situation for patients and staff alike. Neath Port Talbot Hospital will become our centre of excellence for orthopaedic and spinal care as well as rehabilitation so that we can help get those in need of care on the road to recovery as quickly as possible".

Source: Changing for the future.doc

Regional Services

Home First

The Home First Programme has been established to support the effective development and delivery of the ‘Discharge to Recover and Assess’ (D2RA) model, incorporating all its constituent pathways, in a standardised manner, across the West Glamorgan region, as aligned to national policy requirements, using a ‘Home First’ ethos.

The main aims of the programme can be defined as:

- To implement a ‘Whole System’ approach across the region of West Glamorgan to avoid hospital admission and to safely discharge individuals via the D2RA model;
- To implement a consistent regional D2RA model, based on a Home First ethos across the West Glamorgan footprint to avoid hospital admission where appropriate, and facilitate timely discharge with relevant support once all necessary clinical interventions that can only be undertaken in an acute setting are complete and an individual is considered clinically optimised;
- To expedite discharges to ensure there is flow through the hospital and social care system to match the expected discharge profile, through the facilitation of safe and timely discharge, allowing for a period of recovery before any assessment of long term care need is undertaken, therefore maximising outcomes and improving service user’s experience;
- To ensure that assessment and discharge processes are clear, understood by all stakeholders and all safeguards are maintained;
- To make sure that all service delivery within the model maximises independence, is outcome focussed and is based on each individuals specific needs.

To define this programme in measurable terms, the following objectives will be referenced throughout the programme and its work streams/projects:

- Development of a consistent regional D2RA model as defined and mandated by Welsh Government
- Admission avoidance through the promotion and delivery of a range of wellbeing and prevention focussed services where appropriate and relevant alternative provision exists.
- Earlier facilitation of discharge from hospital in a timely manner once an individual is clinically optimised therefore reducing acute hospital lengths of stay
- Improved flow across the health and social care systems

- Enhanced service user focussed outcomes and experience
- A reduction in reported harm
- A reduction in those needing long term care and / or support or placement.

The scope of the programme includes the following pathways:

Pathway 0: Refers to individuals discharged with third sector support for practicalities such as transport, shopping, picking up prescriptions, check phone calls, and potentially making onward community connections/referrals for formal assessment.

Pathway 1: Designed to provide multidisciplinary team (MDT) assessment within hospital 'front door' units, to avoid full hospital admission and to arrange treatment and supported recovery at home, wherever it is clinically safe to do so. 'Front Door' can include any of the following: Accident & Emergency Departments; Same Day/Ambulatory Emergency Care Units; Clinical Decision Units; Medical Assessment Units; and Surgical Assessment Units.

Pathway 2: This pathway should be initiated as soon as treatment, which can only be delivered in an acute hospital environment, is completed. The pathway is designed to support people to recover at home before being assessed for any ongoing need.

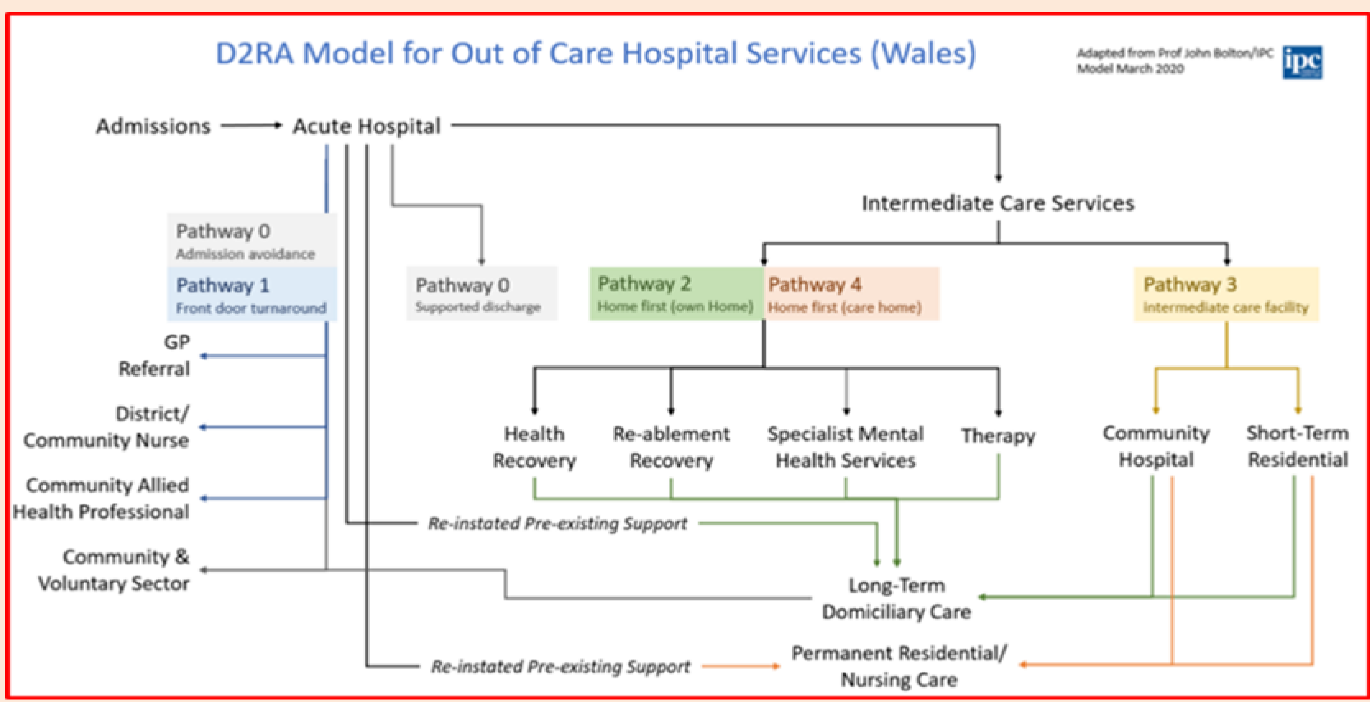
Pathway 3: Will only be used where a person's needs support for recovery and assessment before they can return to their own home. These needs are likely to be medium to high level and include overnight assistance greater than could be provided by short-term night-sitting or periodic calls.

Pathway 4: Where an individual has been admitted to hospital from a care home, and it looks as if their needs may have changed, they should be allowed a period of recovery, followed by assessment, in their usual (and familiar) environment. Reliable wrap around in-reach services will be required during this recovery and assessment period, and care homes will need to be assured that they remain compliant with their regulatory framework.

This approach is also applied to those patients who are determined as requiring a new placement. Whilst all opportunities for reablement and recovery will be explored prior to placement for some individual's ceilings of care at home have been exceeded and informal care networks have become unsustainable. Therefore on the basis of a best interest decision or in agreement with the individual a long term placement is the chosen discharge destination.

Following the D2RA process for this cohort of patients reduces the need for extended hospital stays to undertake assessments.

The following diagram depicts the pathway routes (adapted from the Prof. John Bolton/Institute of Public Care Model – March 2020):



Local Authorities

Swansea – Live Well, Age Well

Swansea Council's 'Live Well, Age Well' initiative is a multi-channelled means of engaging with people aged 50+ within the area. Its aim is to give a voice to older people, build relationships, and facilitate the creation of a broad network of groups and individuals.

Recent activities have included a review of existing mechanisms for capturing the views of older people, and ensuring their contributions are acted upon. Work is also underway to map the eight domains of an 'Age Friendly City' with key themes from the Older People's Commissioner for Wales' 'Leave No-One Behind' report, and Welsh Government's 'Age friendly Wales - our strategy for an ageing society', against the five principles of the 'The Right Way' approach.
This will enable more thorough reporting and help services to recognise how fulfilling each domain maximises opportunities for people aged 50+ to access and enjoy their rights.

As the pandemic has abated, the 'Ageing Well Steering Group' has been re-established (in July 2021) to steer the development of a local 'Ageing Society' strategy and implementation plan in line with Welsh Government guidance. There are currently 42 members, including community members/groups, Third Sector organisations, Council departments and public services, as well as representation from the office of the Older People's Commissioner for Wales. Two working groups focusing on data to inform the strategy and improving information and communication have also been created.

Proactive steps are also being taken to increase participation and positively impact on social isolation. Coffee mornings and scenic walks are held on a weekly basis, as well as lifelong learning opportunities and information sharing events within the community.

An area for development going forward will be the identification of new performance measures and better ways to capture outcomes for individuals.

Common Access Point (CAP)

The Common Access Point (CAP) provides the first point of contact to members of the public and professionals in respect of care and support needs. The CAP provides information, advice and assistance and makes an initial assessment and decision about the appropriateness and urgency of any enquiry or request for a service.

This advice and support may include signposting to other services and resources and access lower level support services, which may be more appropriate, and/or taking full enquiries and information needed to progress the contact assessment and refer on to the appropriate services for further assessment as required.

The CAP's aim is to work with the people of Swansea in a collaborative way and contribute to achieving better outcomes; including those who require health and/or social care services. The focus is very much around the individual's strengths and personal well-being goals.

Service Provision

Provision within Swansea includes:

- 1 x residential service providing reablement/Pathway 3 step up and down.
- 4 x residential services providing emergency short term placements, assessment, respite and long term (case by case).
- 1 x emergency accommodation for people with a learning disability, with no age restrictions.

- 1 x respite service for people with a learning disability or physically disabled people, with no age restrictions.
- 1 x temporary tenant accommodation for people with mental health issues, with no age restrictions.
- 4 x day services for older people (2 x commissioned) with close links to community activity.
- 1 x day service for older people and older people with a learning disability.

Learning disability day services also support people with a learning disability who may also be older.

The Sensory Team and Community Reablement Team (Swansea Vale) also provide community outreach services. There is a plan to develop support across all services once the team is better resourced.

Neath Port Talbot

Neath Port Talbot are delivering/have delivered the following activities and outcomes:

- NPT Safe & Well is a service that can help to connect residents with a local volunteer, community group or local service to access support with tasks such as shopping, prescription collection and other errands.

- A Local Authority Participation and Engagement team has been established to communicate key messages and gather public feedback and views.

- Local Area Co-ordinators and Early Intervention and Prevention services are in place to help connect people with their local communities and prevent escalation to statutory support services.

- A 'Single Point of Contact' is in place, consisting of an intake and referral team. This is the first point of access for people needing information, advice or assistance, or Social Work assessment.

- A falls prevention service is being piloted in partnership with a private provider, with the main aim of avoiding hospital admissions.

- An Assistive Technology team is in place to support older people to stay safe in their own homes.

- An Adaptations and Disabled Facilities Grant provides equipment and adaptations to people's properties to allow them to live safely and independently at home for as long as possible.

- Reablement – a service offering up to 6 weeks of support to maximise a person's independence is in place.
- Domiciliary care services help people remain independent in their own home.
- Community Occupational Therapy Services provide equipment, adaptations, and manual handling assessments to help people remain independent in their own home.
- Action for Elders' 'Better Together' initiative provides wellbeing activities for older people in the upper Swansea Valley.
- Aesop Arts and Society Ltd offers falls prevention activities as part of its 'Dance for Health' initiative.
- A Service Level Agreement is in place with 'Age Connects Neath Port Talbot' to support their work in providing local people aged 50 and over with the assistance, support and services that are needed to live healthier, more active and independent lives (see page 47).
- Age Cymru West Glamorgan provide an advice and enabling service to local people.
- Care and Repair Western Bay deliver a minor adaptation service to older people needing support at home.
- Mental Health Matters provides advocacy services and a relevant person's representative service.
- The Wallich deliver a Prevention and Wellbeing Service, which is open to all age groups, including people over the age of 65.
- Residential respite services provide overnight respite for unpaid carers.
- Two Extra Care housing schemes have been created in NPT. These offer an alternative to care homes where individuals live independently flats with onsite support available, if it is needed.
- NPT has 12 dual registered care homes, which provide either nursing or residential care to residents. There are also 12 residential care homes within NPT.

COVID-19 Response

Throughout the pandemic, emphasis has been placed on working in close partnership to enable a wider reach across health and social care services. Emergency governance arrangements for the region took the form of two new groups known as Community Gold and Community Silver Command.
These multi-agency groups focused numerous aspects of the crisis response. The following key areas pertain to services affecting older people:

- **Care Homes**

  All West Glamorgan partners made a tremendous effort to support care homes during the pandemic. The importance of a partnership approach in tackling the issues in relation to COVID-19 was essential given the involvement of multiple agencies, including local authority and health board commissioners, Environmental Health, Public Health Wales, and Care Inspectorate Wales. Key activities included:

  - A regional care homes action plan was developed in line with a national report by Professor John Bolton. This captured all actions and outlined progress made by key agencies.
  - It was recognised that infection prevention and control (IP&C) was fundamental to the provision of a safe environment for residents, visitors and staff in a care setting. A basic IP&C training course was organised by the IP&C team within the health board in order to upskill a range of officers from environmental health, Public Health Wales, Commissioners, and Care Inspectorate Wales.
  - Funding was agreed to recruit a regional IP&C nurse dedicated solely to the care home sector. Although the initial focus of the work is on the prevention and management of COVID-19 in the care home sector, the long term aim is to develop a successful approach to supporting care homes across a number of common infections.
  - Funding for care homes was secured via the regional Integrated Care Fund (ICF) capital grant to purchase additional IT equipment to enable remote contact between resident and their loved ones.
  - The single biggest risk related to the workforce and the significant challenges around the ability to keep services operating during times of severe staff shortages. This became a serious concern and resulted in a ‘call to arms’ to employees from the Third Sector and the statutory partners who may have been willing and able to cover some shifts at care homes in crisis. Local rapid response teams were identified and assigned to support the care homes most at risk of potential short term

failure. Teams included a range of staff roles, including management, supervisors, nursing staff, auxiliary staff, and support workers. A Regional Rapid Care Home In-Reach and Standard Operating Procedure (SOP) was also developed which clarified the arrangements, including mutual aid if and when it was needed. This has been acknowledged as a progressive piece of work and requests have been made to share the SOP across Wales.

- **Regional Integrated Escalation Framework (RIEF)**

  In order to have a clear view of the impact of the crisis, not only in care homes but also across community services, the West Glamorgan Regional Integrated Escalation Framework (RIEF) tool was developed. This monitors service capacity against actual and predicted demand across all sectors, offering a clear understanding of the regional position and enabling organisations to identify and address areas of concern without delay. Its purpose also extends to ensuring that staffing resources are used flexibly to meet priorities and specific service pressures via a coordinated mitigation response. The introduction of the tool has proved that the development of such a framework is critical, and it has now been embedded to support ongoing decision making.

- **Home First – Pathway 0**

  The Third Sector regional support offer was increased to improve patient and community flow. This was known as the 'Community Well-being Support Service', which helped hospital leavers with low level needs (e.g. prescription collection, food shopping) to return home as quickly and safely as possible. Further information on the wider Third Sector pandemic response can be found below.

Third Sector - COVID-19 Response

- **Swansea Council for Voluntary Service (SCVS)**

One of the interesting insights from the COVID-19 response is that SCVS could help anyone, there were no geographical or other parameters put in place - if someone had a need, they could be helped. Those delivering the activities felt a free reign led to a better, more welcoming service to anyone who needed it. The structures adopted and the outcomes delivered by SCVS during the pandemic have demonstrated their ability to rapidly respond to crisis situations. This approach could be applied to other 'resilience' situations where a Third Sector coordinating body helps mobilise and organise across the sector. SCVS are also assessing how the up-swell of interest in volunteering can be built upon to convert enthusiasm into long term volunteering with established organisations across the

sector. This will hopefully provide a positive, long-lasting legacy as a result of the community mobilisation that occurred during COVID-19.

The pandemic has highlighted that although it is important that public bodies respond to community need, consideration must be given to how that is then converted into support for communities and the sector in the longer term. This is particularly important as services can often be more effectively, responsively and cost effectively delivered by third sector organisations. Some of the key successes from the COVID-19 response by SCVS have been:

- Adaptability – SCVS quickly adapted to a new structure and new way of working flexibly to best meet the needs of people and third sector organisations in the community
- Information – quickly collating, organising and sharing the information about what was happening across the area and helping individuals navigate those services
- Volunteers – building on existing, high quality systems and processes to allow them to utilise volunteers with specific training who could be trusted in the community
- Food – providing volunteers for various activities that supported food poverty but also specifically responding to the COVID-19 specific issue of access to food
- Trust – individuals have trusted the volunteers and staff at SCVS because although they are professional, they are not part of the public sector.

Source: [Download.ashx (scvs.org.uk)]()

- **Neath Port Talbot Council for Voluntary Service (NPTCVS)**

Alongside the need for support with funding, the wider sector also identified a need for support with training and development. NPTCVS developed, and continues to develop a wide range of support for the sector. A hugely important development was an online training course for volunteers – the COVID-19 Response Volunteer Training. This was aimed at any person volunteering within the community. Throughout the first wave of the pandemic, NPTCVS delivered this course to 10 participants at a time. It focused on the key considerations for volunteers and also signposted where they could go for help and support if they needed it. This course was very well attended and ensured volunteers across the area had the support they needed. In addition, NPTCVS developed the following training courses for volunteers:

- Wellbeing
- Safeguarding
- Befriending Induction

- Home Fire Safety Check Training
- Self-esteem
- Helping others with online shopping
- Domestic abuse awareness.

Further information on NPTCVS's pandemic response can be found in the following report.

Source: Urban Foundry Evaluation of the Covid-19 Response - NPTCVS

Working closely with health and social care partners, the Councils for Voluntary Service also deliver and engage in a variety of work streams which support the local population's general health and wellbeing. These will be captured and summarised more thoroughly in the next iteration of the assessment.

There is a broad range of voluntary groups and organisations within our region, and again, future iterations of the assessment will gather a more detailed picture of the post-pandemic landscape.

Just one example of the great work being undertaken can be found below:

Age Connects Neath Port Talbot

The pandemic we are currently living through has proved a difficult, and often isolating, experience for most of us. However, for many older members of our community, perhaps the segment of society already at the most risk of loneliness and social isolation, this has been an especially gruelling time.

Age Connects Neath Port Talbot (previously Age Concern Neath Port Talbot) offers a volunteer befriending service to support older people in this situation.

The Good Neighbour Scheme essentially has three components. The first is practical aid – collecting shopping and prescriptions for the scheme's beneficiaries, who due to health reasons, shielding, and the deleterious effect the pandemic has had on public transport, cannot get it themselves. As well as the obvious need to collect essentials, been unable to get out has denied many what might be a rare chance for human contact.

Secondly, the project aimed to offer face-to-face befriending, where a volunteer would visit a beneficiary, for a welcome chat with a friendly face, help with practical issues and provide assistance with digital technology. With the restrictions surrounding Covid, elements of this service have been less available and/or moved to telephone befriending. With more available volunteers, more doorstep wellbeing checks could also be undertaken, giving some invaluable face to face contact for an isolated older member of the community.

The third component is telephone befriending. It's always been the case that some volunteers wouldn't be able to meet beneficiaries face to face, as they themselves might have mobility issues, or it was more practical for both parties. Speaking to someone over the phone is a vital human contact lifeline for many, now more than ever.
Source: [Good Neighbour Scheme – Volunteers Needed – Neath Port Talbot Council for Voluntary Service (nptcvs.wales)]

5. CONCLUSION AND IDENTIFIED GAPS

The evidence from this chapter highlights the considerable challenges older people have faced over recent years. There is a clear need for a different approach by partners, whereby older people are supported to live independently in their own homes for as long as possible. A lack of suitable accommodation solutions (for example, for people experiencing dementia), barriers in terms of accessing services and inadequate support for carers have all been identified as obstacles to living and ageing well.

As the number of older people in the region increases, we are seeing a rise in the prevalence of factors such as loneliness and isolation. Ongoing barriers in terms of transport remain a significant problem, along with digital exclusion (particularly during the pandemic). These challenges require a collaborative, co-productive, regional approach to improve prevention, assessment and ongoing support for older people in West Glamorgan.

To address the gaps highlighted in this Chapter, the following will need to be progressed:

- **Home First Programme**
  Significant transformation is required in terms of the following:
  - Development of a consistent regional D2RA model as defined and mandated by Welsh Government.
  - Admission avoidance through the promotion and delivery of a range of wellbeing and prevention focussed services where appropriate and relevant alternative provision exists.
  - Earlier facilitation of discharge from hospital in a timely manner once an individual is clinically optimised, therefore reducing acute hospital lengths of stay.
  - Improved flow across the health and social care systems.
  - Enhanced service user focussed outcomes and experience.
  - A reduction in reported harm.

- A reduction in those needing long term care and / or support or placement.
- Further work is required to capture the voices of those using services. Co-production and creativity will be key drivers for change, not just for organisations but also for people.

Assistive Technology/Technology/Digital Inclusion
Building on the research, we must ensure that there is sufficient capacity continuously built in to any future delivery of services by partners that are technology based. Research is telling us not to leave anyone behind and to consider the perspective of those who are not yet digitally included.

Community Transport
Based on research where people struggle from rural areas to access services, adequate transport links to critical health and social care services are crucial if a digital solutions are not available or appropriate.

Access to Services
Developing digital services for the majority will be of benefit for non-invasive treatments, but the solution should not be used to replace services. Digital provision should be an alternative, additional offer until such time that the population are proficient in its use.

Demand for Services in Welsh
There is a need to capture more intelligence on the active offer of services in Welsh, and actual take-up.

Community Support
Based on the population increase in the over 65s cohort, services must be encouraged to embed preventative approaches earlier on in the life journey. This needs to enhance and build upon services currently provided by the Third Sector and requires further development.

COVID-19 led to a sharp rise in demand for support services. This included people who had been hugely self-sufficient prior to the pandemic. The pandemic presented practical challenges, including access to food and prescriptions and emotional challenges, particularly around mental health, social isolation and loneliness. The Third Sector plays a hugely important role because they are trusted within communities. Making better use of these links means the public sector can reach more people, more effectively.

Source: Urban Foundry Evaluation of the Covid-19 Response - NPTCVS

- **Self-managed Care/Person-centred Care**
  Prevention should be a key focus and more services developed within the community are needed. Data supporting these initiatives needs to include improved profiling and forecasting.

- **Ageism**
  A move away from ageism and placing people in age categories. Services should be developed and catered for around need.

- **Advance and Future Care Planning**
  Resources need to be in place earlier in order to support individuals and their families in planning for all aspects of their care, including 'end of life'.

- **Adaptations**
  'Smart Homes' but also adaptations to existing homes to make them fit for the future for people who are living longer and getter older to encourage independence.

- **Social and Community Participation**
  Statutory partners should encourage and support the community involvement that has been boosted in many ways as a result of COVID-19. The Third Sector should be supported to develop the networks and community resources to add social value to communities and encourage use of preventative measures to enable people and communities to help themselves and each other.