



Committee and Date
Shadow Health and Well-Being Board

1st June 2012

9.30 a.m.

Item

6

Ageing Well: Embedding an Ageing Dimension

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1. Summary

- 1.1 The Local Government Association has sponsored the Ageing Well Health and Well-being Board programme of research, training and engagement, the aim of which was to support Shropshire and 16 other Councils to “embed an ageing dimension to the development of the health and well-being boards and secure effective engagement with older people”.
- 1.2 Shropshire has embraced this opportunity and used it to gather the views of older people in Shropshire to find out how they (older people) can influence the role and development of the Health and Well-being Board.
- 1.3 Older people and other stakeholders have used this opportunity through the engagement events organised to identify what is important to them, share examples of good practice and suggest areas for improvement or development.
- 1.4 The core message from the work undertaken is that the current level of service provision for older people is unsustainable because the resources available are diminishing while the number of older people is following a long-term upward trend.
- 1.5 Shropshire understands that continuing with the existing model of service provision will inevitably lead to deterioration of services and is taking steps to change both the way it engages older people and its model of service provision.
- 1.6 The Ageing Well project has provided a vehicle for both the Health and Well-being Board and Shropshire’s older people through several representative groups, to consider together how best to change the model of service provision so that it better meets the needs of older people and delivers greater well-being for less money.
- 1.7 This paper presents the outcome of this engagement and other elements of the project and demonstrates where the findings in the attached report clearly link to the stated ambitions of the draft Health and Well-being Board strategy.

- 1.8 The proposed ambitions of the Health and Well-being Board are to ensure that:
- People are helped to make healthy choices and take greater responsibility for their health and well-being;
 - People of all ages will have better mental health and well-being;
 - Older people and those with long term conditions are able to remain independent for longer;
 - Health and social care services are accessible, good quality and 'knitted together'.
- 1.9 In addition the Health and Well-being Board has proposed four priority objectives of:
- Addressing obesity of Children and Families by mapping current activity and identifying opportunities for further partnership working;
 - Promoting greater awareness and understanding of mental health issues that affect children and adults, with early intervention to maintain emotional well-being, including earlier diagnosis and improved outlook to slow the progress of dementia;
 - Increasing usage of telecare and telemedicine by developing a pan-Shropshire Assistive Technology strategy and implementation plan;
 - Developing collaborative commissioning between the local authority and the Clinical Commissioning Group and developing a single access and referral point.
- 1.10 This report will link the outcomes identified in the attached report to these proposed objectives.

2. Recommendations

The Health and Well-being Board is asked to:

- A. Comment on the work undertaken through this engagement with older people and the findings of the attached report at Appendix A;
- B. Agree the recommendations contained in the attached report at Appendix A (section 6, page 4) and listed here:
- Continue to work with Shropshire Older People's Assembly (SOPA) to develop and shape its role in representing all older people across the County – including by articulating what 'good and broad' representation looks like and encourage SOPA to achieve that aim.

- Consider how the Older People's Partnership Board can add value now that new arrangements are firming up, identifying any changes to their role that might improve their impact, and making those changes.
 - Incorporate evidence gathered during the project into the Joint Strategic Needs Assessment (JSNA) – including evidence from:
 - the desk-top research – see Appendix 2
 - the issues raised by the Senior Citizen's Forum at the meeting held on 15 December 11 – see Appendix 3.
 - Develop the Older People's element of the Joint Health and Well-being Strategy (JHWS) casting older people in three roles:
 - A knowledge bank – by co-producing with older people
 - Deliverers of services – to the wider community, not just to older people
 - Consumers of services – where necessary.
 - Revisit/update the Millennium Map including by putting out a general invite for all community groups/individuals to send in a summary of the service they run or asset they hold. Make sure this is drawn into the Joint Strategic Needs/Asset Assessment.
 - Create the conditions for existing community-based services to develop to address the issues and goals identified in the Older People's Strategy and JHWS (as long as it has been co-produced with older people).
 - Consider further how the relationship between evidence and actions might be improved (through the JSNA, JHWS, commissioning), and how this might be fed back, so that older people can see what happens to the information gathered through various consultations.
- C. Agree that the Health and Well-Being Executive should take forward the further development of Compassionate Communities described in paragraph 4.4 page 19 of Appendix A.
- D. Agree that the transformation of Adult Social Care and the wider Council contributes to what older people value most through a continued commitment to preventive services, community involvement and connectivity, re-commissioning services where necessary.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1 This report focussed on the needs of older people and how they could be engaged in the Health and Well-being programme. The learning from this study, though, is wider than just older people as the outcomes can be applied to all groups of people.

- 3.2 The report attached at Appendix A was completed as a result of some desk-top research and an extensive consultation and engagement with older people in the form of a workshop with a small number of older people and a larger conference. Older people were represented by Senior Citizens Forums, the Shropshire Housing Support Group, Shropshire Older People's Assembly, Patient Participation Group, Shropshire LINK and others, and a total of around 25 older people took part.
- 3.3 In addition officers from Shropshire, Sandwell and Solihull local authorities and an older persons' representative from the Shropshire Senior Citizens Forum are currently participating in a series of four action learning sets linked to this study.

4. Financial Implications

- 4.1 The study undertaken and reported in the attached report at Appendix A was funded by the LGA Ageing Well programme to the value of £4,300 which was used for undertaking all four elements of the project.

5. Background

- 5.1 The transformation of Adult Social Care in Shropshire is addressing many of the areas that have been identified, through this engagement, as being of value to older people in Shropshire. These values are summarised below as the key drivers for quality of life for older people:
- To have expectations in life;
 - A sense of optimism;
 - Good health and physical functioning;
 - Engagement in social activities and a sense of being supported;
 - Living in a community with good community facilities and services;
 - Feeling safe;
 - Retaining a sense of control and independence.
- 5.2 Shropshire has a long standing commitment to preventive services for older people, which are mainly provided by the voluntary sector. The services currently commissioned include practical help, activities that reduce social isolation and the provision of information and advice. These preventative services are currently in the process of being re-commissioned with an additional emphasis on maintaining independence through the use of Assistive Technology and focussing on Reablement.
- 5.3 For those older people eligible for adult social care through eligibility based on having critical or substantial needs under the Fair Access to Care Services criteria (FACS) the care pathways have been restructured and redesigned to

include a focus on short-term care and reablement and a longer term team for on-going care needs.

- 5.4 For people with or without eligible needs under FACS but who are responsible for funding their own care, Shropshire Council contributes and distributes an annual publication “The Care Services Directory”. Additionally the community directory on the Council website directs people to community-based services. Work is also underway on developing a framework of providers that can help people funding their own care find services that meet their needs.
- 5.5 A successful bid to the Design Council has seen the launch of ‘Gusto’ in Shropshire. Gusto is a web-based means of keeping older people connected through the pairing up of older people with like-minded interests and hobbies as well providing opportunities for older people to share skills.
- 5.6 During the winter 2011/12 a successful bid was made to the Warm Homes Healthy People fund which built on the previously established ‘Heat Savers’ to ensure that all vulnerable people were able to access information, advice and aid to maintain adequate heating in their own homes.

6. Conclusions

- 6.1 The engagement with older people and other stakeholders through the Ageing Well programme has helped to map existing provision in Shropshire and has confirmed what is valued by this group of citizens.

List of Background Papers

(This MUST be completed for all reports, but does not include items containing exempt or confidential information)

None

Cabinet Member (Portfolio Holder)

Councillor Steve Charmley – Portfolio Holder, Learning Disabilities
Councillor Ann Hartley – Portfolio Holder Health and Care

Local Member

All – this matter is countywide

Appendices

Appendix A – Ageing Well: Embedding an Ageing Dimension – Final Report