

Ageing Well Joint Strategic Needs Assessment

Health & Wellbeing Board

Date: 14 December 2016

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 To agree the recommendations of the Swindon Ageing Well Joint Strategic Needs Assessment (JSNA) and support the development of a multi-agency Ageing Well Strategy.
- 1.2 The population of Swindon is projected to increase over the next two decades due to the amount of homes that are being built and because people are living longer. The proportion of people over 65 years in Swindon is projected to increase by 89% from 29,069 in 2011 to 54,976 in 2031. However this is also in the context of a changing perception and reality of older age:
 - 1.2.1 People are living longer, often having a longer post retirement period in better health.
 - 1.2.2 People are also working longer and more flexibility.
 - 1.2.3 There are greater inequalities in old age in terms of years in good health linked to deprivation and income.
 - 1.2.4 There are more people living with conditions such as dementia because people are living to an older age, increasing demand on social care and other support services.
 - 1.2.5 Older people are more likely to live with co-morbidities and manage a range of conditions for longer.
 - 1.2.6 Older people are more technologically educated but there is also a widening gap between old and young in terms of the dominance of technology in their lives.
 - 1.2.7 People are wanting to live at home for longer and national and local policy is about helping people to help themselves rather than state intervention.
 - 1.2.8 Childhood experience for different generations is significantly different between those growing up in or between war years to born post war.
 - 1.2.9 There is conflicting rhetoric in the media of older people both as an asset but also a burden.

Further information on the subject of this report can be obtained from Penny Marno, 01793 444711, pmarno@swindon.gov.uk.

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- 1.3 Understanding the needs of older people in Swindon via an Ageing Well JSNA will help give local context to these issues and also inform a whole range of Swindon Borough Council and partner policies and strategies including the development of an Ageing Well Strategy, the Adult Demand Programme, the Sustainability Transformation Plans, plans for the extensive new developments in Swindon, and the direction of health improvement work and long term condition support over the next few years.
- 1.4 It aligns to the Council vision by exploring older people's contribution to "a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership" and in developing the priority to "help people to help themselves while always protecting our most vulnerable children and adults".

2. Recommendations

The Board is recommended to:

- 2.1 Note and agree the recommendations identified in the Swindon Ageing Well Joint Strategic Needs Assessment as set out in the report in paragraphs 3.22 to 3.21.
- 2.2 Support the development of a multi-agency Ageing Well Strategy for Swindon.

3. Detail

- 3.1 The objectives of the JSNA are to:
 - 3.1.1 understand current population structure of older people in Swindon.
 - 3.1.2 understand future population projections for Swindon and what this may mean in terms of the needs of local older people and demand for services and activities.
 - 3.1.3 summarise aspects of ageing well relating to risky behaviours, mental health wellbeing and physical activity, and to understand the impact of housing and environment on older people's health.
 - 3.1.4 understand current health improvement services for older people in Swindon and current demand.
 - 3.1.5 understand what ageing well means to older people living in Swindon.
 - 3.1.6 understand people's perceptions of what would make Swindon a great place to grow old in.
 - 3.1.7 understand what the barriers are to ageing well and what would facilitate people achieving their aspirations for older age living.

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- 3.2 The profile combines both quantitative and qualitative research. The qualitative information is drawn from existing surveys but also focus groups commissioned specifically for this project and research from Swindon Borough Council's Community Research team who work in our localities and talked to people at lunch clubs and other social groups.
- 3.3 At Appendix 1 is a summary of the findings. Below are the key messages and then recommendations. A copy of the full draft JSNA is available on request. The draft report was presented at the JSNA Steering Group on 9th November and comments have been invited from interested stakeholders prior to presentation at the Health and Wellbeing Board.

Key Messages

- 3.4 Older people are a diverse group with differing views, wants, desires and needs. Their physical and mental health, and their attitudes to life are shaped by their generation, life experience and work, family and retirement experiences. Planning for such a group requires the flexibility and variation to capture this diversity.
- 3.5 It is often difficult to get local level data in detail for older people as they tend to be grouped as 65+ which can potentially span 40 years of life and at least two generations including parents and children in the same family.
- 3.6 No one aspires to need care or move into a care setting; independence was a theme throughout the qualitative research and maintaining independence was a priority for most people.
- 3.7 There is evidence of increasing demand for social care: Swindon is not unique in this but work is ongoing to look at transition points between services and the role of the voluntary sector in supporting people earlier on. A review across the south west found that state support tends to lead to increased levels of dependency rather than decreased levels so keeping people supported by their own social networks and community if needed is more effective.
- 3.8 Older people are currently much less likely to live in the new developments in Swindon. In the future planning for more mixed communities and intergenerational living would have benefits for community integration, perceptions of ageing and reducing isolation at all ages as more people would be around during the day and using local services.
- 3.9 The significant increase forecast in the number of older people living alone has implications for the type and nature of housing needed in the future. There may also need to be more consideration of creating community where people can maintain independence (a strong message of what all older people want) but also facilitate the social networks and activities that are seen as key to ageing well and will reduce demand on social care.

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- 3.10 Inequality affects older people significantly. Looking locally the difference in the proportion of older people experiencing income deprivation varies from 4% in an area of Liden to 48.7% in a part of Central ward. Targeted work with the communities particularly in Central to ensure people are getting the benefits and advice they are eligible for could help address this.
- 3.11 There is some evidence nationally that people are drinking more often as they get older. Alcohol can increase the risk of falls and affect medication so increasing understanding of the effects of this is important.
- 3.12 Physical health itself wasn't seen as a barrier to ageing well; it became a barrier when it stopped people keeping mobile, accessing transport, seeing friends and family or doing what they enjoyed.
- 3.13 Ill health for older people occurs on a spectrum and the conditions that need the greater clinical intervention are not necessarily those that create the greatest barrier to ageing well. For example hearing loss and sight loss which affect around 40% and 20% of older people respectively can affect people's confidence in going out, using public transport, attending groups or social activities and seeing family and friends.
- 3.14 Projections of the number of people with ill health in the future all show increases as they are based on population forecasts. Unless there is a step change in behaviour, significant advances in treating chronic disease or a generational shift through population intervention, the number of people with chronic diseases and vulnerable to falls and limited mobility will increase even if prevalence stays the same as the number of older people will increase. To maintain the number of people who have say a long term illness that limits their day to day activities to the same level in 2030 as at present will require a reduction in the prevalence from 23.4% at present to 14.1% in 2030. Increases in long term conditions will also impact on the demand for social care.
- 3.15 Part of Ageing Well includes taking opportunities to protect against disease, detect illness early and get support when needed from a range of different sources. Promoting immunisation, screening, sight and hearing test accessibility allows people to maintain independence for longer and have treatment and support as appropriate.
- 3.16 There are different expectations at different ages: younger older people seem to have greater expectations of state support as they look to getting older. However older people themselves have a more positive view of getting older compared to younger older people.
- 3.17 Three quarters of people aged 85+ rate their health as fair, good or very good and nearly 50% consider day to day activities are limited a little or not at all in that age group. Promoting ageing well to raise expectations that it is possible to keep healthy and be active and fulfilled as people get older is important and will also

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encourage people to strive for this in the future. There may be learning from the social norms work used in schools to encourage people to expect more from their bodies and minds and seeing looking after themselves as being achievable.

- 3.18 Wellbeing scores for older people suggest that whilst people can be happier and more satisfied as they get older, those over 80 have the lowest worthwhile scores. More should be done to look at how people are valued at all ages: there are examples within the Circles project of volunteers age 90+ and YOLO is a group of very active people living with dementia who contribute to a wide range of strategies and projects.
- 3.19 There are various opportunities when large numbers of older people access services and information or advice could be targeted. These include when people are immunised against influenza each year, initial contacts with social care, changes in council tax status, and when people are given their free bus pass.
- 3.20 There is no silver bullet for ageing well: the nearest is physical activity and opportunities to do this are most effective if built into day to day life. However having groups and classes which meet the whole spectrum of being physically active is important as they also have benefits in terms of social interaction.
- 3.21 Research suggests that a multi-faceted approach to prevention is needed including encouraging and improving the employability of older people, providing older people with opportunities to share and develop their knowledge and skills, providing opportunities for life-long-learning, and addressing isolation. When people do need low level care, providing this promptly or having a stepped intervention that draws in befrienders, signposting and lifestyle support whilst waiting for assessment or services can delay or even prevent increased demand later.

Recommendations

- 3.22 To develop an ageing well strategy and action plan based on the findings and key messages from this report.
 - 3.23 Ensure there is joining up and reflection of ageing well in existing / developing strategies including:
 - 3.23.1 Joint Health and Wellbeing Strategy
 - 3.23.2 Swindon Falls and Bone Health Strategy
 - 3.23.3 Get Swindon Active Strategy
 - 3.23.4 Swindon Healthy Weight Strategy
 - 3.23.5 Alcohol Strategy
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3.23.6 Oral Health Strategy

- 3.24 Promote the messages and insight from this report to relevant Housing and Planning boards to encourage intergenerational living in new developments and housing which reflects the aspirations and approach to living for older people now and in the future.
- 3.25 To develop a comprehensive strength and balance activity offer for people in midlife and as they get older as an integral part of Live Well Swindon, via signposting to and influencing existing community activities.
- 3.26 To continue to promote physical activity at a population level throughout the lifecourse and link more clearly to the long term benefits of physical activity linked to ageing well.
- 3.27 To develop a 'Valuing Older People' campaign which promotes Swindon as a great place to grow old in but embed positive ageing into Council communications and policies across the board.
- 3.28 To identify external funding to explore age-friendly environments, linking to the dementia friendly work already planned.
- 3.29 To work with partners to map out trigger points for ill health, social isolation and crisis and ensure interventions are targeted towards these. These will include retirement, bereavement, loss of mobility, changes in caring role, coming home from hospital and first access of formal care / support.
- 3.30 To work with Healthwatch to look at the feasibility of an Older People's consultation panel.
- 3.31 Review the evidence for intergenerational work to improve understanding of getting older and making the most of older people's experience and skills.

4. Alternative Options

- 4.1 To not take the Ageing Well work any further forward.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no direct financial or procurement implications arising directly from this report.
- 5.2 Any service reviews or service requirements which are discussed as a result of this report will be reviewed and a business case developed accordingly.

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Legal and Human Rights Implications

- 5.3 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 There are positive implications on health from promoting ageing well. This will benefit both the health and social community as demands on adult social care from supporting older people have a significant economic and resource impact.

Diversity Impact Assessment

- 5.5 A diversity impact assessment will be completed as part of the Ageing Well Strategy and will be available. The Ageing Well action plan will include actions to work on identified gaps or issues.

Risk Management

- 5.6 No specific risks have been identified at this stage for this report.

6. Consultees

- 6.1 The Corporate Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Summary of findings from Draft Ageing Well Joint Strategic Needs Assessment.