

Everybody's Future: Regional Framework for Ageing in the North West

Launch Event REEBOK Stadium, 24 April 2009

Questions and answers

At the launch event on April 24th, delegates were invited to discuss a range of issues and concerns around demographic change, an ageing population and the Regional Framework. Delegates were invited to submit questions that if not addressed at the event would be posted with answers on the 5050vision website – www.5050vision.com

Listed below are the questions raised at the event on the 24th that the regional partners have provided responses to. We have attempted to cluster the questions and comments into themes for clarity. Many questions were asked and answered on the day.

We are happy to receive further questions and comments that we will aim to respond to and post on the website which you can send to Liz North, Project Manager for 5050vision by email to liz.north@nwda.co.uk

General

- 1 Will the Framework support 'age-proofing' of other regional strategies and shift in focus of other universal services to meet the needs of an ageing society?**

Yes.

- 2 In each of the four themes in the strategy, can we identify one/the key action that represents a quick win?**

We are aware that work is currently being done by agencies that address the priorities contained within the Framework. Therefore a quick win will be to map current activity against priorities for each theme.

- 3 When are we going to move from talking to doing?**

Work is underway with partners to both map out existing activity against priorities and to develop approaches that work towards achieving individual priorities. We intend to regularly inform partners on progress.

- 4 Do we need to be clear about specific agencies activities to support agenda rather than general support of the Framework?**

Yes themed task and finish groups will address this, with organisations committing to specific actions.

Local Delivery/Implementation

5 In order to achieve coal face delivery of age-proofing, what Local Authority/PCT agenda's and targets could incorporate age proofing to give it a higher profile?

Local Area Agreements and Local Delivery Plans are the key mechanisms to ensuring that age-proofing is delivered at the coal face. The Regional Framework on Ageing will be a useful document in informing these mechanisms and although targets may already have been set, the Framework will be a useful tool for evaluating these mechanisms and affecting their future influence.

6 How do we best engage with older people/communities – particularly 'hard to reach'?

We need to link in with established mechanisms, fora, networks, organisations and initiatives that are already working closely/linked in with older people/communities. We also need to influence and link in with future proposals for engagement such as those identified in the Elbourne Review which proposes regional forums for older people.

7 The Regional Framework needs to be useful to local areas: Local Strategic Partnerships, Local Authorities, Primary Care Trusts.

Questions/comments 13 -16 are similar and are related to LAA's and CAA's in particular. The following answer therefore incorporates all 3 questions/statements:

It is clear that LAA's have already been established and targets set, therefore the role of the Regional Framework on Ageing is not, at this stage, about setting new targets, although it may well have a future role in this depending on the future of LAA's, CAA's etc. However it could play a significant role in evaluating outcomes and influencing future work.

One way forward could be to establish the national indicator sets across the NW, to see how older people in the region are being serviced through local delivery plans. The framework could then (1) identify which ones it feels are specifically related/most important to older people in the Region; (2) in November when the LAA's/CAA's are being audited, look at the monitoring and analyse how those identified are doing; (3) influence those areas that are not meeting their targets to do so; (4) influence future LAA's, CAA's if appropriate.

Regarding PCT's, Local Delivery Plans are key in terms of what PCT's are prioritising. PCT's have their own targets and, as above, a similar analysis could be done to see how they are delivering against their targets.

Economic

8 Since Sector Skills Councils are the key to accessing sector's businesses and building lifelong learning skills, how are you proposing to work through to the Sector Skills Councils to:

a. Audit or forecast skills gaps?

Regional partners will work with SSC's under the auspices of Regional Skills & Employment Board, which SSCs are a member to address strategic elements, and through working initially with The Alliance of SSCs (TASSC) to identify key sectors for this and then use TASSC to broker relationships with relevant SSC and work on key issues.

b. Enable more funding for over 50s skills training/apprenticeships etc.?

Funding for Apprenticeships currently flows through LSC, and is on a demand led basis, SSC's have been proactive in promoting the new adult apprenticeships.

c. Encourage business to increase flexible working?

Currently the NWDA and partners are commissioning forecasting work for the development of the Regional Strategy. This will address the aging question and will build in the framework as the Strategy is developed.

9 Will there be investment/funding available to extend national programmes such as Apprenticeships to the older generation?

There is no longer an age restriction on Apprenticeships, but the Government does have priority target groups, at the younger age bands. There are a growing number of adult Apprentices and there is no upper age limit (other than normal retirement age).

10 Why can we not have more apprentices over 40? Why are all skills and learning concentration on the under 25 cohort?

Between August 2008 and July 2009 academic year we have had over 4,300 adult Apprenticeships. The growth in adult Apprenticeships both regionally and nationally has been very significant as this option has been made increasingly available. For the whole of 2006/7 we only had 58 over 25 for the whole of the NW.

11 How can we fund the retraining of the over 50s without them 'self funding' or having to be 'jobless'?

Until only recently entitlement to education and training was broadly defined by age (16 year old school leaving, up to 19 free etc) this is now defined by level – access to free education at any age up to level 2 (the core principle of the employer demand led/ Train To Gain and further education adult responsive offer)

12 What are the material incentives not to retire?

Additional income, increased pension, dependant upon individual contractual arrangements life assurance cover, medical cover, when still employed.

13 How can we make return to work options more flexible for people who may be off sick?

ACAS who are the lead Government Agency on Employment advice and guidance support both employers and individuals in advising them on good practice in this area. Their literature and website contain advice and guidance on this very topic.

14 What can the Region do to advocate benefits changes to encourage flexible working?

ACAS in particular are working across the Region with businesses in promoting flexible working, and good practice in terms of employment practices and the current downturn has demonstrated many examples of this where businesses and unions have agreed to reductions in hours and pay rather than the loss of jobs.

15 The national strategy on ageing highlights as point one – ‘create a society for all ages – based on capabilities and needs not age’. Surely the mandatory retirement age contradicts this point?

One of the suggested priorities for the Region was to abolish the mandatory retirement age.

Health & Wellbeing

16 How can we target workplaces to prevent the development of ill health and reduced productivity? (Link)

- General

- **Health and Safety:** ensure that strategies are in place to protect the health and safety and welfare of employees
- **Occupational Health:** employ/signpost to occupational health services to continuously assess individuals for their fitness to work, and intervene to support those who have been excluded from work to coordinate their rehabilitation
- **Workplace Health Promotion:** promote and encourage healthy lifestyle choices through interventions at both organisational and individual levels
- **Lifelong learning:** promote, and provide opportunities for lifelong learning both through working life and post-retirement

- 50+

- Pre-retirement packages should include holistic information and advice about healthy lifestyles, e.g. food and nutrition, alcohol, physical activity
- Employers could also highlight to retirees the importance of social networks, to maintain independence and provide support and friendship which may be missed following retirement
- Occupational health services could possibly advise an individual on their suitability to undertake a different kind of role (e.g. charity, voluntary) post-retirement.
- Work with PCTs to see whether health and lifestyle screening (blood pressure testing, heart and cholesterol checks, analysis of smoking, alcohol and activity levels) for over 50s may be carried out in the workplace

17 Should health be the key priority for ageing?

It is entirely legitimate to focus on health and wellbeing (not simply health). Health and Wellbeing allows the emphasis to be on early intervention and prevention and hence health promotion as a way of supporting a strategy that enables active ageing.

18 Pressure of care – parents of the over 50s within the non-benefit sector (self-employed/start ups) (Link)

The National Carers Strategy refresh has been launched this year and this issue is within the Strategy. It is important that Everybody's Future is well linked to major policy developments such as the Carers Strategy.

19 What are the links between primary and social care to make health service more effective?

The key mechanisms between Primary Care and Social Care to enhance effectiveness include the Joint Strategic Needs assessment which should form the basis on joint commissioning. It follows that there should be a link between the needs assessment and joint commissioning strategy. The use of pooled budgets takes that process further. The emergence of personal budgets in Social Care and now in Health Care create a further mechanism to jointly create personalised solution that are better for people and usually better value.

The opportunities that arise from these mechanisms are widespread and would include the ability to build capacity in Communities to address Health, work across the management of long term conditions, urgent response services and end of life care.

20 What work has the DH undertaken 'to supply' Vitamin types that older people are purchasing through the post etc? (e.g. Omega Fish Oils/glucosamine etc.)

This is a matter for the Food Standards Agency and information on healthy eating, including vitamins, for older people can be found on the FSA's website at <http://www.eatwell.gov.uk/agesandstages/olderpeople/>

Food Safety Week, which is expected to place on 15 - 21st June 2009, is to focus on over 60's with messages about food safety in the home.

21 Priorities & Action missed in Health & Wellbeing: Dignity & Care, Dementia, Mental Wellbeing, Learning Disabilities

22 There is not enough emphasis on Mental Health & Dementia within the Framework

23 How can the agencies work together to reduce the effects of dementia on the growing ageing population?

Response to all three questions:

There are major policy frameworks and national strategies relating to dignity, dementia, mental health, carers and learning disability. As with the point made in question 31 it is important that future work on the implementation of 'Everybody's Future' is linked with these. The Framework for Ageing may not at this stage always include explicit reference and links to these policies in the way some would have wished but we need to acknowledge that we are working in a dynamic environment and it will be through continued strong partnership working on

implementation of the health and wellbeing elements of the Ageing Strategy as well as through other work such as the Joint Improvement Programme Early Intervention and Prevention Programme that these issues will be covered.

NHS NW is working closely with New Horizons, the emerging national framework for mental health and wellbeing and will look to incorporate its themes on healthy ageing and wellbeing. A regional population survey on mental wellbeing is currently being undertaken which for the first time will provide rich data on ageing and mental wellness that will help to target resources and measure outcomes. NHS NW has also just undertaken a piece of work on resilient relationship and the role of public sector in enhancing social networks for older people - a key determinant of their mental wellbeing.

We continue to build capacity in organisations to undertake mental wellbeing impact assessment - this improvement tool can support agencies and communities to collaboratively understand and produce programmes and policies that impact positively on older people's mental wellbeing.

Guidance has been produced and circulated on commissioning and delivering social prescribing which, for example, will increase access for older people to social interventions within primary care - interventions that will increase information, tackle isolation, continue learning and creativity that all contribute to effective early intervention and prevention of mental health problems.

24 Health & Wellbeing: Cheshire & Cumbria Local Authorities and PCT's – How will you ensure resources are targeted at PCT's and LA's which have high numbers of over 65s and over 85s who traditionally do not attract deprivation funding to ensure the health and wellbeing aspect can be implemented?

Funding used by Local Authorities is made up of local taxation and an allocation by the Government using a nationally defined formula. This is quite a complicated and controversial mechanism and each time it is changed there are “winners” and “losers”. It does include demographics (and therefore age) as one of a number of elements. The changes to the formula are essentially decisions made by the Government. This year however the Department of Health introduced a new resource allocation formula which gives a greater weighting to those areas (PCTs) with an ageing population.

25 Preventative funding is always the first to be hit

“...as people live longer, we want to do all we can to ensure those extra years are quality years. This means a greater emphasis on prevention, and more integration between health and social care.” (Sir Alan Johnson on the 60th Anniversary of the NHS).

The NHS is shifting from a system focused predominantly on treatment and cure to one that looks first to prevention. In ‘Healthier Horizons for the North West’ (2008), available at <http://www.northwest.nhs.uk/healthierhorizons/> there is a clear emphasis on prevention: “NHS organisations urgently need to focus far more on promoting health and preventing ill-health”. As an example, the Department is rolling out a vascular checks programme to assess risk levels for vascular diseases. Vascular disease includes coronary heart disease, stroke, diabetes and kidney disease. It currently affects the lives of over 4 million people in England and is responsible for a fifth of all hospital admissions. Enough is known about the risks of

these diseases to be confident that a systematic assessment of risk of all people aged 40–74 would be clinically and cost effective. Coupled with advice, support and, if necessary, preventative medication, this has the potential to significantly reduce premature death, disability and health inequalities caused by vascular conditions.

A similar preventative approach was also promoted in the White paper 'Our Health, Our Care, Our Say' (2006) http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/DH_065882 and in the government's green paper '**Independence, Wellbeing and Choice**' (2005) for adult social care

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106477. Both confirmed the approach of re-orientating health and social care services to focus together on preventive services to allow for early, targeted interventions, meaning a shift in the centre of gravity of spending.

26 What are the links between the economic theme and health? (Link)

..... “there is no wealth without health, and no health without wealth” (Dr Ruth Hussey OBE, Liverpool Conference 20 April 2009).

Good health and health inequalities are inextricably linked to the economic theme. To achieve sustainable long term improvement in health and wellbeing, multi-agency action is required to tackle the wider socio-economic causes of poor health including those touched upon in the economic theme – employment and skills – as well as longer term disease prevention programmes.

Housing & Transport

27 How should housing be aligned to influence spatial planning and design and how does this promote age-proofing practice in to the planning system?"

The recently revised regional housing strategy for the North West - RHS 2009 not only recognises the clear links to the planning system and the benefits of good design but it also recognises that housing has a key role to play in meeting peoples needs and in promoting health and wellbeing. The Strategy plays a leading role in the development of policy and local delivery; providing a clear platform for the integration of housing into the emerging regional strategy - RS2010. The regional framework on ageing has been produced, in part, to influence the development of RS2010.

28 We should not isolate older people in their homes. Too many housing authorities only have one bedroom homes for single people that can break up the family as they can't 'stay over' leading to 'quick trips'

We support choice and independence for all. Evidence from the NW Needs Assessment Model within the Strategic Framework for Housing consultation:

(http://www.nwrpb.org.uk/whatwedo/issues/housing/?page_id=412http://www.nwrpb.org.uk/whatwedo/issues/housing/?page_id=536) suggests the need to review the traditional sheltered housing model and move towards sheltered units functioning as mixed communities and acting as community hubs with greater quality of access to support for older people in the community. The non-accommodation based support can and should take many forms. It should be noted

that this is not meant to imply that sheltered housing does not remain the available housing model but simply that in some cases the automatic link between a housing allocation in sheltered housing and the provision of a support service should in some cases be broken.

29 How is housing and transport being geared up to the needs of those who have specific illnesses (i.e. dementia)?

The solution lies primarily with local delivery within the context of local frameworks e.g. local or community transport plans. Consideration of the next generation of local transport plans (LTP3) is currently underway and we would expect the regional framework on ageing influence these.

The agreed vision for the Regional Strategic Framework for Housing Support is one which encourages ***"working together to enable people to access support services to meet their individual needs wherever they choose to live, providing the most vulnerable and socially excluded with an opportunity to successfully live independently"***

This vision supports the National Dementia Strategy, specifically objective 10 relating to good housing, housing – related and telecare support.

National Dementia Strategy – Objective 10: Good housing, housing-related and telecare support

Housing, telecare and assistive technologies are an integral part of services for people with dementia if improving quality of care and maximising choice, independence and control are to be achieved.

Housing should be based on need and not the environment in which it is provided. Commissioners can enable this through the following.

- Involving housing and telecare professionals in developing joint strategic needs assessments and commissioning strategies for dementia
- Commissioning extra care housing options with flexible day care support options (see **Objective 6**)
- Commissioning assistive technology advice and support options for those who wish to remain at home, again with additional day care options
- Working with housing partners, e.g. housing associations and independent care homes, to offer flexible day care support for people with dementia, maximising the options for short breaks for carers

Section 3: Commissioning NDS recommended services 36 Living well with dementia: the National Dementia Strategy – Joint commissioning framework for dementia includes

- Ensuring housing staff are integrated into workforce development plans (see **Objective 13**)
- Facilitating the flexible use of individual budgets to support the housing choices of people with dementia
- Closely monitoring the evidence base that is emerging on the existing range of housing and telecare options

Cross Cutting Themes (Equality & Diversity, Information, Intelligence & Advice, Choice, Sustainable Communities)

30 How can we join up information/advice services (e.g. benefits) across different organisations with the added benefit of being more cost effective? (Link)

When we look at employment and skills and advice and guidance, there has been a move to a more joined up approach to sharing information and advice from agencies such as JCP/LSC /BusinessLink and Next Steps. The current regional response to the economic downturn has been evidence of this, all regional agencies have come together to ensure that their services and referral mechanisms are fully integrated. Business Link now has integrated business support and skills brokers that offer a comprehensive brokerage service to employers. A new Adult Advancement and Career Service, is being trialled across the country, and Manchester is one of these pilot areas, again the service is about offering the individual greater joined up support.

In Salford a project is being trialled (**Working Neighbourhood Teams**). The WNT will comprise a 'common spine' across GM Authorities of integrated support arrangements for employability & skills, including resources to remove the wide range of barriers individuals and families encounter – delivered from a mainstream provision (e.g. drug and alcohol support, debt support, outreach)

31 Within NW region, we have 17 prisons and numerous approved premises – neither of which seem to be mentioned in the strategy. What are the plans to link with the Prison, Service, Probation etc. to ensure needs of Offenders are met as they get older?

32 Can we (the Prison Service) get some advice how to engage with social care to assist with working with offenders in prison? (Link)

33 Where do older people in prisons fit in?

Response to all 3 questions:

NWDA currently have a dedicated post that seeks to support prisons and offenders in returning to employment, as we move forward their remit will be to work with prisons in focusing upon the issues that affect older offenders.