

Older Peoples Prevention Strategy Paper

Brief outline of the issue

What is prevention in relation to older people?

The prevention agenda is far reaching. It goes from primary prevention (preventing ill health and maintaining health status) to preventing deterioration of existing conditions and maintaining independence to preventing admissions. It tends to mean different things to different people in different contexts, including:

- Healthy Lifestyle: e.g. exercise, diet, smoking cessation, falls prevention
- Earlier intervention: e.g. *'That bit of help'*: low intensity practical support services to sustain and restore wellbeing (transitions)
- Admissions avoidance: e.g. last minute, intensive support which avoids admissions to hospitals and/or long term care

People are living longer with less family support, this means that to ensure people are able to stay in their own homes longer it is essential that they stay independent for as long as is possible. The prevention agenda needs to start before people become ill and should begin early enough to prevent ill health in the later years. This strategy, will therefore, concentrate on health and well being (health promotion) and disease prevention for those aged 50+.

Why is it important in Oxfordshire?

The Joint Strategic Needs Assessment (JSNA) shows there is likely to be a very large increase in the older population over the next few years, the greatest rate of growth is in the over 85's. The distribution of older people is uneven with more people living in rural areas. Life limiting illnesses differentially affects older people.

Public policy is directing services to increase early support with a view to promoting independence and well being in the older population.

There is a recognition that investment in approaches that support early intervention and self care has grown up locally and is not systematic.

Barriers

The challenge is to measure the level of prevention in relation to older people in Oxfordshire, make sense of the diffuse nature of the topic area, identify gaps and prioritise action, and make existing work far more joined-up. There are several significant barriers to this work.

1. There is lack of clarity for accountability.

The nature of prevention is huge and the boundaries are not easily defined. There are a large number of people and separate organisations which need to be engaged to take this work forward. This will be a challenge as not everyone will see this as a priority work stream.

2. Baseline/ difficulty identifying indicators.

There are significant issues with measuring outcomes within the prevention agenda. Prevention programmes are long-term programmes which have long-term objectives. There is little published evidence about what works.

3. Funding issues.
 - Difficult to shift money which is currently invested in acute services.
 - Number of people with high needs is increasing, creating demand for immediate funding.
4. Much activity to promote prevention is interdependent on and depends on good partnership working between agencies and with service users and their carers.

What work is taking place now?

Within Oxfordshire there are a wide range of people delivering the prevention agenda, statutory bodies, voluntary sector and third sector agencies all have a part to play. A joint Older Peoples service model has been developed. This model sets out key services for the next 5 years. A key aim of that model is to increase the numbers of quality years after retirement age. The model suggests that a working group is set up to develop a joined up prevention strategy. This working group should involve wide ranging stakeholders that have a role and responsibility to deliver services to promote health and wellbeing in older age.

Much is thus already underway, but as the service model suggests this work has developed in an uncoordinated way that has led to different levels of services across the county.

This work falls to a wide range of agencies and organisations, there is a need to bring the major initiatives together to ensure effective cross working, avoid duplication and working against the flow.

How will we prevent ill health in Older People?

From discussion in the group and from a review of the literature and consultations which have taken place in Oxfordshire already, we recommend that the Older Peoples Prevention Strategy has seven streams of work. Across each work stream, there needs to be effective communication strategies, effective and active engagement and regard for age equality in line with the age discrimination act.

The seven work streams are:

1. Housing and the Home
2. Development of Lifetime Neighbourhoods
3. Social Activities, Social networks and keeping busy
4. Getting out and about
5. Income
6. Information
7. Health and Healthy Living

Many of these, already have significant amounts of work ongoing to address them, our intention is to bring them together under one strategic framework to ensure that work is implemented effectively and in conjunction with others.

1. Housing and the home

Support to live at home is critical to maintain independence and avoid the need for long term care. Services to support people to maintain their own home are currently unevenly distributed and possibly insufficient to meet demands. Our aim is to ensure people can access the help they require to stay in their own home.

Currently, baseline information has not been systematically collected, projects include

- Assistive technology / alarms
- Practical Support e.g. small repair scheme and buy with confidence
- Extra Care Housing development

Suggested initiative for HWBP

There is a need to map services and ensure even distribution and accessibility from those who would benefit most.

Other partnerships - Supporting People and Housing Partnership

2. Development of Lifetime Neighbourhoods

Lifetime neighbourhoods are those which offer people of all ages the best possible chance of health, wellbeing, and social, economic and civic engagement regardless of age. They provide the built environment, infrastructure, housing, services and shared social space that allow us to pursue our own ambitions for a high quality of life.

Suggested initiative for HWBP

Currently, district councils have responsibility for spatial planning. Discussion needs to be held on the extent to which lifetime neighbourhoods are part of local planning policy and how they can impact on the older people prevention agenda.

3. Social activities, social networks and keeping busy;

Social Inclusion is critical to the maintenance of mental wellbeing and the ability to cope. It also provides networks for informal support.

Currently, baseline information has not been systematically collected, projects include:

- active aging;
- community building, health walks, informal networks, tea dancing;
- adding life to years and similar community projects;
- day services.

Suggested initiative for HWBP

Age-proofing of universal services.

Ensuring distribution and access of community developments where needed.

Other partnerships – Voluntary Sector, other parts of the county council, district council services? PCT services and secondary care providers, faith groups etc.

4. Getting out and about

It is critical that people can access services and facilities and that they have the transport available to do so. They need to maintain their mobility. They need to be safe from falling to maintain independence. Currently, baseline information for specific projects is available. Services include:

- transport;
- mobility;
- falls service;
- podiatry.

Suggested initiative for HWBP

- Ensure universal services are accessible for all.
- Improved access to service by changing the location of services and through effective integrated transport systems.
- Extending the reach and distribution of falls prevention and podiatry

Other partners include Oxfordshire Rural Community Council and the Transport Planning section of the county council, Local Chambers of Commerce

5. Income (e.g. benefits/ pensions, work, phased retirement);

There is a link between health and Wellbeing and income. Income can be maintained through employment or benefit take up.

There is no policy initiative that addresses paid employment for people post retirement age in Oxfordshire. There are various projects that address the take up of benefits e.g. benefits in practice.

Suggested initiative for HWBP

Develop good strategies around extended employment.

Other partnerships – the Oxfordshire Economic Partnership, Dept for Work & Pensions, Chambers of Commerce.

6. Information (e.g. access channels, marketing and promotion of services);

Information about staying healthy and accessing available support is crucial for older people to access the right help at the right time.

There is a wide range of information to be had, this needs to be systematised and accessible to people when they need it.

There is lots of information available but accessibility is uncertain.

Suggested initiative for HWBP

- Encourage information networks and peer support.
- Development of information strategies which are based on proactive social marketing.
- Link in to initiative coming under Transforming Social Care around information and access
- Use standards for the quality of information provided

Other partners - Age Concern, CAB, Libraries, Dept for Work & Pensions

7. Health and healthy living (e.g. staying active, reducing risk)

Adopting healthy lifestyles improves health outcomes and prevents or delays the need for support.

There is a wealth of information about the baseline health needs of the older population in Oxfordshire who use services, there is less data about older people who do not ask for help. Existing Services include:

- smoking cessation;
- continence;
- alcohol harm reduction;
- dentistry;
- weight management, etc.

Suggested initiative for HWBP

Develop a prevention strategy, which will encourage self determination, choice, dignity and individual responsibility. This will lead to a population that has taken responsibility for their own physical and mental health. The strategy will also identify gaps and promote initiatives to fill them.

Other partners - GP's, acute sector,

How will we measure this?

There are some measures available to us through the JSNA. Each project will develop its own measures to ensure effectiveness, however, in terms of demonstrating overall long-term improvements from this activity it is anticipated that one would see improvement in two broad overarching national indicators, namely:

- NI 125 Achieving independence for older people through rehabilitation/ intermediate care;
- NI 137 Healthy life expectancy at age 65 years;
- increased access to services where they are needed;
- amount of Investment shifted from acute care to preventative services;
- innovative approaches to problem solving.

Each large scale project or initiative will determine information needs and carry out evaluation in terms of preventing ill health and value for money.

For discussion

Are these the right topic areas – is anything missing?

Within these topic areas, which topics would be the priority?

Where would you spend the money?

Is there any money to spend?

Who is going to do the work?

Paper Authors:

Angela Baker
Consultant in Public Health
Oxfordshire PCT

Sara Livadeas
Assistant Head of Service
Oxfordshire County Council

Penny Thewlis
Deputy Chief Executive
Age Concern Oxfordshire