

# Health and Wellbeing Board

10 January 2024

## Healthy Ageing Joint Strategic Needs Assessment

### Recommendations

That the Health and Wellbeing Board:

1. Notes and endorses the findings and recommendations arising from the Healthy Ageing Joint Strategic Needs Assessment (JSNA);
2. Approves the publication of the Healthy Ageing JSNA and supports its dissemination within member organisations; and
3. Encourages all member organisations to make use of and have regard to the Healthy Ageing JSNA in the exercise of their functions, including in the planning and commissioning of relevant services.

### 1. Executive Summary

- 1.1 The Healthy Ageing JSNA is the first needs assessment in the work programme approved by the Health and Wellbeing Board on 11<sup>th</sup> January 2023. A copy of the JSNA is appended at Appendix 1 to this Report.
- 1.2 Local authorities and Integrated Care Boards (ICBs) have a duty to prepare JSNAs through the Health and Wellbeing Board and the Council and are required to have regard to them when exercising their functions. The JSNA covered by this report seeks to analyse the current and future wellbeing needs of the older adult population to inform the commissioning of health, wellbeing, and care services. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and care by bringing together key partners and stakeholders from across the system to provide insight and interpretation to inform decision making. This intelligence supports and enables the prioritisation of resources and the redesign and commissioning of services that will improve outcomes for Warwickshire's residents.
- 1.3 The Healthy Ageing JSNA was prioritised to support the recommissioning of the Warwickshire Domiciliary Care service. It is also timely in that it can feed into the Adult Social Care strategy as it is reviewed.
- 1.4 Two different forms of engagement have been undertaken to support the Healthy Ageing JSNA. These consisted of 'story circles' to explore issues in

depth with a smaller number of individuals, and a survey that aimed to capture a wider range of responses and was open to all. The full analysis of the survey responses can be found in appendix 2. Story Circles are an opportunity for a group of people to come together and explore their experiences, learn from each other, and experience meaning. The process provided insight into the issues covered by the JSNA and is explained in more detail at Appendix 3.

- 1.5 The Healthy Ageing JSNA makes a number of recommendations that are split across categories of stakeholder. The recommendations are phrased to indicate the specific stakeholder group/groups involved in or impacting upon the delivery of health and care services within Warwickshire that they are most relevant to. However, there is recognition that there will need to be coordination and joined up approaches to achieve the outcomes desired. The recommendations from the JSNA are:

*Recommendations for the Health and Wellbeing Board:*

1. The Warwickshire Health and Wellbeing Board should explore becoming a signatory to the healthy ageing consensus statement.

*Recommendations for multiple organisations (such as the voluntary sector, local authorities and the NHS):*

2. We should explore options for Warwickshire to become an Age-Friendly Community, in line with World Health Organization principles.
3. Services and commissioners should review the age profile of their users and assess how changes to the population of Warwickshire may affect use of their services in the future.
4. Prevention should be considered as part of all services.
5. We should review any opportunities to better fit our messages, approaches and services around healthy weight, physical activity, and smoking cessation to the needs of older people.
6. We should review any opportunities within existing services to support mental wellbeing, including in relation to loneliness/social isolation in older people.
7. We need to continue work around joining up services.
8. We should look at any opportunities to prevent hearing loss and ensure that it is identified and managed as promptly as possible.
9. We should explore how we can be assured that conditions that are more prevalent in older people, such as incontinence, visual impairments, hearing loss and lower mobility, do not lead to difficulties in accessing community life or services.

10. Organisations should consider signing up to the Age-friendly Employer pledge or otherwise review how 'age-friendly' they are for potential or current employees.
11. We should consider how we can support older people who wish to volunteer but are not currently doing so, especially where this supports other recommendations from this JSNA.
12. We should consider how we can best support those who may be most vulnerable to the health impacts of weather extremes to mitigate against these.
13. Partner organisations should encourage unpaid carers to recognise their carer status and access support that they are entitled to.
14. We should routinely assess the impact on inequalities of all services accessed by older people (for example, use of the health equity assessment tool [HEAT], ensuring service specifications include impact on inequalities and ensuring that performance data allows us to monitor impact on inequalities).
15. We should explore opportunities to identify and reduce inequalities in vaccine uptake in older people.
16. Services and commissioners should explore best practice to identify and support people who may be excluded, including via digital exclusion, and should ensure that impact assessments are routinely carried out when making changes to services to identify who might be disadvantaged and offer mitigations.
17. Everyone should be aware of the language and imagery they are using around ageing and older people.
18. We should consider intergenerational approaches when considering how to implement these recommendations.

*Recommendations for local authorities:*

19. We should explore targeted work around reducing alcohol-related harm in older people, particularly older men.
20. Findings from the JSNA should be fed back to Housing and Transport colleagues and we should consider how we can continue to work together to improve the health and wellbeing of older people.
21. We should further consider any opportunities/campaigns to support older people to claim benefits they are entitled to, including Pension Credit.

*Recommendations for the NHS:*

22. We should review older people's access to Talking Therapies services and whether this has changed since the adult mental health JSNA.
23. We should explore a) any opportunities to identify more people with undiagnosed diabetes and b) barriers to undertaking more care processes for older people with diabetes.
24. We should support work to increase the dementia diagnosis rate and support prevention.
25. We should continue work to develop preventive care models for frail older people (for example, Proactive Care).

## 2. Financial Implications

- 2.1 No financial implications arise directly from this report. All work required to deliver on the recommendations will be met from within existing approved budgets.

## 3. Environmental Implications

- 3.1 None

## Appendices

Appendix 1 – Healthy Ageing JSNA.

Appendix 2 – Healthy Ageing in Warwickshire survey report.

Appendix 3 – Story Circles engagement report.

## Background Papers

None.

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland, and Rolfe