

Doncaster Health and Wellbeing Board

Area of Focus: Improve the Experience of Ageing

HWB sponsors: tbc

Doncaster's Health and Wellbeing Board supports Doncaster to take a renewed focus on prevention across the life course to support people to age healthily and to delay and prevent poor health.

Setting the scene

- In Doncaster, almost 20% of population are aged 65 or over (59,867 people), this is predicted to rise to 80,000 by 2036.
- Healthy Life Expectancy – the number of years where a person is expected to live in good health is 57.4yrs for men and 56.1yrs for women. Long-term health problems can start well before retirement age.
- Preventable disease – the biggest causes of preventable ill-health in working age and older adults are heart, brain and lung conditions and cancers. Residents from deprived communities are 3 time more likely to die from preventable disease.
- Population - the number of people who are divorced or have never married and the number of people living alone have both increased significantly since the 2011 Census (13.5% of people aged 65 and over live alone), there is also an increase in people ageing without children.
- In future years, the older population will be more diverse (e.g. more ethnically diverse and LGBTQ+) with growing numbers in the most deprived areas.
- Health inequalities is a reality amongst older people. According to studies, older men and women of lower socioeconomic status are five and four times more likely to have depression respectively. Moreover, they are also twice as likely to have type 2 diabetes and respiratory problems.

Key Findings

The Age Friendly online survey received responses from people aged 50 and over in Doncaster between October 2023 and March 2024. The survey aimed to understand what supports people to stay happy, healthy and strong as they age. The survey received 1037 responses from people covering a range of groups across Doncaster. The results were analysed for the data for key themes.

Top Themes:

1. Access to local health services (including GP, dentist, hospital, pharmacy and community services), health screening and vaccinations, activities and groups – both easy to get to and at convenient times.
2. Maintaining a healthy lifestyle and keeping mobile - eating healthily and being active or exercising regularly.
3. Independence and feeling able and confidence to continue looking after themselves and others, stay active, doing activities they enjoy and living in their homes.
4. Mental Wellbeing - positive mental health and opportunities to reduce social isolation.
5. NHS experiences - good quality healthcare available to all with trusted, qualified professionals that deliver suitable and responsive individualised care.

Quotes from respondents:

“Keeping people active, there are lots of things out there that people don’t know about. So signposting people to appropriate activities.”

“Having an agenda that leads from the front. Pulling on expertise and experiences of the people you want to work with, giving informed choices, offering bespoke services, and losing preconceived ideas of age.”

“I would like to see more opportunities for older people to be involved with younger people.”

“Being flexible in delivery, understanding the barriers that may be faced and having a solution-based attitude to inclusion for all”.

Shared views and commitments from Board members

On 6th June Health and Wellbeing Board members convened to hear a range of perspectives that highlighted current challenges but also local opportunities, shared commitments and existing programmes of work, these covered:

1. Perspectives from clinicians supporting older people in our hospital about the challenges we have and the opportunities to address.
2. The infrastructure and capability that can be developed from an age-friendly approach that properly connects and responds to with resident voice.
3. The commitment of our NHS anchor organisations to strategic changes that will provide more preventative support for older people.
4. The benefits of authentic neighbourhood working.
5. The remaining potential of evidence-driven approaches.

What next?

Over the life of our next Health and Wellbeing Strategy, the Board has an opportunity to guide and support preventative approaches that help Doncaster people to age well. However, the Board’s work on improving the experience of ageing is only part of its overall remit: further priorities are being developed that will help Doncaster’s young people get a good start in life and support Doncaster’s working age population to live well. There is also significant governance and performance reporting across various local partnerships that either directly or indirectly seek to support the health, care and wellbeing of older people. Therefore the question for Board members, in the agenda time that is available within future meetings, is how the Health and Wellbeing Board can add value to the work and avoid duplicating or over-complicating.

One answer is through focusing on the voice of Doncaster’s older people, understanding the experience of ageing in their own terms and using this to evaluate and inform partnership work. This focus on lived experience has arguably been lacking through many strands of partnership work that affects older people.

The British Geriatrics Society, in their report *Joining the dots: A blueprint for preventing and managing frailty in older people* (2023)¹ use “I” statements informed by the *I’m Still Me* (2014)² narrative of National Voices to describe what good experience ought to look like across seven system touchpoints. These “I” statements and the touchpoints are set out overleaf, grouped horizontally into four areas of complementary activity.

This framework is helpful both in terms of being centred on the experience of older people (achieving the “I” statements will increase satisfaction and wellbeing for older people but also improve service outcomes and use of resources) and in encouraging us to think about prevention broadly rather than associating with particular services or sectors.

¹ [BGS Joining the Dots - A blueprint for preventing and managing frailty in older people.pdf](#)

² [I’m Still Me – National Voices](#)

Enabling independence, promoting wellbeing

“ I am able to stay healthy for longer and supported to be independent in an age friendly community where I can maintain social contact as much as I want, take part in activities that are important to me, and am recognised for what I can do rather than assumptions being made about what I cannot.

Integrated urgent community response, reablement, rehabilitation and intermediate care

“ If I fall or become acutely unwell, I can get the right help at the right time from the right person at home, or closer to home, and a team of professionals coordinate my care and support my recovery.

Population-based proactive anticipatory care

“ I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me. I can make my own decisions, with advice and support from family, friends or professionals if I want it.

Frailty-attuned acute hospital care

“ My risk of poor outcomes and support needs are identified and addressed throughout my hospital stay. Those who matter to me are recognised as being key to my independence and quality of life.

Enhanced healthcare support for long term care at home and in care homes

I can build relationships with people who support me. All my health and care needs are considered together and my care and support help me live the life I want to the best of my ability in the place I call home. ”

Co-ordinated, compassionate end of life care

At the end of my life I, and those who matter to me, am supported to experience a good death in my preferred place of care. ”

Reimagined outpatient and ambulatory care

I have more joined-up care and can see the right people for the right amount of time in a single clinic visit. ”

Recommendations

For Health and Wellbeing Board members individually and collectively to:

1. Accept the Joining the Dots “I” statements in principle and work to ensure they explicitly inform organisational and partnership improvement plans and activities. This will require mechanisms for older people to co-design, co-produce and co-evaluate improvements both in organisations and in partnerships.
2. Support the establishment of a representative age-friendly resident forum to connect and amplify the voices of Doncaster’s older people throughout the life of the Health and Wellbeing Strategy.
3. Agree for the Health and Wellbeing Board to receive periodic reports on the progress to improve the experience of older people against the system touchpoints, co-presented by older people with lived experience or reflecting their input into co-design, co-production and co-evaluation where it is not possible for them to co-present. It is proposed that touchpoints are organised into four groupings as on the preceding page. Reporting on each touchpoint should be at least annual.
4. To agree three co-sponsors of this theme amongst members of the Health and Wellbeing Board to provide senior coordination for the above actions.

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