

CABINET – 19 MARCH 2019

LIVING LONGER, LIVING BETTER: OXFORDSHIRE'S OLDER PEOPLE'S STRATEGY

Report by Director for Adult Services

RECOMMENDATION

Cabinet is RECOMMENDED to:

- (i) support the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy', which is also submitted for approval at the Health & Wellbeing Board and Cabinet in March 2019;*
- (ii) support the 'Report of the Older People's Strategy Consultation' which will also be submitted to the Health & Wellbeing Board.*

Executive Summary

1. 'Living Longer, Living Better' was drafted in 2018 with system partners, third sector and voluntary organisations, and older people and their families & carers. A draft report was presented to the Health & Wellbeing Board in November 2018 following which consultation with the wider population was undertaken via the 'Talking Health' web portal.
2. The final strategy, submitted to Cabinet with this report, will also be submitted for approval to the Health & Wellbeing Board in March 2019.

Introduction

3. Oxfordshire's Older People's Strategy 'Living Longer, Living Better' was produced in 2018, following the redesign of the Health & Wellbeing Board. To draft the strategy, significant co-production with people, partners and organisations was undertaken to ensure that our strategy represents the views and aspirations of our population.
4. The draft strategy was presented to the Health & Wellbeing Board in November and includes the four themes which emerged during the co- production phase:
 - i. Being physically and emotionally healthy
 - ii. Being part of a strong and dynamic community
 - iii. Housing, homes and the environment
 - iv. Access to information and care

5. The draft strategy was published on the Talking Health webpage for wider public consultation between December 7th 2018 and 1st February 2019. 236 individuals responded to the consultation, a summary and analysis of these are included in the 'Report on the Draft Older People's Consultation'.

Key Issues

6. The initial drafting, engagement and consultation that has been undertaken throughout the preparation of this strategy has been invaluable. The breadth and richness of the conversations and comments that people have participated in have resulted in a strategy which represents our shared aspirations for Oxfordshire's older population.
7. Detailed analysis of the feedback from the most recent consultation resulted in a series of recommendations for refining and enhancing the draft strategy. These are listed below:

Theme 1: Being Physically & Emotionally Healthy

- Outcome 1 'health' is changed to 'physical and emotional health and well-being' so that all aspects of health are explicitly included.
- Age bands to taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

Theme 2: Being part of a strong and dynamic community

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

Theme 3: Housing, homes and the environment

- The issue of "easy access to local facilities" should be included in Outcome 3.

Theme 4: Access to information and care

- The reference to GPs is removed from Outcome 2.

8. In addition, updates have been made in reference to the NHS 10 year plan on page 8 which is now published, to include reference to the online consultation on page 16 and to strengthen links to the healthy place shaping approach.
9. The above recommendations and amendments have been reflected in the draft strategy; which is recommended as the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy.'
10. One of the main areas commented upon during the wider consultation, and indeed a theme than began during the drafting and engagement phase, is the deliverability of the vision and priorities. The following recommendations regarding this are made in the consultation report:
 - The outcomes are refined and are measurable.
 - The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
 - The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy.
11. To deliver vision and priorities, the County Council, Age UK and the Clinical Commissioning Groups will lead the production of implementation plans which will support the four themes. This work will be co-produced and build on the conversations and engagement that took place during the initial drafting phase.
12. A large number of people and organisations, including those involved or consulted as part of the initial drafting, have expressed interest in supporting the implementation phase for this strategy. Groups convened around the four themes will consider the aims proposed in the strategy, further aims that relate to each theme, and the measurable outcomes that can be achieved. This will include consideration of the work and initiatives already underway in the Oxfordshire system and the associated spend, and how these can best be used to support the strategy's vision and aims. Project planning to deliver the implementation plan is currently underway.

Financial and Staff Implications

13. The strategy does not in itself pose any direct budgetary implications, but as the implementation plan is produced budgetary changes may be proposed to deliver against the four themes. Should budgetary issues arise these will be managed by the Better Care Fund Joint Management Group within the overall funding available.

Equalities Implications

14. No specific equalities implications are identified linked to this strategy. In preparing the Implementation Plan, equalities implications will be assessed via an impact assessment.

Risk Management

15. No specific risks are identified linked to this strategy. In preparing the Implementation Plan, risks will be considered in more detail.

Communications

16. Engagement with system partners and members of the public was undertaken during the initial drafting phase, and a consultation on the draft report has also been completed. Analysis of the engagement and consultation responses is included as an appendix to this report.

Key Dates

17. The strategy is also recommended for approval at the Health & Wellbeing Board in March 2019.

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