

# Health and Wellbeing Strategy

## Ageing Well Update

02 March 2023



Hampshire  
County Council



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# **HWB Strategy: 2019-2024**

## **Ageing Well priorities – remain consistently focussed as our operating context changes**

1. Continue to develop connected communities which can support people to live happy, healthy lives in the place of their choosing
2. Enable people to plan for a fulfilling, purposeful older age
3. Create healthy home environments which allow people to stay well and independent into older age
4. Enable people to lead healthy, active lives

# The outcomes we want for Older Adults – part of Ageing Well 2023 and be cognisant of the lasting impacts of Covid



- ✓ Independence and wellbeing is maximised
- ✓ Choice over services with self service where we can
- ✓ Access to places and services that help to promote wellbeing and keep clients connected to those surroundings and networks that they may call home
- ✓ Access to professional, caring and experienced social care, business support and Reablement teams and employment opportunities
- ✓ Reduced inequalities and increased inclusion
- ✓ Kept safe, kept well



# Demand for our services and complexity in ageing - continue to grow.

Number of people aged 65 years and over (2021)

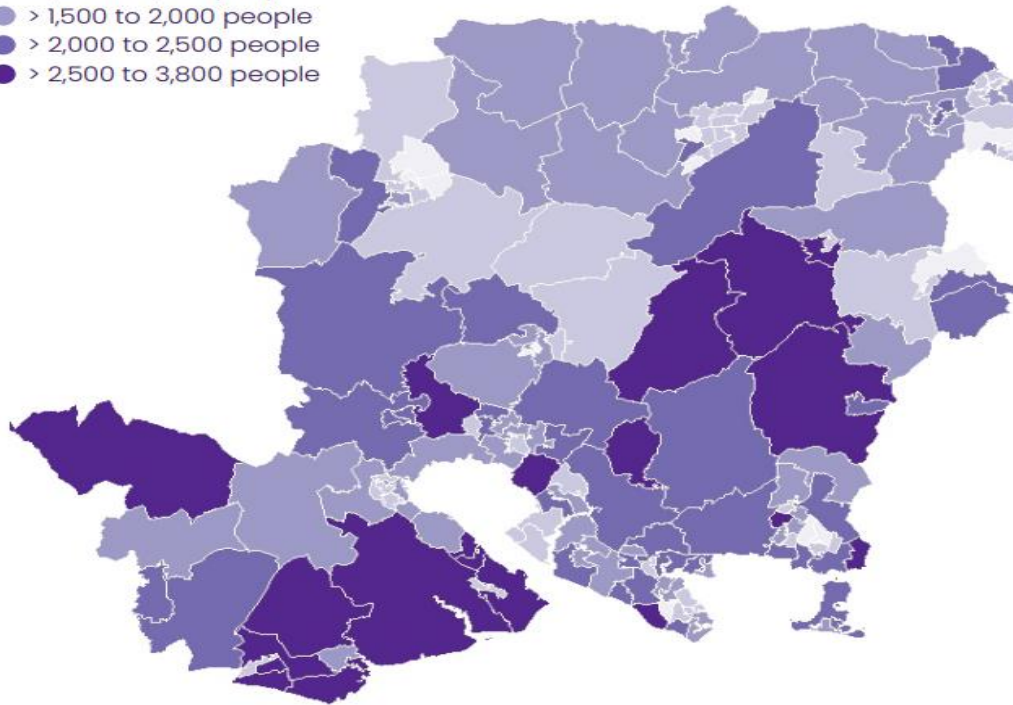
**317,080**

65+ year olds in Hampshire

**22.3%**

of the total population are aged 65+

- Up to 1,000 people
- > 1,000 to 1,500 people
- > 1,500 to 2,000 people
- > 2,000 to 2,500 people
- > 2,500 to 3,800 people



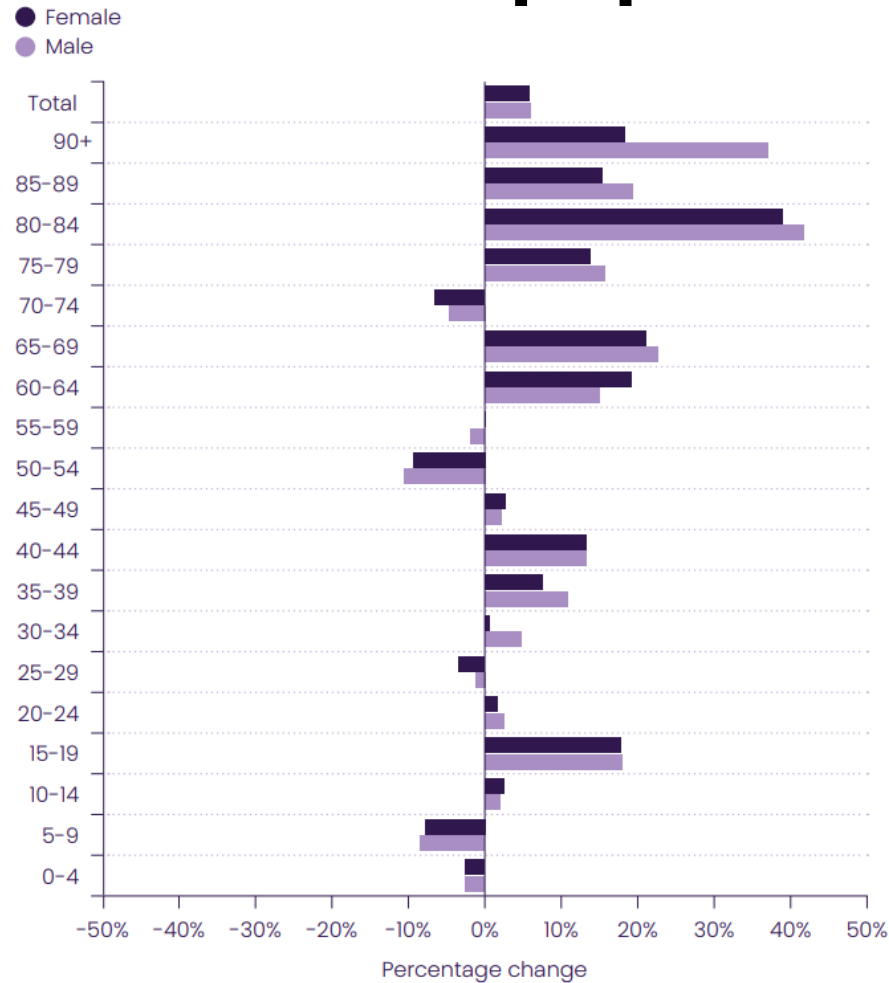
*Source: JSNA  
Demography  
updated 2023*



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# Hampshire population percentage change between 2021 and 2028 population forecasts

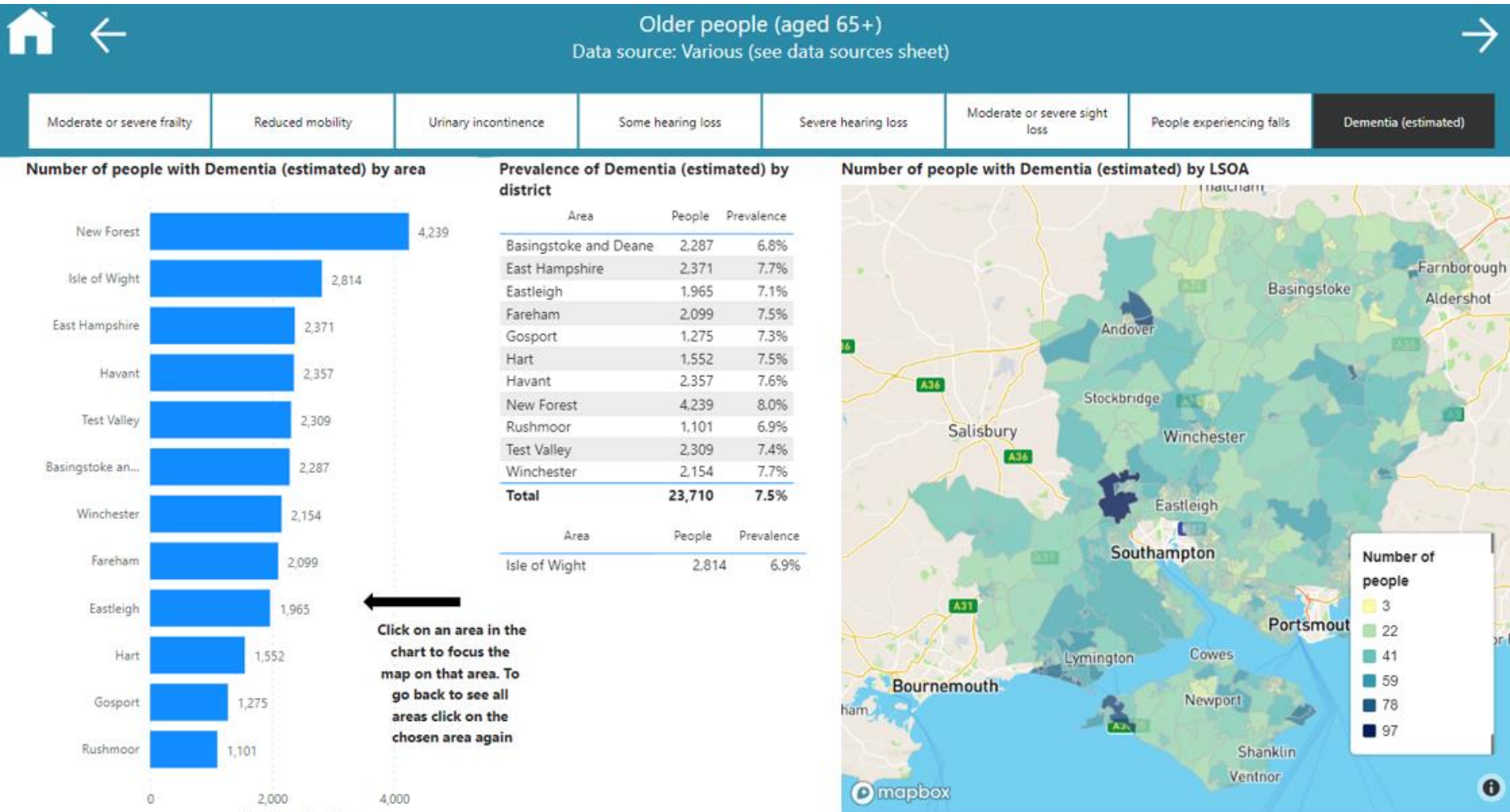


*Source: JSNA  
Demography*





# Dementia by area – increasing



Hampshire and Isle of Wight Joint Strategic Needs Assessment [Microsoft Power BI](#)

Data includes estimates for each condition for the resident 65 and over population.

# Flu and COVID-19 Vaccinations

## Autumn COVID-19 booster campaign

As of 8th February 2023, 78.4% of people over 50 years in Hampshire had received an autumn booster. (England average 64.7%)

Data source: [Coronavirus in the UK dashboard](#)

## Influenza Vaccination 22/23 season

As of 31st December:

	HIOW	Frimley	England
Over 65s	82.5%	78.6%	78.4%
Under 65 adults (at-risk)	52.9 %	49.3%	46.3%

Source of data: [Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)



# Approaches: Digital Inclusion & Partnership Working

- Supporting older people to become **digitally enabled (DE)** brings a variety of benefits, e.g. helping people to access services and remain socially connected
- **HCC's Demand Management and Prevention Team** continue to work with ICB and VCSE partners in addressing Digital Inclusion in South East Hampshire. Work includes expanding 'digital champions' schemes in partnership with the Good Things Foundation and bringing together a network of organisations to share intelligence and good practice.
- Many local **voluntary and community** organisations have moved into the DE arena to support adults no longer able to access their face-to-face services. The HCC Infrastructure Grant funding to the Hampshire CVS has a priority to develop **creative digital responses** to support health and social care. This has included supporting the establishment of another two digital inclusion projects, and to support existing projects such as the Reboot IT (IT equipment recycling) and IT support for over 55s.
- HCC is working with Gosport Borough Council on the development of the Gosport Digital Peninsula Strategy, which has a priority to support Digital Inclusion, supported by the £1m UK Shared Prosperity Fund allocation to the area over the next 3 years.
- Greater focus on 'Digital Shift/Switch' and the implications across Hampshire, TEC data integration, digital platforms and broader technical opportunities
- Opportunity for developing Digital landscape and initiatives with the NHS to cross the boundaries using tech and digital platforms where there are common areas of interest and Integrated Working including
  - Ageing Well
  - Anticipatory Care
  - Urgent Care Response
  - Potential for Direct Referral Routes into TEC e.g. Falls Care, Delirium Pathway
  - Dementia services
  - Supporting Carers to care longer and avoid escalation to secondary care
- Key HCC contact for ongoing engagement is Mark Allen, Head of Digital and TEC [mark.allen@hants.gov.uk](mailto:mark.allen@hants.gov.uk)

# HCC Care Technology Programme

- Partnership with PA Consulting – the Argenti Partnership
- Significant impact on Social Care practice and delivery
  - 37,000 referrals since 2013
  - Over 14,000 people currently supported to live at home
    - Either with just Care Technology or alongside Home Care
- Over £19m social care cost benefits identified over 9 years
- Innovative platform – Use of Consumer Devices (Amazon Alexa), Support to Carers, Short-term services from Hospital Discharge (RDS, D2A), development of the Automated Call System (ACS)

# Approaches: Live Longer Better programme

The Hampshire Live Longer Better programme is part of a national revolution by Sir Muir Gray and led locally by Public Health, Demand Management & Prevention and Energise Me. The primary aim of the programme is to increase the levels of physical activity in older people, thereby improving quality of life and healthy life expectancy and enabling the older population in Hampshire to live more independently for longer (decreasing or delaying care needs).

There are 3 strands to our work in Live Longer Better:

**Communities of Practice:** We are developing communities of practice which will involve partners from district and borough councils, health, voluntary sector and adult health and social care, who will champion the programme in local areas. Each community of practice will develop an implementation group and a localised action plan within the parameters of the Hampshire Live Longer Better programme.

**General over 65s programme:** This aims to understand barriers and facilitators to physical activity in older people and utilise this through the community of practice and social marketing to increase physical activity among this group. Progress has included creation of a website, insights with local communities in strength and balance and continence, and developing an offer for over 65s with local leisure centres.

**Adult Social Care programme:** Adult social care work with large numbers of older people at key touch points where behaviour change may be more likely. We have been focussing on workforce development and growing opportunities for older people to be more active in social care settings (including extra care).

The Hampshire Assembly on the 2nd March 2023 has a focus on older people's health and wellbeing and will be used to launch the communities of practice.

# Approaches: Falls Prevention

Key aspects of Hampshire County Council's falls prevention programme include Steady and Strong classes and Falls Friends champion training.

## **Ambitions in 23/24 include:**

- Continuing to grow the Steady and Strong programme (currently over 90 classes available). This includes online options.
- Expanding the Steady and Strong Dance offer, in collaboration with an academic partner to support evaluation.
- Developing an offer to upskill TEC installers and responders to support falls prevention opportunities.
- Launching a falls prevention checklist for the public and professionals
- Working with NHS on extending initiatives such as the falls car (Fire and Rescue and NHS funded).

# Approaches: Proactive Enhanced Care (PEC) Case Holding

## The Proactive Approach: how it works

Analysis of Domiciliary care provisions showed that the **85+ age group** accounted for **approximately half of new** Dom care provisions and their care packages **double every year** in their first 2 years.

- The PEC approach in a nutshell:

- New individuals from the key over 85 demographic are **allocated as soon as possible**.
- **For the first 12 weeks practitioners repeatedly contact individuals**, working with Health and Community resources aiming to stabilise and prevent further loss of independence.
- This repeated contact helps **build rapport and trust** with the individual/their family. We have found building rapport and trust has made it more likely that people will accept services that they might have refused initially, this is important.
- Frequent checkpoints with individuals **continuously monitor progression of their needs** especially using the **frailty scale**. The richer a picture that is built of people's needs, the better our ability to **predict** when **pre-emptive** intervention could get support in before needs escalate. Some findings have shown the original frailty score is lower than the exit score, getting to know an individual gives us the opportunity to have better clarity on an assessment.
- The Practitioner should not end their involvement with the individual earlier than 20 weeks; unless the individual has moved into a long-term service, they have passed away or there are exceptional circumstances such as their physical needs are now too high (frailty score 8-9) or their cognitive/behavioural needs are now too high.

16% of individuals have greater stability when existing the PEC process after 20 weeks



Proactive case holding

Predicted need increase

Pre-emptive intervention

Preventive care increase



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# Recommendations

HWB Board are asked to:

- Note the progress on Ageing Well through partnership working over the last year and plans to adapt and recover after Covid-19
- Note the increasing demand arising and the complexity of our ageing, older adults
- Support the launch of Live Longer Better programme communities of practice
- Note the variety of approaches - including the use of technology and partnership to provide choices for older people in need of care and support to help them age well and maintain independence