Health & Wellbeing Board Report template

Bury Health and Wellbeing Board

Title of the Report	Refreshed Priority 4 of Health & Wellbeing Strategy- Ageing Well
Date	11 th June 2015
Contact Officer	Heather Crozier
HWB Lead in this area	Pat Jones Greenhalgh

1. Executive Summary			
Is this report for?	Information	Discussion	Decision X
Why is this report being brought to the Board?	board to see refreshed Pri	is being brook approval to ority 4 action of indicators.	sign off the
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)	Priority Four-	- Ageing Well	
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)		N/A	
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	4 actions, rindicators in	prove the refree measures of n order to opment of the rategy.	success and support the
What requirement is there for internal or external communication around this area?		N/A	
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholdersplease provide details.	· ·	ort is specific to Vellbeing Boar	

2. Introduction / Background

The Health & Wellbeing Board has committed to refreshing the Health & Wellbeing Strategy and agreed to review one priority per meeting.

3. Key issues for the Board to Consider

Priority 4- Ageing Well has been refreshed and it is proposed that the actions and measures of success for Priority Four should be:

Our Actions

We will:

- 1. Ensure older people play an active role within their community, tackling the impact of social isolation
- 2. Reduce the likelihood of people experiencing a crisis and when they do reduce the impact of this
- 3. Ensure people at the end of life are treated with dignity and respect

Measures of Success

If we are making a difference, we will have:

- 1. a) No older people will feel socially isolated
- 2. a) A reduction in non elective admissions in older people
 - b) A reduction in permanent admissions to residential and nursing homes
 - c) An increase in the number of over 65's who remain at home following re-ablement services
- 3. a) People will have choice and control over where they die
 - b) People will die with an end of life plan

Indicators

- 1. a) No older people will feel socially isolated
 - People aged 65 plus who have as much social contact as they would like
- 2. a) A reduction in non elective admissions in older people
 - Non elective admissions for people aged 65 plus
 - b) A reduction in permanent admissions to residential and nursing homes
 - Permanent admissions to care homes people aged 65 and over

- c) An increase in the number of over 65's who remain at home following re-ablement services
 - Older people at home 91 days after leaving hospital into reablement
- 3. a) People will have choice and control over where they die
 - b) People will die with an end of life plan
 - Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)

ACTIONS	MEASURES OF SUCCESS	INDICATORS	Responsible Group
Ensure older people play an active role within their community, tackling the impact of social isolation	No older people will feel socially isolated	People aged 65 plus who have as much social contact as they would like (Adult User Experience Survey)	Bury Integrated Health & Social Care Partnership Board
Reduce the likelihood of people experiencing a crisis and when they do reduce the impact	A reduction in non elective admissions in older people to A&E	Non elective admissions for people aged 65 plus (AQA)	Bury Integrated Health & Social Care Partnership Board
of this	A reduction in permanent admissions to residential and nursing homes	Permanent admissions to care homes people aged 65 and over (ASCOF indicator 2A,(2))	
	An increase in the number of over 65's who remain at home following reablement services	Older people at home 91 days after leaving hospital into reablement (ASCOF Indicator 2B(1))	
Ensure people at the end of life are treated with dignity and respect	People will have choice and control over where they die	Proportion of deaths in usual place of residence (from End of Life Care Intelligence Network)	Bury Integrated Health & Social Care Partnership Board

People will die with an end of life plan	
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4. Recommendations for action

Recommendations for action are for the board are to approve the refreshed actions, measures of success and indicators for Priority Four of the Health & Wellbeing Strategy.

5. Financial and legal implications (if any)
If necessary please see advice from the Council Monitoring Officer
Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151
Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no financial or legal implications.

6. Equality/Diversity Implications

There are no equality or diversity implications.

CONTACT DETAILS:

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