

Foreword

Spend to Save: innovative approaches to preventative spend

The Scottish and Welsh Governments have jointly chaired the British-Irish Council Social Inclusion work sector since its establishment in 1999. We are delighted to present this latest Report which addresses the increasingly important issue of what we define as and how we use "Preventative Spend". As our societies age, thanks to greatly improved life expectancy, we must develop our policies wisely and creatively to promote independence, prevent loneliness and encourage the development of age-friendly communities.

This Report is an important contribution to the debate on positive approaches to ageing. It contains a mix of high-level policy approaches and practical local actions. In their research visits to all eight BIC Administrations, officials have had the opportunity to see some of the most innovative ways in which our older citizens are being encouraged to stay active and engaged in their community.

We all want to support older people to optimise their independence and remain in a place they can call home, in a community they feel connected to, for as long as possible. BIC Social Inclusion Ministers will use this Report to support our efforts to meet that key challenge in the years ahead.



Shona Robison MSP
Cabinet Secretary for Health
Wellbeing & Sport,
Scottish Government



Mark Drakeford AM Minister for Health & Social Services, Welsh Government

11th March 2015

Introduction

In March 2012 Ministers of the British-Irish Council (BIC) Member Administrations at their sixth Ministerial meeting in Cardiff mandated the Social Inclusion work sector to prepare a Report on Preventative Spend particularly in the context of an ageing population.

The work sector, jointly led by the Scottish and Welsh Governments, has adopted a strong evidence-based approach in framing this Report. Fact-finding visits have been paid to all eight BIC jurisdictions to meet a variety of state and third sector bodies engaged in delivering services to older people in particular.

Member Administrations have shared their experiences, highlighted best practice and sought to learn along the way.

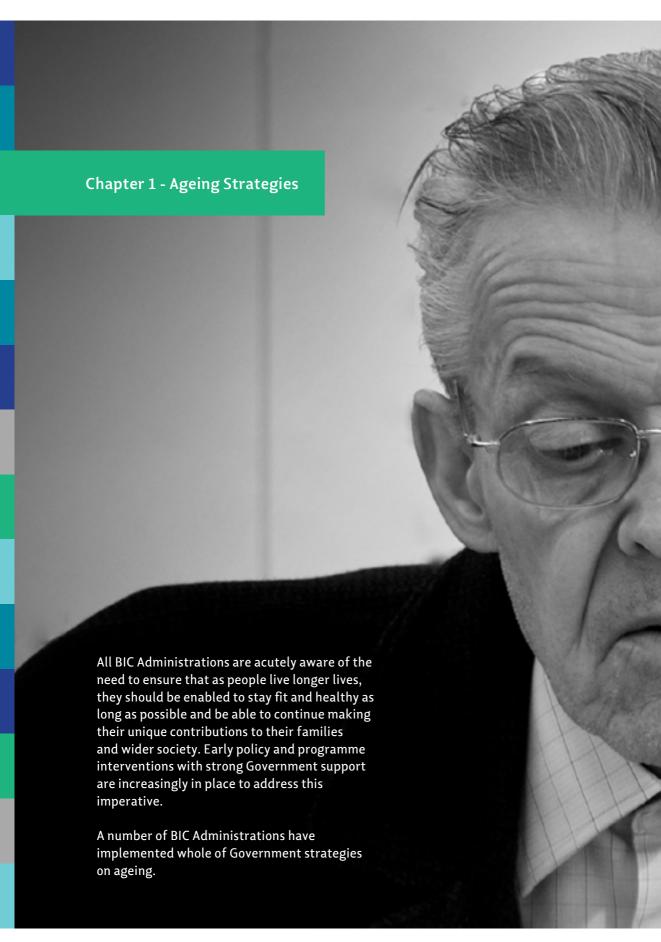
Work sector members focused on:

- How to support independence and prevention of social exclusion amongst the population.
- How to identify effective care journeys as we age.
- Those in need, at risk and in future need and their carers.
- How effective care approaches can be mobilised to improve individual life journeys in the older population.
- How we look at transitions to care and trigger points for entering social exclusion so the cycle of these triggers can be broken

Key demographic statistics; based on 2011 Census data, where available

	Total Population	Proportion of Population who are 65+	Proportion of Population who are 85+	Dependency Ratio	Proportion of all 65+ who are economically active	Life Expectancy
England	53,000,000	16%	2%	-	10%	M 79, F 83
Guernsey ¹	63,000	17%	2.54%	50	n/a	M 80, F 84
Isle of Man	85,000	18%	2.4%	64	10%	n/a
Jersey	98,000	15%	1.9%	52	15%²	M 79, F 84 ³
Northern Ireland	1,800,000	15%	2.3%	-	14%	M 78, F 82
Republic of Ireland	4,600,000	12%	1.3%	49	17%	M 78, F 83
Scotland	5,300,000	17%	2%	-	8%	M 77, F 81
Wales	3,100,000	18%	2.4%	-	9%	M 78, F 82

- 1 For Guernsey data was at 31st March 2012 see www.gov.gg CHttpHandler.ashx?id=81714&p=0; life expectancy figures were for the period 2010-2012 see www.gov.gg/CHttpHandler.ashx?id=87388&p=0
- 2 Of those above pension age, 59 for women and 64 for men
- 3 Source: Jersey Public Health Directorate Health Profile for Jersey 2014



Chapter 1 - Ageing Strategies



Toormakeady, County Mayo, Ireland

"A whole of Government response"



Ireland

In Ireland the Government committed in 2007 to better recognise the position of older people in Irish society and to develop a National Positive Ageing Strategy. In 2011 the new Programme for Government committed to completing and implementing the National Positive Ageing Strategy so that 'older people are recognised, supported and enabled to live independent full lives'.

Vision Statement

Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.

The National Positive Ageing Strategy was launched in 2013. This Strategy seeks to:

- Create a shift in mind-set in how we, collectively and individually, conceptualise ageing and what needs to be done to promote positive ageing.
- Highlight that ageing requires a whole of Government response.
- Demonstrate that ageing is a lifelong process that does not start at 65 years of age.

Wales

In 2003 the Welsh Government launched the first Strategy for Older People in Wales. The Strategy is grounded in the UN Principles for Older People and in 2006 Wales became the first country to embed these principles into Primary Legislation in the Commissioner for Older People Act (Wales) 2006 that set up the Office of the Commissioner.

This commitment to a rights based approach for older people in Wales was further reinforced in May 2014 when the Social Services and Wellbeing (Wales) Act received Royal Assent, as the Act was drafted with the UN Principles on the face of the Act and finally in July 2014 when the Welsh Government became the first nation to develop a Declaration of Rights for Older People in Wales.

The Vision

- People in Wales feel valued and supported, whatever their age.
- All older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face.



Sarah Rochina - Older People's Commissioner for Wales who briefed the members of the BIC work sector in February 2013

The Welsh Government led the way when in 2006 it passed the legislation that established the office of the Older People's Commissioner for Wales. The first Commissioner was appointed in 2008 and the second and current Commissioner in 2012. The Older People's Commissioner for Wales, Sarah Rochira, is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf.

The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does.

Guiding Principles and Goals

The Welsh Government's challenge for the next ten years is:

- To create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued.
- To develop communities that are agefriendly while ensuring older people have the resources they need to live.
- To ensure that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced and taking action early in preparation.

Two of the key vehicles for driving this change are the National Partnership Forum for Older People (NPF) and the Commissioner for Older People in Wales.

National Partnership Forum for Older People

The NPF was set up in November 2004 and is made up of older people and organisations that work with them and for them in Wales. It has an important role in providing advice to Government on the needs of older people across the Welsh Government portfolio.

The Commissioner works to make Wales a good place to grow older – not just for some, but for everyone.

The Older People's Commissioner:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.



Scotland

The Scottish Government's ambition extends beyond care and support to improve health and wellbeing as well as extend the time that older people live at home. It wants to add healthy life years.

The initial focus was on promoting physical activity in later life, described in the PATH to Active Ageing report published for the European Year of Active Ageing and Intergenerational Solidarity in 2012.

This initial report was followed with a more comprehensive Active and Healthy Ageing Action Plan for Scotland, co-produced with people from the Scottish Older People's Assembly, and with national health and care organisations and academic experts. Housing, Third and independent sectors are important and committed partners in this work.

Somewhere to Go and Something to Do has four themes each containing a set of actions.

"I want to have fun and enjoy myself"

"I wish to remain connected to my community and friends"

"Don't talk about me without me"

"I wish to be able to contribute to society for as long as I want and to be treated with respect"

The Action Plan can be accessed from www.jitscotland.org.uk/resource/active-healthy-ageing

The action plan promotes prevention through healthy ageing, active citizenship, participation and social inclusion. Some actions are for national organisations, such as developing guidance on intergenerational practice and supporting the care sector to promote physical activity. Other actions are for local partnerships to take forward using their Older People Change Fund to invest in preventative interventions.

The Technology Enabled Care Programme and funding is being used to promote the use of technology for prevention and social inclusion through, for example, the Living it Up platform.



Claire Keatinge Commissioner for Older People for Northern Ireland

Northern Ireland Active Ageing Strategy

The Active Ageing Strategy in Northern Ireland is currently in the process of being finalised and, subject to Ministerial and Executive approval, is expected to be published in March / April 2015.

The Strategy has been developed working closely with an Ageing Strategy Advisory Group. This group is chaired by the Commissioner for Older People for Northern Ireland and includes as members older people and people representing organisations that campaign for older people or have particular expertise in this area.

The Strategy's vision is for Northern Ireland to become an age-friendly region in which people, as they get older, are valued and supported to live actively to their fullest potential, with their rights respected and their dignity protected.

The Strategy has been developed following a life course approach and focuses on the challenges and barriers to active ageing faced by people in mid and later life. It stresses the positive and significant contribution made by older people to our society. It includes a set of strategic aims and outcomes centred around the facilitation of more active living, which will enable people to live more fulfilled lives for as long as possible and to postpone frailty for as long as possible.

To ensure that older people and the organisations that speak for them are involved in the implementation and review of the Strategy, regular meetings will take place between them and Ministers throughout the lifetime of the Strategy.

Commissioner for Older People

Older people campaigned for the creation of a Commissioner for Older People for Northern Ireland and, in November 2011, Claire Keatinge was the first person appointed to the role.

In her role as Commissioner for Older People, Claire champions the rights and interests of older people throughout Northern Ireland and speaks with a strong voice on the positive contribution older people make to our society, and on the issues and problems they face. Research conducted by the Commissioner's office found that older people in Northern Ireland will contribute almost £25 billion through volunteering, caring, childcare and paying taxes, and she is seeking to use this message to change the narrative around ageing.

Her vision is that "Northern Ireland is a great place to age" and her mission is "To be an authoritative and independent champion who safeguards and promotes the interests of older people."

The Commissioner wants to see:

- Better involvement of older people in all aspects of civic, community and public life.
- Older people having adequate standards of living.
- Real safety at home and in the community.
- · Decent, affordable and flexible housing.
- Health and social care services that are high quality and person-centred.
- Public transport that maximises independence and choice.
- · Equality and fair treatment.
- · Protection from age discrimination.
- · Protection from abuse.

The Commissioner has developed priorities for action to focus her work, and these are based on what older people, and those who work with them, say matter most to them.

Chapter 1 - Ageing Strategies

Guernsey - Long-term Care Insurance Scheme & Supported Living and Ageing Well Strategy

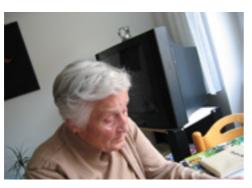
The States of Guernsey currently operates a long-term care insurance scheme which will provide a weekly benefit paid towards the cost of fees of those in private residential or private nursing homes.

The scheme was intended to avoid the need for a person entering care to have to sell their home before they receive help with residential care fees. Separate rates are payable for residents in need of 'Residential', 'Elderly Mental infirmity' and 'Nursing'.

People in care are still required to pay a copayment from their own funds towards the cost of their residential care, but the policy intention is that this is an affordable amount for the resident

However, Guernsey is aware that this scheme is unlikely to be sustainable in the long term and has embarked on work to develop a Supported Living and Ageing Well Strategy which will focus on answering three questions:

- 1. What care, support & accommodation services should be provided?
- 2. Who should provide these?
- 3. How should they be paid for?



The objectives are:

Reduce, where possible the incidence of adults (18+) having enduring care, support or supported accommodation needs.

Improve outcomes for all adults (18+) with enduring care, support or supported accommodation needs.

Protect the health and well-being of the carers of those with care and support needs.

The principles which will form the foundation on which decisions on this strategy will be based are:

To promote improve and protect individuals' health, wellbeing and dignity.

To ensure there are opportunities for independence and choice.

To enable fair access to appropriate care and support and suitable housing.

To establish a partnership culture whereby the public, private and third sectors, service users and their carers can each contribute to service delivery and development, and share information appropriately.

To have regard to affordability and financial viability for the funders, providers and recipients of care and support services.

To ensure service provision & funding options are sustainable in the medium to long term.

To ensure safe, quality care and ensure standards through appropriate regulation.

Chapter 1 - Ageing Strategies

Jersey – Long term care scheme (LTC)

The States of Jersey, like Guernsey, also operates a long-term care scheme providing financial assistance to residents who need long-term care for the rest of their lives. The scheme aims to remove much of the financial worry that people have about long-term care costs, whilst helping ensure that they are not forced to sell their family home. It also supports people to be cared for at home, as opposed to in residential care settings.

Since 1 January 2015, all Jersey residents who pay income tax will contribute to a dedicated LTC fund. Any resident, regardless of whether they have contributed, can access the LTC scheme providing they are aged 18 years or over and:

- 1 Have a long-term high-level care need which has been assessed by a healthcare professional.
- 2 Have been resident in Jersey for ten years immediately before applying to the fund <u>or</u> resident for one year immediately before applying and previously resident for a ten year period, without a break, as an adult.

"Removing financial worry"

Three types of cost are included in the LTC scheme:

- Standard care costs: the cost of the care provided whether in a person's home or in a care home. There are four different levels of care cost depending on the person's need. For those who wish to stay at home, this can also include respite care.
- Standard co-payment: the cost of living in a care home, as opposed to the costs associated with the care provided.
- Additional or "top-up" costs (available through a property loan): where a person chooses a care package which is greater than they need or a specific room in a care home.

LTC support is provided to meet standard care costs below the £52,120 care cap, plus standard co-payments. LTC benefit is provided to cover standard care costs once those costs have reached £52,120 or more (known as the standard care costs cap).

LTC benefit is a universal benefit and is available regardless of income or assets. LTC support, on the other hand, is dependent on income and assets. When a household is assessed up to £419,000 in assets and generous allowances against income are disregarded from the benefits calculation.

Property loans are also available to homeowners which can be used to cover standard and additional or "top-up" costs. These loans are normally repaid when the property is sold or when the individual or their partner passes away. The scheme, which has been in place since 1 July 2014 - even though contributions did not start until January 2015 – will help empower people to make their own decisions about the care they purchase and the settings in which that care is provided.



Chapter 2 -Promoting Independence Through Community

It is important to recognise the multiplicity of communities that exist when considering how older people develop and sustain links into their community. Communities are not just geographical, i.e. centred on space. Communities of interest are also extremely important to the older person. These communities could be based around their place of worship, a hobby or pastime or linked to their language of choice or cultural background. For black and ethnic minority older people and lesbian, gay, bisexual and transgendered older people these communities of interest are often the only community within which they feel safe and connected.

Therefore when we are developing policy regarding our ageing population it is vital that these cultural and societal links are also considered, the emphasis in this context is on those services that support connectivity such as transport and good community facilities where people can gather.

However important community is to older people and their independence, not all communities and housing types are suitable for people to stay in as they age. For some older people they can find that the home that they live in is not suitable for their changing needs, in terms of size, design or location.

Communities also change over time and the relationships that individuals have established can change as friends and neighbours move away, and new families move into a once familiar area. Communities can physically change as well, with the demise of the traditional high street and the development of out of town shopping areas and large supermarkets and the conversion of houses into flats.

"making communities age-friendly"



Little can be done by the individual in the face of this change; however there is a significant amount that can be done by effective partnerships to mitigate the impact of change for all members of communities. Good community facilities, including toilets and shops, flexible and accessible transport links, mixed economies of housing and good planning of physical space including benches and shared spaces can all help to enable the individual's ability to retain their independence through living in a home and a community that is age-friendly.

Age-friendly communities are typified by a good and affordable choice of housing styles and sized properties, with good street lighting and pavements, accessible public transport and public toilets, green spaces with benches, libraries and other leisure facilities and opportunities for people to meet both formally and informally and a culture that values all of its members. When all of these are in place they mitigate social exclusion and the decline in independence that the older person may experience.

The UK Network of Age-friendly Cities* is the UK's first WHO-affiliated Network. Made up of 12 member cities from across the UK the Network is committed to working together to share learning and advance best practice, policy and public debate on Age-friendly environments in cities across the UK (* see page 30).



Learning how the local tea shop helps those with dementia

Scotland - Dementia Friendly Cities - Barnton & Cramond initiatives

The Scottish Government has continued to build on the vision set out by Reshaping Care for Older People.

"Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting".

Working together with our partners in local government, the NHS and the independent sector, this programme has promoted innovation and improvements to the range of support options available for older people in communities across Scotland. This has included Dementia Champions, Enhanced Supported Discharge, Telecare, Telehealth and Dementia Cafés.

Complementing this agenda for change, through the integration of health and social care and self-directed support, these policies aim to deliver the services that people want, providing a flexible range of options that help people remain independent in their own communities for as long as possible. Alongside many other communities in Scotland, the

Barnton and Cramond area in the north of Edinburgh has committed to become dementia-friendly. Businesses in the area such as the local pharmacy, tea/gift shop and post office have provided training to staff to be aware of and understand dementia and enable people with dementia to have more independence.

The initiative's aims are that people will be aware of and understand more about dementia; people with dementia and their carers will be encouraged to seek help and support; and people with dementia will feel included in their community, be more independent and have more choice and control over their lives

Alongside this, the Cramond Dementia Café takes place on the first Monday of every month at Cramond Kirk Hall, and provides a meeting place in the heart of the community that gives people with dementia, and their carers a chance to meet others in a similar situation. The café is supported by staff from Alzheimer Scotland, who are able to provide advice and information about dementia.

Ageing Well in Wales

Wales has been committed to supporting people to age well for the last 11 years. An excellent example of this is the Ageing Well Programme in Ynys Môn. The Age well project was funded by the Big Lottery People and Places fund; and is a partnership approach with Age Cymru Gwynedd a Môn the employing agency. Other key partners include Betsi Cadwaladr University Health Board, Public Health Wales and older people living in the three communities.

When the funding ended Age well gained Charity status of their own and has been re-named Anglesey Hwyliog Môn (AHM).

AHM is managed by older people for older people. It has created opportunities for older people to volunteer and to play an active role as mentors and as trainers helping to deliver sessions within the programme which includes Tai Chi classes and writers circle. AHM is a focal point for agencies to make their services more easily available.

The AHM programme has improved the lives of older people on Ynys Môn by ensuring that more people have access to existing services and has created other innovative services and activities



Housing in England

The UK Government recognises the vital role housing can play in supporting older and vulnerable people to maintain good health, independence and improve quality of life. The Government announced funding of initially £200m at the end of October 2012 for the Care and Support Specialised Housing Fund. The fund will help create thousands of extra houses and flats specially designed to meet the needs of older and disabled people who need extra support. £131m has been allocated in phase 1 in capital grants for affordable housing. This fund is being administered on behalf of DH by The Homes and Communities Agency (HCA) and the Greater London Authority (GLA).

The Network Housing Group (NHG) in London is a good example of how housing solutions can help people remain active and engaged in their community. The NHG is one of the largest housing associations in London and manages 19,300 homes over 36 boroughs. One of the NHG's aims is to develop mixed economies of age-friendly housing.

They are using funding drawn from the Department of Health's Care and Support Specialised Housing Fund (CASSHF) to expand the supply and choice of housing for older people in Stockwell, London. They are developing a community of homes that will include 40 Active Elderly units of housing, 66 units for ex-residents wanting to return to the area and a further 54 units that will be available for private sale. This development will provide good and flexible housing options that will enable older people to age in their community, even if they need to move to a different property type.



Network Housing Group development - Helmi House, Stockwell, London



Chapter 3 -Promoting Inclusion Through Community

Joseph Rowntree Foundation

Loneliness and isolation have a significant impact on the health and wellbeing of older people in particular, but also across all age groups. Research by the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust indicates that loneliness has links to early death, dementia and hypertension. The research also suggests that the risk factor involved in loneliness is as significant as smoking and greater than obesity.

The Joseph Rowntree Foundation (JRF) and Joseph Rowntree Housing Trust (JHRT) worked with community researchers in four neighbourhoods in Bradford and York to explore what causes loneliness, how community activities could play a central role in reducing loneliness and how involvement in these activities could enhance community well-being.

Over 2,000 conversations took place during the research, coming up with over 1,000 ideas to combat loneliness, including befriending, community growing spaces (raised beds etc), hobby and craft fairs, living history projects, dance, "adopt-a-granny", walking groups and film clubs.

JRF has produced a free resource pack, which is available to download at: www.jrf.org.uk/publications/loneliness-resource-pack.
This is aimed to help individuals, groups, and communities to take a closer look at - and - reduce loneliness.

"let's beat loneliness"



JRF research group in Bradford



Extra care housing project at La Nouvelle Maraitaine, Guernsey.

Guernsey independent living extra care

Taking account of Guernsey's changing demographics and the views expressed by older people in the community, the Housing Department, in conjunction with the Health and Social Services Department, recommended that the best option for the residents of its two obsolete care homes and the States alike, was to demolish the old care homes and to build new purpose-built 'extra care' accommodation on the same sites.

These one and two bed 'extra care' flats are for rental and partial ownership by a wide range of people who need care and support to live independent lives. This 'extra care' housing provides 24 hour on-site care and support services to meet the individual resident's needs.

The first phase of each scheme opened in 2014. Within a very short period of time, it was remarked by staff that residents were already showing increased independence, for instance making hot drinks for themselves where previously they would have relied on care staff.

The benefits of the changes have been:

- "He gets to live in society".
- · Families re-engaged and involved.
- Opportunities to live normally for people who have been filed away in 'institution' for too long.
- The living space as enabler some people who needed help showering, now do not.
- People who have not made a cup of tea in years, now have completely on their own volition.
- People who needed more care and support intervention are now needing less.
- Care home residents are visiting each other in their flats and therefore mobilising far more and generating their own social interaction.
- Individuals now have more visitors.



Isle of Man - Men In Sheds

Following on from successful projects in Australia, where Men's Sheds are now an established part of the health infrastructure, providing support in over 500 locations to men in need of help arising from mental illness or other debilitating illness, and helping the transition to retirement, a number of the administrations are now home to Men In Sheds workshops.

The first such project on the Isle of Man is at Port Erin, which is now well established and well attended. The first shed was donated by the Department of Social Care and is provided to the group rent free. The workshop is open 3 days a week with 38 members.

The membership is active, friendly, inclusive and is made up of a variety of retired men from all walks of life. They take part in craft and woodwork activities, involve themselves in community projects or just sit and chat with a hot drink. They also go on local trips and enjoy the odd social event. The strength of the project is often explained in the context that men talk more easily to each other 'shoulder to shoulder' than face to face. Having social contact within a vocational or workshop environment facilitates the opportunity to talk in this way.

The workspace has recently doubled in size with the addition of a second shed specifically for woodworking. The informal atmosphere in the sheds gives members the opportunity to talk about their problems, such as depression and loneliness.

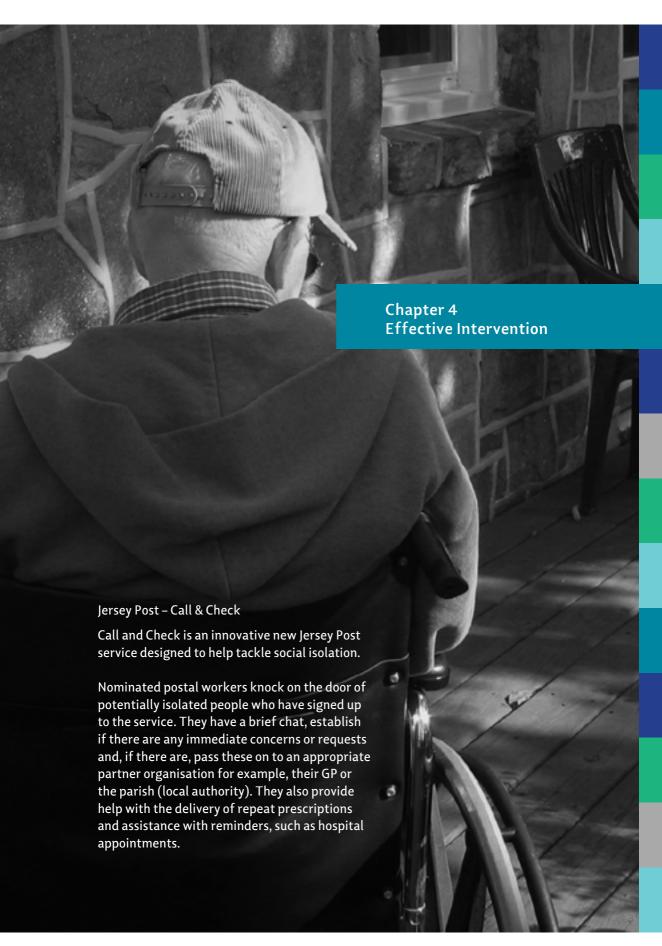
Ireland Seniors Alert Scheme

The Seniors Alert Scheme is a very successful community-based initiative that encourages community support for vulnerable older people. The Scheme promotes independent living for older people and adds significant benefits to communities where they live, for a very small financial investment.

Under the Scheme grant assistance is provided towards the purchase and installation of personal monitored alarms to enable persons over 65 to continue to live securely in their homes with confidence, independence and peace of mind. Unlike other schemes, applications under the Seniors Alert Scheme do not come directly from the beneficiary, but instead from the local community and voluntary groups. A key benefit of the Scheme is the interaction between the beneficiary and the local groups, who have a track record of working with or providing services to older people within their communities.

The Scheme is administered by around 500 local community and voluntary groups. From 2004 to end of 2014, in excess of 90,000 people have benefited from the scheme at a total cost of some €32 million.





Chapter 4 - Effective Intervention

Over 90 people, including those who are elderly or visually impaired, signed up to a pilot scheme established November 2013 in St Brelades, a semi-rural Parish. This included people who wanted long-term support (for example, those who do not have relatives), medium-term support (for example, a recently bereaved pensioner) and short-term support (for example, relatives had gone on holiday). In the first 13 months of the pilot over 2,000 Call and Check visits were made.

Feedback from the pilot has demonstrated that it is highly valued by users and that it is possible to integrate Call & Check within the normal postal round in a semi-rural area. The service has now been extended to Jersey's urban capital, with initial feedback indicating clear differences between the urban and rural settings; urban residents are often more isolated and less connected than those in the semi-rural parish and hence Call & Check service delivery is more time consuming.

"I have a degenerative visual impairment, so I cannot drive and find it difficult to get out of the house alone. Before Call & Check, I struggled to get to the shops, now it has been arranged for me to have my shopping delivered to me weekly."

Alice, Call & Check user

"Knowing my mum gets checked on every day during the week takes some of the pressure off my wife and I, and gives us additional peace of mind."

Mike, son of Call & Check user

"One of the ladies I visit was in a panic one day as her son had not been answering his phone. Her level of distress led me to investigate the situation further, it turned out she'd been dialling the wrong number. She is now back in touch with him and her mind is at ease."

Derek, Postal Worker

Though still in the early phases of development, the scheme has won numerous awards, including the 'top social innovator' accolade at the Sunday Times 'Change Makers 2014' awards and the Corporate Social Responsibility award at the 2014 World Mail Awards. Interest is also being expressed in UK - via the Cabinet Office and the Royal Voluntary Service - and further afield by postal services in Finland and Singapore.

Jersey Post are currently considering how the scheme may be funded in the long-term.

Isle of Man - Decaf

The concept of Dementia Cafés originated in Holland in mid 1990's, the idea of 2 clinical psychologists, Biere Meison and Marco Blom. Their aim was to create a safe social environment where people could share their experiences without social exclusion.

Dementia Cafés in the UK were presented at a Dementia Care National Conference in 2005 which was attended by 2 Community Mental Health Professionals from the Isle of Man. Cafés had started to develop in the UK in the early 2000s, supported by both local trusts and charities generally evolving into self funding projects

Douglas Decaf commenced in April 2006 following a working party set up by multi-disciplinary colleagues. The original dementia café in the Island's capital was funded through the Older People's Mental Health service and the Occupational Therapy Service.

In April 2009, following consultation with people attending, the name changed to Manx Decaf to reflect that it was available to all people across the Island. In mid-2010, further cafés in the North and South of the island were established. The Cafés were becoming increasingly popular and staff were regularly asked about fund-raising and donations – charitable status was therefore considered, and was finally established in June 2012 and launched in October the same year.

There are currently 4 cafés on the Isle of Man – East, South, North and West, supporting approximately 80 to 90 people who attend the Decafs each month. Each of the Cafés are different.

Promotion of the Douglas Café has been ongoing through attendance at events, poster campaigns, and publicity through fund-raising and donations. The Café has supported new ventures, including the 'Forget me Notes' choir, and they continue to fund-raise and promote awareness of the need to support people with dementia.



Northern Ireland Telepresence robot

The High Dependency Unit of Daisy Hill Hospital in County Down, Northern Ireland is home to a Telepresence robot, the first of its type in the UK. The robot allows intensive care specialists in Craigavon Area Hospital to remotely assess patients in Daisy Hill.

The robot has the ability to transmit heart and breath sounds, through a stethoscope at the back of the robot, and video links are in high definition, allowing clinicians excellent quality images of the patients. The use of the robot means that it is not necessary for an intensive care specialist to be on site at Daisy Hill 24/7, with the Craigavon site having intensive care specialist cover available 24/7.

This minimises patient transfers between the hospitals and enables them to remain closer to their homes and their families.



The telepresence robot

Scotland Dementia Strategy 2013-16

Scotland's diagnosis rates for dementia are among the highest in the world, allowing early access to the range of post-diagnostic services. Scotland has a world-first post-diagnostic commitment to providing a minimum of a year's worth of support to everyone newly diagnosed with dementia, co-ordinated by a named and trained Link Worker, and including the development of a person-centred and personalised plan.

A major project to test and evaluate a model of home-based care is currently underway in 5 local authority areas in Scotland. This aims to keep people in mid to late stage dementia with intensive care needs living well at home for longer and to avoid unnecessary admissions to hospital or to a care home.

Scotland is also leading on the next stage of Joint EU work on dementia, focussing on care quality and translating knowledge of what works into action, and is developing global standards and outcomes for dementia as part of work following the G8 Dementia Summit.





Chapter 5 -Measuring, Evaluating Impact



The Llanelli Community Resource Team

In November 2012 Carmarthenshire County Council asked Vanguard Cymru to support the Social Care senior management team to facilitate a 6 day 'check' of their older persons service using their unique Vanguard methodology.

Following the 6 day "check" the senior management team agreed that changes were needed to the service. A project team was formed to "re-design" the service from the service user's perspective using the Vanguard methodology. This has led to the development of the Transforming Adult Social Care (TASC) project.

The redesign team was set up on the 10th December 2012 and have developed a new system for multidisciplinary (MDT) working within the Community Resource Teams (CRTs) in Carmarthenshire. The purpose of the Community Resource Team as developed and agreed by the 'check' group was:

"To empower people to make informed decisions and to support and enable them to do what matters to them"

In June 2013 the "roll-in" of the new way of working throughout the Llanelli CRT commence with the intention of further developing working practice before the countywide "roll-in" of the new way of working.

As a result of this new approach there were 11 fewer new residential care placements; 100 less hours of domiciliary home care needed and 21 fewer people needed meals on wheels between July and October 2013, compared to the same period in 2012. There was also improved feedback on services and a significant reduction in complaints, as people were empowered to do what mattered to them, rather than simply receive services.

Before the service redesign, the percentage of individuals returning into the system within 12 months was 46%. A year on that had fallen to 10%. The knock on effect of this has been an increase in a speedier response to those who need services - in November 2012, it took an average of 30 days for an inquiry to be resolved; in November 2013, this had fallen to less than two days.

Chapter 5 -Measuring, Evaluating Impact



A comparison between residential care placements for the Llanelli locality in November 2012 and November 2013 showed that in November 2012, 9 of the 10 individuals who were placed in residential care had moved there from Prince Philip Hospital (something which is generally considered poor practice as it does not allow for assessments to provide a true reflection of an individuals' strengths in their home environment), whereas in 2013 none of those placed had gone from hospital.

Case Study - Llanelli CRT

Enauiry

Referral received from son who lives in London. He wanted his mother to go into residential care. His recently widowed mother, Mrs Ethel Williams, had poor memory, early signs of dementia, and she had lost weight. Her best friend had recently gone into residential care.

Assessment

The social worker visited and asked Mrs Williams what was important to her. She discovered that Mrs Williams wanted to see people regularly, that she missed her friend who had gone into residential care, and she wanted to be a part of the community. Mrs Williams stated that she wanted to remain at home. Shopping was also something she said that she used to enjoy doing and would like to continue to do so, but was unable to go on her own.

Informed Decisions

Mrs Williams now pays for a taxi to the supermarket weekly. A shop assistant meets her and supports her around the shop and packs etc. On returning home in the taxi her friend (who used to visit, but had stopped), who lives nearby, meets her at her home and helps her to put away the shopping. The first time this shopping trip was undertaken Mrs Williams' son was at home.

Mrs Williams pays the taxi to take her to see her friend in the residential home twice a week. Nurses call weekly to monitor Mrs Williams' weight. A medication prompt is provided through Telecare services. Cruse Bereavement Care provided counselling.

Feedback

Mrs Williams' son states that he is "thrilled" and that all is "working out well".

It is impossible to guess properly what interventions would have been provided by working in the old system and by undertaking a 'needs led assessment' rather than an asset based assessment. However, it would probably be a reasonable assumption that Mrs Williams would have received care, would have been transported to and attended day care, may have received meals on wheels on other days and could possibly, although probably unlikely at this stage, even have been 'placed' in residential care.



It often takes longer to discover what is important to someone than to assess their needs and practitioners have been encouraged to spend longer with individuals to support true informed decision making in identifying sustainable outcomes with individuals.

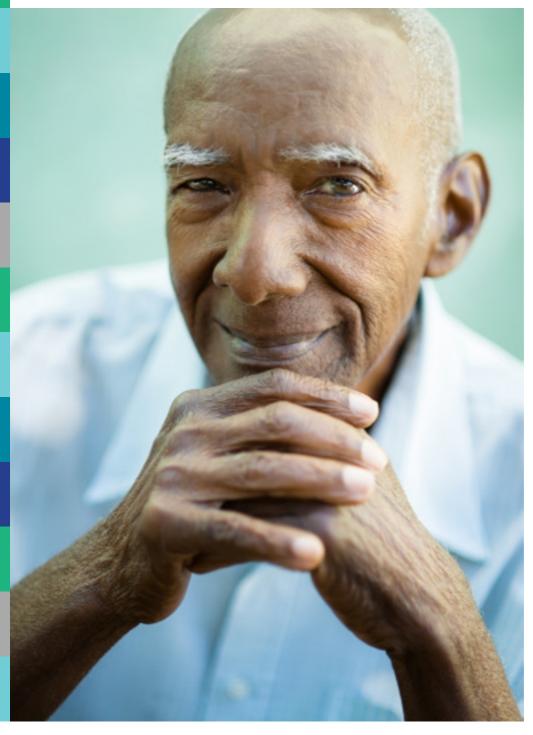
This approach has enabled a large number of people to avoid the need for services altogether and to rediscover community friendships and independent living in the community, rather than independence within an individuals' home.

"A cultural shift in caring"

The principles developed by the team through the work on the lean systems approach closely match the ethos of prudent healthcare. A cultural shift was achieved and multidisciplinary workers have been empowered to work with service users to enable them to solve their own issues in an informed way. By placing the service user at the heart of the process and ensuring every step was adding value from their perspective, only the minimum appropriate intervention was carried out, rather than using systems and processes which existed simply for the sake of the organisation.

The outcomes for service users have improved. This form of process innovation - looking at the whole service, rather than a discreet aspect - is the approach NHS Wales is adopting in response to prudent healthcare.

Recommendations





The focus of this programme of work and resulting report has been on identifying innovative and practical ways of providing support to older people, that enable them to optimise their independence and remain in their own homes and communities for as long as possible. These initiatives have also demonstrated how to delay, lessen or prevent the need for older people to access expensive and intensive services such as unscheduled hospital in-patient stays and premature admittance to residential care.

The recommendations of the work sector set out how each of the Administrations should create the right environment for this positive change to take place through networks, communities and the individual's participation in the planning and delivery of effective services.

One key conclusion from the many initiatives viewed in the course of this two year programme of work and in drawing up this report is that a one-size fits all approach to service provision is inappropriate and unlikely to have the desired effect. An awareness of how communities are made up and what the needs of that community are therefore likely to be is essential to providing the right services for the individual in that community however it is defined

"One-size fits all doesn't work"

Government

The challenge for Government in each of the Administrations and States is to ensure that full participation is within the reach of all older people and that their contribution is recognised and valued. This will be achieved by the development of communities that are age-friendly while ensuring older people have the resources they need to age well. It is critically important that future generations of older people are well equipped for later life by encouraging recognition of the changes and demands that may be faced with age and how taking action early can prepare them for a healthy and active older age.

The Governments of the Administrations should work to create an enabling environment in which new and novel ways of delivering care and support are encouraged and invested in. The role of the governments of all Administrations should be in enabling this shift of focus from current patterns of intervention into preventative care and support. This change need not necessarily be achieved through additional or new funding, but by providing leadership and encouragement, and by allowing innovation to flourish.

Administrations should also encourage the adoption of age-friendly design in spatial planning. Adaptations that benefit older people are often of equal benefit to those of other ages, such as people with prams, or those younger adults with physical impairments.

Recommendations

Networks

Engagement with older people at local and national level is key if Governments are to respond to the opportunities and challenges that our ageing population brings. Older people are not a homogenous group and the solutions that have worked for the post war generation may be wholly inappropriate for baby boomers and future generations as they age.

The most effective way for each of the Administrations to explore opportunities to meet this growing and changing need is to use community structures where they exist, and to stimulate the growth of networks where they do not to ensure the voice of the older person, individually and collectively can be heard. Engagement with communities and individuals with a focus on reducing isolation, and promoting social inclusion and active participation is key to reduce dependency, promote well being and effective investment in the right services and support.

All the Administrations should consider what mechanisms they already have within their jurisdiction and those they could look to develop to encourage greater engagements with older people at local and national level.

Communities

Within each community, it is important to identify and create networks to support the individual, building on communities of geography, faith, or of interest. Communities of faith and interest may often provide stronger links between individuals than communities that are geographically based.

Older people who are active and feel a part of their community are less likely to report ill health – as the report outlines loneliness and isolation are bigger risk factors for an individuals' health than consuming alcohol. Older people contribute massively to their families and communities through volunteering and providing unpaid care.

We at national and local government level need to recognise and capitalise on this so that engagement of older people in their lives and those of their family and neighbours has a double positive impact on them as volunteers and recipients of support.

It is clear that even within geographically small areas, there can be a huge difference between communities, and what works for one may not necessarily be suitable for another. It is important that these differences are identified and used when planning local interventions and support for older people in the communities.

Individuals

Older people should expect to be able to participate as fully in society as they desire, including:

- · Contributing to community and family life.
- · Influencing decisions.
- · Having their needs met.

Each Administration should work to empower the individual to make informed decisions, to take responsibility for optimising their own health and well-being, to plan for the future, and to support and enable them to do what matters to them.





"The voice of the older person is at the heart of Ireland's Age-friendly Counties Programme"

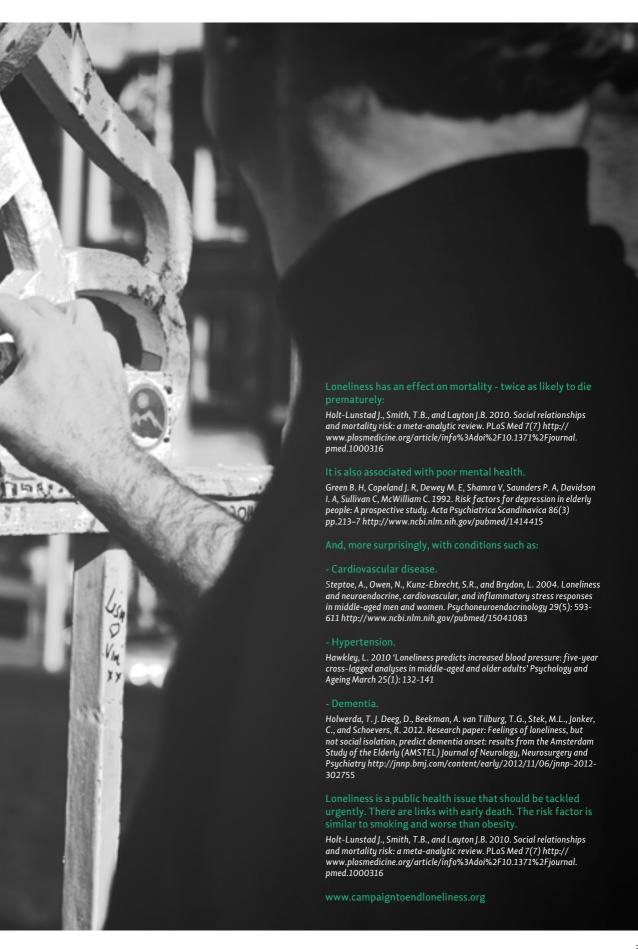
There are currently twelve cities in the UK Network:

Belfast / Brighton & Hove / Cardiff / Edinburgh / Glasgow / Leeds / London Borough of Camden / Manchester / Newcastle Nottingham / Sheffield / Stoke-on-Trent

 The UK Network of Age-friendly Cities is an initiative initiated and launched by the UK Urban Ageing Consortium in September 2012.

Age-Friendly Town





The British-Irish Council was established on 2 December 1999 on the entry into force of the British-Irish Agreement which was signed by the British and Irish Governments as part of the agreement reached in the Multi-Party Negotiations in Belfast on Good Friday, 10th April 1998. The British-Irish Council comprises the UK and Irish Governments, the devolved institutions in Northern Ireland, Scotland and Wales and representatives of the Isle of Man Government, the Government of Jersey and the Government of Guernsey.

The aim of the British-Irish Council as set out in the Agreement is to "promote the harmonious and mutually beneficial development of the totality of relationships amongst the people of these islands". It is a forum for members to exchange information, discuss, consult and use best endeavours to reach agreement on matters of mutual interest within the competence of the relevant administrations.



For further information please see the website of the British-Irish Council at: www.britishirishcouncil.org

Or contact the Secretariat at: British-Irish Council Secretariat 1st Floor, Thistle House 91 Haymarket Terrace Edinburgh EH12 5HE

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