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## OLDER PEOPLE'S STRATEGY REVIEW GROUP – FINAL REPORT

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### **Purpose of Report**

1. To advise Members of the Health and Well Being Scrutiny Committee of the findings and recommendations of the Older People's Strategy Review Group.

### **Background Information**

2. Members of the Health and Well Being Scrutiny Committee were presented with the first draft of the Older People's Strategy at a Special meeting of the Committee on 12th July 2007.
3. Members agreed at that meeting to assist with the drafting of the Strategy. Subsequently they received a number of drafts and met on several occasions highlighting their comments and concerns.
4. On 12th February 2008, the Health and Well Being Scrutiny Committee, approved 'A Strategy for Later Life in Darlington 2008 - 2021' and supported its submission to Cabinet.
5. Cabinet approved the Older People's Strategy and resolved 'That the Health and Well Being Scrutiny Committee be involved in the consultation on the Action Plan for the Older People's Strategy, and they subsequently monitor its implementation.'
6. As a result the Committee established a Review Group to monitor the Action Plan's implementation. The Terms of Reference of the Review Group are attached as **Appendix 1**.
7. This report describes the outcome of the Review Group, it summarises the work undertaken, the findings, information received and the consequential recommendations.

### **Membership of the Review Group**

8. All Members of the Committee were invited to take part in the Review, but principally Councillors Swift (lead Member), Newall and Mrs. Scott attended the meetings.

### **Acknowledgements**

9. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record their thanks to the following :-

Miriam Davidson, Locality Director of Public Health, NHS Darlington.

Michelle Winship, Executive Project Support Officer, NHS Darlington.  
Warren Tweed, Operations Manager, Older and Disabled People, Darlington Borough Council.  
Kalmeet Guram, Occupational Therapy Team Manager, Adult Health & Social Care, Darlington Borough Council.  
Staff at B&Q Morton Park.  
Audrey Lax, GOLD and North East Older People Advisory Group.  
Abbie Anderson, Democratic Support Officer, Darlington Borough Council.

## Methods of Investigation

10. The Review Group has met several times between July 2008 and April 2009 and records of the topics discussed at those meetings, are contained in the notes produced, following each meeting. Members have also attended visits, hosted stalls at GOLD events and the Strategy launch as part of consultation exercise and sent out a questionnaire to all local businesses.

## Consultation – Launch of the Older People’s Strategy – All Our Futures

11. At a meeting of the Health and Well Being Scrutiny Committee on 14th April 2008, the Locality Director of Public Health advised Members that the launch of the Older People Strategy was taking place at 3pm on Tuesday, 22<sup>nd</sup> April 2008, the event would be entitled ‘All Our Futures’ at the Dolphin Centre in Darlington.
12. Members agreed that they wanted to be involved in the event to speak to the general public to inform their work on monitoring the Action Plan which accompanies the Strategy. Members held a meeting to discuss how the consultation would take place and it was agreed that a questionnaire should be produced and that Members of the Committee would be invited to attend to event to consult for themselves.
13. The questionnaire listed the six priorities contained within the Older People Strategy and asked members of the public to rank the priorities in order of what they thought was the most important, number 1 being their top priority and number 6 being their lowest.
14. The launch of the Older People’s Strategy was very successful and there was a good turnout of members of the public. The Members of the Committee who attended the session manned a stall and asked people to complete the questionnaire.



15. The photograph above demonstrates Councillors Swift and H. Scott assisting people completing the questionnaire.
16. A total number of 44 questionnaires were correctly completed and the feedback was analysed by NHS Darlington.
17. The feedback revealed to Members two clear top priorities those being; Top Priority – **“Improve Health and Well Being** – Increase the number of Older People supported to live as independently as possible in a safe environment. Support healthy lifestyle choices to promote well-being.” Second Priority – **“A Safe Environment** – Increase knowledge of Community Safety programmes to address fear of crime and home security. Improve the environment, e.g. support older people to maintain their gardens. Accessible, reliable, safe public transport.”
18. Members used this information and agreed to focus the Review on the third priority of the Action Plan **“Improving Health and Well Being”**, as identified as the top priority from the consultation.
19. Contained within the Action Plan under this priority are 11 Action Points and Members agreed that they could not review all the elements and therefore agreed to concentrate on four. Members are satisfied that many of the actions are currently being monitored and managed by Groups, Boards or Strategies.
20. Members felt that they could be most influential around the preventative strategies and policies to promote health. As such Members agreed to select the following actions, to scrutinise further and undertake detailed work on:-
  - 20.1. Develop preventative strategies which promote healthy lifestyle choices and promote independence.
  - 20.2. Map and promote healthy ageing programmes, an overarching term for a range of programmes delivered by agencies who work with Older People.
  - 20.3. Develop well-being on prescription e.g. Darlington One Life and other forms of social prescribing
  - 20.4. Develop a Workplace Health Award recognising the contributions employees make and responsibility of employers

### **Initial Research –**

21. Initial research showed that there is no set definition for ‘old age’, ‘older people’ and ‘being old’.
22. There are a number of definitions of ‘old’, detailed below:

*‘advanced in age; not young or near its beginning; worn, dilapidated, or shabby from age; practiced, inveterate; dating from far back; long established; former.’*

The New Little Oxford Dictionary, Seventh Edition, 1994.

*'Ancient, antediluvian, anticipated, antique, crumbling, decayed, decrepit, early, historic, medieval, obsolete, primitive, quaint, ruined, superannuated, time worn, venerable, veteran, vintage.'*

The Little Oxford Thesaurus, 1997.

*'There is no consistency among studies as to what demographic group constitutes older people. The term is used for age-groups starting from as low as 50 years. However, the most frequently used definition is people aged 65 years and over. Within this age-band, commonly accepted subgroups are those aged 65–74 years, 75–84 years and 85 years and older.'*

Falls in Older People, Risk Factors and Strategies for Prevention, 2nd Edition, Published March 2007, Cambridge University Press.

*'The EU definition of older is anybody over the age of 50. People often consider the nominal retirement age of 65 as the gateway to older age.'*

Voluntary Arts Network Newsletter, March 2007

23. Members decided to focus on the 'younger' old age range and target their thoughts and findings of promoting services for that age range.

#### **Consultation – GOLD Tea Dance**

24. Members undertook a further consultation exercise at the GOLD Tea Dance, on 15th August 2008, to ask members of the public about their 'top tips for retirement. Members of the Committee manned a stall and asked as many people as possible their thoughts about retirement, positive and negative experiences. See photograph below;



Councillors Swift, Newall and Nutt, preparing to gather top tips on retirement.

25. The event was well attended and there was lots of information gathered and experiences of retirement varied depending on employer. A similar exercise was carried out at the GOLD Positive Health Day on 10th September 2008, although, there was not as many people in attendance.
26. The feedback gathered at these events was analysed by NHS Darlington and was overall very positive in outlook and attitude, although, there were some worries expressed in relation to:
  - Financial impact
  - How to cope with failing health
  - Unexpected events/illness
  - Unexpected retirement
27. The main themes identified are:
  - Keep active
  - Keep healthy
  - Keep alert
  - Keep in touch
  - Enjoy life as much as you can
  - Keep an interest
  - Plan your days
28. Members agreed to use the feedback to influence their review and interlink the positive main themes identified. Members were extremely concerned that there was a consensus that no financial guidance was given to people when they retire.

### **Work undertaken and information gathered in respect of the identified chosen Actions Points**

➤ **1st Action – Develop preventative strategies which promote healthy lifestyle choices and promote independence**

29. The Review Group commenced work on the above action of the Action Plan by considering how people who take early retirement can prepare their homes for retirement to promote healthy lifestyle style choices and enable them to remain independent and within their own homes for as long as possible.
  30. As a result a representative from B&Q was invited to a Review Group meeting to discuss the range of adaptations that B&Q stock to enable older people to remain in their homes and live independently, with a little assistance.
  31. There was a consensus that when people approach retirement and are considering downsizing their properties, it was at that stage, that adaptations and changes to the property could be considered, such as walk in showers, hand rails, etc, in preparation for later life.
  32. Services such as small pieces of equipment i.e. bathing products, and minor / major adaptations, i.e. grab rails / stair lifts are available following an assessment by an
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Occupational Therapist from Adult Social Care. Referrals can be made via the Access and Contact Team based at Central House, Tel: 346200, alternatively via the Darlington Borough Council website following the link below.

**<http://www.darlington.gov.uk/Health/AdultServices/Contact+Us.htm>**

33. Members visited B&Q store to view the 'can do' range that B&Q supply which includes adaptations for bathrooms, bedrooms, kitchens, lighting and gardens. Only certain staff are trained to assist customers in purchasing the 'can do' range and a training video is also available. The 'can do' range can be purchased by anyone; although, older people do sometimes decide that they want an adaptation for their home but are unsure what. In this instance, there is a self assessment document on the website that people can complete themselves or ask staff to assist them with in store, to establish which adaptations will suit them best. The basic products of the 'can do' range are accredited through the Disabled Living Foundation.
34. Members were delighted to hear that B&Q staff are not advising customers about the equipment they require and use the assessment tool. If customers are unsure about their level of need, staff refer them to Darlington Borough Council's Social Services for further advice or assessment. It was noted that most people know the basic kind of adaptation they require and if it was for something more complex then advice from professionals is usually the best option.

**Positive Action – That B&Q continue to liaise with Social Services staff and refer customers as necessary. As a result of the Members visit the Occupational Therapy Team Manager arranged for leaflets promoting Darlington Borough Council's Social Services to be made available to B&Q staff to give out to any suitable customers.**

35. Members felt satisfied that adaptations are available to enable older people to remain within their own home and proceeded to consider other preventative strategies in place for Darlington residents.
36. Members of the Review Group considered the Falls Prevention Strategies currently in place in Darlington, County Durham and Darlington Food and Health Action Plan 2008 – 2011, Assistive Technology Projects and the Low Level Preventative Services available in Darlington.

### **Falls Prevention**

37. Darlington falls service has been developed from the existing rehabilitation services and are part of the Intermediate Care Services, provided by NHS Darlington. The service is provided at Hundens Rehabilitation Unit, Hundens Lane, Darlington.
38. The service is focused at those with the highest risk of injurious falls, and the bulk of referrals are females over 65years. Nearly half of the referrals to the service come from GP's, a quarter come from a range of nurses and a quarter from other health and social care professionals.
39. Services available include gym activities such as individual therapy programmes, Otago Group exercise programmes and home care domiciliary exercise programmes. The

majority of individuals after attending the service feels more confident, independent and is able to adopt their lifestyles to prevent falls in future.

40. People are usually referred to the falls team before a fall has occurred, people with balance problems and mobility difficulties are usually identified by GP's, District Nurses or Care Managers. There is also a fracture service which refers people at risk of falls to the service or to the osteoporosis service.
41. Members welcomed the services available at Hundens Lane and felt assured that the referral service was robust although, suggested that not everyone was aware of the follow up service, following feedback received from some residents. Officers advised that follow up service is available.

### **County Durham and Darlington Food and Health Action Plan 2008 – 2011**

42. County Durham and Darlington Food and Health Action Plan 2008 – 2011 was considered by Members and the Action Plan is aimed at providing a life course of healthy eating throughout a person's life. Members were particularly interested in improving the diet and nutrition of older people both in the Community and Residential Care.
43. Members welcomed the appointment of the Dietician Co-Ordinator who is working with the care homes in Darlington to ensure a balanced diet is provided and appropriate training is offered to staff. Members highlighted that further engagement was needed with Age Concern in Darlington, as Age Concern County Durham seem to be very active and committed to the Action Plan and are involved with publicising the skills of older people in cooking and healthy eating.
44. There is also a Health Development Specialist and several Food and Health Facilitators working in Darlington, based at Doctor Piper House, who deliver practical help and advice within the community. Members think that there needs to be better promotion of the Specialists and Facilitators to ensure as many people as possible are aware of the services.
45. Generic food and health courses which run for four weeks to offer tips and advice to help make small changes to people's dietary lifestyles. NHS Darlington is currently targeting older men, as this is a vulnerable group that has been identified as needing more assistance.
46. Members are interested in the mapping of luncheon clubs, food co-ops and home meals services as they are concerned that many older people don't cook healthy meals for themselves at home.

**Recommendation – That the mapping of services be extended to incorporate healthy eating services such as home delivery of meals, luncheon clubs, meals on wheels, etc.**

### **Assistive Technology**

47. Members visited Rosemary Court, an extra care facility within Darlington. Rosemary Court is being used as a flagship and demonstration facility for assistive technology available to older people to help them remain independent and in their own homes.

48. Assistive Technology has a wide remit and includes new technologies such as Telecare. Telecare is a flexible term used for sensors and alarms linked via telephone lines to monitoring systems, often community alarm centres. Darlington's Community Alarm Centre is the CCTV team based at the back of the Town Hall. A feature of Telecare that distinguishes it from Community Alarms (e.g. pendants and pull cords, see below) is that it has the capability to raise an alert without the active participation of the individual.



49. Once an individual has Telecare installed in their home, if it detects a problem (e.g. smoke alarm detects smoke, fall detector detects individual has fallen and has not returned back to their feet), the technology sends an alert to Darlington's 24 hour, 365 days a year Control Centre. The Control Centre speak to the individual via the technology and initiate an appropriate response e.g. send out a mobile warden to the property, alert an ambulance, fire brigade and or police, depending upon the problem. Any problems with the technology, e.g. battery running low, the technology alerts the Control Centre about the problem and somebody is sent out to fix the problem.
50. Staff are trained to use to Telecare, as demonstrated below. Lynn Carter, training staff on Assistive Technology at Rosemary Court.





## **Low Level Services**

51. Members received briefings on the Low Level Services that Darlington Borough Council commissions services from. Those services are received via three main providers those being Age Concern, MIND and Women's Royal Volunteer Service (WRVS). The types of services commissioned are to encourage participation of activities to improve and strengthen people's physical and emotional well being.
52. Age Concern offer day care facilities from people over the age of 65 with mild to moderate dementia and physical or learning disabilities.
53. MIND offer dementia care services, including day services which offers meals and provides carers with some relief.
54. WVRS offer support from fully trained volunteers and there is an open referral access, although, some people are referred via District Nurses. The services provided by volunteers include; assistance with shopping, dog walking, transport to health appointments, accompanying to general appointments, a befriending scheme, being available when tradesmen call, introduction to clubs and assistance to people when they are discharged from hospitals.

## **Do We Eat or Do We Heat: Difficult Decisions encountered by English Older People**

55. Members met with Audrey Lax, a member of the Group, who undertook a piece of work entitled 'Do we eat or do we heat: difficult decisions encountered by English older people'. Members of the North East Older Persons Advisory Group (NEOPAG) formed a Group as a result of an increasing number of stories about turning the heating off and buying out of date food to stretch their budgets, difficulties travelling to supermarkets and special offers, such as multi buys. The Group received a small grant which was used to carry out a survey and visit Berlin.
56. Stage one of the process involved 400 surveys being distributed to older people across the North East region and across diverse socio-economic conditions and 64% of recipients returned their forms. The quantitative responses were entered into a database and descriptive analysis was undertaken.
57. Stage two consisted of interviews which were semi structured to enable specific topics to be discussed. Five sessions were held across the North East and 10 older people were invited to each interview. Paper table cloths and coloured pens were available for interviewees to record their remarks and feelings directly onto the table cloth as the discussion progressed. The interviews were also recorded and transcribed and central themes were highlighted.
58. The research has highlighted the issues as the Group suspected, in that the plight of pensioners living on the poverty line needs highlighting to save the vulnerable elderly from dying of either hypothermia or starvation in coming winters.
59. Part of the Group's work involved a visit to Berlin and a Kaiser Store, to consider access to food in supermarkets. The store boasts a number of 'senior-friendly' features including

wider aisles than in traditional city centre supermarkets, magnifying glasses to aid the reading of labels, shopping trolleys with locking wheels and turn-down seats. The store attracts a high number of older customers and the Group were very impressed with the overall shopping experience.

60. Members were intrigued by Mrs Lax experience and suggested that further work could be done with supermarkets in England and that 'senior friendly' ideas could be introduced in stores at minimum cost, with maximum impact and benefits to older people.

**Recommendation – That the preventative strategies in place be strengthened and that the Low Level Services be promoted more widely in Darlington.**

**Recommendation – That Officers explore the potential of a more co-ordinated approach to join up services, share information and consider the possibility of pooling resources.**

**Recommendation – That the work undertaken by NEOPAG be welcomed.**

**2nd Action – Map and promote healthy ageing programmes, an overarching term for a range of programmes delivered by agencies who work with Older People.**

61. Members met with an Executive Project Support Officer from NHS Darlington who was undertaking a mapping exercise of healthy ageing programmes in Darlington.
62. The mapping exercise was seeking to identify and map the structures of healthy ageing support programmes and health promotion activities for older people in Darlington.
63. The mapping exercise outlined the structured activities offered by key agencies working with older people in Darlington and is primarily focused towards programmes promoting health and wellbeing.
64. Activities recognised in this particular mapping exercise include physical activity sessions, nutrition and health advice. Also included were social activities that are intended to promote emotional wellbeing and other structured activities that are aimed at the promotion of a healthy lifestyle in general.
65. Contact was made with key agencies from both the voluntary and statutory sector to identify current service provision in Darlington and to signpost to other voluntary organisations that are delivering healthy ageing initiatives within the town.
66. Previous and current mapping projects within Darlington are being reviewed as part of this exercise to identify additional possibilities for the provision of programmes and services.
67. Members received a copy of the mapping exercise and report. They noted that it is a working document and subject to change.
68. Members welcomed the report and the results of the mapping exercise as a good starting point but expressed concerns about the venues of the activities being very centralised and mainly within the central Wards of the town.

69. Members recognised that there would probably be a number of activities that are not included in the report and that the report needed to be circulated far and wide to identify as many activities as possible not included in the report.
70. Members felt that a consultation on the report would assist with promoting the services and encourage groups to share information, best practice and activities. Members offered to host a Talking Together style event to promote to healthy activities to assist and add value to the mapping of ageing programmes. Representatives from organisations would be invited to share information and participate in discussions about duplication of services.
71. Members are confident that the mapping exercise will highlight gaps in the provision of services and in the coverage of area that services are delivered.
72. Members discussed the idea of a directory of services for older people to enable people to easily access services they require and know what is available to them. Members thought that the Talking Together style event could develop discussions about a directory. The proposed event could be open to everyone and widely publicised to the general public to seek views and opinions of what the people actually want.
73. Members welcomed the idea of creating a directory of services which could be electronic, ever evolving and frequently updated.

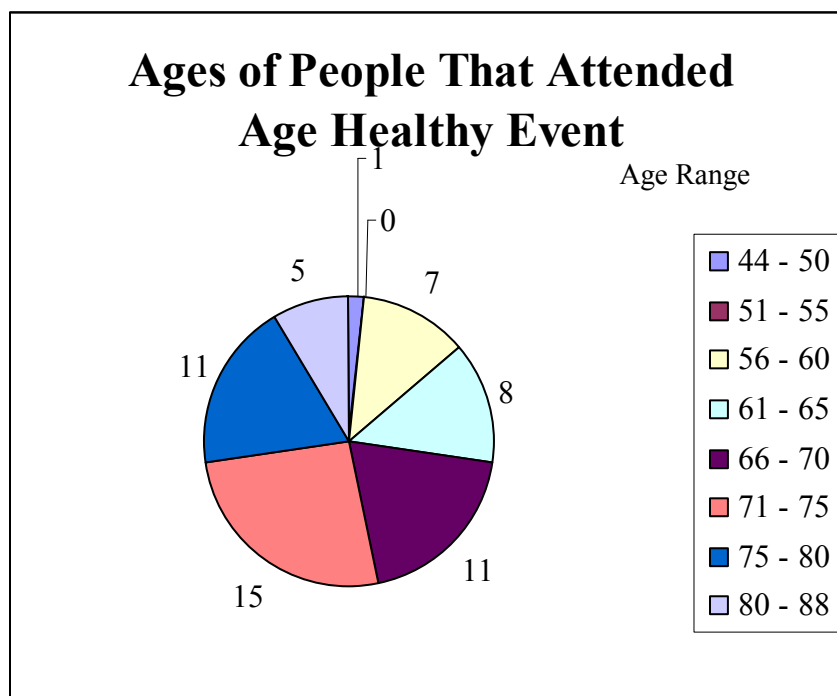
**Positive Action – That a Talking Together style event for all third sector, PCT and Council services be held to promote activities for older people, to share information, to address duplication and to ask the general public about the retirement services they would like.**

74. Members of the Health and Well Being Scrutiny Committee agreed to host a Talking Together style event entitled ‘Age Healthy’ on Tuesday 12th May 2009, from 2.00pm till 4.00pm, in Central Hall, Dolphin Centre, Darlington.
75. The aim of the event was to promote the activities available to older people living in Darlington and to encourage organisations to join up services where possible and work more closely together.
76. This was also an excellent opportunity for organisations to share best practice and encourage people to remain active as they approach retirement and old age.
77. The afternoon consisted of information stalls and demonstrations. Information stalls included, Council services; Connecting with Communities, Growing Older Living in Darlington, Democratic Services, Lifeline Services, Homecare Extra Care, Openarts, Darlington One Life and Libraries and Community Learning.
78. NHS Darlington hosted a number of stalls with information available from the health trainers, smoking cessation and healthy eating teams. Citizens Advice Bureau provided information in respect of money guidance; eVOLution, Darlington LINK, Age Concern and Fit as a Fiddle were also present.
79. Demonstrations of keep fit and line dancing was provided by Fit as a Fiddle and Darlington One Life also demonstrated some chair bound exercises.

80. The photograph below shows the keep fit demonstration taking place at the Age Healthy event 12th May 2009.



81. The event was extremely popular and well attended as it was a fun afternoon for everyone. People were able to gather information from the stalls or watch the demonstrations.
82. Members asked people who attended to sign in, the information requested included name, address and age. This allowed some analysis of the attendees to be undertaken.
83. There were 64 people that signed into the event and 58 of these people revealed their age. The ages of the people that signed in ranged from 44 years old to 88 years old and the average age was 70.3 years old. The age distribution is shown in the pie chart below.



84. The male to female ratio was worked out from the names given on the signing in sheet and it is thought to be approximately five to one, in favour of females.
85. With regards to the demographic of those who attended, there were only two Wards in the whole town that were not represented by a member of the public, those being Faverdale and Northgate. Central Ward was most represented at the event with 9 residents attending.
86. The photographs below demonstrate the vast number of people who attended the Age Healthy the event.



**Recommendation – That the mapping of healthy ageing programmes be welcomed and that the option of an evolving electronic directory of services be explored to enable older people to view in local community settings the activities available to them.**

**Recommendation – That Officers continue to investigate gaps identified as part of the Review in respect of accessibility, co-ordination, awareness and promotion in relation to healthy ageing programmes.**

**3rd Action – Develop well-being on prescription e.g. Darlington One Life and other forms of social prescribing.**

### **Darlington One Life**

87. Members were interested to meet with the Darlington One Life Co-Ordinator and as they had limited knowledge of the services and were interested to find out more.
88. Darlington One Life is a health improvement programme, with the aim of giving patients the skills and knowledge to make healthier lifestyle choices. The programme is run in partnership with Darlington Borough Council, NHS Darlington and a range of local partners.
89. Referrals are made through the GP's when patients attend surgeries to discuss health ailments or if patients are recovering from suffering a heart attack or stroke.
90. Through working in partnership patients can be referred to alternative One Life courses (where appropriate) such as Weight Management.
91. Patients have a 12 week programme and have several options regarding the physical activity programme that they follow which is agreed with a GP referral qualified Fitness Instructor. These options include using the Pulse Suite at the Dolphin Centre/Eastbourne Sports Complex, Supervised Swimming, Health Walks and Weight Management Programmes. There is also a specialist Cardiac rehabilitation programme for clients who require this.
92. At the end of the programme the GP receives feedback of the individuals' progress and the individual has the option to continue with the activities.
93. The Darlington One Life programme has been processing approximately 40 new patients onto the programme each month in 2008, which Members welcomed. So far this year for 2009, this has increased to 55 new patients a month. This has generated 1635 (approx 408 per month) One Life visits to the Dolphin Centre between Jan 2009 – April 24th 2009.
94. Since the Darlington One Life Co-Ordinator has been in post there has been 690 new patient referrals within eight months.
95. The photograph below shows Darlington One Life Instructor and Co-ordinator demonstrating simple chair bound exercises at the Age Healthy event, hosted by the Scrutiny Committee in the Dolphin Centre on Tuesday 12th May 2009.



96. Transport is not offered as part of the Darlington One Life scheme to assist people to get to and from the Dolphin Centre. Transport is an issue that Members are aware of as it has been highlighted throughout the Review, particularly access to services and healthy ageing programmes.
97. Members are pleased that Darlington One Life is being publicised through the Town Crier and Northern Echo, but thought that more promotion was required.
98. Members felt that Darlington One Life service could be strengthened by joined up working with other agencies and organisations.

### **Fit as a Fiddle**

99. Age Concern England is promoting a national campaign, known as 'Fit as a Fiddle' a programme designed to help older people to live more healthy, active and fulfilling lives.
100. The programme is funded through the Big Lottery Fund to deliver a range of courses/activities for older people throughout the country in; physical activity, healthy eating and healthy lifestyles.
101. There are a wide range of projects which are being delivered at a national, regional and local level to reach all older people.
102. In Darlington, the focus is on three things, these are: Physical Well Being; Mental Well Being and Healthy Eating Well Being.
103. The activities include: keep fit, line dancing, aerobics, healthy lifestyle club, pilates, weight management programmes, gym and exercise sessions and cooking sessions.



The above photograph shows a Fit as a Fiddle Line Dancing demonstration taking place at the Age Healthy event 12th May 2009.

104. Nurses and dental staff frequently visit Age Concern to enable people to receive regular blood pressure and dental check ups.
105. “Fruity Fridays” are held at Age Concern, where a variety of fruits are prepared and placed on large silver serving trays and offered round to everyone in the building. Most of the fruits used are tropical and non traditional types, to encourage people to try some different, that they wouldn’t normally try, its fun way ‘to get your five a day’.
106. Members welcomed the work of Age Concern and ‘Fit as a Fiddle’. However, they expressed concerns about people’s awareness of the activities being undertaken and thought that more could be done to co-ordinate activities with Darlington One Life.

**Recommendation – That “Well Being on prescription” be further developed and that Darlington One Life and Fit as Fiddle improve their communications to integrate their services to offer a wider range of physical activities for older people.**

**4th Action – Develop a Workplace Health Award recognising the contributions employees make and responsibility of employers.**

### **Darlington Investors in Health**

107. Members reviewed a piece of work being undertaken by NHS Darlington in respect of Darlington Investors in Health.
108. The purpose of the project is largely to encourage employers to incorporate pre-retirement planning and age-proofing employment policies within organisations.
109. Workplaces as a setting for improving health have increasingly been recognised as providing a good opportunity for health improvement.



110. In Darlington this priority has been reinforced by the Local Strategic Partnership (LSP) and action within this setting has been included in the health improvement plan of both Darlington Borough Council and NHS Darlington.
111. The project aims to develop a framework to reward good practice in improving health in the workplace.
112. The framework has been shaped by the needs of local businesses and partners and rewards activity at foundation, bronze, silver and gold levels.
113. After period of consultation, the framework was agreed by the Health Improvement and Social Inclusion Group. The project is now supported by a Steering Group and reports to the Healthy Darlington Themed Group.
114. The underpinning principles of Darlington Investors in Health, for it to be a Darlington project is that ownership needs to rest with the LSP and associated partners, rather than one organisation. The strong partnerships within the town must be utilised and work with partners (including the third sector) to ensure the skills and expertise of partners are applied to the programme delivery.
115. It has been driven by a number of complementary agendas founded on business principles e.g. regeneration, corporate social responsibility, management, leadership and organisational development, social and economic inclusion agenda.
116. Members welcomed the work undertaken and were pleased that pre-retirement packs would be included as part of the standards and a leaflet was being drafted to publicise the Darlington Investors in Health Scheme.

### **Darlington Borough Council – Retirement Policy**

117. Members decided that they could not add value to the Investors in Health Awards until they scrutinised the Council's Retirement Policy and considered pre retirement advice available to staff.
118. Members were pleased to note that staff are written to at least six months before they reach statutory retirement age and asked if they would like to continue working. Staff are also asked, at that point if they would like to attend the pre-retirement course. This is not mandatory it is an individual's choice.
119. Courses are arranged to meet demand and at present only one pre retirement course is run a year. Attendance on courses is not restricted and people are able to attend in their final year of service, giving them an opportunity to plan for their retirement. There are not sufficient numbers of attendees to split the various elements of the course, therefore the one course provides staff with a general overview of a number of issues.
120. The course, like most of the Council's training delivery is outsourced and the design is largely down to the provider, although, a representative from Durham Pensions provides all participants with a pension estimate. Financial assistance was highlighted as one of the

main issues of concern following the feedback gathered by Members at the GOLD Tea Dance.

121. It was noted that staff regularly receive pension advice and newsletters through the Local Government Pension Scheme membership. There are also regular features in The Flyer and seminars are held to update members of the Local Government Pension Scheme of any changes.
122. The pre retirement course also involves a representative from Growing Older in Darlington, (GOLD) giving an overview of the kinds of activities that people over the age of 50 can access in the town. Members suggested including more emphasis on volunteering and promoting the volunteers opportunities available. Members were pleased that there was a slot on the course promoting 'Good Health and Retirement'.
123. Members welcomed the Flexible Early Retirement from 50 years Procedure and were pleased to note that staff held discussions with their Line Managers about whether this was possible and requests are always considered for staff wishing to take early retirement.
124. With regards to the Council employing an ageing work force, it was reported that at the end of the 2007/8 financial year, 23.39% of the Council's workforce was aged between 50 years – 59 years old. 7.31% of the Council's workforce is aged 60 or over. The total workforce over 50 is 30.7%.
125. Members are satisfied that Darlington Borough Council has robust Retirement Policies in place and that efforts are being made to educate staff on retirement issues before retirement.

### **Retirement Policy Questionnaire**

126. Members agreed to send out a questionnaire to all local businesses in the town to find out whether they have retirement policies and if so how seriously pre retirement planning is taken.
127. The questionnaire developed by Members was sent out to over 230 businesses within Darlington in late 2008. In early 2009, only 15 correctly completed questionnaires were received.
128. 60% of the responses said that the business seeks to employ staff over the age of 50 and most have a number of employees in this age range. Businesses do seem to discuss retirement with employees but there is no formal arrangement. Only 26% of responses said their company had a retirement policy and only one business included a copy of their retirement policy.
129. 86% of those who responded do not provide pre retirement training for employees and of the 13% that do, this is not a formal arrangement and usually only informal discussions are held with the finance department or pension's officer. All businesses who responded do not offer staff any benefits once they have retired.
130. Members were disappointed that more businesses did not complete the questionnaire and were surprised at the low level of support for staff approaching retirement age.

**Recommendation – That pre retirement preparation be strengthened in the Investors in Health Awards, as a result of work undertaken by the Review Group.**

**Recommendation – That pre retirement provision be given serious consideration by the Council and local businesses by offering retirement training and financial planning advice.**

**Recommendation – That this Scrutiny Committee presents the final report to Darlington Partnership Board to encourage local businesses to improve their retirement planning.**

**Recommendation – That the final report be shared with the Older People’s Partnership Board for endorsement and that the report be circulated as widely as possible to share information and demonstrate to need for joining up of services and activities.**

### **Financial Implications**

131. At a meeting of Monitoring and Co-Ordination Group, it has been agreed to allocate £1,500 towards this review and as result, Members used the money to fund the publicity costs and venue costs for the Talking Together style event hosted by the Committee entitled ‘Age Healthy’.
132. The event was for all third sector, PCT and Council services to promote activities for older people, to share information, to address duplication and to ask the general public about the retirement services they would like.

### **Conclusions**

133. Members of the Health and Well Being Scrutiny Committee who have been involved with this Review have received a vast amount of information about the activities available to older people living in Darlington. Members would like the services to be more co-ordinated, better accessible and not be duplicated.
134. Members endorse the numerous preventative strategies and services currently place to assist people to remain independent and live in their own homes. They recognise that as older people get older and live longer services need to be strengthened to be available to a larger proportion of people than ever before.
135. The mapping of services undertaken by NHS Darlington Members welcomed as a good basis for an integrated directory of services and hoped that the Age Healthy event would highlight activities that were going on around the town the people were unaware of.
136. The ‘Age Healthy event’ held on 12th May, enabled activities organisers to share ideas and discuss ways of jointly promoting activities and was a huge success. There was an extremely high turnout and everyone who attended enjoyed themselves. The majority of people got something from the event be it an easy use potato peeler from NHS Darlington Healthy Eating Team or information about exercise classes from Fit as a Fiddle.
137. As highlighted earlier in the report, there was attendance from all but two of the Borough’s Wards to the event and in future equal distribution of publicity needs to be ensured. There

was a high turnout of women and in future, men need to be targeted and activities promoted to encourage men to remain active and healthy during retirement.

138. Members were most impressed with the number of stall holder that's supported the event, from a number of teams from NHS Darlington to Openarts Studio. There were lots contacts made and discussions between stall holders which signalled the possibilities of joint working, which Members were delighted to witness.
139. Members would welcome further development of well being on prescription and further joining up of services.
140. Members felt satisfied that Darlington Borough Council has a robust retirement policy and welcomed the Darlington Investors in Health Awards and are happy to promote them where possible.

### **Summary of Recommendations**

1. That the mapping of services be extended to incorporate healthy eating services such as home delivery of meals, luncheon clubs, meals on wheels, etc.
2. That the preventative strategies in place be strengthened and that the low level services be promoted more widely in Darlington.
3. That Officers explore the potential of a more co-ordinated approach to join up services, share information and consider the possibility of pooling resources.
4. That the work undertaken by NEOPAG be welcomed.
5. That the mapping of healthy ageing programmes be welcomed and that the option of an evolving electronic directory of services be explored to enable older people to view in local community settings the activities available to them.
6. That Officers continue to investigate gaps identified as part of the Review in respect of accessibility, co-ordination, awareness and promotion in relation to healthy ageing programmes.
7. That "Well Being on prescription" be further developed and that Darlington One Life and Fit as Fiddle improve their communications to integrate their services to offer a wider range of physical activities for older people.
8. That pre retirement preparation be strengthened in the Investors in Health Awards, as a result of work undertaken by the Review Group.
9. That pre retirement provision be given serious consideration by the Council and local businesses by offering retirement training and financial planning advice.
10. That this Scrutiny Committee presents the final report to Darlington Partnership Board to encourage local businesses to improve their retirement planning.

11. That the final report be shared with the Older People's Partnership Board for endorsement and that the report be circulated as widely as possible to share information and demonstrate to need for joining up of services and activities.

**Councillor Marian Swift,  
Chair of Older People's Strategy Review Group**

**Older People's Strategy Review Group - Terms of Reference**

- At the launch of the Older People's Strategy – All Our Futures – A Strategy for Later Life in Darlington 2008-2021, Members undertook a consultation. Members of the public were asked to rank the outcomes detailed in the Action Plan in order of what they deemed to be important.
- The results were as follows: - Top Priority – Improving Health and Well-Being, Second – A Safe Environment, Fourth – Valuing Older People, Fifth – Improve Access to Information, Sixth – Lifelong Learning. Economic Stability – there was no clear order of priority.
- The Committee has agreed to focus on the top priority of the Action Plan, as identified by members of the public, Improving Health and Well Being and subsequently Members held a Review Group meeting to identify four specific actions within the outcome of Improving Health and Well Being. The following actions have been identified by Members:-
  - Develop preventative strategies which promote healthy lifestyle choices and promote independence.
  - Map and promote healthy ageing programmes, an overarching term for a range of programmes delivered by agencies who work with Older People.
  - Develop well-being on prescription e.g. Darlington One Life and other forms of social prescribing.
  - Develop a Workplace Health Award recognising the contributions employees make and responsibility of employers
- To undertake work on the above actions, the Review Group will endeavour:-
  - To examine the preventative strategies already in place which promote healthy lifestyle choices and promote independence.
  - To investigate adaptations which can be used to allow people to remain independent.
  - To consider the healthy ageing programmes that are delivered by agencies who work with Older People.
  - To investigate well-being on prescription, Darlington One Life and other Forms of Social Prescribing
  - To consider retirement policies of the Council, other partners, businesses and organisations to identify best practice.
  - To investigate views of older people in respect of retirement and their experiences.
  - To assist with the development of a Workplace Health Awards.