

**BE BIRMINGHAM WELLBEING STRATEGY FOR  
OLDER CITIZENS  
2009 – 2012**

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## **BE BIRMINGHAM WELLBEING STRATEGY FOR OLDER CITIZENS**

**2009 – 2012**

### **1. INTRODUCTION**

This three-year strategy has been formulated to achieve a number of goals:

- a) To improve the health and wellbeing of the older citizens of Birmingham. For the purpose of this wellbeing strategy the definition of an older citizen is set at age 50 to be in line with the definition of the Department of Health National Service Framework for Older People.
- b) To respond to the express wishes of older citizens and their carers, meeting their changing needs and expectations
- c) To enable older citizens to live as independently as possible, as full and equal citizens of Birmingham and their local communities, ensuring equal access to universal services
- d) To deliver the strategic objectives of the Be Birmingham Sustainable Community Strategy and achieve LAA targets relevant to wellbeing
- e) To complement the Personalisation agenda outlined in 'Putting People First' and 'Choosing Health'
- f) Make the connections between the 'place shaping' and 'personalisation' agendas by bringing the two strands together to result in better outcomes for both individual citizens and the communities in which they live.

The wider implications of these proposals for all partners across the Be Birmingham Partnership are the subject of continuing discussion. However, it has already been established that this strategy will require still closer collaboration between all partners, to enable older citizens to be supported in their own homes to live the lives they choose.

### **2. BACKGROUND**

The Be Birmingham Partnership is at the forefront of dealing with the implications of an ageing population and in re-defining their role and place within their local communities. At root, this requires a fundamental change in attitude towards old age, moving away from the negative stereotypes of dependence and loss to a more positive appreciation of the knowledge, skill and experience, possessed by older

citizens. These attributes equip them to make a significant contribution to the wellbeing of their local communities.

This contribution will only be possible if age discrimination is actively confronted in all its manifestations, whether it be:

- a) a lack of dignity and respect in the way old citizens are treated
- b) any form of abuse or avoidable harm
- c) economic disadvantage, arising from non take-up of benefit entitlements
- d) reduced employment opportunities
- e) inappropriate housing
- f) poorer access to transport and, to mainstream social facilities

Promoting economic, social and environmental wellbeing within strategic partnership working is shared amongst all partners within the Be Birmingham Partnership. This strategy for wellbeing will require integration both into the wider Sustainable Community Strategy and links into the commissioning intentions of partners.

Following the Corporate Performance Assessment Audit 2007, shortly to be replaced by the Comprehensive Area Assessment, the City Council was required to produce with the Be Birmingham partners, an agreed strategic approach to improve the wellbeing of older citizens. This wellbeing strategy has been developed for citizens aged 50 plus, as this is consistent with government policy documents in relation to the definition of older citizens. However it is acknowledged across the partnership that the wellbeing strategy is equally applicable to all adults. It is recognised individual interpretations of old age vary. Due to the number of priorities, which have been identified by older citizens the consultation process will seek to identify the priorities which will maximise the opportunities for older citizens to lead fulfilled lives and promote active citizenship.

The Be Birmingham Partnership recognises that this strategy is one of the steps to delivering positive change in Birmingham. By 2026 the Be Birmingham Partnership aims to be the best city in which to grow old. To facilitate this the partnerships needs to create the environment in which people will not migrate out of the city, but will make a positive choice to live an active and fulfilled life in their old age in Birmingham.

Within the commissioning framework, outlined in this report, there is the scope for every local community to adapt its services according to its own particular circumstances and needs.

### **3. THE VISION FOR FUTURE SERVICE DELIVERY**

The challenge is to develop a policy framework that facilitates the development of more naturally self-sustaining communities in which:

- a) information, advice and advocacy support is freely available to enable everyone to make informed choices about their health and wellbeing, including preparation for their old age
- b) older citizens are enabled to access all their financial entitlements and the full range of mainstream social facilities
- c) local communities are encouraged to forge networks of interdependent support, supported by the Be Birmingham Partnership
- d) access to support services is made easier and quicker, in a more integrated way
- e) all support is more individualised and more appropriate to cultural needs and preferences
- f) services will be geared to maintaining and/or restoring older citizens to independent living for as long as they are able
- g) recipients of services are given maximum control, enabling them to pursue their preferred lifestyles
- h) Appropriate support to prevent the early onset of mental health needs
- i) carers, whether family, voluntary or professional, are more appropriately valued for their contribution to social wellbeing
- j) services are commissioned across all sectors on the basis of comprehensive intelligence, which anticipates rather than reacts to changing needs and preferences

### **4. RE-FOCUSING THE APPROACH**

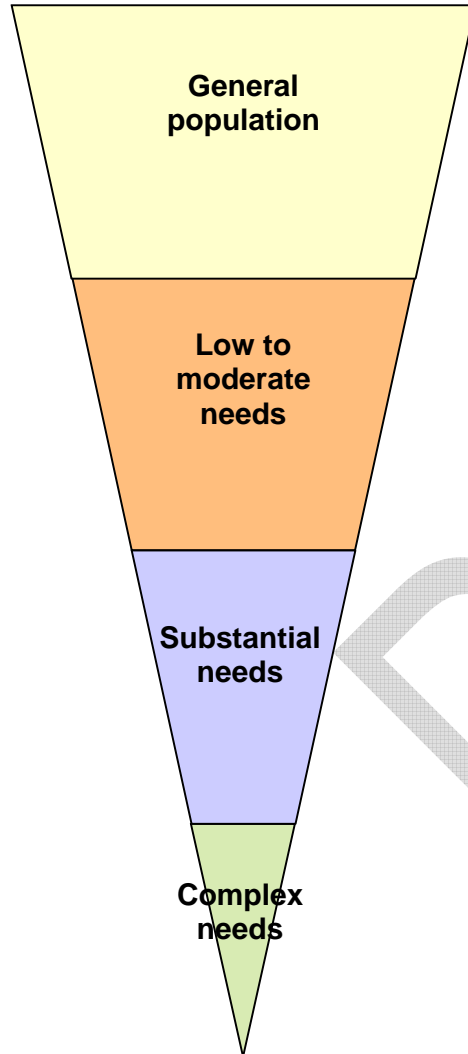
Government departments and national voluntary organisations have over the last few years produced a variety of policy documents which highlight the need to plan

for an ageing population. They also recognise the ways that this growing and diverse group within society can make a positive contribution to the life of their community, if their quality of life is maintained. (**Appendix A** identifies the policy context in relation to the development of wellbeing services)

The diagram below identifies the differing levels of population needs and examples of interventions that may be required to support citizens to achieve a high quality life. (Source 'Prevention and Personalisation' CSIP Presentation, 31 July 2008) The strategy anticipates that the coherent range of services, outlined in the vision above for wellbeing services, will only be achieved through a combination of joint and collaborative approaches across the Be Birmingham partnership. The challenge for developing wellbeing services is to facilitate the appropriate combination of opportunities and interventions for all older citizens. This relates to the support and care continuum of universal, wellbeing and personalised services for complex needs for older citizens.

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## Population 'needs'



## Example interventions

Citizenship	<ul style="list-style-type: none"> <li>• Involvement of older citizens</li> <li>• Tackling ageism – positive images</li> <li>• Equal access to mainstream services</li> <li>• Making a positive contribution, including volunteering</li> </ul>
Home and Information	<ul style="list-style-type: none"> <li>• Community safety initiatives, including distraction burglary</li> <li>• “No door the wrong door”</li> <li>• Single point of access, self assessment, peer ‘navigators’</li> </ul>
Lifestyle	<ul style="list-style-type: none"> <li>• Active ageing initiatives</li> <li>• Public health messages, including diet and smoking</li> <li>• Peer health mentoring</li> </ul>
Practical support	<ul style="list-style-type: none"> <li>• Befriending and counselling</li> <li>• Shopping, gardening etc</li> <li>• Case finding and case management of those at risk</li> </ul>
Early intervention	<ul style="list-style-type: none"> <li>• Intermediate care services</li> <li>• Enablement services – developed from home care</li> </ul>
Enablement	<ul style="list-style-type: none"> <li>• Integrated or co-located teams and/or networks</li> <li>• Generic workers</li> <li>• Case finding and case management of complex cases / LTC</li> </ul>
Community support for LTC	<ul style="list-style-type: none"> <li>• end of life care – enabling citizens to die at home</li> <li>• Management of unscheduled care</li> </ul>
Institutional avoidance	<ul style="list-style-type: none"> <li>• Hospital in-reach and step down pathways</li> <li>• Post discharge support, settling in and proactive phone contact</li> </ul>
Timely discharge	

Over the last ten years the Department of Health has developed a number of policy initiatives, which have increased the focus on supporting the health and wellbeing of the older population, such as the National Service Framework (NSF) for Older People (2001) the cross government Opportunity Age (2005) and 'Our Health, Our Care, Our Say'. (January 2006)

The 2007 concordat 'Putting People First: a shared vision and commitment to the transformation of adult social care' signaled a shared ambition across government to put the needs of people at the centre first through a radical reform of public services. This would enable people to live their lives as they wish, confident that services were safe, of high quality, and promoted their own individual needs for independence, wellbeing and dignity.

The ministerial concordat established the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It set out the shared aims and values which are guiding the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people's experience of local support and services.

Definitions of wellbeing vary from the World Health Organisation definition (1946) of 'Wellbeing is a state of complete physical, psychological and social well being and not simply the absence of disease to the all encompassing definition of the United Kingdom Government's Whitehall Wellbeing Group (2006) who developed a statement of common understanding of wellbeing for policy makers:

"Wellbeing is a positive physical, social and emotional state; is not just an absence of pain, discomfort and incapacity. It arises not only from the action of individual, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive relationships, security, rewarding employment, and a healthy and attractive environment.

Government's role is to enable people to have a fair access now and in the future to social, economic and environmental resources needed to achieve wellbeing. An understanding of the combined effect of policies on the way people experience their lives is important for designing and prioritising them"

As the definition above is so far reaching for the purposes of this strategy we will utilise the model contained within the Young Foundation Report 'Local wellbeing: Can we measure it?' (September 2008)

The model is formed in three parts which are interrelated with wellbeing at the centre. The component parts:

## 1 Personal

- Material and financial wellbeing
- Engaging activities and achievements
- Health and mental wellbeing

## 2 Place

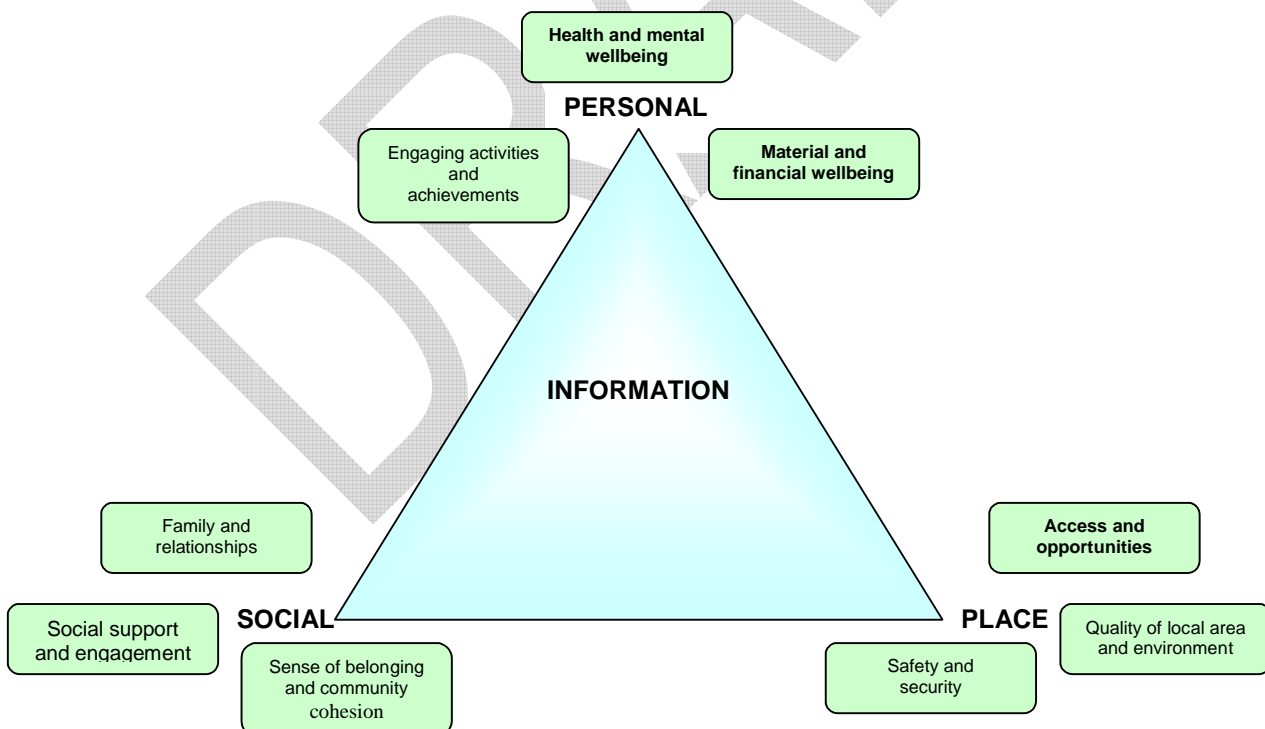
- Safety and security
- Access and opportunities
- Quality of the local area and environment

## 3 Social

- Family and relationships
- Social support and engagement
- Sense of belonging and community cohesion

To achieve wellbeing the model has been modified to include information, for all nine sub themes in order to achieve improved outcomes for people. The relevance of information within all sub themes is to ensure that older citizens can access information, advocacy and support to enable informed choices.

### PERSONAL-SOCIAL-PLACE-BASED WELLBEING



Adapted from Steuer, N & Marks, N (2008): Local wellbeing - Can we measure it?

## **5. NEEDS ANALYSIS AND PROFILE OF BIRMINGHAM'S OLDER PEOPLE**

The aim of this strategy is to improve the lives of older citizens of Birmingham with a tailor made approach identifying and targeting people who would benefit from wellbeing services. These services will afford citizens the opportunity to live their lives in a way which maximises their independence, appropriately reduces their reliance on another person to achieve this and offers the opportunity to meet the outcomes of daily living that we all aspire.

With over one million residents, Birmingham City Council is the largest local authority in the UK and the largest council in Europe. In the 2007 Index of Multiple Deprivation Birmingham ranked as the 14th most deprived local authority in Britain. There are wide variations in levels of income and wealth, the most deprived areas being in the centre and east of the city and the most affluent in the north and south but there are pockets of deprivation within these areas. Income maximisation work will target those areas of the greatest deprivation.

Somewhat surprisingly, the absolute numbers of older people in Birmingham are not projected to grow as fast as in most other parts of the country. However, it is estimated that the number of people over 85 will rise by 50% over the next twenty years.

In contrast to other areas the over 50 population in Birmingham is decreasing. In 2001 there were nearly 284,000 Birmingham residents aged 50 years or more. Between 1991 and 2001, the older population in Birmingham decreased by 4%, compared with increases of 10% in the West Midlands and England as a whole. Despite the overall reduction in the older population, the City saw an increase of about 3,500 in the number aged 85 and over. This is a 26% increase since 1991. Higher concentrations of older people are located in the northern, southern, and eastern peripheral parts of the City.

The city's population has been growing since 2001. The proportion of older people in Birmingham is smaller compared to other local authorities but the number, 279,700, is large and increasing. Older people are more likely to live in the northern, southern, and eastern peripheral parts of the city.

The number of over 50s in Birmingham is predicted to rise to 304,100 by 2018 and to 323,300 by 2028. The projected increase in the proportion of older people in Birmingham is the second lowest in England.

Birmingham is an ethnically and culturally diverse city. The percentage of non-white residents in Birmingham's older population is noticeably smaller than the overall population. 14% of older people in Birmingham come from non-white ethnic groups compared to nearly 30% of the population of all age ranges. The proportion of White older people is estimated to have fallen over the last 10 years while the proportion of Asian, Black and Chinese older people is increasing. It is most likely that this

proportion will further increase over the next 20 years. Wellbeing services need to address this diversity in their development.

Just over 2% of Birmingham's older residents live in communal establishments. There are more women than men in these establishments. The proportion living alone is higher at more advanced ages. Just over half of people aged 85 or more years live alone and a further 14% live in communal establishments. Those living alone are at risk of social isolation and in its most severe form can lead to depression. The strategy aims to target those who are at risk of social isolation. Depression is the most common mental health problem of later life, affecting approximately 15% of older people in Birmingham.

The Joint Strategic Needs Assessment of the Health and Wellbeing Partnership has been utilised to identify the predictive needs of older people. **Appendix B** identifies both the relevant data from the Joint Strategic Needs Assessment Analysis and satisfies the data requirements of the Audit Commission publication (2008) 'Don't stop me now' to highlight the need to develop wellbeing services.

About three quarters of older people in Birmingham enjoy good or fairly good health but this is less than the regional and national averages. Percentages with good health tend to be lower, and percentages with not-good health higher, at more advanced ages. With 45% of Birmingham's older residents having a limiting long-term illness, compared with the national average of 38%. Nearly two-thirds of residents aged over 74 reports a limiting illness and in Ladywood 54% of over 50s have a limiting long-term illness.

Two thirds of older citizens in Birmingham live in owner occupied dwellings, compared with three quarters in the West Midlands and England as a whole. About 21% of older citizens in Birmingham live in homes without central heating, compared with 9% in England as a whole. 30% of households headed by residents aged over 85 do not have central heating.

Current specialist provision of housing for older citizens in Birmingham consists mainly of housing designated as Sheltered Housing (83%) with a much smaller proportion of Extra Care housing (6.4%) and Floating Support housing services make up the remaining 10% of provision. There are 63.6 sheltered housing units per 1000 of the over 65 population in Birmingham, which suggests an oversupply of sheltered housing exists in Birmingham when following government guidelines for provision.

It should be noted that a strategic review of Supporting People support for older adults is currently being undertaken, due to be implemented in April 2009. Currently Supporting People monies for older adults amount to £9 million in Birmingham. Supporting People monies are significant as: "Local authorities will also play an increasing role in planning for the major demographic challenge of our time, an ageing society. The preventative services delivered by Supporting People are pivotal in addressing the needs of these groups before crisis point and managing

wider local authority pressures, such as social care costs.” (Our strategy for Supporting People – Dept for Communities and Local Government 2007)

This strategy recognises the neighbourhood regeneration work is already being undertaken in the city, and will complement this wellbeing work. With employment rates being one of the key determinates of income and engagement in meaningful activities. The figures of those below retirement age and out of work and above retirement age and economically active need to be taken into account in deciding the priorities of this strategy. The data below based on Department of Works and Pensions data from July 2008 estimates the number of economically inactive citizens aged 50 plus of working age within Birmingham:

- 16,286 males aged 50-64 years are economically inactive
- 14,257 females aged 50-59 years are economically inactive

Work relating to employment opportunities for citizens over 50 will assist the worklessness agenda of the Be Birmingham partnership.

## **6. FUTURE SERVICE PRIORITIES AND COMMISSIONING INTENTIONS**

The Joint Wellbeing strategy builds upon the work already carried out by the Be Birmingham Partnership on health inequalities, but differs, as its focus is to improve the quality of life of citizens 50 plus in Birmingham. Be Birmingham is the Local Strategic Partnership (LSP) for Birmingham. It seeks to unite the city and its partners from the business, community, voluntary, faith and public sectors to improve social, economic and environmental wellbeing of all the people of Birmingham.

This section sets out how the Birmingham Health and Wellbeing Partnership, as part of the Be Birmingham LSP proposes to improve the quality of later life for citizens 50 plus in Birmingham, by seeking to enable full and active citizenship and exploring all available opportunities to lead fulfilled lives. For the purposes of this strategy older citizens is defined as those aged 50 plus. This strategy recognises that 1 in 8 people 50 plus, are carers and will work to complement the Carers Commissioning Strategy and other work relating to Carers being carried out by the members of the Health and Wellbeing Partnership. Details of how the Be Birmingham Partnership priorities fit with the future service priorities and commissioning intentions are shown at **Appendix C**.

The priorities identified have been influenced by input from older citizens and professionals. The priorities have been informed by ‘Opportunity Age: meeting the challenges of ageing in the 21<sup>st</sup> century’ (2005) and are mirrored in the recent priorities of the Birmingham Advisory Council of Older People (BACOP), and the Citywide Older People User Reference Group. A shared vision for older people to live fulfilled lives in Birmingham was agreed at a 2007 event facilitated by the

Department of Health Care Services Improvement Partnership utilising the 'Catalyst for Change' toolkit. This process reviewed the existing commissioning mechanisms within Birmingham to provide care and support to enable older citizens to live as independently as possible. **Appendix D** provides further detail.

A multi agency Wellbeing group has been has driven the development of this strategy ensuring older citizens priorities are at the centre.

The wellbeing priorities have been grouped around three themes personal, place and social with information being central to the delivery of all three themes.

## **6.1 Personal**

### **6.1.1 Material and Financial Wellbeing**

#### **Outcome**

Older citizens should have sufficient financial security to maintain their quality of life and well being.

#### **Action**

We will support older citizens to maximise their income

#### **Priorities**

Opportunities to work flexibly between work and retirement

Tackle poverty experienced by older citizens and maximise the take-up of welfare benefits, including the mobility component of Disabled Living Allowance for those who are eligible.

Reduce cost to older citizens particularly addressing fuel poverty

Older citizens will have the opportunity to work if they wish

Create more employment opportunities by challenging stereotypes of old age

Valuing older citizens experience in the work place

Providing opportunities for older citizens to retrain/set up new businesses

### **6.1.2 Engaging Activities and Achievements**

#### **Outcome**

To enable older citizens to be able to make a positive contribution in their community

**Action**

We will promote opportunities to enable a range of volunteering, learning, leisure and social activities

**Priorities**

Increase opportunities and support older citizens to continue to use life skills through volunteering and so contribute to community life e.g. time banks.

Equipping older citizens to access information available including web based information, e.g., training for silver surfers

By supporting pre-retirement activities to plan for old age, this will enable good health and wellbeing in later life.

**6.1.3 Health and Mental Wellbeing****6.1.3.1 Person Centred Care****Outcome**

Older citizens will have dignity, choice and control in their lives, and in any support they may need.

**Action**

We will provide co-ordinated approaches and services that respect and support individual difference and choice.

**Priorities**

Explore ways of enabling and empowering older citizens to have more control over the care delivered, provide appropriate choices suitable to their needs, we will inform them of their rights through approaches like personalised budgets and Direct Payments etc .

Support developments of the 'Dignity in Care' initiative across the health and social care economy.

**6.1.3.2 Staying Independent****Outcome**

Older citizens will be supported to enjoy better health and wellbeing.

**Action**

We will help older citizens to stay at home and out of hospital and care homes by providing more services that respond quickly and promote independence.

**Priorities**

Ensuring falls prevention services are provided by all partners are coordinated to ensure equal access across the city.

Support the development of integrated community equipment, assistive technology and stroke services.

Ensure that rehabilitation services and intermediate care meet the needs of older people who have mental health problems.

Encourage health promotion service across all partners e.g. increasing uptake of services like 'flu immunisation, support to stop smoking, healthy eating, stroke prevention, medicines support, affordable foot care and eye tests.

**6.1.3.3 Mental Health in Later Life****Outcome**

Older citizens will enjoy better mental health and wellbeing.

**Action**

We will improve specialist information, advice and support in the community for older citizens, promote wellbeing and early intervention, and ensure that older citizens receive high quality specialist services.

**Priorities**

Ensure all service developments are consistent with the National Dementia Strategy (2008).

Work with adult mental health services to promote mental wellbeing and greater awareness and detection of depression, ensuring that older people have easy access to psychological therapies in primary care and are able to access wellbeing services.

Develop housing and support choices that recognise mental health needs.

**6.1.3.4 Specialist Services at Home and in Hospital****Outcome**

Older citizens will be supported to enjoy better health and wellbeing.

**Action**

We will develop services that are high quality, accessible, personalised, proactive, prompt, reliable and sensitive, that provide more choice closer to home.

**Priorities**

Ensure fair access to health and social care services across Birmingham.

Improve the quality, availability and range of wellbeing services for older citizens with long term conditions or support needs.

Develop wellbeing services to complement integrated visual and hearing impairment services.

Continue to support effective systems for medicines management and support for all older citizens.

Ensuring older citizens in receipt of continuing health care and social care have access to appropriate wellbeing support.

Implement the Gold Standard for end of life care across all services.

## **6.2 Place**

### **6.2.1 Safety and Security**

#### **Outcome**

Older citizens will feel safe living in Birmingham.

#### **Action**

We will tackle the risks facing older citizens and involve them in building safer, stronger local communities.

#### **Priorities**

Raise awareness of safeguarding issues relevant to older citizens.

Work through the Community Safety Partnership to reduce fear of crime and support older citizens affected by crime.

Working with partners to provide information to help older citizens to live safely in the community, e.g., advice relating to for crime prevention and fire prevention

Develop materials and activities promoting a positive local image of older citizens in Birmingham.

### **6.2.2 Access and Opportunities**

#### **Outcome**

Older citizens will be able to get around the area easily.

**Action**

We will improve public transport to meet the needs of older citizens better

**Priorities**

Improve accessible and equal access to public transport across the City that is safe and affordable.

Work with wider partners to develop alternative transport solutions for older citizens e.g. by ensuring that Ring and Ride is more flexible and more widely available.

Work with partners to promote the development of personal care suites across the city including within shopping areas.

All service developments of all partners should consider access, transportation and Disability Discrimination Act requirements.

All services will be developed in accordance with the new Equality Bill – Framework for a Fairer Future (2008)

Older citizens should be afforded the opportunity to participate in transport commissioning at a city level.

Ensure compliance with the Disability Act.

**6.2.3 Quality of the Local Environment****Outcome**

Older citizens will have choice of affordable, accessible, high quality housing.

**Action**

We will improve information, choice and quality in all types of housing

**Priorities**

Develop local access to comprehensive information and advice about housing choices.

Develop appropriate housing support to meet individual care and support needs to enable older citizens to live as independently as possible, wherever they live. Explore the range of housing options available including service developments for Extra Care Housing.

Meet Decent Homes standards in all public housing by 2010.

Develop a range of options for older citizens to get essential repairs, maintenance, handyperson's service, gardening and adaptations done more quickly across the range of tenure.

Supporting older citizens to live as independently as possible wherever they live by developing assistive technology solutions regardless of older citizen's housing tenure.

## **6.3 Social**

### **6.3.1 Family and Relationships**

#### **Outcome**

Older citizens and their families will be supported to maintain the relationships they value.

#### **Action**

We will promote appropriate support to enhance social contact, reduce isolation and improve wellbeing and quality of life.

#### **Priorities**

Promote and develop for older citizens that are carers, specific services such as Fair Access to Short Breaks for carers' services and carers emergency response service.

Work with all partners to develop intergenerational project opportunities in Birmingham

Work with all partners to complement the advice and support for older citizens and their carers and develop outcome measures defined by them.

### **6.3.2 Social Support and Engagement**

#### **Outcome**

Older citizens retain, enhance and develop new social networks. This will avoid unwanted social isolation, loneliness or lack of social relationships.

#### **Action**

We will provide an opportunity to enhance and acquire new skills and abilities.

#### **Priorities**

Develop co-ordinated Well-being plans with all Be Birmingham Partners

Increase the range of physical activity opportunities for older citizens e.g. promoting walk 2000, and opportunities through the ramblers association

Ensure access to leisure, culture and lifelong learning (including University of the 3<sup>rd</sup> Age) for older citizens are easily accessible and involve them as partners in implementing the wider leisure and culture strategy.

### **6.3.3 Sense of Belonging and Community Cohesion**

#### **Outcome**

Older citizens will be encouraged to participate in decision making relating to universal wellbeing and support services. Thus enabling the services to be more responsive to meet older citizen's needs and affording active citizenship.

#### **Action**

We will provide opportunities to be actively involved in designing and delivering services.

#### **Priorities**

Promote access to advocacy services for older citizens in all settings, including care homes

Adopt age positive policies, challenge ageism and promote positive images of old age, including the promotion for International Older People's Day in October

Ensure older citizens are afforded the opportunity to participate in planning and service development and that their views are taken into consideration

Raise the awareness of older people's issues by encouraging older citizens groups to be represented at the Local Strategic Partnership level and associated bodies.

Recruit an older people's champion in each constituency in Birmingham by the end of 2009.

### **6.4 Information**

#### **Outcome**

Older citizens will be enabled to access information and services, from partners within Be Birmingham provided in an integrated set of arrangements for sharing information and advice in a more accessible and easily comprehensible way.

#### **Action**

We will explore the opportunities for a single point of access/information gateway covering all partners to help people stay independent, to enable informed choices and improve their wellbeing

#### **Priorities**

Availability of appropriate support, to enable access information and advice. (Care Navigators, Brokers, Health Exchange, Community Links, etc)

Support the development of Information Prescriptions across Health and Social Care

Develop local access to information and advice.

Ensuring the access and availability of appropriately formatted comprehensive information for citizens aged 50 plus to enable informed choices

Exploring technological solution to assist older in accessing information, e.g. interactive options, websites, Digital Birmingham.

## **7. HOW WILL WE MEASURE WELLBEING**

Measuring wellbeing will require asking people about their feelings and experiences, typically through surveys and/ or questionnaires. This is often referred to as measuring people's 'subjective feelings. At the local level this is for things such as crime rates. The measurement of subjective wellbeing provides a valuable way for local authorities to understand and respond to local needs. Research has found measures of self-reported wellbeing – that is answers to questions about how people feel about their quality of life –correlate with other indicators of human happiness and wellbeing. Measuring subjective wellbeing will also support the Common Area Assessment Framework.

Measuring wellbeing will be useful for Be Birmingham Partnership to:

- understand local needs – to enable resources to be targeted to areas and population groups where they are most required
- measure outcomes – as part of the Sustainable Community Strategy and/or Local Area Agreement to assess performance and shape future priorities
- track progress – capturing 'distance travelled' and the extent to which some of the leading indicators for achieving local area outcomes are being met
- encourage partnership working and the pooling of budgets – between local authorities and other public service providers, linked to the crosscutting nature of many wellbeing measures
- demonstrate positive local change – so that 'energies local authorities' to achieve change through initiatives which focus on developing human potential and enhancing lived experience, not only on reducing deficits, are recognised and rewarded
- facilitate a shift from an emphasis on service provision to community focused outcomes – mirroring the change from Comprehensive Performance Assessment (CPA) to Comprehensive Area Assessment (CAA).

### **How we will measure our progress**

Throughout our wellbeing developments will be collecting evidence to show the difference we are making to citizens lives. We will develop a coherent framework which:-

- provides a structure that links quantitative and qualitative data
- provides potential evidence for all activities
- ensures everyone can understand it and engage with it
- relates evidence collection to the planning cycle

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There are 5 layers of evidence from Quantitative to Qualitative

1. Numbers
2. Numbers to a standard (Performance Indicators)
3. Objective Outcomes
4. Subjective Outcomes (People's Perceptions)
5. Individual Stories

Using this model will provide a framework that will help us collect evidence more systematically, evaluate progress and help identify areas on which to focus.

### **Measuring Wellbeing: the National Indicator Set, Vital Signs & the LAA**

Comprehensive Area Assessment (CAA) will replace existing inspection regimes from 2009. A core part of the (still under development) CAA process will be assessment of Birmingham's performance against both the targets agreed in the LAA and the wider set of indicators (from which LAA indicators had to be chosen) set out in Vital Signs and the National Indicator Set (NIS).

Some of these measures fit neatly against the emerging priorities of this Wellbeing Strategy, while others can certainly contribute to it.

The information in the table below therefore summarises these indicators as the basis for creating and agreeing key measures for wellbeing.

#### **Indicators specific to older people**

<b>Indicator Title</b>	<b>Vital Sign (Y/N)</b>	<b>NIS (Y/N)</b>
Achieving independence for older people through rehab/intermediate care	Yes	Yes
Healthy life expectancy at age 65	Yes	Yes
Satisfaction of people over 65 with both home and neighbourhood	No	Yes
The extent to which older people receive the support they need to live independently at home	No	Yes

## Indicators closely linked to older people

Indicator Title	Vital (Y/N)	Sign	NIS (Y/N)
Self-reported measure of people's health & wellbeing	Yes		Yes
Self-reported experience of social care users	No		Yes
People with a long-term condition supported to be independent and in control of their condition	Yes		Yes
User reported measure of respect & dignity in their treatment	Yes		Yes
End of life care enabling people to choose to die at home *	Yes		Yes
Social Care clients receiving Self Directed Support*	Yes		Yes
Delayed transfers of care*	Yes		Yes
Carers Services and support	Yes		Yes

\* = All LAA targets 2008-11

## Shifting Resources to deliver the Priorities

Given the increasing demands outlined, it is essential that all resources are used to their best effect and in accordance with the wishes of older citizens themselves and their carers.

The achievement of the identified priorities will be affected by the degree and pace of partnership working that is developed across the Be Birmingham Partnership as well as with other commissioning and service-providing agencies.

Equally, all of the agencies will need to agree on, and resource a Training and Workforce Development Strategy to equip staff from all sectors with the necessary skills.

## **8. IMPLEMENTATION OF THE STRATEGY**

More detailed work on these commissioning intentions will proceed in parallel with the public consultation process over the next three months, following clearance through the governance process of the local authority and the Primary Care Trusts. The final strategy will be amended in the light of the consultation feedback and presented for agreement at the partners governing bodies. The commissioning priorities identified above will be revised and prioritised in the light of the feedback from the consultation process. On going discussions with the Health and Wellbeing Executive and other partners during the consultation process will identify the approach to secure funding for a phased approach of the wellbeing priorities.

Due to the comprehensive corporate and inter-agency nature of this strategy, it will be necessary to closely define the respective governance responsibilities. The relationship between the Health and Wellbeing Executive, which includes the newly appointed Director of Public Health who has a citywide remit, and the relationships amongst and with the city council directorates and other Be Birmingham partners needs defining. Additionally, the relationship between the thematic boards, the Neighbourhoods Board and the Constituency Partnerships needs to identify how the wellbeing agenda will be progressed at a local level.

The implementation process will be driven by interdependent commissioning strategies in each of the agencies involved, orchestrating the necessary commissioning of the new services and de-commissioning the services no longer fit for purpose. In order to ensure transparent processes a jointly agreed commissioning/decommissioning tool will be developed, drawing on lessons learnt from the Adults and Communities tool utilised for the third sector commissioning process.

The strategy is designed, over the three-year period, to bring Birmingham up to the level of the best-performing partnership in the country, as determined by the Common Area Assessment. In order to achieve this goal, all partners will need to agree on a core set of indicators that are rigorously monitored by the Health and Wellbeing Executive.

The focus of all staff has to be on the definition of measurable outcomes that are agreed with older citizens and their carers themselves.

These performance returns will be supplemented by periodic satisfaction surveys of older citizens and their carers. All of this intelligence will be shared on an ongoing basis with partners and the network of user and carer consultative groups. They will be able to ensure that the strategy and its implementation stay in tune with their evolving needs and expectations.

### Policy Context

Government departments and national voluntary organisations and pressure groups have over the last few years produced a variety of policy documents which highlight the need to plan for an ageing population. They also recognise the ways that this growing and diverse group within society can make a positive contribution to the life of their community, if their quality of life is maintained.

In 2001 the 'National Service Framework for Older People' (NSFOP) set the first national standards and targets that had to be met to improve services for older people, regardless of where they lived. Standard 8 "Living well in later life" identified the need for a coordinated approach to promoting healthy active life in old age and for partner organisations to work together to achieve this. The NSFOP was later revised in 'A New Ambition for Old Age' (2006) which outlined 10 programmes under three themes: Dignity in Care, Joined-Up Care, and Healthy Ageing.

In 2005 The Department for Works and Pensions, produced 'Opportunity Age: meeting the challenges of the 21st century' which outlined for the first time the steps to creating a coherent national framework for supporting the growing ageing population. Along with addressing income and employment it considers the need for services like adequate housing and transport to ensure older people can live active and fulfilling lives, maintain their independence and be able to make choices about the services they want. It also maintained this forward planning should begin from the age of 50 years of age. A healthy midlife contributes to achieving an active and fulfilled later life.

The green paper 'Independence, wellbeing and choice' (2005), and the subsequent white paper 'Our health, our care, our say' (2006) took forward a broader more holistic view of health and well-being. They acknowledge the need to shift towards prevention and community based care, in order to address, older people desire to stay independent in their own homes, for as long as possible. It acknowledged the need to promote higher levels of physical activity for older people as well as more social engagement amongst secluded older people.

The report from the Social Exclusion Unit, Sure Start to Later Life (2006) brought together many of these themes and highlights the crucial link between being socially excluded and the impact on health and well-being. It asserted the need for more joined up services at key times. It advocates the need to promote a "cycle of well-being" through participation, leisure, education; improved health and ensuring older people are valued amongst all parts of society.

The importance of prevention to well-being is also recognised. The Joseph Rowntree Foundation refers to this as "that bit of help". Low level support and care provided at the right time can prevent a downward decline e.g. after bereavement,

With older people clearly wanting to reside for as long as possible independently in their own homes there is a responsibility to provide adequate and appropriate joined up support and services by both statutory and third sector.

The Lyons Report 2006 identified the role of local government in 'place shaping' whereby local government should have responsibility for the wellbeing of an area and the people who live there, promoting their interests and their future. This was reaffirmed in the White Paper 'Strong and Prosperous Communities' (2006) giving local authorities the role of a strategic leader and place shaper. This enabled local government with their communities to have more freedom and powers to bring about the changes they sought.

Statutory and best practice guidance on the role of Director of Adult Social Services (DASS) was published in May 2006. The introduction of the post of DASS identified seven key roles that are relevant to the development of wellbeing sport and services. They include the responsibility for:

- Promoting local access and ownership and driving partnership working;
- Delivering an integrated whole systems approach to supporting communities;
- Promoting social inclusion and wellbeing.

The 2007 concordat 'Putting People First: a shared vision and commitment to the transformation of adult social care' signaled a shared ambition across government putting concordat put the needs of people at the centre first through a radical reform of public services. This would enable people to live their lives as they wish, confident that services were safe, of high quality, and promoted their own individual needs for independence, well-being and dignity.

The ministerial concordat established the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It set out the shared aims and values which will guide the transformation of adult social care, and recognised that the sector will work across agendas with users and carers to transform people's experience of local support and services.

A joint document in July 2008 between the Department of Health and the Improvement and Development Agency (I&DeA) identified the links between personalisation and place shaping agendas in adult social care and health.

The report explores the ways in which local authorities and their partners are making connections between the 'place-shaping' and 'personalisation' agendas. These are two policy strands that may be seen as distinct but, if brought together, could result in better outcomes for both individual people and the communities in which they live.

**Joint Strategic Needs Assessment Data to Support Development of Wellbeing Priorities**

**Wellbeing Strategy – Data on Over 50s**

**Population**

The mid-2007 population figures estimate there are 279,700 Birmingham residents aged 50 years or more. This is 28% of the City’s population, compared to a national average of 34%.

Age Range	All Persons	Males	Females
50 to 64	143.0	70.2	72.9
65 to 79	96.9	44.6	52.3
80+	39.8	14.0	25.8
50+ total	279.7	128.8	151.0
<b>ALL AGES</b>	<b>1,010.2</b>	<b>496.2</b>	<b>514.0</b>

Source: ONS mid-2007 population estimate

The over 50 population in Birmingham is decreasing. In 2001 there were nearly 284,000 Birmingham residents aged 50 years or more.

Between 1991 and 2001, the older population in Birmingham decreased by 4%, compared with increases of 10% in the West Midlands and England as a whole.

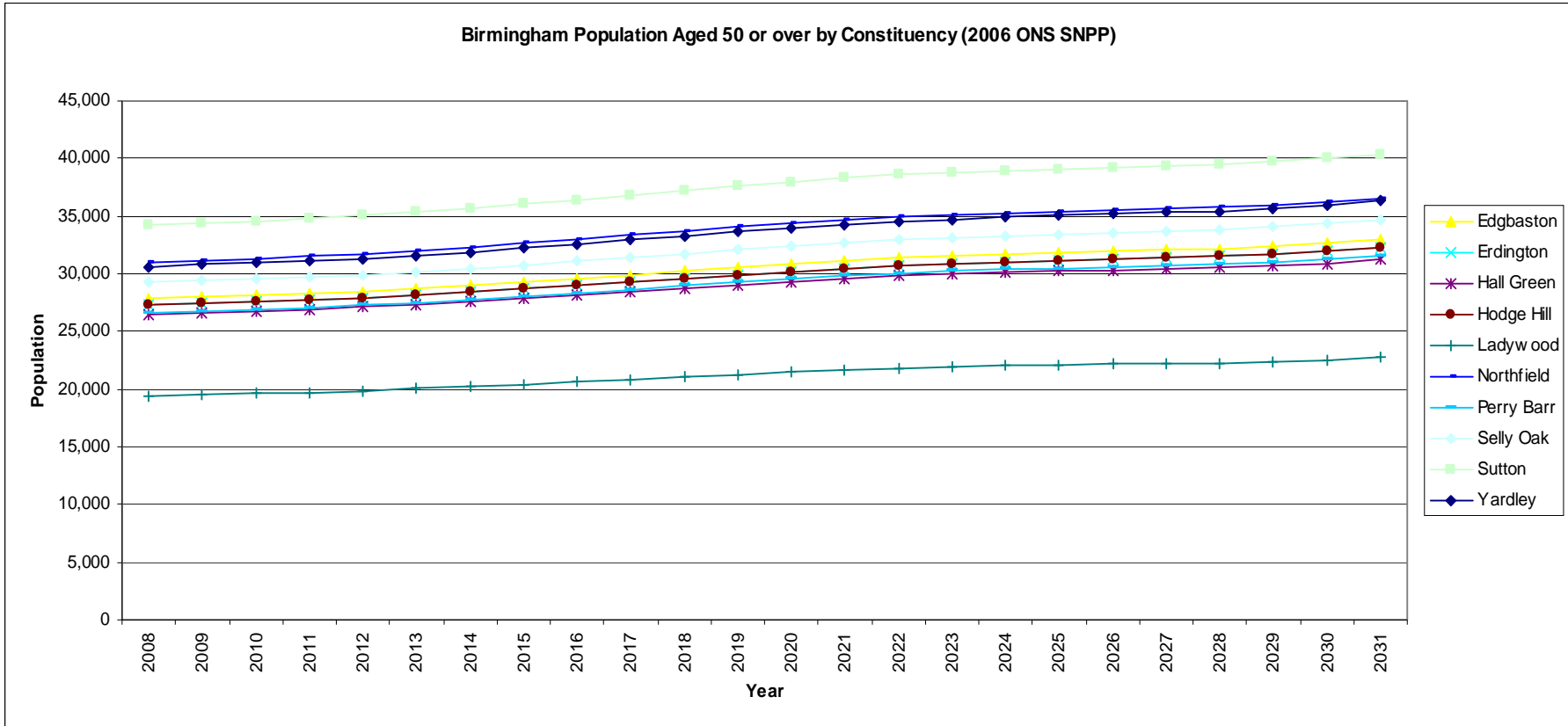
Despite the overall reduction in the older population, the City saw an increase of about 3,500 in the number aged 85 and over. This is a 26% increase since 1991.

Higher concentrations of older people are located in the northern, southern, and eastern peripheral parts of the City.

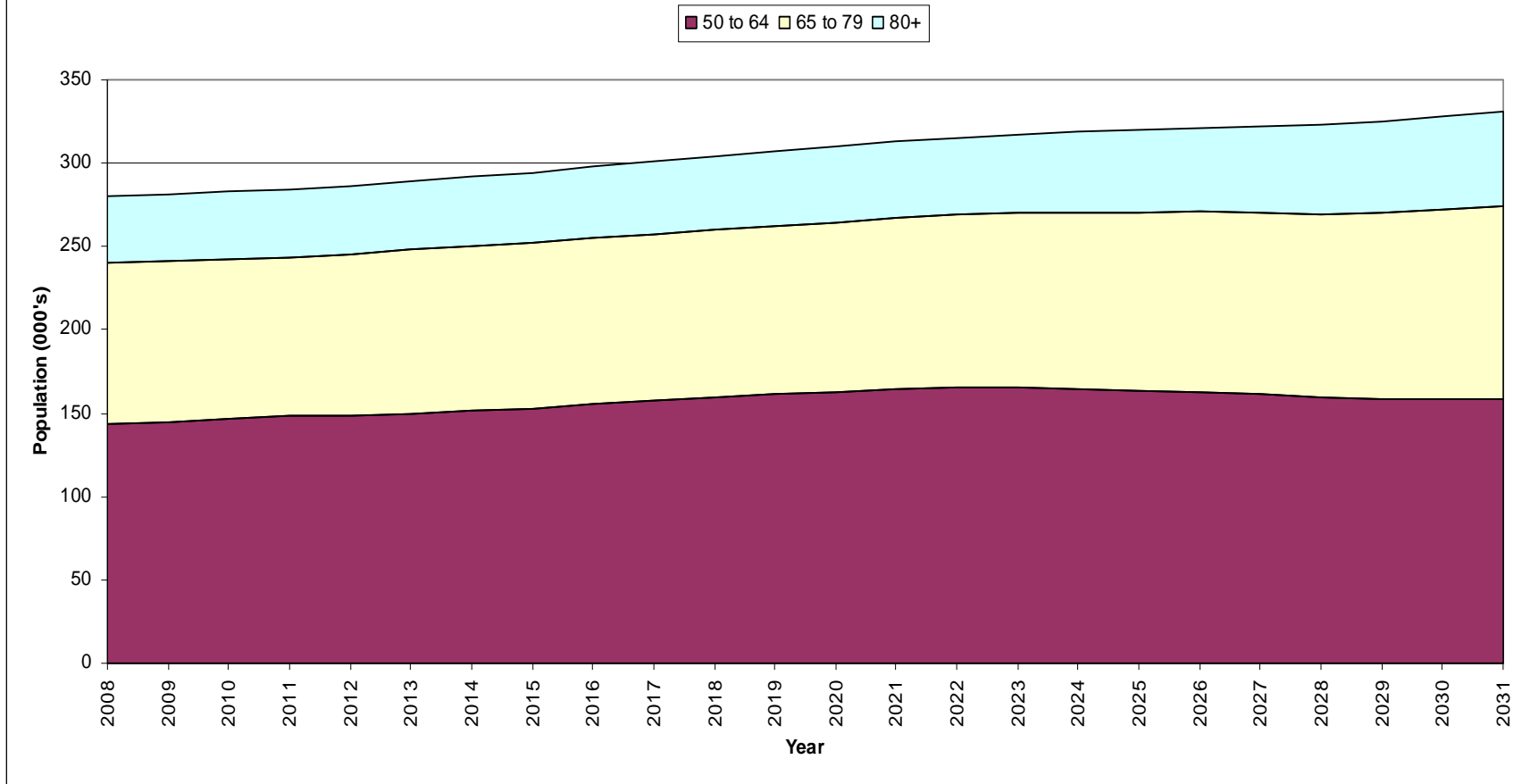
**Projected Population**

The 2006 sub-national projected population for over 50s in Birmingham predicts a rise to 304,100 by 2018 and to 323,300 by 2028.

The projected increase in the proportion of older people in Birmingham is the second lowest local authority in England. In contrast, the numerical increase in Birmingham is among the largest in the country, but this reflects the fact that Birmingham has the largest population in the country.



Birmingham Population Aged 50 or over by Age Group (2006 ONS SNPP)



## **Gender**

There are more females than males in the older population. 54% female, 46% male.

**Number of People Aged 50 and over by Gender and Age Group and Constituency**

Constituency	All People	Males				Females			
		50 to 64	65 to 79	80+	50+ total	50 to 64	65 to 79	80+	50+ total
Edgbaston	28,146	7,154	4,330	1,304	12,788	7,037	5,518	2,803	15,358
Erdington	27,673	6,714	4,678	1,134	12,526	6,739	5,829	2,579	15,147
Hall Green	26,838	6,845	4,603	1,140	12,588	7,044	5,001	2,205	14,250
Hodge Hill	27,729	6,488	4,937	1,297	12,722	6,775	5,853	2,379	15,007
Ladywood	19,715	5,173	3,715	720	9,608	4,971	3,765	1,371	10,107
Northfield	31,449	7,841	4,969	1,284	14,094	8,190	6,503	2,662	17,355
Perry Barr	27,020	6,532	4,585	1,259	12,376	6,937	5,289	2,418	14,644
Selly Oak	29,599	7,163	4,612	1,326	13,101	7,368	6,045	3,085	16,498
Sutton	34,696	8,702	5,559	1,381	15,642	9,101	6,889	3,064	19,054
Yardley	30,998	7,567	5,104	1,437	14,108	7,584	6,234	3,091	16,909
<b>Birmingham</b>	<b>283,891</b>	<b>70,179</b>	<b>47,092</b>	<b>12,282</b>	<b>129,553</b>	<b>71,746</b>	<b>56,926</b>	<b>25,657</b>	<b>154,329</b>

Source: Census 2001

## **Ethnicity**

The percentage of non-white residents in Birmingham's older population is noticeably smaller than the overall population. 14% of older people in Birmingham come from non-white ethnic groups compared to nearly 30% of the population of all age ranges.

**Number of People Aged 50 and over by Ethnic Group and Constituency**

Constituency	All people	Number of people aged 50 or over in ethnic groups															
		White			Mixed				Asian or Asian British				Black or Black British			Chinese or Other Ethnic Group	
		British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other Ethnic Group
Edgbaston	100.0%	84.0%	5.5%	1.8%	0.1%	0.0%	0.1%	0.1%	3.6%	0.8%	0.1%	0.4%	2.4%	0.3%	0.1%	0.5%	0.2%
Erdington	100.0%	82.8%	9.4%	1.0%	0.2%	0.0%	0.1%	0.1%	1.2%	0.8%	0.1%	0.1%	3.6%	0.2%	0.2%	0.2%	0.1%
Hall Green	100.0%	57.5%	9.7%	1.8%	0.2%	0.0%	0.2%	0.2%	7.6%	12.8%	1.4%	2.1%	4.8%	0.4%	0.2%	0.7%	0.5%
Hodge Hill	100.0%	71.9%	6.6%	0.7%	0.2%	0.0%	0.2%	0.1%	1.2%	12.8%	1.3%	0.6%	3.9%	0.1%	0.1%	0.1%	0.2%
Ladywood	100.0%	45.6%	9.7%	1.1%	0.5%	0.1%	0.2%	0.1%	9.6%	9.2%	3.7%	1.1%	16.7%	0.7%	0.4%	0.9%	0.5%
Northfield	100.0%	91.0%	5.2%	1.1%	0.1%	0.0%	0.1%	0.1%	0.4%	0.1%	0.0%	0.2%	1.2%	0.2%	0.0%	0.2%	0.1%
Perry Barr	100.0%	64.8%	5.9%	1.1%	0.3%	0.0%	0.1%	0.2%	10.7%	3.4%	1.6%	0.6%	10.0%	0.4%	0.2%	0.2%	0.4%
Selly Oak	100.0%	85.5%	7.6%	1.4%	0.1%	0.0%	0.1%	0.1%	1.8%	0.8%	0.2%	0.2%	1.6%	0.1%	0.0%	0.2%	0.1%
Sutton	100.0%	93.5%	2.8%	1.3%	0.0%	0.0%	0.1%	0.0%	1.0%	0.2%	0.0%	0.2%	0.4%	0.1%	0.0%	0.1%	0.1%
Yardley	100.0%	82.4%	8.9%	1.0%	0.1%	0.0%	0.1%	0.1%	1.7%	2.2%	0.4%	0.2%	2.4%	0.1%	0.1%	0.2%	0.1%
<b>Birmingham</b>	100.0%	77.6%	6.9%	1.3%	0.2%	0.0%	0.1%	0.1%	3.5%	4.0%	0.8%	0.5%	4.1%	0.2%	0.1%	0.3%	0.2%

Source: 2001 Census

## Car Ownership

Approximately a third of over 50s do not have access to a car or van in their household. In Ladywood this is much higher (57%).

### Car Ownership of People Aged 50 and over by Constituency

Constituency	All People	No car or van in household	One car or van in household	Two or more cars or vans in household
Edgbaston	28146	36%	39%	23%
Erdington	27673	43%	40%	15%
Hall Green	26838	36%	40%	21%
Hodge Hill	27729	44%	41%	14%
Ladywood	19715	57%	31%	9%
Northfield	31449	36%	43%	19%
Perry Barr	27020	36%	42%	20%
Selly Oak	29599	35%	42%	19%
Sutton	34696	17%	41%	40%
Yardley	30998	40%	41%	17%
<b>Birmingham</b>	<b>283,891</b>	<b>37%</b>	<b>40%</b>	<b>20%</b>

Source: Census 2001

## Living Arrangements

Just over 2% of Birmingham's older residents live in communal establishments. There are more women than men in these establishments.

The proportion living alone is higher at more advanced ages. Just over half of people aged 85 or more years live alone and a further 14% live in communal establishments.

Two thirds of older people in Birmingham live in owner occupied dwellings, compared with three quarters in the West Midlands and England as a whole.

### Living Arrangements of People Aged 50 and over by Constituency

Constituency	All People	Living in a household	Living alone	Part of a couple	Other	Living in a communal establishment
Edgbaston	28,146	98%	30%	57%	11%	2%
Erdington	27,673	97%	31%	53%	13%	3%
Hall Green	26,838	97%	25%	57%	15%	3%
Hodge Hill	27,729	99%	27%	57%	15%	1%
Ladywood	19,715	97%	35%	45%	17%	3%
Northfield	31,449	98%	28%	61%	10%	2%
Perry Barr	27,020	98%	26%	59%	14%	2%
Selly Oak	29,599	96%	28%	57%	12%	4%
Sutton	34,696	98%	21%	70%	7%	2%
Yardley	30,998	98%	28%	56%	13%	2%
<b>Birmingham</b>	<b>283,891</b>	<b>98%</b>	<b>27%</b>	<b>58%</b>	<b>12%</b>	<b>2%</b>

Source: Census 2001

**Accommodation Type of People Aged 50 and over by Constituency**

Constituency	All People	Household in unshared accommodation	House or bungalow	Flat; maisonette or apartment	Caravan or other mobile or temporary structure	Households in shared accommodation	Communal establishment	Medical and care establishment	Other type of establishment
Edgbaston	28,146	98%	78%	20%	0%	0%	2%	2%	0%
Erdington	27,673	97%	79%	18%	0%	0%	3%	2%	0%
Hall Green	26,838	97%	82%	15%	0%	0%	3%	2%	1%
Hodge Hill	27,729	99%	86%	13%	0%	0%	1%	1%	0%
Ladywood	19,715	96%	66%	31%	0%	0%	3%	1%	2%
Northfield	31,449	98%	85%	13%	0%	0%	2%	1%	0%
Perry Barr	27,020	98%	88%	10%	0%	0%	2%	2%	0%
Selly Oak	29,599	96%	83%	13%	0%	0%	4%	4%	0%
Sutton	34,696	98%	87%	11%	0%	0%	2%	2%	0%
Yardley	30,998	98%	84%	14%	0%	0%	2%	2%	0%
<b>Birmingham</b>	<b>283,891</b>	<b>98%</b>	<b>82%</b>	<b>15%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>

Source: Census 2001

## **Health**

About three quarters of older people in Birmingham enjoy good or fairly good health but this is less than the regional and national averages. Percentages with good health tend to be lower, and percentages with not-good health higher, at more advanced ages.

45% of Birmingham's older residents have a limiting long-term illness, compared with the national average of 38%. Nearly two-thirds of residents aged over 74 report a limiting illness. In Ladywood 54% of over 50s have a limiting long-term illness.

**Limiting Long Term Illness of People Aged 50 and over by Constituency**

Constituency	All People	Has a limiting long-term illness	% limiting long-term illness
Edgbaston	28,146	11,735	42%
Erdington	27,673	13,334	48%
Hall Green	26,838	12,340	46%
Hodge Hill	27,729	13,872	50%
Ladywood	19,715	10,605	54%
Northfield	31,449	13,521	43%
Perry Barr	27,020	12,200	45%
Selly Oak	29,599	12,974	44%
Sutton	34,696	11,545	33%
Yardley	30,998	14,400	46%
<b>Birmingham</b>	<b>283,891</b>	<b>126,526</b>	<b>45%</b>

Source: Census 2001

## **Provision of Unpaid Care**

About 16% of Birmingham's older residents provide unpaid care to another person for reasons of health or old age. The percentage providing care is higher among people in their 50s. 24% of women aged between 50 and 59 years provide care. The percentage of older people providing care is higher in Sutton constituency.

**Provision of Unpaid Care by People Aged 50 and over by Constituency**

Constituency	All People	1 to 19 hours	20 to 49 hours	50 or more hours	Providing Care	Does not provide care
Edgbaston	28,146	10%	2%	4%	16%	84%
Erdington	27,673	8%	2%	5%	15%	85%
Hall Green	26,838	9%	2%	4%	15%	85%
Hodge Hill	27,729	7%	2%	5%	15%	85%
Ladywood	19,715	5%	2%	5%	12%	88%
Northfield	31,449	10%	2%	5%	16%	84%
Perry Barr	27,020	8%	2%	5%	15%	85%
Selly Oak	29,599	10%	2%	5%	17%	83%
Sutton	34,696	14%	2%	4%	19%	81%
Yardley	30,998	8%	2%	5%	15%	85%
<b>Birmingham</b>	<b>283,891</b>	<b>9%</b>	<b>2%</b>	<b>5%</b>	<b>16%</b>	<b>84%</b>

Source: Census 2001

## Depression Prevalence

### Estimated No. of Older People with Depression

Constituency	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Edgbaston	4,173	4,195	4,216	4,241	4,271	4,309	4,348	4,391	4,438	4,487	4,535	4,584	4,626	4,671
Erdington	4,091	4,111	4,131	4,153	4,183	4,221	4,259	4,301	4,346	4,391	4,438	4,484	4,525	4,569
Hall Green	3,974	3,994	4,014	4,038	4,065	4,102	4,139	4,181	4,225	4,271	4,316	4,362	4,401	4,444
Hodge Hill	4,095	4,115	4,135	4,156	4,187	4,225	4,263	4,305	4,349	4,394	4,441	4,486	4,527	4,571
Ladywood	2,912	2,926	2,940	2,956	2,977	3,004	3,032	3,062	3,094	3,126	3,159	3,191	3,219	3,250
Northfield	4,654	4,677	4,700	4,727	4,760	4,803	4,847	4,895	4,947	5,000	5,053	5,106	5,152	5,202
Perry Barr	4,000	4,020	4,040	4,062	4,091	4,128	4,165	4,207	4,251	4,297	4,343	4,388	4,428	4,471
Selly Oak	4,385	4,408	4,430	4,455	4,486	4,527	4,567	4,613	4,662	4,712	4,763	4,814	4,858	4,905
Sutton Coldfield	5,137	5,163	5,190	5,220	5,256	5,303	5,351	5,405	5,462	5,521	5,580	5,639	5,690	5,745
Yardley	4,594	4,617	4,640	4,666	4,699	4,742	4,784	4,832	4,883	4,935	4,988	5,041	5,087	5,137
<b>Total</b>	<b>44,023</b>	<b>44,234</b>	<b>44,445</b>	<b>44,686</b>	<b>44,987</b>	<b>45,378</b>	<b>45,769</b>	<b>46,205</b>	<b>46,671</b>	<b>47,152</b>	<b>47,633</b>	<b>48,114</b>	<b>48,535</b>	<b>48,986</b>

Constituency	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Edgbaston	4,707	4,736	4,757	4,775	4,793	4,813	4,827	4,856	4,897	4,943
Erdington	4,604	4,632	4,654	4,672	4,691	4,710	4,724	4,753	4,794	4,840
Hall Green	4,477	4,503	4,521	4,537	4,552	4,566	4,576	4,601	4,638	4,680
Hodge Hill	4,606	4,635	4,657	4,676	4,696	4,714	4,729	4,759	4,800	4,847
Ladywood	3,275	3,293	3,306	3,316	3,327	3,336	3,342	3,359	3,386	3,417
Northfield	5,241	5,272	5,294	5,313	5,331	5,349	5,362	5,392	5,435	5,486
Perry Barr	4,506	4,533	4,553	4,570	4,588	4,605	4,619	4,646	4,685	4,729
Selly Oak	4,943	4,974	4,998	5,018	5,038	5,061	5,078	5,109	5,153	5,203
Sutton Coldfield	5,789	5,822	5,847	5,867	5,887	5,907	5,921	5,954	6,002	6,058
Yardley	5,177	5,209	5,234	5,255	5,276	5,299	5,317	5,350	5,396	5,448
<b>Total</b>	<b>49,347</b>	<b>49,633</b>	<b>49,844</b>	<b>50,025</b>	<b>50,206</b>	<b>50,387</b>	<b>50,523</b>	<b>50,809</b>	<b>51,215</b>	<b>51,681</b>

Source: ONS 2006 SNPP and 15% prevalence rate

Depression is the most common mental health problem of later life, affecting approximately 15% of older people.<sup>1</sup> If we apply this ratio to the Birmingham population projections, we would estimate that the number of older people with depression in 2008 is 44,208. This will increase by 3,610 (8%) to 47,633 in 2018 and by 6,500 (15%) to 50,387 in 2028.

### **Dementia Prevalence**

The table below identifies the prevalence rates for dementia based on the Dementia UK report written by the Alzheimer's Society. The data has been based on 2001 census population using the 2004-based ONS Population projections.

### **Prevalence rates for dementia by age and sex (Alzheimer's Society 2007<sup>2</sup> applied to Census 2001)**

Age Group	Prevalence (%)		Birmingham 2001	
	Females	Males	Females	Males
65-69	1.0	1.5	200	275
70 -74	2.4	3.1	465	503
75-79	6.5	5.1	1,144	639
80-84	13.3	10.2	1,752	786
85-89	22.2	16.7	1,833	573
90+ <sup>3</sup>	32.0	28.8	1,353	329
<b>Total</b>			<b>6,747</b>	<b>3,105</b>

### **Adult Learning Take Up**

The National Institute of Adult Continuing Education survey in 2007 (The Road to Nowhere?) found that only 4% of older people were taking adult education courses. This percentage decreases with age.

Help the Aged survey of older people (Adult Education, 2008) reports findings that 57% of older people have never attended adult education courses. The most popular course choices for older people are how to stay healthy, understanding technology and financial management.

### **Employment Data for People Over 50 Years**

There is no constituency-based data on employment for people aged over 50.

<sup>1</sup> Beekman ATF, Copeland JRM & Prince MJ Review of community prevalence of depression in later life. British Journal of Psychiatry. 1999; 174: 307-311.

<sup>2</sup> Dementia UK, Alzheimer's Society (2007)

<sup>3</sup> The prevalence rates for 90+ have been derived by adding the prevalence rates for 90 – 94 and 95+ and dividing by two

There is data available on the overall unemployment rate (combination of all ages) per constituency, and there is data on the overall employment rates for each age group on a regional, but not LA level.

**West Midlands area employment rate for males aged 50-64 years:**

The figures for April- June 2008 from the Department for Work and Pensions show that 73.5% of males aged between 50-64 years within the West Midlands area are in employment.

If we apply this percentage to the Birmingham population, we can estimate that around 51,597 males aged 50-64 years in Birmingham are employed.

**West Midlands area employment rate for males aged 65+ years:**

The same figures show that 10% of males in the West Midlands above retirement age (65) have remained in employment.

If we apply this to the Birmingham population, we can estimate that around 5,860 males aged 65 years and over are employed.

**West Midlands area employment rate for females aged 50-59 years:**

DWP figures for April – June 2008 show that 70.4% of females in the West Midlands aged between 50-59 years (note the difference in age banding for females and males, due to retirement ages). 3.1% more of the male population in this age group are in employment than the female population.

If we apply this to the Birmingham population, we can estimate that around 51,321 females aged 50-59 years are in employment.

**West Midlands area employment rate for females aged 60+ years:**

The same figures show that 12.3% of females over retirement age (60) have remained in employment. This is a higher proportion than for males.

If we apply this to the Birmingham population, we can estimate that around 6,906 females aged 60 years and older are in employment.

**Economic Inactivity (West Midlands area)**

- 23.2% of older males below the retirement age (between 50-64 years) in the West Midlands area are recorded as being economically inactive by DWP records (as of July 2008).
- If we apply this to the Birmingham population, we can estimate that around 16,286 males aged 50-64 years are economically inactive.
- 27.9% of older females below the retirement age (between 50-59 years) in the West Midlands area are recorded as being economically inactive.

- If we apply this to the Birmingham population, we can estimate that around 14,257 females aged 50-59 years are economically inactive.
- 90% of males over the retirement age of 65 in the West Midlands are economically inactive.
- If we apply this to the Birmingham population, we can estimate that around 52,740 males aged over 65 years are economically inactive.
- 87.7% of females over the retirement age of 60 in the West Midlands are economically inactive.
- If we apply this to the Birmingham population, we can estimate that around 87,672 females aged over 60 years are economically inactive.

#### **Attendance Allowance (data from DWP statistics, as at February 2008)**

- There are 10,890 people aged between 65-79 years receiving Attendance Allowance in Birmingham. This is 11% of all people in this age group.
- There are 20,400 people aged 80 or over receiving Attendance Allowance in Birmingham. This is 51% of all people in this age group.

#### **Disability Living Allowance (as at February 2008)**

- There are 31,075 people aged 50 and over in Birmingham receiving Disability Living Allowance. This accounts for 11% of the total population of the 50+ age group.

#### **Income Support (as at February 2008)**

- There were 11,675 people aged 50 and over in Birmingham receiving Income Support, as at February 2008. This accounts for 4.2% of the total Birmingham 50+ population.

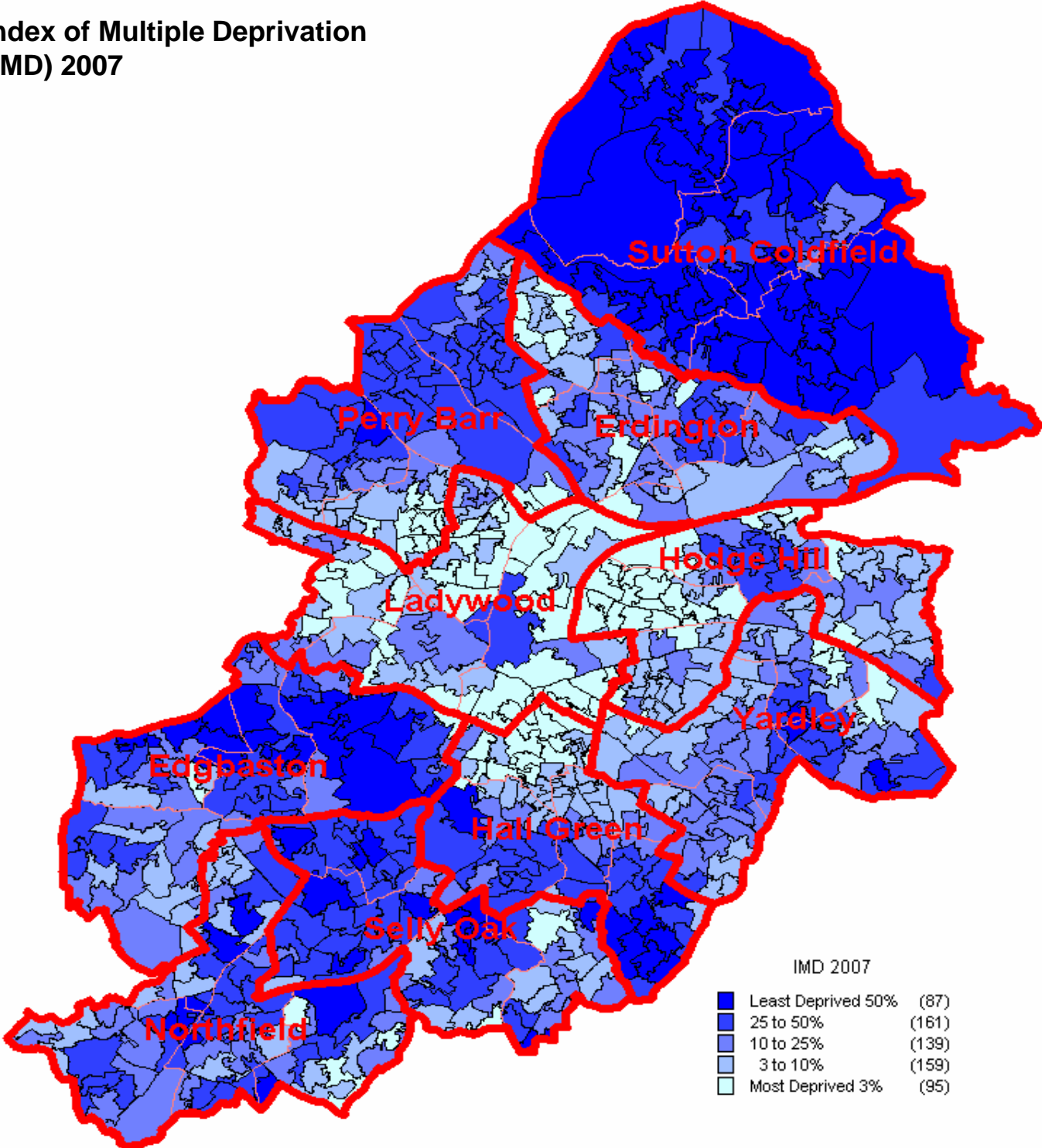
#### **Pension Credit (as at May 2007)**

- There are 40,140 people aged from retirement age (65 for males, 60 for females) to 79 years receiving Pension Credit in Birmingham. This accounts for 41.4% of the total population for this age group.
- There are 25,225 people aged 80 years and over receiving Pension Credit in Birmingham. This is 63.4% of the total population for this age group.

#### **Carers Allowance (as at February 2008)**

- There are 4,410 people aged between 50-64 years of age in Birmingham receiving Carers Allowance. This is 3% of the total population for this age range.

**Index of Multiple Deprivation (IMD) 2007**



The Index of Multiple Deprivation 2007 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. The indicators relate to measures of income, employment, health, education and living environment.

## **Crime and Feeling of Safety**

The Local Area Agreement 2007 Survey examined the feeling of safety of Birmingham citizens in their local area after dark. None of the key respondent groups had an overall net negative feeling of safety in their area after dark<sup>4</sup>. However the net feeling of safety varied widely between groups. Namely:

- males and females
- those with a limiting disability or without
- those in owner-occupied or privately-rented accommodation against those in social housing.

The net feeling of safety scores falls as respondent age, or length of residence in the area increases.

### **Net feeling of safety in the local area after dark, by key respondent sub-group**

<b>Base: (all respondents)</b>	<b>%</b>		<b>%</b>
<b>By gender</b>		<b>By length of residence in area</b>	
Male (2138/2123)	+48	Up to 2 years (656/632)	+37
Female (2493/2508)	+14	3-10 years (1274/1260)	+34
<b>By age</b>		11+ years (2675/2711)	+26
18 - 24 (521/448)	+45	<b>By tenure</b>	
25 - 44 (1772/1684)	+36	Owner- occupier (2985/3264)	+33
45 - Retirement (1154/1218)	+31	Council tenant (888/702)	+12
Post - Retirement (1135/1234)	+14	HA tenant (346/296)	+26
<b>By ethnicity</b>		Private rented (388/346)	+39
White (2653/3088)	+28	<b>By employment status</b>	
Mixed (74/70)	+33	Working (1976/2161)	+41
Asian (1238/971)	+32	Training/ Education (211/180)	+45
Black (537/389)	+37	Unemployed (330/257)	+37
Other (90/76)	+34	Retired (1201/1271)	+16
<b>By limiting disability</b>		Other (900/753)	+14
Limiting (866/801)	+3		
No Limiting (3765/3830)	+36	<b>Total (4,631/4,631)</b>	<b>+29</b>

Unweighted and weighted bases shown in parentheses

Source: Local Area Agreement 2007 Survey

<sup>4</sup> Where the cohort of respondents would be more likely to feel unsafe than safe

## Be Birmingham Partnership and relationship to Birmingham Health and Wellbeing Partnership

### How priorities relate to the Wellbeing Agenda

This section sets out how the Birmingham Health and Wellbeing Partnership, as part of the Be Birmingham local strategic partnership (LSP) proposes to improve the quality of later life for citizens 50 plus in Birmingham, by seeking to enable full and active citizenship and exploring all available opportunities to lead fulfilled lives. For the purposes of this strategy older citizens is defined as those aged 50 plus.

The Be Birmingham priorities include:

- Providing strategic leadership and partnership working to deliver consensus and added value to ensure Birmingham realises its goals and visions.
- Develop and implement Birmingham 2026 and its delivery plan, the Local Area Agreement(LAA)
- Use its network to promote social and community cohesion
- Strengthen local neighbourhoods through community engagement and stronger partnership working
- Act as the strategic interface between the city and the performance assessment of the area and its future prospects.

Be Birmingham launched the Sustainable Community Strategy 'Birmingham 2026 – Our vision for the future' in September 2008. The strategy sets out the ambitions and vision for Birmingham. However, creating the vision is the only first step to delivering positive change in Birmingham. All of the Be Birmingham's partners are working together to ensure that by delivering the vision it gives all people the opportunity to:

- Succeed economically
- Feel and stay safe in a clean and green city
- Be healthy
- Enjoy a high quality life
- Make a contribution to the society they live in.

The delivery plan for 2026 is the LAA which is an agreement between our people, communities and partners and national government. The LAA contains the vision's key priorities and outcomes with specific targets for improving over the next three years. The four key principles adopted for the LAA are:

**Prevention** – redirecting our energies and resources into working with communities to stop problems developing and reducing dependency

**Targeting** – protecting and nurturing vulnerable people and addressing the needs of disadvantaged communities within the city. By 'closing the gap' the Be Birmingham

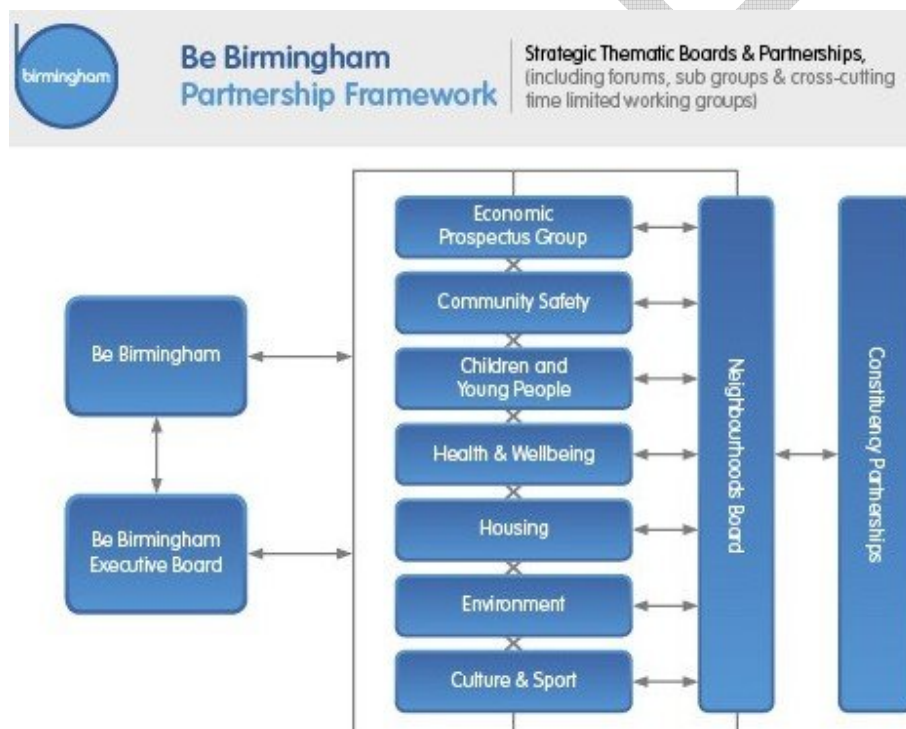
partnership aims to address the differences between different sections of the city in areas such as prosperity, safety, health, education and social exclusion.

**Personalisation** – ensuring we tailor our services to people’s needs

**Sustainable development** - Improving quality of life and a sustainable economy within environmental limits.

In preparation for the LAA Be Birmingham has undergone a review of its arrangements bringing greater clarity to the overall governance arrangements and aligning decision making with the accountable body, Birmingham City Council

## Family of Partnerships



With regard to the development and implementation of the wellbeing strategy for citizens aged 50 plus, the governance arrangements would be through the Health and Wellbeing Partnership. However, it should be noted that the successful

implementation of the strategy is reliant upon the support and commitment of all Strategic Thematic Boards within the Be Birmingham Partnership Framework.

The Birmingham community strategy outlines the achievement that the partnership is seeking to achieve. Outcome 3 – Be healthy includes the following - 'By 2026 Birmingham will:

- Be the most physically active city in the UK
- Enjoy longer healthier life for all
- Be the best city to grow old.'

The goal of the Birmingham Health and Wellbeing Partnership is to reduce health inequalities and improve the health of people in Birmingham. By seeking to develop and implement a Joint Well Being Strategy for citizens 50 plus, the aim is to ensure that the specific needs of the older population are given due priority. The strategy seeks to provide a clear focus for coordination, planning and delivery, by agreeing a shared approach.

**Be Birmingham** is at the forefront in dealing with the implications of an ageing population and in re-defining their role and place within their local communities. At root, this requires a fundamental change in attitude towards old age, moving away from the negative stereotypes of dependence and loss to a more positive appreciation of the knowledge, skill and experience, possessed by older people. These attributes equip them to make a significant contribution to the wellbeing of their local communities.

This contribution will only be possible if age discrimination is actively confronted in all its manifestations, whether it be:

- a lack of dignity and respect in the way old people are treated
- any form of abuse or avoidable harm
- economic disadvantage, arising from non take-up of benefit entitlements
- reduced employment opportunities
- inappropriate housing
- poorer access to transport and, thus, to mainstream social facilities

The emerging Wellbeing Strategy will be informed and developed giving due regard to the LAA targets for 2008 to 2011. The framework will also support and build on the development of the priorities and targets set out within the partners' strategies, i.e. City Council Commissioning Strategies, Local Delivery Plans of PCTs. The Wellbeing Strategy will ensure all partners are able to adapt services according to their own particular circumstances and needs.

Improving the quality of life of those 50 plus is an extremely broad remit. The framework will consider the domains of wellbeing in relation to key areas of people lives.

These will include three main areas: social, personal and place, with personal including health and mental well being, engaging activities and achievements, material and financial well being. The social aspects include family relationship, social support, engagement and a sense of belonging and community cohesion. Place being defined in terms of access to opportunities, safety and security and the quality of the local environment. Most of these are affected/influenced by one or more partners in the Be Birmingham Partnership.

### **Potential levers for integration**

A number of structures and processes are already in place that will contribute towards the development of an approach in which connections are made in order to improve wellbeing outcomes.

### **Lever for integration include:**

- Local Area Agreements
- Comprehensive Area Assessment
- Joint Strategic Needs Assessment
- Strong partnership/whole system approaches, including: – through the Be Birmingham Partnership, and– greater integration with health, both in delivering services, and at a strategic level, for example through Health and Wellbeing Partnerships
- The prevention agenda – particularly as a way of engaging NHS and partners
- The agenda set out in Lifetime Homes, Lifetime Neighbourhoods. Lifetime Homes in Lifetime Neighbourhoods strategy sets out the government response to challenge of an ageing of the population. The strategy outlines plans to ensure that there is enough appropriate housing available in future to relieve the forecasted pressures on housing, health and social care services.
- Leadership – both managerial and political
- Building capacity and confidence at a local level through user-led organisations, citizen leadership and experts by experience
- Engagement with people and service users, including through LINKs, and making connections with the scrutiny process

With these mechanisms in place to support the development of wellbeing, people will be empowered to contribute, and to take responsibility for their own health and wellbeing.

Priorities identified Nationally in 'Opportunity Age' (2005) aligned to those identified by Birmingham Advisory Council of Older People and the User Reference Groups

	<b>OPPORTUNITY AGE Report 2005</b>	<b>BACOP PRIORITIES 2007-2008</b>	<b>USER REFERENCE Group Priorities September 2007</b>	<b>Priorities agreed at Joint Visioning Day facilitated by Care Services Improvement Partnership at Edgbaston Cricket Ground 20 February 2007</b>
1	<b>Rooting out discrimination &amp; tackling inequalities</b>	<p><b>Discrimination, dignity and respect.</b></p> <ul style="list-style-type: none"> <li>• “Dignity and respect are cornerstones of society, and in the provision of services to elderly or any other group this should be the thread through the services”</li> <li>• “The BACOP priority on discrimination fits into the Government’s ‘Dignity in Care’ campaign and should be part of an overarching vision for the Joint Commissioning Board”</li> </ul>	Removing the unfairness of older people paying for day services when younger disabled people don't have to pay for the same services	<p>“that all services for older people:</p> <p>are non-discriminatory and respect diversity give older people respect treating them with dignity</p> <p>Will be designed to value older people by:</p> <p>ensuring that no decision about their life is made without listening to them</p>

2	<b>Influencing local decisions</b>			To ensure that Birmingham's older people are supported to participate actively in decision making about local services All services are planned with the active involvement of older people.
3	<b>Safe at home and on the street</b>			
4	<b>Housing</b>	<p><b>Sheltered Housing conditions</b> (including Extra Care and Special Care); The provision of quality housing for older people, ensuring sheltered housing (including private sector), is of good quality and ensuring the process of decommissioning is properly monitored.</p> <ul style="list-style-type: none"> <li>• “Work with CSCI to ensure that residents in private residential homes benefit from private residential homes benefit from higher standards of new extra care schemes”</li> <li>• “Extra Care and Special Care homes that will be regularly inspected both in private and</li> </ul>		

		<p>Council run sectors, using the same measuring system”</p> <ul style="list-style-type: none"> <li>• “About 2.25 million people aged over 60 live in poor conditions. Is sheltered housing/ care homes the right answer?”</li> <li>• “Complete honesty about the Extra Care sheltered accommodation; what proportion is going to be for purchase, and what is the priority for the rented section?”</li> <li>• “Allocation/ assessment of and for sheltered housing”</li> </ul>		
5	<b>Transport</b>	<p><b>Transportation:</b> Better transport services for older and disabled people. Trains, buses, Ring &amp; Ride and ambulance outpatient transport.</p> <ul style="list-style-type: none"> <li>• “Transport is important, especially safe transport that is designed to meet older persons needs (mobility)”</li> <li>• “(Bus and taxi) drivers should be taught how to drive when they have elderly passengers on board”</li> </ul>	Better transport services for older people who have mobility problems and disabilities	

		<ul style="list-style-type: none"> <li>• “Why not help Ring and Ride to put on a better service, by way of funding out of Council Tax?”</li> <li>• “Develop more opportunities for older people to access mainstream services for transport”</li> <li>• “Disabled transport, ambulance outpatient transport, disabled access to buses and trains”</li> <li>• “Ambulance for people with walking difficulties: 25% of couples over 65 do not own a car”</li> <li>• “Day care with transportation”</li> <li>• “Funding for community transport”</li> <li>• “Relatives to be allowed to accompany older person in ambulance”</li> </ul>		
<b>6</b>	<b>Learning, Leisure &amp; employment</b>	<p><b>New services to replace Day Centres</b> that will be closed.</p> <ul style="list-style-type: none"> <li>• “Ensure access to <u>local</u> alternatives to day care centres”</li> </ul>	New services to replace the Day Centres that will be closed	

		<ul style="list-style-type: none"> <li>• “Support voluntary and community groups to take a lead role in providing a full range of Day Care opportunities”</li> <li>• “Day care with transportation (to make it accessible)”</li> <li>• “Support voluntary and community groups to take lead in providing a fuller range of day care opportunities for older people”</li> </ul> <p><b>Better access to exercise classes.</b></p> <ul style="list-style-type: none"> <li>• “Exercise classes; older people referred by GPs to leisure centres (free); this is falls prevention”</li> </ul> <p>“There is little consideration of physical activity groups for older people (e.g. ‘extend’, etc), and this is important for healthy and active living in old age</p>	<p>Better Access to Free Swimming/Hydro therapy pools (accessible warm water to relieve pain from arthritis, etc)</p> <p>Better access to exercise classes</p>	
7	<b>Volunteering and active citizenship</b>	<b>Handy Person Schemes</b> to be available in all areas.	Handy Persons Schemes available in all areas	

		<ul style="list-style-type: none"> <li>• “..people trained in older peoples’ needs, so they not only assist in foot care, handyman services etc, but are also trained to pick up signs on wellbeing etc”</li> <li>• “Assistive services at home, i.e. foot care, handyman and gardening services”</li> </ul> <p><b>More emphasis on smaller local and grassroots charities and organisations</b> receiving funding and support to provide support and services for older people.</p> <ul style="list-style-type: none"> <li>• “Support voluntary and community groups to take a lead role in providing a full range of Day Care opportunities”</li> <li>• “Extend opportunities for older people, carers and grass roots organisations to develop services in the city”</li> <li>• “By involving grass roots organisations, (you get) better assessment and longer term support for older people and</li> </ul>		
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		<p>local needs”</p> <p><b>Social isolation of older people</b> who cannot access services and social activities. Outreach support.</p> <ul style="list-style-type: none"> <li>• “Network with volunteer care groups; health care service with home visiting”</li> <li>• “Outreach services required for special care, i.e. housebound, disabled, mental health sufferers. Network with local volunteer organisations”</li> </ul>		
8	<b>Active ageing/Healthy living in over 50s</b>	<p><b>Podiatry/ chiropody/ footcare:</b> Services to be available for older people who can’t reach their feet, and good quality, reasonably priced chiropody for older people who have to pay.</p> <ul style="list-style-type: none"> <li>• “..people trained in older peoples’ needs, so they not only assist in foot care, handyman services etc, but are also trained to pick up signs on wellbeing etc”</li> <li>• “Foot care for all in need, City-wide”</li> </ul>	<p>Priority for National Health Podiatry/Chiropody services for older people who can’t reach their feet, and good quality, reasonably priced, chiropody for older people who have to pay</p>	<p>“that all services for older people: promote independence and well-being pay attention to giving older people opportunities for social contact and to be part of their community</p>

		<ul style="list-style-type: none"> <li>• “Assistive services at home, i.e. foot care, handyman and gardening services”</li> <li>• “Easier access to podiatry”</li> </ul> <p><b>Aids &amp; Adaptations:</b> Faster, more efficient and fairer service for the installation of adaptations to peoples’ homes (i.e. stair lifts etc)</p> <p><b>Regular GP/ health checkups</b> for all older people.</p> <ul style="list-style-type: none"> <li>• “Regular GP health checks may just reduce the pressures on the hospitals; prevention can be implemented earlier before the problem becomes greater”</li> <li>• “Regular health checks; podiatry, eyes, hearing: Without sound you are isolated”</li> </ul> <p><b>Hygiene and wellbeing in hospitals.</b></p> <ul style="list-style-type: none"> <li>• “No mixed wards”</li> <li>• “Food should be appropriate for age, have variety, be fresh and</li> </ul>	<p>A flexible &amp; reliable Home Care service</p> <p>Adaptations being available more quickly to help older people stay in their own homes (Stair lifts, Level access Showers)</p>	
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		<p>help must be provided for feeding if needed”</p> <p><b>Early diagnosis of dementia</b>, and early implementation of <b>support services</b>.</p> <ul style="list-style-type: none"> <li>• “Jointly with Health Service to increase the awareness of dementia in Primary Care to enable those presenting with early memory changes to get the earliest possible diagnosis”</li> <li>• “Commission services for people in the early stages of dementia to seek timely support; not day care, but wellbeing services”</li> <li>• “Explore the palliative care needs of families affected by the final stages of dementia”</li> </ul>		
<b>9</b>	<b>Improved access to information &amp; services</b>	<p><b>Information</b> and having <b>one number</b> for older people to phone.</p> <ul style="list-style-type: none"> <li>• “Single phone number as an access point to ‘one stop shop’ type services for older people”</li> <li>• “Single phone number of our</li> </ul>	<p>Information (having <b>one</b> number for older people to phone)</p> <p>Access to advocacy and support when you have a problem you need to solve</p>	<p>“that all services for older people:</p> <p>giving them good quality information</p> <p>give older people the opportunity to test</p>

		<p>(older peoples') choice, not a two-tier system of numbers"</p> <ul style="list-style-type: none"> <li>• "Single older peoples phone number for sharing information and advice for older people"</li> <li>• "Information; all aspects including referrals. Simple way of accessing BCC services easily, i.e. single phone number linked to services"</li> <li>• "Single phone number is a priority!"</li> </ul> <p><b>Accessible public toilets</b></p> <ul style="list-style-type: none"> <li>• "More toilets for elderly and disabled people city-wide, which have attendants; not 'Tardis' booths!"</li> </ul> <p><b>Poverty, pensions and benefits</b></p> <ul style="list-style-type: none"> <li>• "About 1.8 million pensioners are in poverty, below average income"</li> <li>• "Increase take-up of benefits and increase the promotion of Direct Payments"</li> </ul>	<p>Helping more older people to access Direct Payments by making the system easier to use and providing more support</p>	<p>alternatives</p> <p>giving as much choice as possible</p>
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