



*Altogether better*

## **Project Initiation Document**

### ***Health Needs Assessment- Ageing Well***

***To determine the health needs of older people aged 50 plus in County Durham and inform the development of a new ageing well strategy to reduce inequalities and improve health and wellbeing outcomes in this population.***

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## 1. Document control and revision history

This is a working document and, as such, is subject to regular updates and additions.

### Document Control

Version	Author(s)	Date
0.1 (Draft)	Rebekka Shenfine	29.10.21
0.2 (Draft)	Rebekka Shenfine	16/11/21
0.3 (Draft)	Rebekka Shenfine	18.11.21

### Revision History

Version	Description	Date
0.4	Rebekka Shenfine	26.11.21
0.5	Rebekka Shenfine	06.12.21

## **2. Purpose of the project – Aims and Objectives**

The purpose of this project is to develop a health needs assessment (HNA) for ageing well in County Durham.

The aim is to identify the health needs of people aged over 50 living in County Durham.

The objectives are to look at the health inequalities experienced by this population group and to make recommendations that can be taken forward to inform the Ageing Well Strategy.

## **3. Background**

### **Definition of older age (for the purposes of this HNA)**

There is no formal or commonly accepted definition of older age. It could be argued that the process of ageing begins at birth however, from a pragmatic point of view this would lead to the focus of the HNA being too wide. Other datasets consider over 60 older age however, part of the focus of this HNA is to look at how we better support people who are approaching older age so that once they reach more advanced years their health and wellbeing is improved.

The HNA will therefore focus on the population of people aged 50 plus in County Durham in order that we can follow people through the spectrum of older age beginning with approaching older age. The public health focus of the project will be on the next generation of older people and will address the years before people become frail and before clinical pathways are required.

A set biological age for the population groups covered will not be set as all individuals will have different experiences and rates of ageing across their life course. Our approach is a holistic one looking at how we can use primary and secondary prevention to aid people in ageing more healthily.

### **Older People in County Durham**

The data for the resident population of County Durham in 2020 shows that there were 112,481 people aged 50-64, 62,196 people aged 65-74, 36,820 people aged 75-84 and 12,566 people aged 85 plus. This gives a total older population (50 years plus) of 224,063.

In 2020 therefore, 21.09% of County Durham's population were aged 50-64 (compared to 19.16% in England), 11.66% were aged 65-74 (compared to 9.9 % in England), 6.9% were aged 75-85 (compared to 6.1% in England) and 2.35% were aged over 85 (compared to 2.49% in England). These figures have increased over recent decades and numbers of people in County Durham aged over 65 are predicted to increase by 31% by 2035. ([Child and Maternal Health - Data - PHE](#))

County Durham also has significantly higher rates of admission to care homes (741.6 per 100,00) than the England average (628.2 per 100,000). In County Durham, 17% of over 60s are living in poverty compared to the England average of 14.2%.

We therefore need to prepare to shape Durham as an ageing society, improving the health and wellbeing of this population. As the number of older people in County Durham increases, there will be more demand on services. Looking at the ways in which interventions work to promote a healthier ageing process allows us to manage these demands more effectively for future years.

Research has shown that older people make a positive net contribution to the economy (Durham Insights. Available at [InstantAtlas Durham – Ageing Well \(durhaminsight.info\)](#)). If we can secure the health and wellbeing of older people through our Ageing Well strategy, then we can also grow the contributions that older people are able to make to their communities.

There is a huge amount of work on Ageing Well being carried out across many different organisations (local government, health services and regionally). The purpose of the HNA is to add to this work rather than to duplicate what is already being carried out. Therefore, a pragmatic approach to the scope of the project needs to be employed.

The HNA will focus on prevention and the concept of healthy ageing across older age, concentrating on the wider determinants of health such as social, behavioural, environmental, and economic determinants alongside the impact of the physical environment. The HNA does however, need to link into the other pieces of work taking place on Ageing Well such as the work being undertaken on frailty and clinical condition management to ensure that a joined-up approach is taken and that the connections between the separate pieces of work are made and used to inform the Strategy. These links will be maintained primarily through membership of the Steering Group but also through public health attendance at wider meetings across organisations to aid partnership working across the different workstreams.

## **Durham County Council Priorities**

Ageing well is the focus of many County Durham based plans and of many of the Action Area Partnerships delivering those plans across County Durham.

The County Durham Plan aims to bring jobs and housing to the population of County Durham. As explained above as the population is ageing then thought needs to be given to older workers and how they can be best supported in the job market.

Housing is also an important consideration in this population especially given the significantly higher rates of care home and hospital admissions in County Durham. The HNA will look at what services exist to better support residents to continue to live in their own homes and to retain as much independence as possible as they age.

The Joint Health and Wellbeing Plan for Durham aims to improve health inequalities and healthy life years alongside the Wellbeing for life approach. The five ways to wellbeing; give, connect, be active, take notice, keep learning are used in this approach and will be incorporated as part of the HNA via mapping of current services and identifying any gaps in services which could increase wellbeing for County Durham residents.

The Health Impact Assessment on Health Inequalities in response to the Covid-19 pandemic made a recommendation to develop an Ageing Well Strategy to inform future policy and service delivery across the system. The HNA will feed into this process.

## **Structuring the HNA**

The HNA will cover a wide range of topics and therefore the WHO Age-Friendly Cities Framework will be used to aid focus and structure.

**WHO Age-friendly cities framework** (World Health Organisation. Age-friendly Cities: A guide. 2007. Available at [https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307_eng.pdf))

The framework describes how policies, services, settings, and structures support and enable people to age actively via:

- recognising the wide range of capacities and resources among older people.
- anticipating and responding flexibly to ageing-related needs and preferences.

- respecting their decisions and lifestyle choices.
- protecting those who are most vulnerable.
- promoting their inclusion in and contribution to all areas of community life.

The framework looks at the determinants of ageing including economic determinants, health and social services, behavioural determinants, personal determinants, physical environment and social determinants. It then sets eight priority themes to become age friendly:

1. Information and Advice
2. Transport
3. Respect and Social Isolation
4. Social participation
5. Housing and neighbourhoods
6. Outdoor spaces and buildings
7. Economic activity and civil engagement
8. Health and wellbeing

The framework aims to aid a shift in thinking away from the deficits and issues experienced by older people and towards a different language and culture around ageing, whereby older people are seen as assets in their communities. It enables thinking to be widened beyond services and needs of older people in order to look at what it means to age healthily.

By focussing on the 8 priority themes and working with partners across health and social care and the voluntary, community and private sector, it will allow us to look at the ageing population in County Durham more holistically focussing on wider determinants of health to identify recommendations that will inform our new Ageing Well Strategy. All the themes will be assessed through a health inequalities lens to allow the HNA to remain pragmatic and manageable.

#### **4. Project Scope and Outcomes**

The stages that this HNA will undertake are:

1. Undertake a literature review to identify the evidence base
2. Collate and analyse local data from a variety of sources and multiple stakeholders. This will include both quantitative and qualitative data enabling a picture of Ageing Well across County Durham.
3. Hold stakeholder consultations with representatives of the older people in County Durham (including VCS) making use of Place-based approaches framework to assess health inequalities.
4. Identify current service provision to include mapping of any services relevant to the wider determinants of health in older people.
5. Through the above, identify any gaps, barriers, and enablers to service provision and Ageing Well for older people in County Durham.
6. Produce a final report including recommendations to be taken forward as part of the Ageing Well Strategy for County Durham.

#### **Outcomes**

The main outcomes of this HNA will be:

- To provide a systematic approach to looking at the wider determinants of health in older people and assessing how we can increase health and wellbeing in this population.
- Feed directly into a new Ageing Well Strategy via the formal recommendations of the report.
- Directly engage stakeholders in future service planning.

The areas in scope for this HNA include:

- Identifying the ageing population of County Durham
- Understand the needs of the older population (age 50 plus) utilising the WHO Age-friendly cities framework to include information on information and advice, transport, respect and social isolation, social participation, housing and neighbourhoods, outdoor spaces and buildings, economic activity and civil engagement and health and wellbeing.
- Mapping of local provision
- Understanding of current need via data collation and stakeholder engagement.
- The impact of the COVID-19 pandemic on older people.



Due to the breadth of the HNA there are topic areas that are very important in the ageing well agenda but represent such vast subject matter that they are unable to be fully assessed solely in the Ageing Well HNA. Examples of these areas are learning disabilities, carers, and dementia. There may be other areas that also come to light during the process of undertaking the HNA. Again, a pragmatic approach will be taken here, and any topic areas that are identified as fitting this criterion will be considered for any specific impacts on these groups in terms of health inequalities as part of the HNA and also included in the recommendations of the HNA as requiring further assessment possibly as stand-alone pieces of follow up work.

## **5. Finance/Budget**

N/A

## **6. Timescales**

Initial recommendations to PHSMT/AHSMT- PHSMT (11/05/2022) and AHSMT (19/05/2022)

Final recommendations- 6/07/2022

Final HNA to Health and Wellbeing Board- July 2022

## 7. Project Governance

### Ageing Well Health Needs Assessment Steering Group Membership (subject to full agreement-initial meeting undertaken)

Role/Service	Role
Specialty Registrar, Public Health	Overall responsibility for HNA
Consultant in Public Health	Oversight of the HNA process/educational supervision
Strategic Manager (Living and Ageing Well), Public Health	Oversight of the HNA process
Public Health Advanced Practitioner, Public Health	Membership of Steering Group
Head of Integrated Commissioning	Membership of Steering Group
Director of Integrated Community Services	Membership of Steering Group
Head of Adult Care	Membership of Steering Group
Director Consultant in Public Health	Membership of Steering Group
MH in Older People	Membership of Steering Group
GP and Medical Director for Community Services	Membership of Steering Group
Senior Commissioning Delivery Manager	Membership of Steering Group
Public Health Intelligence	Membership of Steering Group
Managing Director, County Durham Sport	Membership of Steering Group
Age UK	Membership of Steering Group
Housing Manager	Membership of Steering Group
Planning	Membership of Steering Group
Leisure	Membership of Steering Group

The Steering Group will meet on a regular basis throughout the project.

Other representatives may also be invited to join the steering group as the project progresses.

Update reports will be represented as requested to Public Health SMT.

In addition to the Steering Group a Reference Group may also be put in place and will include representatives from the VC, members of the public and an elected member to help to guide the qualitative aspects of the work.

Final reports will be submitted to the Public Health Senior Management Team, Adult Health Services Senior Management Team and the Health and Wellbeing Board.

## **8. Risk Management**

The main risk involved in the project is staff capacity to contribute to the HNA. This will be managed by gaining commitment from senior managers to support the HNA via the steering group. Risks will be updated, as appropriate as the project is implemented.

## 9. Project Plan

Ref	Milestone	Lead	Start	Finish	Status
T1	PID presented to PHSMT	Rebekka Shenfine (RS)	24/11/2021	24/11/2021	Complete
T2	Agree scope of HNA at second steering group meeting	RS	December 2021	December 2021	In progress
T3	HNA Project Board Meeting dates planned for duration of HNA project	RS	December 2021	December 2021	In progress
T4	Undertake a literature review to identify the evidence base	RS	January 2022	January 2022	Not due to start
T5	Initial Recommendations to PHSMT/AHSMT	RS	11/05/2022 and 19/05/2022	11/05/2022 and 19/05/2022	Not due to start
T6	Final recommendations to PHSMT/AHSMT	RS	6/07/2022	06/07/2022	Not due to start

### KEY

Red	Behind target
Amber	Started on target
Green	Completed
Purple	Not due to start