

LIVING LONGER BETTER IN TORBAY

DESIGNING THE SYSTEM, DEVELOPING THE NETWORK AND TRANSFORMING CULTURE

This paper sets out the rationale and system design concept for the national 'Living Longer Better' initiative

Population ageing is a complex challenge and cannot be met exclusively by reorganising the structure of public services. Bureaucracies are essential for linear tasks such as the fair and open employment of staff or the delivery of a specific service to high levels of quality and efficiency but population ageing, both absolute and relative, is a non-linear and complex challenge and therefore requires three other organisational developments namely:

- [The design of a system](#): a system being a set of activities with a common aim and set of objectives focused on agreed outcomes
- [The development of networks](#), each responsible for and to a defined population for the delivery of the objectives, taking into account local history and geography
- [A cultural revolution](#) which is based on the assumption that older people themselves can always improve their wellbeing - physical, cognitive and emotional by taking personal responsibility.

SYSTEM DESIGN

The aim of the system is to help individuals live longer better and to reduce the need for health and social care. (Appendix A) For a population to participate fully in the programme it is recommended that it adopts the system specification (Appendix B) including its objectives and the related criteria to measure progress to:

- prevent and mitigate isolation
- increase physical ability and fitness and increase healthspan
- promote knowledge and understanding about living longer better among older people and the wider population to counteract the detrimental effects of ageism
- involve older people from all ethnic and cultural groups in the leadership and management of transformation
- create an environment in which people can fulfil their potential
- enable strengthening of purpose
- support carers better
- minimise and mitigate the effects of deprivation
- reduce the risk of and delay or prevent dementia
- prevent and minimise the effects of disease and multimorbidity
- reduce the risk of a bad death

The system specification has been submitted to the National Institute for Health Protection

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NETWORK DEVELOPMENT

Network populations could be determined by the boundary of a jurisdiction such as a County Council or a NHS body, either an Integrated Care System or one of the constituent Integrated Care Providers, which are usually based on long standing communities of practice and involve specialists in geriatrics and psychogeriatrics. Other key organisations such as AgeUK and the Sport England Active-Partnerships usually relate to one of these boundaries and the Primary Care Networks can relate to both types of population and involve social prescribing link workers who are network builders.

A Network needs to be developed to pursue the objectives with each of the key local organisations, including local businesses and relevant 3rd sector organisations, nominating at least one person in the second or third level of their leadership to devote a day or two a week to the Network. There is a need for one person to be given lead responsibility for developing the Network and the Director of Public Health has the skills in their team but if they are still too occupied with Covid control another service could take the lead and the Sport England Active Partnerships have the right culture to lead work on Living Longer Better, working on the principle that everyone can improve their ability, health and wellbeing with the right motivation and support. Librarians as experienced knowledge managers have an important role because the Network is an organisation that depends on sapiential authority, that is authority based on knowledge derived from research ie evidence, knowledge from data analysis and knowledge from experience.

Each Network will produce an annual report using the agreed criteria both for the population served and for sharing with and learning from other networks in the national 'Living Longer Better' community of practice.

THE CULTURAL REVOLUTION

The Network will provide the local leadership to transform the culture from one in which it is assumed that health problems are due to 'ageing' and therefore need to be overcome by the provision of 'care' to one in which it is assumed that people of any age can take personal responsibility for increasing their physical, cognitive and emotional wellbeing and capability .

The Care Act of 2014 provides the legal basis for this requiring local authorities not only to provide support but also to be active in "*promoting individual physical and mental health and emotional well-being*" and in

"Preventing needs for care and support

(1)A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—(a)contribute towards preventing or delaying the development by adults in its area of needs for care and support....

(c)reduce the needs for care and support of adults in its area"

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This is a radical change from the principles of the National Assistance Act (1948*) which assumed that although younger people with disabilities needed education to overcome their disabilities, people affected by “age, infirmity or other circumstances” simply needed “care and attention”

The means of changing culture and therefore the key task of leadership includes:

- adopting a common language, not only to ensure that people use terms such as ageing or dementia with the same meaning but also to change the way people think. Indeed anthropological experts in neurolinguistics are agreed that a new language creates a new social reality. (Appendix C) For example, it has been suggested that the term that should best describe the approach adopted people working with older people, either as professionals or volunteers should be coaching rather than caring with the aim of coaching being “always to close the gap between potential and performance”
- introducing a learning programme (Appendix D) developed in partnership with Learning With Experts, using their technology which ensures that all learning online is in groups being based on the principles of the Fourth Education Revolution, for
 - a wide range of professionals and volunteers perhaps 1000 people in a typical population of half a million
 - people over 60 reached partly through GP information systems and partly by the wide range of volunteers and professionals
- Without reducing the commitment to increase face to face contacts for isolated people promoting and enabling digital inclusion of all older people with technology that would allow them to engage in groups for learning , enjoyment or social missions ref
- Supporting all older people in initiatives to increase their contribution to society even more to reinforce a sense of purpose particularly by encouraging inter-generational projects

NATIONAL ENDORSEMENT

There is explicit endorsement from Public Health England, in a letter from the Medical Director

The Local Governments Association’s Community Wellbeing Board gave this method full support

This is entirely consistent with Sections 1 and 2 of Part 1 of the Care Act 2014

There is no formal endorsement yet by NHS E&I but it is consistent with the current reorganisation with its emphasis on ICSs and ICPs and Primary Care Networks. This plan has been submitted to Health Education England for consideration.

The Centre for Ageing Better has offered to run a development workshop for the first phase of networks

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AgeUK and the U3A have been kept informed during the development of the project

SUPPORT FOR NETWORK DEVELOPMENT IN THE FIRST YEAR

The development project for each Network is a year long project in which the Optimal Ageing Programme, with its partner Digiatics would

- Make presentations as required to key organisations notably the Local Authorities and the NHS
- Help develop the Networks by supporting each Network development team, a set of people of between 10 to 15, and the person appointed to be the 'reticulant' the link worker who would be working full time on the project
- Run workshops for the Network development team on system and network, theory and practice and culture change
- Provide resources eg
 - a glossary,
 - a powerpoint with notes on LLB that could be used by the Network members in speaking to older people or to professional groups
 - access to [The Optimal Ageing Programme website](#) designed for older people
 - access to the [Optimal Ageing Programme Library](#), key sources and evidence about Living Longer Better
- Provide and help interpret and adopt the system specification
- Provide a thousand licences for learning that could be used for older people and for the professionals and volunteers providing support
- Develop a community of practice for the populations involved to enjoy action learning.

Digiatics would work with General Practices or Primary Care Networks to promote digital inclusion and the delivery of learning and support through the GP information systems. This includes information for people long term conditions and multimorbidity developed by the Richmond Group of Charities delivered at the time of diagnosis or a change in treatment

Resources for each network supported

The Network will need a person focused on its development and effectiveness working full time on this task. The type of person currently acting as a social prescribing linkworker would be ideal and if it is not possible for one of the key organisations cannot assign a person to this role, sometimes called the role of reticulant, a budget of £40K will be required for the host organisation

The Optimal Ageing Programme will need resources for learning resources , £25K for 1000 licences, and £14,400 for providing the development support for one year

Digiatics is seeking resources for other sources but there will be resources required to develop the GP information systems to deliver knowledge , learning and support digitally to everyone over the age of 60

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