

**Ageing Well in
Tower Hamlets:
a strategy
for improving the
experience of
growing older in
our borough:
2017 to 2020**



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Foreword from the Mayor and Cabinet Member for Health and Adult Services



We are delighted to introduce the borough's first Ageing Well strategy. Tower Hamlets is a great place to live and this strategy is about making it an even better place in which to grow older.

There are big challenges: life expectancy is still lower than in other parts of London; people's health starts to deteriorate in Tower Hamlets on average 10 years earlier than nationally; far too many older residents experience chronic loneliness; and caring for our older population presents an increasing financial challenge to the council and the NHS.



Set against these challenges there are huge opportunities: the energy and passion of our older population; the rich network of community and voluntary organisations across the borough; the high quality care, health and community services provided locally; and a shared commitment to finding new ways of improving the health, wellbeing and quality of life for local people as they age.

The scope of this strategy is broad, and the ambitions far reaching. This breadth and ambition reflects many aspects of our 2015 Mayoral election manifesto and the views and priorities of the local residents, groups and organisations who have informed the development of the strategy. Commitments to tackle loneliness and isolation; to improve housing; to help people to feel safer and more included in our communities; and to continue improving health and care services for those who need them sit alongside broader commitments to support employment and learning; to tackle poverty; to provide more opportunities for volunteering and making a contribution within our communities; and to make our public spaces more accessible to older residents.

We are already making progress – spending more on our new home care contracts, by delivering on the manifesto commitment to implement Unison's Ethical Care Charter, will directly benefit the most vulnerable older people in our borough by driving improvements in the quality of the care they receive – but we know there is much more still to do.

As Dementia Friends we are particularly pleased to see living well with dementia as a key theme within the strategy and welcome the commitment to make Tower Hamlets a dementia friendly borough. We will champion this work within the council and across the borough, as well as continuing to drive forward our programme of work to tackle loneliness and isolation.

Finally, we would like to express our particular thanks and gratitude to the members of the Tower Hamlets Older People's Reference Group, who have invested significant time and effort in helping to develop the strategy. We are pleased to hear that the group are now helping to develop the more detailed action plans that will support delivery of the priorities for each theme and will continue to play a key role in monitoring progress in achieving the intended outcomes.

John Biggs, *Mayor of Tower Hamlets*

Councillor Amy Whitelock Gibbs, *Cabinet Member for Health and Adult Services*

Welcome to the first 'Ageing Well' strategy for Tower Hamlets. The strategy is intended to complement the Tower Hamlets Health and Wellbeing Strategy 2017 to 2020 and to set out how local communities and organisations will work together to improve the wellbeing of residents aged 50 and over in the borough.

The Tower Hamlets Health and Wellbeing strategy identifies five priority areas, four of which are directly relevant to people growing older in the borough (the fifth relates to childhood weight and nutrition) and the ten key themes of this Ageing Well strategy are therefore directly linked to, and intended to supplement, these four priority areas, which are:

- Communities driving change;
- Creating a healthier place;
- Employment and health;
- Developing an integrated system.

Our aim is to enhance the health, wellbeing and quality of life of people growing older in Tower Hamlets – ensuring that Tower Hamlets is a borough where growing older is about retaining your independence and dignity with the assistance of family, friends and the community where necessary but knowing that the right care and support is there if that independence becomes significantly reduced or your changing circumstances mean increased isolation and loneliness. In developing this strategy, we have worked closely with older people and a range of local groups and organisations to identify what matters to people as they grow older in our borough and how by working together we can make Tower Hamlets a better place to grow older in. National and local policy and research has also been extensively reviewed to help understand the broader context within which the strategy is framed and to identify solutions that can be implemented locally to help achieve our desired outcomes.

In particular, extensive use has been made, in developing the strategy, of a number of Joint Strategic Needs Assessments undertaken by the Council's Public Health team. These include assessments relating to older people, loneliness and isolation, falls and last years of life.

The strategy tells you:

1. What we have identified as the key priorities relating to ageing well in the borough;
2. Why we have identified these key priorities;
3. What we plan to do to make a positive difference in each of these priority areas.

Many of the plans set out in this strategy are ambitious, and will require close and effective partnerships across a range of local organisations from the statutory, community and private

sectors and, crucially, with local communities for these ambitions to be realised. Preparing the strategy is the first step – ensuring that the plans set out here are delivered over the next three years will require significant effort and progress will need to be reviewed regularly. The strategy explains how the activities involved in delivering the strategy will be managed and monitored.

A new Carers' Strategy for the borough has been developed alongside the Ageing Well Strategy. For many older residents, providing informal care to partners, children, grandchildren, other family members, neighbours or friends is part of their day to day life. The priorities and plans identified throughout this strategy apply just as much to those for whom this informal caring role is a day to day reality as it does to any other older resident of the borough. We have decided, however, not to incorporate a specific theme focused on informal carers into this strategy as this would only replicate the priorities and plans identified in the Carers' Strategy so would not add value here.



What we know, and what people have told us during the development of this strategy: a summary

Key messages from existing research and other related strategies and plans

Over the past 18 months, a series of Joint Strategic Needs Assessments (JSNAs) have been completed or updated, which feed directly into the Ageing Well Strategy and along with other local and national research and analysis provide the core content for the strategy in terms of the current situation and priorities for change and improvement. The directly relevant JSNAs cover:

- Older people (completed October 2016);
- Loneliness and isolation in older people (completed January 2016);
- Falls (updated November 2015); and
- Last years of life (updated November 2015).

Key messages from these JSNAs and other sources about the older population of the borough include the following:

- Tower Hamlets has a relatively small proportion of residents aged over 65 accounting for just 5.9% of the overall population, compared to 17.4% in the overall UK population;
- In 2015, there were an estimated 16,700 people aged 65 or over living in Tower Hamlets. It is expected that the number of older people will increase to 26,700 by 2030;
- White people make up a higher proportion of older people (64%) than in the general population. People from an Asian/Asian British background make up a higher proportion of the older population (25%) compared to 11% in London and 2.7% in England;
- Life expectancy in Tower Hamlets at age 65 for men (17.3 years of life on average) and women (20.7 years of life on average) is lower than in London and England;
- In Tower Hamlets, people typically start to develop poorer health around ten years earlier than London and England. On average, a man living in the borough starts to develop health problems from the age of 54 compared to 64 in the rest of the country. For a woman, it is 56 compared to 64;
- 63% of older residents had a limiting long-term condition which limited their day-to-day activities “a little” (26%) or “a lot” (37.6%). A higher proportion (37.6%) of older residents had a long-term illness which limited day-to-day activities “a lot” compared to London and England;
- All-cause mortality rates for the 65-74 age group are higher than in London and England;
- Half of older people in the borough live in income deprived households;
- A higher proportion of older people live in social housing in Tower Hamlets (64% - 69% depending on age group) than in London and England;

- Research has estimated rates of chronic loneliness to be far higher in inner city boroughs (16%). Given the characteristics of the Tower Hamlets population and levels of deprivation rates of loneliness are likely to reflect this higher rate of 16%, which would equate to approximately 2,560 persons. It is important to consider that this figure excludes those who are lonely some of the time.
- A model that estimates subjective loneliness at borough, middle and lower super output areas, ranks Tower Hamlets as 1 out of 33 for London and 1 out of 326 for England, meaning that persons aged over 65 living in Tower Hamlets are predicted to be among the loneliest in both London and England. The model uses data from both the English Longitudinal Survey for Ageing (ELSA) and small area data from the Census based on characteristics that are significantly associated with loneliness.

What people have told us during the development of this strategy and in other relevant engagement and consultation processes

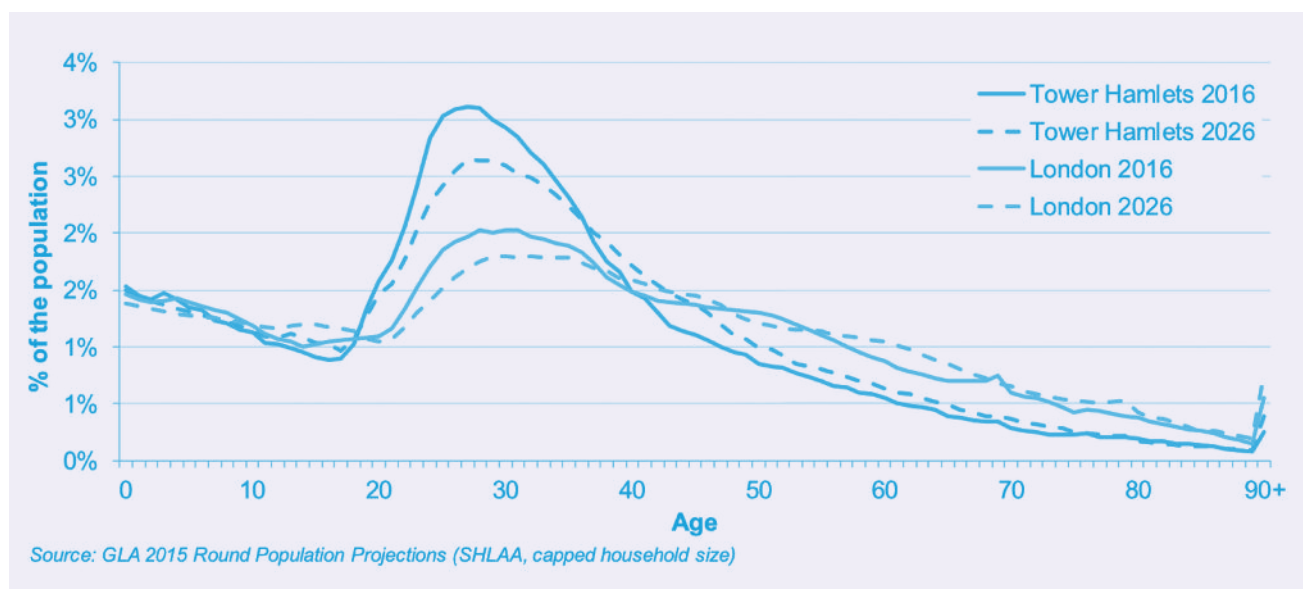
Through a series of workshops undertaken in partnership with the Older People's Reference Group, older people living in the borough have told us that the things that matter to them include:

- Being able to access health (including GPs) and social care services when we need them and without having to wait;
- Feeling safe in our own homes and while out and about;
- Knowing what is going on in our local area, particularly about activities that we might benefit from, and being able to access those activities in settings that are welcoming and safe;
- Having the right housing options for people as their needs change is a crucially important part of staying independent;
- Information needs to be accessible and that for many older people the internet isn't currently the best way of achieving this;
- Many older people particularly 'younger older' people would welcome the opportunity to provide more support to older neighbours and other vulnerable older people living locally to us, but need training and information to be able to do this effectively;
- Having locally based services that are easier to access is preferable to having to travel to other parts of the borough;
- Being able to be open about who we are, about sexual orientation and other characteristics is crucially important to reducing loneliness and isolation and improving the experience of accessing services.

Key demographic data for the borough

The older population of the borough

Tower Hamlets has a relatively small proportion of residents aged over 65 accounting for just 5.9% of the overall population, compared to 17.4% in the overall UK population. In 2015, there were an estimated 16,700 people aged 65 or over living in Tower Hamlets. It is expected that the number of older people will increase to 26,700 by 2030. Figure 1 shows that over the next decade, the age structure of Tower Hamlets is expected to change slightly, with the proportion of young adults in their twenties and thirties decreasing and the proportion of older adults increasing. Figure 1 also shows that London is projected to see a similar trend over the next decade.



The Joint Strategic Needs Assessment for older people, completed in December 2016 provides detail on the older population of the borough and how this population is projected to change over the next 10 to 15 years. The estimated projections show that the proportion of older people in Tower Hamlets will increase over the next 15 years to reach 7% by 2030 (from 5.9% now). However, older people in Tower Hamlets will still represent a small proportion of the total population when compared to London (14.0%) and England (22.0%) in 2030. Table 1 provides a more detailed breakdown of the projected change.

Table 1: Total population, population aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2030

Region/Local Authority	2015	2020	2025	2030
TH Total population	287,100	335,300	371,900	383,600
TH Population aged 65 and over	16,700	19,300	22,900	26,700
TH Population aged 85 and over	2,200	2,700	3,200	3,500
TH Population aged 85 and over as a proportion of the total population	0.8%	0.8%	0.9%	0.9%
TH Population aged 65 and over as a proportion of the total population	5.8%	5.8%	6.2%	7.0%
London Population aged 65 and over as a proportion of the total population	11.4%	11.8%	12.7%	14.0%
England aged 65 and over as a proportion of the total population	17.8%	18.9%	20.2%	22.0%

Source: GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015); (PH Health Intelligence, June 2016)



The greatest increase in the Tower Hamlets older population will be within the group aged 90 years old with a 142.9% increase from 2015 to 2030. The total over 65 population will increase by 59.9% over the same period (Table 2).

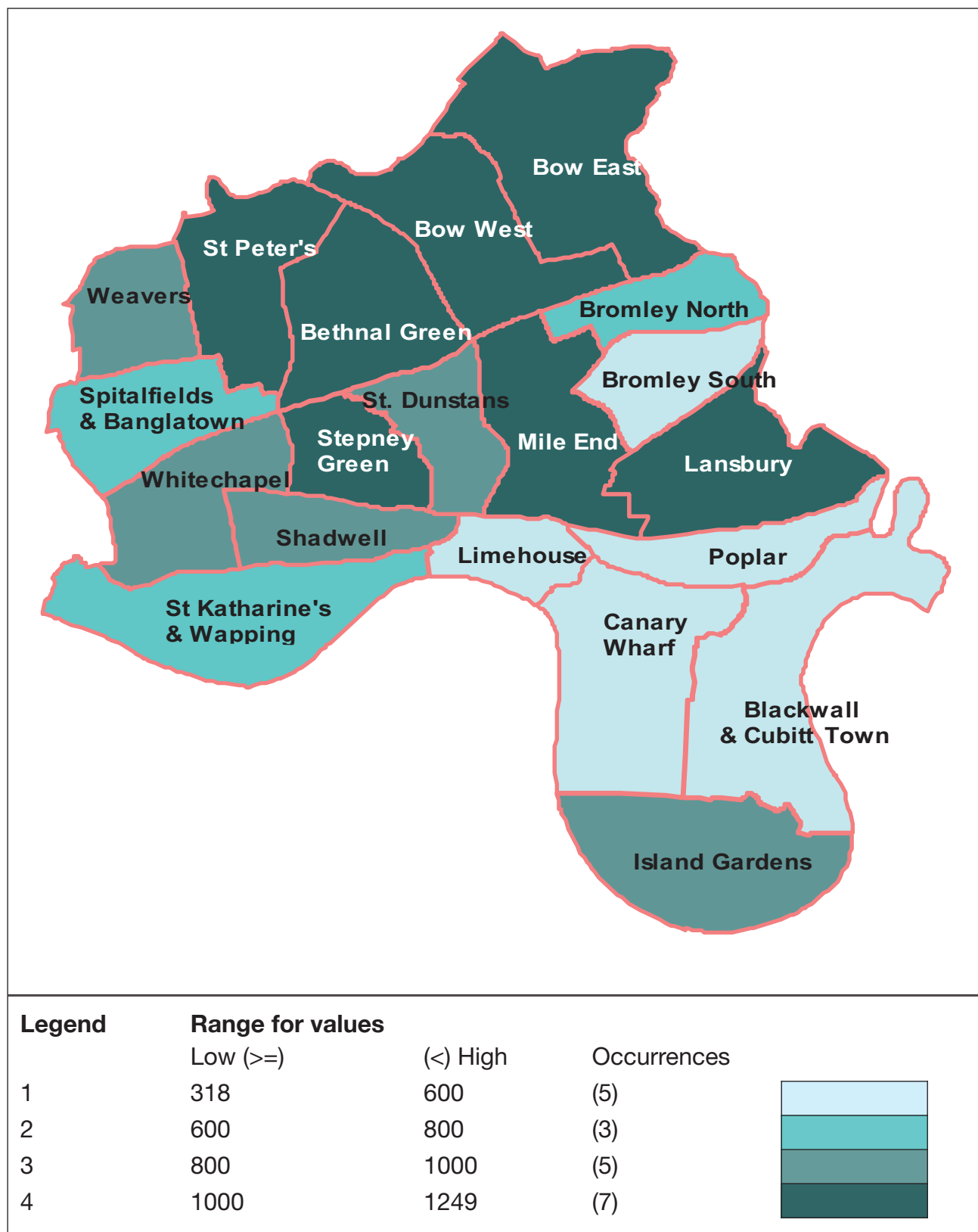
Table 2: GLA Projections for older age groups -Tower Hamlets

Tower Hamlets	2015 numbers	2020 numbers	2025 numbers	2030 numbers	Percentage increase from 2015 to 2030
People aged 65-69	5,100	6,300	7,600	8,800	72.7
People aged 70-74	3,700	4,600	5,600	6,500	75.7
People aged 75-79	3,300	3,100	4,000	4,700	42.4
People aged 80-84	2,400	2,600	2,500	3,200	33.3
People aged 85-89	1,500	1,700	1,900	1,900	26.7
People aged 90 and over	700	1000	1,400	1,700	142.9
TH Population aged 65 and over	16,700	19,300	22,900	26,700	59.9

Source: GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015); (PH Health Intelligence, June 2016)

Figure 2 shows the current geographic distribution of older people in the borough, with higher proportions of older people living in the northern parts of the borough than the south. It is worthy of note here, however, that the Age UK loneliness and isolation heat map for the borough shows a very high risk of loneliness and isolation in a number of areas in the south of the borough, which has implications for future service planning and delivery in those areas.

Figure 2: Distribution of older population by ward



Source: PH Health Intelligence, June 2016

While overall the older population of the borough will increase by 59.9% between 2015 and 2030, it will remain a comparatively small, albeit growing, proportion of the whole population of the borough.

The increase is nevertheless significant in terms of potential future demand for services, with the increase in the 80+ population being of particular significance given the higher likelihood of the very old population requiring care and support. The 80+ population is projected to increase by 700 between 2015 and 2020, and by a further 1,500 between 2020 and 2030.

Ethnicity and the older population

It is also important to highlight the significance, in terms of planning and designing services and offers to meet future need, of likely changes in the ethnicity of the older population. The Projecting Older People Population Information System (POPPI) shows that currently nearly two thirds of the older population in Tower Hamlets are white and 25.3% are Asian or Asian British which compares with only 11.4% in London and 2.7% in England (Table 4). We can also see, however, that the proportion of the older population that is Asian or Asian British is higher in the 65-74 age band (and in lower age bands) which indicates that the overall proportion of the 65+ population that is Asian or Asian British will continue to increase. Future services and offers will need to be designed in a way that is responsive to this changing characteristic.

Table 4: Tower Hamlets population aged 65 and over by age and ethnicity as a percentage of the total population of that age band and comparison with London and England, 2011.

Percentage of older Population	White	Mixed/ multiple ethnic group	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other Ethnic Group
TH 65-74 years old	59.7%	1.4%	29.4%	8.3%	1.2%
TH 75-84 years old	65.7%	1.1%	24.4%	8.0%	0.8%
TH 85 and over years old	82.7%	1.2%	9.1%	6.3%	0.7%
TH total population aged 65 and over	64.5%	1.2%	25.3%	8.0%	1.0%
London population aged 65 and over	78.1%	1.3%	11.4%	7.7%	1.6%

¹ <http://www.poppi.org.uk/index.php?pageNo=319&areaID=8648&loc=8648> accessed 28-07-14

England population aged 65 and over	95.3%	0.4%	2.7%	1.3%	0.3%
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Source: <http://www.poppi.org.uk/index.php?pageNo=319&arealD=8648&loc=8648> ; Percentages have been rounded up. Population Projections (April 2015); (PH Health Intelligence, June 2016)

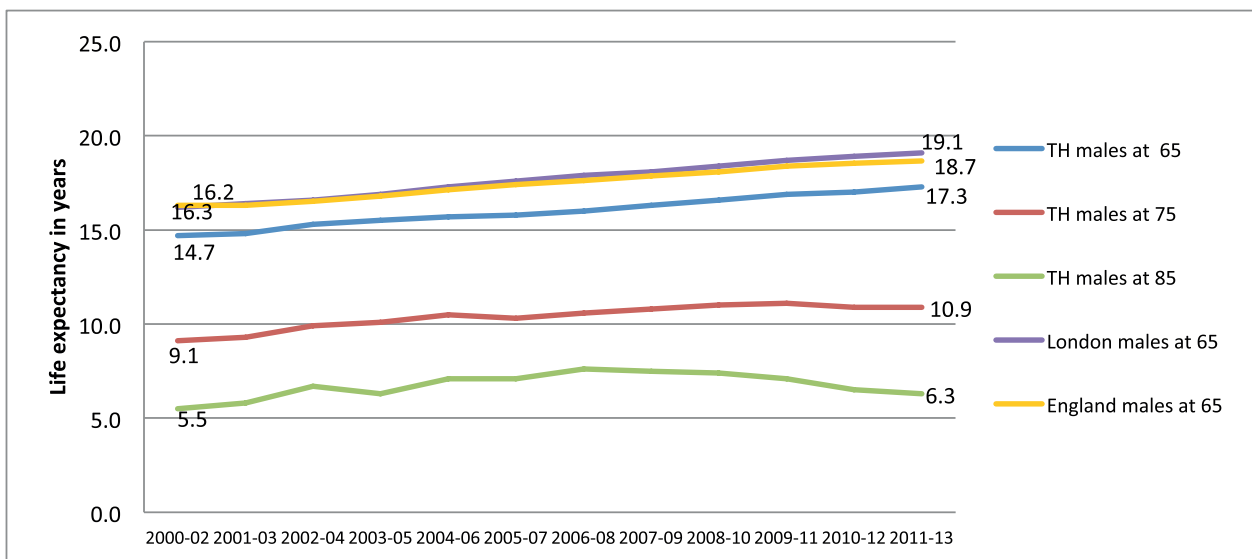
Life expectancy, disability and poor health in the older population

Life expectancy at 65 expressed as the number of additional years of life after the 65 birthday is lower in Tower Hamlets than in London and England.

In 2011-13, life expectancy at 65 for men (17.3 years of life) and women (20.7 years of life) was lower in Tower Hamlets than in London (19.1 in men and 21.9 in women) and England (18.7 in men and 21.1 in women)² (figures 3 and 4). Although life expectancy at 65 in Tower Hamlets has been increasing since 2000-2002 for both men and women as it has in London and England, it has been persistently and significantly lower for both when compared to London and England. As expected, Tower Hamlets women’s life expectancy at 65 (20.7 years of life) was higher (by 3.1 years) than that for men but 1.2 and 0.4 years lower than for women in London and England respectively.

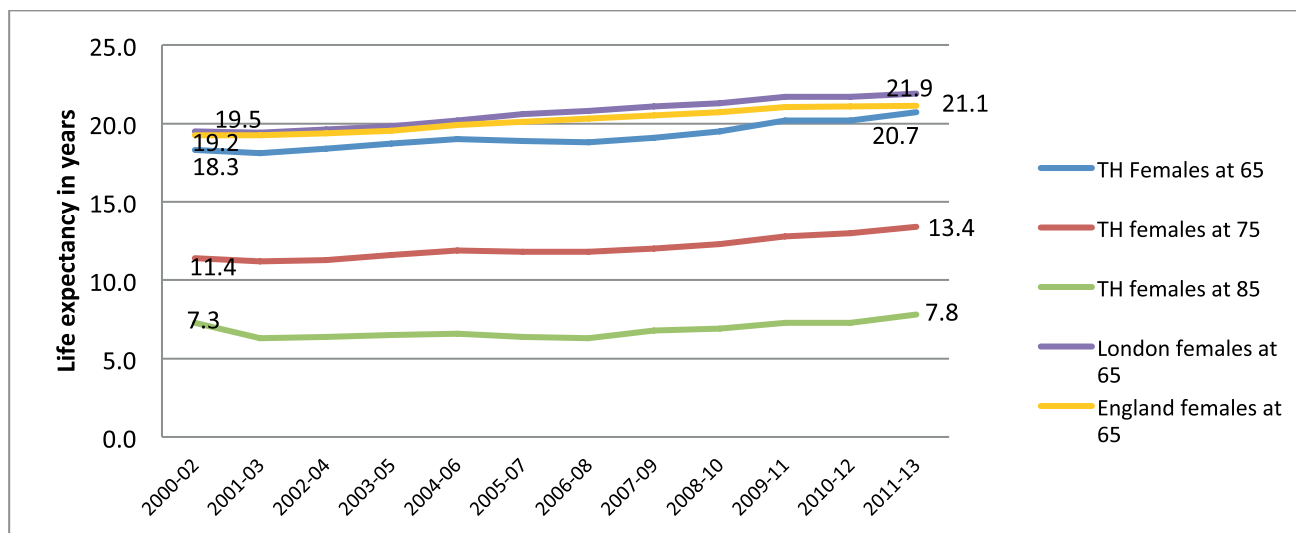
Figure 3: Trends in life expectancy (years) at age 65-men; Tower Hamlets, London and England

Source: Office for National Statistics, 2015



² PHE, Recent trends in life expectancy at older ages, DATA PACK, Published February 2015, PHE publications gateway number: 2014726. Data source is from ONS2015, <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2011-13/stb-life-expectancy-at-birth-2011-13.html>

Figure 4: Trends in life expectancy (years) at age 65- women; Tower Hamlets, London and England



Source: Office for National Statistics, 2015 from PHE, *Recent trends in life expectancy at older ages, DATA PACK, 2015*

Within the borough there are notable differences in life expectancy at age 65 with figures ranging from 16.4 extra years of life in Limehouse to 21 in Bromley-by-Bow³. As with the variation in the dispersal of the older population across the borough, this suggests a need to plan and deliver services and offers that respond to the characteristics and needs of the older population in different parts of the borough.

Both men and women in Tower Hamlets from age 50 live significantly less years disability free (14.6 for men & 14.1 for women) than those in England (19.1 for men & 19.4 for women). Tower Hamlets residents have a significantly lower proportion of life spent without disability from age 50 compared to England⁴.

³ Life Expectancy at age 65 - source GLA datastore Ward Atlas

⁴ ONS, Disability-free life expectancy (DFLE) and life expectancy (LE) for females at age 50 by Clinical Commissioning Groups in England, 2010-2012, published 2014;

Table 5: Life expectancy (LE) and Disability-free life expectancy (DFLE) from age 50 for males & females, 2010-12; Tower Hamlets and England.

Males	DFLE (years)	Years with disability	LE from age 50 (years)	Proportion of life spent disability free (%)
Tower Hamlets	14.6	14.6	29.2	49.9
England	19.1	12.1	31.3	61.2
Females				
Tower Hamlets	14.1	19.2	33.4	42.4
England aged 65 and over	19.4	15	34.4	56.5

This means that while life expectancy in Tower Hamlets is less than for London and England, years of disability free life are also lower than average. This in turn means that there is an increased likelihood, compared to the position nationally, of older residents in Tower Hamlets requiring care and support at an earlier age, and for longer.

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/2011censusanalysisdisabilityfreelifeexpectancyatbirthatage50andatage65clinicalcommissioninggroupscgs201012>; Latest accessed 12/10/16

Relationship between the Ageing Well strategy and other key local strategies and plans

As noted in the introduction to this strategy, it is intended to complement the Tower Hamlets Health and Wellbeing Strategy for 2017 to 2020. There are, however, a range of other local strategies and plans that the Ageing Well strategy interlinks with. The role of the Ageing Well strategy in respect of these wider themes and priorities is primarily about ensuring that the relevant strategies and plans developed by the Council, by the NHS and by other key stakeholders incorporate priorities and actions that reflect the aspirations and needs of the older population in a way that is consistent with and aids delivery of this strategy.

This means that there are elements of this strategy which are about influencing and informing what happens across a wider range of activities in the borough, rather than necessarily setting out specific actions in these areas. An example of how the relationship between the Ageing Well Strategy and other strategies and plans is already being formed is the way in which consultation on other strategies has been incorporated into the co-production work undertaken with the Older People's Reference Group to develop the priorities for this strategy. Colleagues working on the Health and Wellbeing Strategy, the Leisure Strategy and the Parks and Open Spaces strategy have contributed to the relevant co-production sessions, which in turn has meant that they have been able to hear directly from older people what matters to them and should therefore be reflected in these other strategies. The importance of 'safe' spaces in public parks for older people to spend time in, which have good seating areas and are physically distinct from play areas and areas where people may be cycling or skateboarding is one such example.

As also noted in the introduction to this strategy, providing informal care to others, whether family members, neighbours or friends, is a day to day reality for many older residents of the borough.

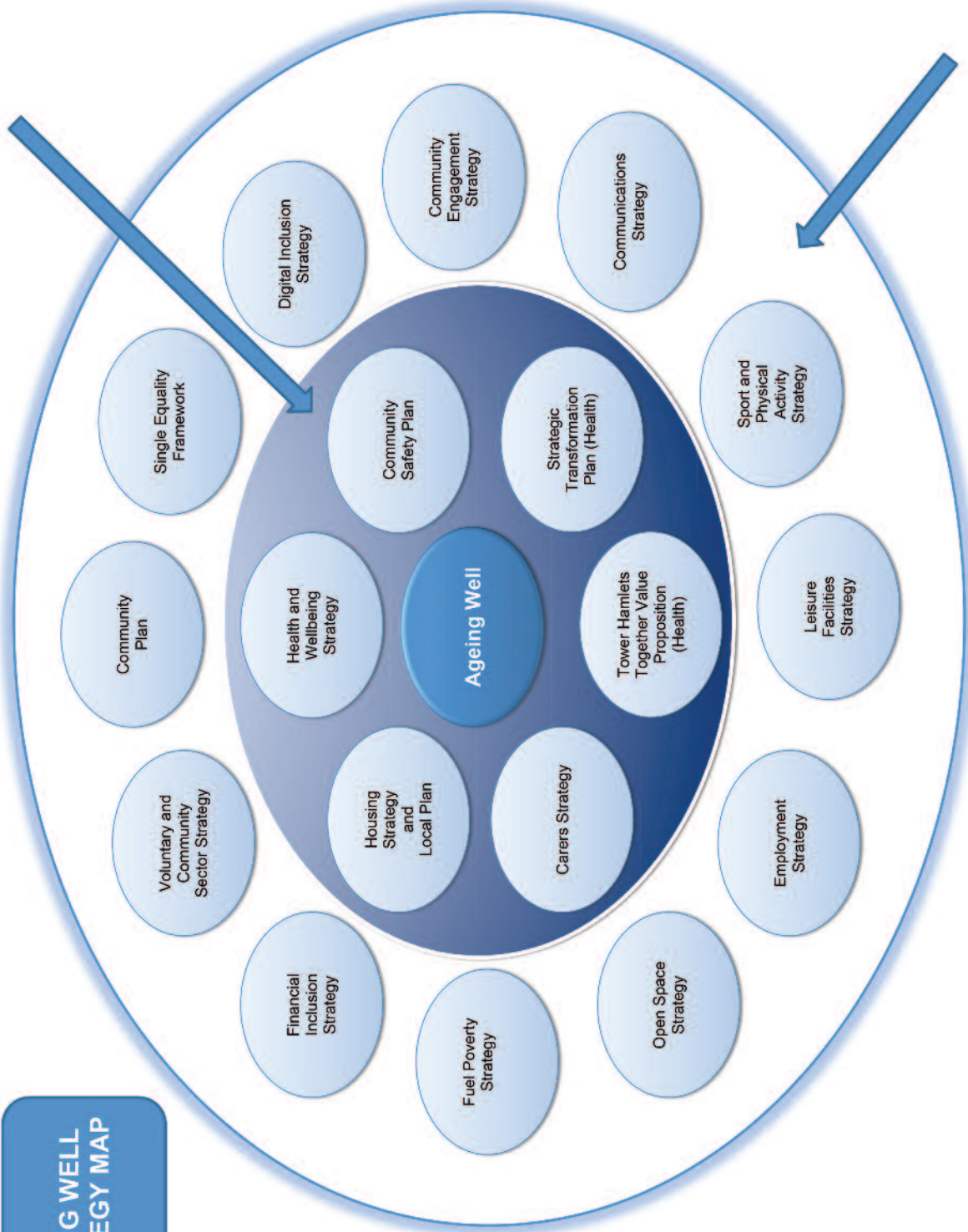
The inter-relationship between this strategy and the new Carers' Strategy for the borough is therefore of particular significance especially for those older residents for whom the day to day significance of their caring role is such that they require support to maintain this role.

The diagram overleaf shows this relationship between the Ageing Well strategy and the various other local strategies and plans which have been identified as being relevant to improving the experience of growing older in Tower Hamlets.



AGEING WELL STRATEGY MAP

PRIMARY STRATEGY INTERFACES



SECONDARY STRATEGY INTERFACES

Summary of the scope and key themes for the Ageing Well strategy

The scope of the Ageing Well strategy encompasses the breadth of responsibilities placed upon the local authority by the Care Act 2014. In summary, these responsibilities are centred on:

- maintaining and promoting independence and wellbeing;
- facilitating the development of a vibrant social care market in the borough;
- assessing and providing for needs which the authority has a duty or power (subject to available resources) to meet. This encompasses both the provision of a range of services in the community (to enable the individual to continue living in their own home) and the provision of residential and nursing home care when living in your own home is no longer a viable option;
- safeguarding vulnerable individuals; and
- working in partnership with the NHS and other stakeholders to deliver integrated and personalised care and support.

The scope is therefore both about what might be described as the core social care responsibilities of the local authority in respect of older people and about a much wider set of activities and programmes that seek to promote independence, wellbeing and quality of life. This latter element of the scope of the strategy provides the rationale for encompassing an age range of 50+, with an emphasis on developing ways to support people to remain economically active for as long as they wish and as they begin to prepare for life beyond work.



This broader scope of the strategy means that it needs to address a wide range of themes and priorities beyond the core social care responsibilities, which at a high level mean inclusion of the following:

- Providing high quality and affordable housing options for older people that allow them to remain as independent as possible for as long as possible. This includes continuing to explore the role of different tenure types, home adaptations and new technologies in enabling people to maintain their independence;
- Community safety and in particular reducing the fear of crime and enabling older people to feel safe when accessing local community resources;

- Tackling loneliness and isolation;
- Making the borough 'dementia friendly' by 2020;
- The provision of information, advice and, where necessary, advocacy support;
- Income maximisation and economic wellbeing, including reducing fuel poverty;
- Maximising access to the employment market, including the development, with Tower Hamlets Employment Service, of new opportunities to access apprenticeships and learning and development opportunities that support career change and/or re-entry into the employment market;
- Extending healthy years of life, including extending opportunities to engage in exercise and activities that improve wellbeing;
- Digital inclusion, particularly supporting people to access web and app based information and support

With regards to the core social care responsibilities of the Council, the key areas of focus for the strategy are as follows:

- Strategic realignment of existing Extra Care Sheltered Housing provision, residential care home capacity and nursing care home capacity to ensure that we have the right balance of resources across these different accommodation options to meet current and future requirements. This will include specific work to ensure that available nursing care home capacity in the borough is sufficient to meet future demand, and that what appears currently to be an excess supply of 'traditional' residential care home capacity can be realigned either as part of the process of ensuring that we have sufficient nursing home care capacity, or to provide additional Extra Care capacity.

This work is likely to include work with Tower Hamlets Together to redesign continuing healthcare beds, and a wider programme of quality improvement activities related to the 'Enhanced Health in Care Homes' NHS vanguard programme and the recently published framework linked to this programme.

- The development of a range of community based and community generated opportunities for older people, particularly those at risk of, or experiencing, loneliness and isolation, to connect with their local communities with the aim that these localised offers provide a direct alternative to accessing traditional day services. Work is being initiated with local stakeholders to develop business plans and to identify funding sources for a range of potential solutions to be trialled on a pilot basis in the first instance. This will include work with local Voluntary and Community Sector (VCS) organisations to develop solutions that enhance social value, some of which will have a focus on inter-generational work (both with children and with younger adults). The Health, Adults and Community Services Directorate of the council will also utilise existing resources already deployed in the community to test and learn new options for engaging with vulnerable older people that build on the valuable

work already undertaken by LinkAge+, Idea stores and one-stop shops and a range of VCS organisations. All of these activities will utilise an assets based approach to identifying strengths and opportunities at local level and building on these to develop sustainable solutions for local residents and will be consistent with the wider corporate work on localisation;

- Ensuring that the ongoing integration of community health and social care services progressing under the auspices of the Tower Hamlets Together Vanguard Programme, along with the commissioning activities (individual, shared or joint) of the Council and the CCG develop in a way that is consistent with, and supports the delivery of this strategy.

The Care Act also sets out core duties and powers in respect of carers. How the council and other partners respond to these duties and powers is a core concern of the Carers Strategy, but the wider scope of the Ageing Well strategy outlined above, and the key themes described below, are as relevant to older informal carers as they are to all older residents.

Taking all the above into account, ten key themes have been identified for inclusion in the strategy, reflecting the key themes identified through co-production work with older people and from the various national and local evidence sources. These ten themes are:

- Ensuring that people with longer term health and social care needs experience care and support that is truly personalised to their individual circumstances, strengths and needs, and that optimises their independence.
- Keeping people informed in accessible ways.
- Ensuring that the right housing and accommodation options are available to people as they age.
- Optimising independence and wellbeing: employment, welfare benefit take-up and reducing poverty.
- Optimising independence and wellbeing: Supporting people, as they age, to continue making a positive contribution in our communities.
- Optimising independence and wellbeing: staying healthy and active.
- Living well with dementia.
- Optimising independence and wellbeing: Reducing isolation and loneliness.
- Optimising independence and wellbeing: Getting the help and support I need as close to home as possible.
- Optimising independence and wellbeing: Last years of life.

The remainder of this strategy sets out the reasons why each of these themes is important, and what we plan to do under each theme to improve health, wellbeing and quality of life for people as they grow older in the borough.

How will the strategy be delivered and how will delivery be monitored?

As far as possible, existing partnership structures and mechanisms will be used to progress delivery of the various actions set out in this strategy. This approach is intended to ensure that actions directly arising from the strategy are co-ordinated and consistent with other relevant priorities and objectives, but also to ensure that the strategy is delivered as efficiently as possible without adding further complexity to what is already a very complex set of local partnership arrangements.

Only in situations where an existing partnership or mechanism cannot be identified as suitable for progressing delivery of a specific action will a discrete arrangement be made. Where these specific circumstances arise, whatever group or mechanism is set up to progress the action will follow 'task and finish' principles – in other words it will be required to exist only for so long as is necessary to see the action through to conclusion.

Similarly, in developing governance arrangements suitable for overseeing progress in delivering the strategy, and ensuring it is regularly reviewed to remain relevant and up to date, the starting premise has been to use existing partnership structures rather than developing new ones. This approach is, in part, driven by a recognition that many of the actions in this strategy will be taken forward as part of other plans and strategies, which would, were new governance arrangements put in place specifically for the Ageing Well strategy, create a risk of duplication of reporting and inefficient use of resources.

It is intended, therefore, to link oversight of strategy delivery to an existing body, and the Complex Adults Working Group has been identified as the most appropriate body for this purpose. To use end of life care as an example of why it makes sense to use existing mechanisms, were a separate Ageing Well Strategy Group to be constituted, this group would have an active interest in local progress on end of life care but so too does the Complex Adults Working Group thus multiple reporting lines would be created. Giving the Complex Adults Working Group responsibility for oversight of delivery of the Ageing Well Strategy removes this potential for duplication while also maintaining the reporting line to the Health and Wellbeing Board, which has overall responsibility for the strategy.



Progress on delivering the strategy will be reported to the Health and Wellbeing Board every six months, or more frequently by exception if a significant issue arises. A highlight report format will be used for this purpose covering the ten key themes and setting out progress on the key deliverables under each theme over the period being reported on.

We will, however, also set up a broader 'Ageing Well reference group' bringing together a wide range of local groups and organisations to continue to develop new ideas for enhancing the health, wellbeing and quality of life of people growing older in the borough that build on and enhance the priorities and actions set out in this initial version of the strategy.

Older people themselves have a crucial role to play in continuing to develop these new ideas and in overseeing delivery of the strategy. We are, therefore, continuing to work with the Older People's Reference Group to agree how it is represented in the Ageing Well reference group and how the views of older people regarding the impact the strategy is having can be regularly reported to the Health and Wellbeing Board.

The Older People's Reference Group will also be asked to lead the delivery of specific initiatives or projects. As an early example, the group has been asked to develop an 'Equalities Charter' to parallel the Dignity Charter previously developed by the group. Like the Dignity Charter, the Equalities Charter will be incorporated into contracts, service specifications and service design / re-design programmes to help drive improvements in the accessibility of services for all older people.



Key Theme 1: Ensuring that people with longer term health and social care needs experience care and support that is truly personalised to their individual circumstances, strengths and needs, and that optimises their independence

Introduction to this theme

This theme directly relates to the ‘developing an integrated system’ priority in the Health and Wellbeing Strategy. It is about health and social care services working together to plan and deliver services that are easier for older people to access and navigate, and that respond to an individual in a way that is personal to their individual circumstances, strength and needs. This includes understanding the existing support networks that an individual has and building on those to maximise independence.

Key messages from local and national research and other related strategies and plans

- The Care Act 2014 places a statutory requirement on councils and the NHS to improve outcomes for people by integrating health and social care services at a local level. How this integration is achieved is to be determined locally and the Act requires that it is delivered by 2020;
- The requirement to integrate is driven by extensive evidence that by working more closely together, councils and the NHS can provide better outcomes for individuals in terms of their health, wellbeing and independence. Working more closely together can also enable both parties to manage their resources more efficiently for the benefit of the wider health and social care system. Working together to minimise the need for individuals to be admitted to hospital, and if admitted to be able to leave again as soon as they are medically fit, is a high profile, but complex, example of this;
- In social care, Personal Budgets are viewed nationally as a key mechanism for enabling people to understand what the council will pay to meet their social care needs, and to give greater choice and control over how the money is spent based on the individual’s circumstances and preferences. An equivalent mechanism now exists in the NHS, called Personal Health Budgets, and this creates opportunities for individuals with more complex health and social care needs to combine their council and NHS budgets to create an integrated plan that uses the available funding more flexibly to meet their specific needs. The rationale behind this approach is that the whole can be greater than the sum of its parts, and that individuals and their families, friends and other existing support networks are usually best placed to understand how this can be achieved.

What we are already doing

- Through a partnership called Tower Hamlets Together local GPs, hospitals, community health services, social care and mental health services are working together to join health and social care services up at a local level. The health partners in this partnership are jointly responsible, through a contract awarded by the Tower Hamlets Clinical Commissioning Group for providing a wide range of community health services;
- Tower Hamlets is one of a small number of local areas that is testing a new approach to integrated planning and service provision for people with complex needs known as Integrated Personal Commissioning. This is the key means by which we are increasing the numbers of Personal Health Budgets and putting in place new support planning processes that allow people to use their social care and health budgets together on a single set of care and support arrangements;
- The council and NHS are working in partnership with the voluntary and community sector in the borough to increase options for people to be prescribed activities that promote their health and wellbeing as a positive alternative to more traditional forms of prescribing- this is known as 'social prescribing';
- The council and the Tower Hamlets Clinical Commissioning Group have set up a Joint Commissioning Executive that is responsible for planning and delivering more joined up and effective services for local residents. This executive group is accountable to the Health and Wellbeing Board.

Our priorities for the future

- To continue to work in partnership to ensure that Tower Hamlets Together succeeds in delivering better integrated and more effective, from the perspective of local residents, services at a local level by 2020;
- To ensure that Personal Health Budgets become widely available to those older people who wish to play a more active role in managing their own health needs, and that integration of support planning, and budgets, for older people with complex health and social care needs becomes the norm;
- To work collaboratively to ensure that: our shared investment in preventative services achieves measurably positive outcomes; those services are integrated and/or aligned to ensure no duplication of effort; we identify and take opportunities to disinvest where measurable benefits cannot be identified or are insufficient to justify continuing investment; and that we invest in solutions that improve outcomes and value for money where such opportunities exist;

- To ensure that Tower Hamlets plays a full and active role in the continuing development of the Strategic Transformation Plan, covering health services across the North East of London, while ensuring that services for the residents of our borough continue to be locally focused and given priority.
- To undertake research on the care and support choices being made by older people who are funding their own services (including accommodation based services), the extent to which the aspirations of those individuals in terms of quality and choice are being met by the market and the extent to which the numbers of people in this position are likely to change in future years. Based on the outcomes of this research, to consider what additional market development activity the council and partners can engage in to ensure aspirations continue to be met.



Introduction to this theme

Having good information about rights, about services and about local activities that older people can benefit from is critical to maintaining wellbeing and independence and to tackling loneliness and isolation.

During the development of this strategy, many of the older people we have worked with have commented that the internet, and other electronic means of communication are not necessarily their preferred ways of accessing information. This theme is therefore about responding to these views, both by ensuring that sustainable and efficient alternative communication methods are provided, and by supporting older people to improve their abilities and confidence in using the internet and other electronic communication methods such as email.

Key messages from local and national research and other related strategies and plans

As noted above, through the work we have done with local older residents, the provision of information in accessible ways has been repeatedly highlighted as being important to wellbeing, independence and in tackling loneliness and isolation. Accessible in this context means paper based information (newsletters and similar), written information available in public spaces such as GP surgeries, face to face and telephone communication and 'word of mouth'. People also commented that often, even though information directly relevant to older people might be made available in place like GP surgeries or Idea Stores, this information can often get 'lost' amongst information targeted at other sectors of the community.

More work is needed to understand whether there is a distinction between younger older people and older people in terms of use of electronic means of communication, and if so, what impact this has on how we design communication strategies for the older population.

What we are already doing

- The council and NHS locally commission a range of information and advice services for the local population. These services offer face to face and telephone based advice and information as well as web based information;
- Through Link Age+, Idea Stores and a number of local voluntary and community sector organisations, a range of basic computer literacy programmes are offered;
- Staff working in the Council's Idea Stores, libraries and one-stop shops are trained to provide information to local residents and to support residents to access the internet. Accessible computer terminals are provided in these settings to facilitate this.

Our priorities for the future

- To develop a new information strategy targeted on the older population of the borough that uses a mix of communication methods that ensures accessible options for all;
- To work with GP practices, Idea Stores (including the Idea Stores Learning Programme) and other locations where public information is made available, to develop a standard approach to displaying information relevant to older people in a way that allows this information to be easily accessible;
- To continue to work with Idea Stores, via the Idea Stores Learning Programme, and voluntary and community sector providers to deliver basic computer literacy programmes that give an increasing number of older people the skills and confidence to make more use of the internet as a source of information;
- In particular, with regards to the above priority, to seek opportunities to develop new inter-generational programmes to supplement existing schemes that bring together younger and older people to support increasing computer literacy;
- To work with social housing providers in the borough to improve the availability and reliability of wifi networks on estates and in supported housing settings;
- To work with social housing providers, voluntary and community sector organisations and other partners to develop programmes that support older people to use technology to access information, advice and services, and for communication purposes. This will build on existing initiatives being delivered by a number of local organisations and groups.



Key Theme 3: Ensuring that the right housing and accommodation options are available to people as they age

Introduction to this theme

Decent and appropriate housing is critical in enabling older people to remain independent. Wherever possible this means adapting people's existing homes and /or providing assistive technologies to allow them to remain living in their own homes for as long as possible. It can also mean providing alternative housing options for people that better meet their changing needs or circumstances – finding ways of making it easier and more attractive to 'downsize' for example.

Where living in your own home ceases to be a practical or safe option, we also need to ensure that the right range and capacity of supported housing options, such as sheltered and Extra Care sheltered housing, and residential and nursing care homes is available locally.

Extra Care housing is based on a sheltered housing model (in which individuals have their own flat with a tenancy) but whereas sheltered housing will typically have support available during office hours, Extra Care housing schemes will typically have on site support 24 hours per day. This core support can then be enhanced by individual packages of care and support to individual tenants and Extra Care schemes are therefore able to offer an alternative to residential care for individuals with significant care and support needs. Residential care provides 24 hour care with the individual having their own room and access to a range of communal facilities as well as having meals prepared for them. Nursing home care is similar to residential care but with nursing staff on site 24 hours per day to meet people's health needs.

Key messages from local and national research and other related strategies and plans

- More older people live in social housing in Tower Hamlets (64% - 69% depending on age group) than in London and England;
- During the development of the strategy, some older people told us that the physical environment in and around housing estates could be made more older people friendly, sometimes in quite simple ways by, for example, improving lighting and seating;
- There is considerable national evidence in support of the appropriateness of Extra Care sheltered housing as a direct, and positive, alternative to a residential care home for many older people;
- Our initial research suggests that although the overall number of residential care and nursing home beds in the borough is low compared to London and England averages, the impact of this is different for different care types. Our current analysis is that we have insufficient nursing home capacity, and possibly insufficient specialist residential care for older people with dementia, while at the same time we may have too many residential care

beds locally that cater for people with lower levels of need (for whom Extra Care is often a positive alternative). More work is needed to understand this fully, and to determine how capacity needs to change for the future;

- The residential care and nursing homes in the borough have relatively low numbers of residents who are paying for their care from their own resources (self-funders) and a relatively high proportion of residents financially supported by the council or NHS. This situation potentially creates a higher than normal degree of interdependence between the homes and the council / NHS in terms of future financial sustainability;
- At the time of preparing this strategy, three of the six care homes in the borough have been rated as 'Requires Improvement' by the Care Quality Commission, while the other three are rated as 'Good'.



What we are already doing

- The council produced, in 2014, an Older People's Housing Statement, which set out a range of priorities and plans to improve the availability, quality and accessibility of housing options for older people in the borough. Much of the content of this statement remains valid and appropriate now and for the next three years, and delivering against the objectives set out in the statement will remain a key priority;
- The council's Telecare and Assistive Technology services, along with the Community Equipment Service and the Housing Improvement Agency which provides Disabled Facilities Grants provides a broad range of equipment and technologies that support older people to remain living in their own homes for as long as possible;
- We are initiating further research into the capacity we will need in the medium to longer term across a range of supported accommodation options from sheltered housing through to residential care and nursing home provision. This may include looking at options for building new specialist nursing / dementia provision and how such a build programme could be funded, delivered and subsequently operated;
- The council and the NHS are working with local care homes to introduce a range of quality improvement initiatives that build on local good practice and learning from national programmes such as the NHS Care Home Vanguard programme.

Our priorities for the future

- As noted above, to continue to implement the various plans and objectives set out in the Older People's Housing Statement;
- To complete research into future capacity requirements for different supported housing and care home provision and to work with housing and care providers to develop financially sustainable plans for delivering this capacity;
- To ensure that the support available to tenants in sheltered housing settings is appropriate, accessible and financially sustainable for the future;
- To continue to work with care home providers in the borough to ensure that the quality of care delivered is of a consistently and uniformly excellent standard;
- To continue to develop the range of equipment and assistive technology options we have available to support older people to continue living in their own homes for as long as they wish to and can be safely sustained;
- To work with housing providers and voluntary and community sector partners to consider new ways of supporting older people to continue living in their own homes by, for example, developing inter-generational shared housing schemes;
- To work with housing providers and voluntary and community sector partners to develop their management services in order to meet the specific needs of older people;
- To work with housing providers to ensure the local estate environments can be reviewed and made older people friendly where required.
- To review, with housing providers, existing arrangements for incentivising and supporting older tenants to downsize; identify whether these existing arrangements are sufficient and effective; and modify these existing arrangements and / or add new evidence-based initiatives that enable more older residents to downsize as a positive choice.

Key Theme 4: Optimising independence and wellbeing: employment, welfare benefit take-up and reducing poverty

Introduction to this theme

This theme is primarily focused on ensuring that people, as they grow older, continue to have opportunities to access the employment market and that whether in or out of work and after retiring people are supported to access the full range of benefits to which they are entitled. The council intends to develop an anti-poverty strategy, which will expand on the priorities and actions set out under this theme.

Key messages from local and national research and other related strategies and plans

- Half of older people in the borough live in income deprived households;
- In Tower Hamlets, people typically start to develop poorer health around ten years earlier than London and England. On average, a man living in the borough starts to develop health problems from the age of 54 compared to 64 in the rest of the country. For a woman, it is 56 compared to 64. This earlier deterioration in health is likely to impact on people's abilities to remain in employment through to retirement age;
- Unemployment and poor working conditions (e.g. lack of control, low wages, job instability, physical hazards, poor or stressful culture and environment) affects people both psychologically and physically. Evidence shows that being unemployed or in poor employment can lead to:
 - increased levels of risk factors for poor health (e.g. smoking, problem drinking, poor diet, low physical activity);
 - mental health issues, and
 - higher rates of long-term health problems (e.g. heart disease, stroke and musculoskeletal conditions such as back pain and arthritis).
- Nationally, as life expectancy increases, the state retirement age is increasing and this has longer term implications for younger older people in the borough;
- Older people locally report that they would value increased access to advice about benefit entitlements.

What we are already doing

- The council is reviewing our employment support provision as a precursor to developing a new Employment Strategy;

- The council, the NHS and voluntary organisations are working both individually and collectively on programmes to support this agenda including social prescribing, apprenticeships and volunteering schemes offering pathways into employment;
- The council has worked with local voluntary organisations such as Age UK East London on specific initiatives to promote welfare benefit take up.

Our priorities for the future

- To develop apprenticeship schemes, training programmes and work experience projects for local residents aged 50+ that provide a pathway back into employment and / or the opportunity to change careers;
- To work with local health and social care providers to increase options for people aged 50+ to secure employment in those sectors;
- To increase the range, frequency and coverage of initiatives to promote welfare benefit take up;
- Linked to the above priority, we will also ensure that existing sources of advice and support are fully publicised and that information about how to access those existing sources is freely and readily available to older residents across the borough.

Key Theme 5: Optimising independence and wellbeing: Supporting people, as they age, to continue making a positive contribution in our communities

Introduction to this theme

During the work to develop this strategy, older people, and particularly younger older people, have told us that they would welcome the opportunity to engage in volunteering opportunities that promote the wellbeing of other older people and make a positive contribution in their local communities.

We have also heard from some local community and voluntary sector organisations that provide services such as befriending services locally that they cannot always find the right mix of volunteers (in terms of factors such as gender, ethnic origin and so on) to match the older people referred to the service.

Key messages from local and national research and other related strategies and plans

- There is significant national evidence to support the value of volunteering in improving people's wellbeing and quality of life;
- Equally, there is also significant evidence that the people who are the recipients of voluntary activity also benefit in terms of independence, wellbeing and quality of life;
- Often people engaged in what they might think of as simply being a 'good neighbour' do not identify themselves as 'volunteers';
- There is also national evidence, however, that individuals wishing to engage in voluntary activities need the right training and support to ensure that they and the people they are working with are safe and that the voluntary activity is effective. Similarly, it is important that voluntary activity is properly co-ordinated in order for maximum benefit to be derived for all parties.

What we are already doing

- The council and NHS support a range of community and voluntary sector organisations, via contracts and grants, that provide volunteering programmes involving and / or for the benefit of older people in the borough;
- The voluntary and community sector locally also provides additional volunteering activities funded from other sources.

Our priorities for the future

- To continue to develop the range and reach of volunteering opportunities for, and for the benefit of, older people in the borough;
- To work with Age UK East London to pilot a 'Community Ambassador' scheme in at least three parts of the borough during the first year of this strategy, with the intention of expanding the scope of the scheme in later years. This scheme will identify local residents willing to support vulnerable older people in their local area and provide them with the training and information they need to fulfil this role effectively;
- To work with Tower Hamlets Community Transport and the council's own transport service, to develop ways of utilising volunteers to increase the utilisation of existing community transport capacity by making it accessible to local communities at times when it would otherwise not be in use;
- To work with the voluntary and community sector locally to find ways of better co-ordinating the supply of potential volunteers and programmes which are reliant on volunteers so that capacity issues are minimised as far as possible;
- To work with Tower Hamlets Employment Service to develop ways that volunteering schemes can be part of a route back into employment for younger older people;
- To work with Tower Hamlets Employment Service and local voluntary and community services to develop ways in which older people can provide mentoring and coaching support to local young people and adults of working age who require support to access and maintain employment to improve the employment prospects of those residents and / or to support them in developing their careers. This will include exploring specific initiatives to support young people leaving care or who are involved with the youth justice system as well as adults of working age with learning disabilities or poor mental health.

Key Theme 6: Optimising independence and wellbeing: Staying healthy and active

Introduction to this theme

Staying healthy and active is critical to ageing well, both physically and in terms of mental wellbeing. This theme is, therefore concerned with providing opportunities to enable older people to stay active or to become more active as a means of promoting and maintaining good health for longer.

Key messages from local and national research and other related strategies and plans

- There is significant national evidence about the benefits of even relatively low levels of physical activity on peoples' physical and mental wellbeing;
- There is also strong national evidence about the benefits of nature based programmes, including food growing programmes and similar, in improving health and wellbeing;
- In developing this strategy, older people told us that they valued the parks and open spaces in the borough, but that they didn't always feel safe using them;
- A number of older people expressed concern about the affordability of gyms and other fitness facilities and identified this as a barrier to using them.

What we are already doing

- The NHS and council already provide a broad range of services designed to promote and enable physical activity;
- Services such as LinkAge+, day services and lunch clubs provide and promote a range of exercise based activities as part of their 'core offer';
- Initiatives such as social prescribing build upon these existing offers by referring people to tailored programmes of activity designed to improve their physical and mental wellbeing;
- The voluntary and community sector provides access to a range of activity based programmes;



- The council is currently reviewing its Leisure Centre and Parks and Open Spaces strategies, and as part of the work with older people to develop this Ageing Well strategy we have incorporated sessions on these wider strategies.

Our priorities for the future

- To continue to work via health and social care provision locally, and with the voluntary and community sector, to expand the range, capacity and reach of exercise based programmes focused on older people;
- To work via the council's Leisure Centre and Parks and Open Space strategies to improve access to facilities, parks and open spaces for older people;
- To work with social housing providers to consider ways in which public open spaces, and community buildings / rooms in and around housing estates can be better utilised for providing exercise based activities for older people;
- To work with local voluntary and community sector partners, including the Green Care Partnership, to extend the reach of nature based programmes that support older residents' health and wellbeing.

Introduction to this theme

The prevalence of dementia in the older population continues to increase and has significant implications both for individuals living with dementia and their families and for the health and social care sector in providing care and support to those individuals affected.

Supporting and enabling people to live well with dementia must, therefore, be a key priority for action locally. This includes ensuring that families are supported to continue to care for their relative with dementia for as long as is practicably possible.

Key messages from local and national research and other related strategies and plans

- Prevalence of dementia (as per September 2015):
 - There were 826 residents aged 65 and over with a diagnosis of dementia. The primary care recorded prevalence of dementia in Tower Hamlets was significantly higher (4.87%) than in London (4.27%) and England (4.27%);
 - There were 759 emergency admissions to hospital for residents aged 65 and over with a mention of dementia and the age standardised rate of emergency admissions was significantly higher (4,478 per 100,000 population) than for London and England.
 - However, the age standardised mortality rate in residents with a recorded mention of dementia (752 per 100,000 population) was similar to London (687) and England (750) in 2014.
- The Alzheimer's Society, in response to the then Prime Minister's 'Dementia Challenge' has developed a framework for action at local level called the 'Dementia Friendly Borough' programme.

What we are already doing

- The council and NHS fund or provide a range of services specifically focused on supporting people to live well with their dementia;
- Together with key voluntary and community sector partners, the council and NHS have taken the first steps towards achieving Dementia Friendly Borough status for Tower Hamlets.

Our priorities for the future

- To continue and complete the work to ensure that Tower Hamlets is a Dementia Friendly Borough by 2020. This is a major programme of work that will encompass much of our shared activity in continuing to improve the experience of people living with dementia locally;
- To deliver a programme of training to enable all elected members to become Dementia Friends; and to consider how this programme can be expanded to other senior leaders across the health and social care system, including the voluntary and community sector;
- To ensure that we have the right capacity across a range of accommodation options to support individuals particularly as their dementia significantly impacts on their day to day functioning and wider physical health and wellbeing;
- To continue to ensure that the current high rate of diagnosis by GPs is maintained and built upon.



Key Theme 8: Optimising independence and wellbeing: Reducing isolation and loneliness

Introduction to this theme

Isolation and loneliness can and do have a significant impact on people's wellbeing, independence and quality of life. Being lonely is very bad for both physical and mental health and wellbeing. Loneliness increases blood pressure and diminishes the ability to refrain from risky behaviour. It can lead to cognitive decline in adults, and is associated with depression. Such is the effect of social relationships on the risk of death, it can be compared to that of smoking, and exceeds the effects of obesity. In Tower Hamlets, a higher proportion of older people live alone, are on a low income, report poor health, and are of non-white ethnicity than in England; all factors that were found, through research, to be independently associated with loneliness. For all of these reasons, and in the context of the incidence data set out below, tackling loneliness and isolation is a key Mayoral priority.

Key messages from local and national research and other related strategies and plans

- Based on national estimates, approximately 10% of the over 65 population are likely to be lonely 'all or most of the time', referred to as 'chronic' loneliness. Yet, rates of chronic loneliness were found to be higher at 16% in deprived inner city boroughs. Given the characteristics of the Tower Hamlets population, the proportion of older residents who are chronically lonely is likely to reflect the higher rate of 16% equating to about 2,600. This figure excludes those who are lonely some of the time so in essence is likely to be an under estimate;
- A model that estimates subjective loneliness at borough, middle and lower super output areas, ranks Tower Hamlets as 1 out of 33 for London and 1 out of 326 for England, meaning that persons aged over 65 living in Tower Hamlets are predicted to be among the loneliest in both London and England. The model uses data from both the English Longitudinal Survey for Ageing (ELSA) and small area data from the Census based on characteristics that are significantly associated with loneliness.

What we are already doing

- The council and NHS fund a range of services, particularly in the voluntary and community sector, intended to reduce isolation and loneliness;
- The jointly funded Link Age+ programme includes a specific outreach provision designed to make contact with isolated and lonely older people and to support them to access services;
- Much of the existing activity described under other key themes in this strategy either specifically, or as a by-product, can have a positive impact in reducing isolation and loneliness.

Our priorities for the future

- As noted above, many of the priorities set out under the various themes in this strategy will, or have the potential to, impact positively on isolation and loneliness;
- In particular, the Community Ambassador scheme described above, the work with Community Transport providers and the work to develop local informal networks of support as a positive alternative to traditional day services are all designed to reduce isolation and loneliness;
- We will consider, with local partners, the benefits of setting up a loneliness and isolation 'taskforce' to co-ordinate and oversee efforts across the borough to tackle loneliness and isolation;
- This taskforce will be championed by the Mayor and Cabinet Member for Health and Adult Services. The taskforce will initially focus on engaging with local organisations, services and communities to develop a deeper understanding of how local stakeholders can most effectively identify and support isolated and lonely older people in our communities. The task force will then focus on ensuring that the effectiveness of existing services and interventions is optimised and enhanced, and that new solutions are implemented where these can be demonstrated to further improve outcomes.



Key Theme 9: Optimising independence and wellbeing: Getting the help and support I need as close to home as possible

Introduction to this theme

This theme is essentially about making sure that individuals can access the information and services they need as close to home as possible. As a borough, Tower Hamlets has an incredibly diverse and vibrant voluntary and community sector, and an extensive range of buildings and spaces that are, or could be, accessible to local organisations and communities. The activity planned under this theme is designed to maximise the potential that these existing opportunities provide.

Key messages from local and national research and other related strategies and plans

- As noted in the preceding section a model that estimates subjective loneliness at borough, middle and lower super output areas, ranks Tower Hamlets as 1 out of 33 for London and 1 out of 326 for England, meaning that persons aged over 65 living in Tower Hamlets are predicted to be among the loneliest in both London and England. Delivering services and solutions at the most local level possible increases the likelihood that people will be able to access those services, and /or, have those services delivered to them, with consequent positive impacts in terms of reducing isolation and loneliness.

What we are already doing

- The council and NHS currently fund a range of voluntary and community sector services that are designed to engage with older people at a local level;
- Primary Care services in the borough are organised in eight networks and four localities that support local co-operation;
- Tower Hamlets Together is developing its community health and social care services on an equivalent model based around the same four locality model;
- In commissioning new home care services, the council has followed the same approach with service providers being appointed to work in each of the same four localities;
- The council is reviewing how residents access services at a local level to ensure that Idea Stores, one-stop shops and other local access points continue to be effective and are used as efficiently as possible.

Our priorities for the future

- Although there are a range of examples, as outlined above, where services are already organised at a local level, there is more that can be done on this. As an example, in redesigning day provision for older people we will look at ways in which services could be provided in a more flexible way that enables easier access than the current model of fixed building based services that residents need to travel to get access to;
- To work with housing providers, the voluntary and community sector, and with groups of local residents, to explore and develop ways of enabling group activities to take place at a very local level as a means of reducing isolation and loneliness and reducing reliance on 'traditional' types of day services;
- To continue to work, through Tower Hamlets Together, to ensure that services can be delivered as close to local communities as is sensible and viable.

Key Theme 10: Optimising independence and wellbeing: Last years of life

Introduction to this theme

Supporting people to die well, and in the place of their choosing, is a critically important element of an overall approach to ageing well.

In Tower Hamlets, the term “last years of life” has been adopted to describe the period preceding death, recognising that this time may be days, weeks, months and even years for different people. Nationally the term ‘end of life care’ continues to be used to describe care in the last 12 months of life, acknowledging that many people are living longer with multiple long term conditions and frailty, and that care in “the last years of life” better describes their needs.

Changing the terminology to “last years of life” aims to help health and social care service providers to respond early to the care needs of patients and their families, when they are better able to express their preferences about the type and place of care and death, and when care can be tailored to their changing needs.

Last years of life care includes palliative care - an approach to care that is life-enabling and prioritises comfort and quality of life. Palliative care has often been used synonymously with ‘end of life care’ since it developed as a clinical specialty in the 1960s in response to managing the complex symptoms of advanced cancer. It is defined by the World Health Organisation as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” The appropriateness of a palliative approach to care should be based on the person’s needs, not just on diagnosis or life expectancy.

Key messages from local and national research and other related strategies and plans

- Significantly more Tower Hamlets deaths occur in hospital (59%) compared to the national average of 47%. Significantly fewer deaths occur in care homes (7%) compared to the national average of 22%, and more in a hospice (10% compared to 6% nationally).
- The proportion of people with palliative care need, which has been identified by Tower Hamlets GPs is higher than the England average of 37% and increased from just over a third in 2010/11 to almost half (48.38%) in 2012/13. However not all people identified have their preferences recorded; an audit in 2013/4 showed that only a fifth of care plans for people receiving integrated care included a ‘crisis plan.’
- Bereaved carers in Tower Hamlets are less likely to rate the care given to their relative during their last months of life as high quality, compared to England averages. However very low survey response rates make it difficult to assess specific areas of need and of good practice, and local solutions for feedback from service users are needed.

- Hospice service use reflects the ethnic profile of Tower Hamlets residents who die each year. There appears to be greater use of hospice services by people with conditions other than cancer compared to national rates.

What we are already doing

- A range of interventions which aim to improve access to last years of life services and improve patient and carer experience have been introduced as part of the Tower Hamlets Integrated Care Programme. These include multidisciplinary training in palliative care as well as generic care planning and navigation, shared records, crisis planning and rapid access. Evaluation measures will assess their impact;
- The service specification that underpins the delivery of commissioned home care services in the borough includes a focus on how care services support individuals and their families at the end of life.

Our priorities for the future

- Effective interventions to improve the experience of care in last years of life are:
 - Person centred integrated care, which includes carers and families;
 - Being able to express preferences about care and place of death;
 - Identifying and meeting palliative needs early;
 - Improving the experience of hospital care in last years of life;
 - Access to Specialist Palliative Care;
 - Training and education for health and social care staff;
 - Reducing inequalities in access and experience;
 - Community approaches to Last Years of Life and “healthy dying”

Through the ‘Last Years of Life Working Group’ the NHS, council and key voluntary and community sector partners will continue to develop and implement activities designed to ensure that as far as possible this range of effective interventions is available to all older people in their last years of life.

- The council and NHS will continue to work closely with the residential care homes in the borough, and the primary and community health services that support the homes, to ensure that residents of those home are enabled to die in the home rather than in hospital wherever possible.
- This focus on care homes will form part of a wider ambition to ensure that as far as possible, individuals are supported to live their last days and weeks, and to die, in the setting of their choice.

Summary of strategy commitments and action plans

During the first six months of the life of this strategy more detailed action plans will be developed for each of the ten key themes. This final section of the strategy document will, therefore, be completed once these action plans have been developed.

These ten action plans will set out the following for each of the priorities for the future:

- What we will do;
- When we will do it by;
- Who will be responsible for doing it;
- How we will know what we have done has worked.



Ageing Well Team
Integrated Commissioning
Health, Adults & Community Services
London Borough of Tower Hamlets
Mulberry Place (4th Floor)
East India Dock
London E14 2BG
0207 364 1647

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braille, large print, translated, call 020 7364 4389 or
email communications@towerhamlets.gov.uk