

AGEING AND CHANGING HEALTH BEHAVIOUR

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A Practitioner's Experience

Commissioning Role

- Analysing need and supply
- Identifying gaps
- Decommissioning to free up resources
- Specifying, tendering and contracting
- Monitoring

Priorities for commissioners

- Fulfil statutory duties
- Meet strategic priorities
- Make best use of resources
- Other



- Betty aged 78:
- "I didn't want to come at first. My neighbour made me. It was the best decision I've ever made"
- Betty now attends weekly lunch club, the exercise class, and goes on trips.
- More importantly, knows group is there if needed.

Contributors to older people's health I may be able to influence

- Housing
- Diet
- Loneliness
- Exercise

Contributors to older people's health beyond my control

- Income
- Previous lifestyle
- Transport

- Housing Issues
- Condition
- Affordability

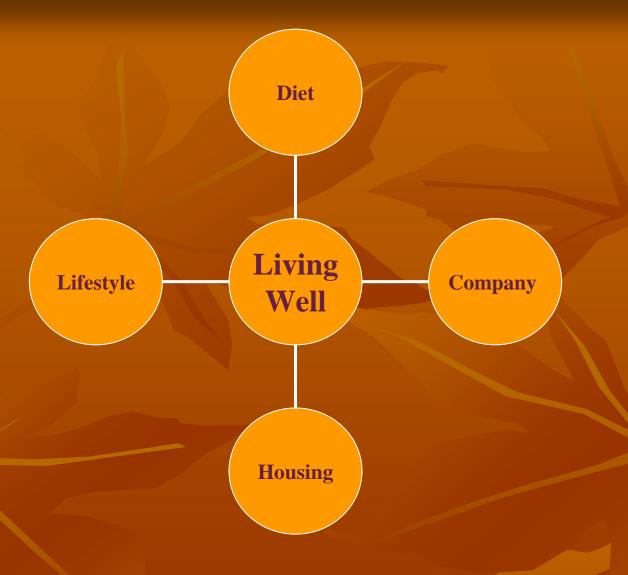
- Solutions
- Retirement housing/co-housing
- Extra care schemes
- Homeshare

Diet

- Fresh food
- Shopping clubs
- Cooking classes for men
- Gardening groups
- Lunch clubs

Loneliness

- As much effect as smoking15 cigarettes a day
- 1 in 10 of all people 65+ 'chronically' lonely
- South Manchester has higher proportion of older people living alone and without family carers living near.



All above contribute to older people living healthier lives. You have to feel positive to want to live well.

Exercise

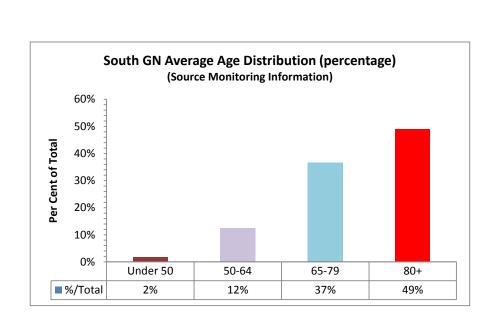
- Day Centre activities
- Active Lifestyles
- Universal offer:
- Grand Day Out'
- Free swimming for 60+
- Equipment



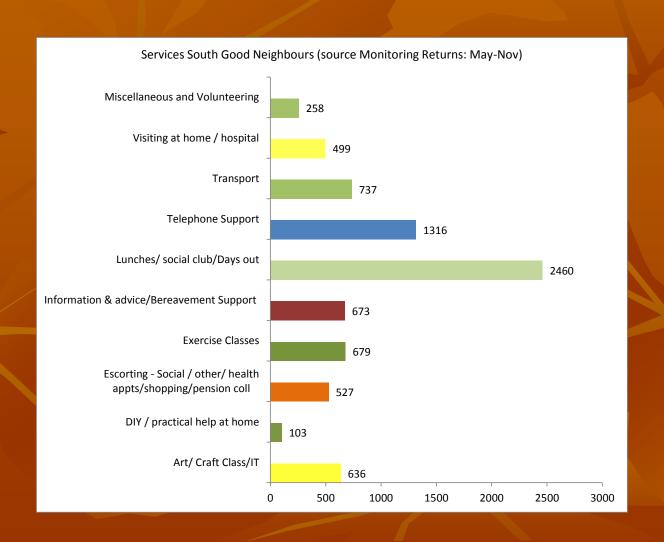
Local Care Groups:

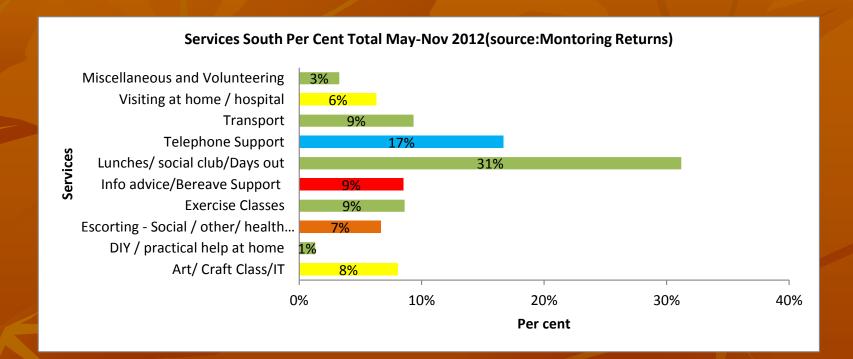
- about 15 in the City
- about 2,500 customers

South GN Average Age Distribution



Activities





Outcomes

■ How to monitor?

 Warwick - Edinburgh Mental Well-being Scale (WEMWBS)

POPP

Challenges

- Keeping people motivated
- Keeping communities together
- Keeping services available

Comments and Questions

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