

Older People Strategy 2023 – 2026  
Appendix 1 Consultation Feedback

**SBC Away Day for People (Adults) Strategy and Commissioning Team and Members of the Co-production Network 26<sup>th</sup> July 2023**

An Away Day for the People (Adults) Strategy and Commissioning Team and Members of the Co-production Network was held on 26 July 2023. The following views were obtained, through consultation, to inform this Older Peoples’ Commissioning Strategy and there is a hyper link to where the consultation has added to this Strategy (see “Go to Section):

<b>Theme</b>	<b>Feedback</b>	<b>Minimum Inclusion in Strategy (Page Number)</b>
<b>Loneliness &amp; Social Isolation</b>	Addressing loneliness and isolation that’s a big need	<a href="#">Go to section 6.1</a>
<b>Loneliness &amp; Social Isolation</b>	Conflict between keeping people at home and take up of domiciliary care which could increase loneliness	Action Plan
<b>Loneliness &amp; Social Isolation</b>	Be good to include generational groups	<a href="#">Go to section 6.1</a>
<b>Loneliness &amp; Social Isolation</b>	Combatting Loneliness – bigger killer than some of the Long Term Conditions	<a href="#">Go to section 6.1</a>
<b>Loneliness &amp; Social Isolation</b>	Social Isolation – big effect on well-being.	<a href="#">Go to section 6.1</a>
<b>Keeping active</b>	We need to get people active	<a href="#">Go to section 6.3</a>
<b>Keeping active</b>	Sitting down exercises	<a href="#">Go to section 6.3</a>
<b>Keeping active</b>	Reablement / physio /rehab Rehab support to improve independence, not as care replacement	<a href="#">Go to section 6.3</a>

<b>Theme</b>	<b>Feedback</b>	<b>Minimum Inclusion in Strategy (Page Number)</b>
<b>Keeping active</b>	Rehab support reduces the need for long-term support reduces hospital readmission	<a href="#">Go to section 6.3</a>
<b>Keeping active</b>	Rehab need to support people to do the tasks	<a href="#">Go to section 6.3</a>
<b>Prevention</b>	Frailty aspect is linked to force. How do we include falls prevention support?	<a href="#">Go to section 6.4</a>
<b>Prevention</b>	Look at early identification of “at risk groups”	<a href="#">Go to section 6.4</a>
<b>Prevention</b>	Voluntary Sector – service directory - knitting clubs, joined up personal budgets	<a href="#">Go to section 6.4</a>
<b>Prevention</b>	Social Prescribing – GPs having the info to prescribe voluntary sector opportunities.	<a href="#">Go to section 6.4</a>
<b>Prevention</b>	Health inequalities	<a href="#">Go to section 6.4</a>
<b>Life Style Choices</b>	Are there lifestyle changes low hanging fruit?	<a href="#">Go to section 6.4</a>
<b>Life Style Choices</b>	Talking groups, quality of care is important. Individual needs to take into consideration, food, exercise nutrition	<a href="#">Go to section 6.4</a>
<b>Life Style Choices</b>	Alcohol strategy for Older People	<a href="#">Go to section 6.4</a>
<b>Information &amp; Advice</b>	Understanding finance, and how expensive is	<a href="#">Go to section 6.5</a>
<b>Information &amp; Advice</b>	Integrated customer insights – a single repository	Noted
<b>Resources/VFM</b>	There is a lack of resources - no Days centres so we need to link people into groups	<a href="#">Go to section 6.4.2.2</a>

<b>Theme</b>	<b>Feedback</b>	<b>Minimum Inclusion in Strategy (Page Number)</b>
<b>Resources/VFM</b>	Please asset-based conversations	<a href="#">Go to section 6.4.2.2</a>
<b>Resources/VFM</b>	Manage the market	<a href="#">Go to section 6.4.2.2</a>
<b>Resources/VFM</b>	Co-Production – underpins all	<a href="#">Go to section 1.1</a>
<b>Resources/VFM</b>	Broader consultation	<a href="#">Go to section 1.1</a>
<b>Resources/VFM</b>	Care workforce since the Pandemic – depleted, need a local workforce plan.	Noted
<b>Resources/VFM</b>	Co-location of workers across NHS and social care	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Coordination of care, get hospital appointments on one day rather than over several days	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	We need a single record of care build on the connected care project medical management	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Prevention of Long Term Conditions working with health e.g. Diabetes, Heart Disease, Strokes etc integrated working with health.	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Prevention of LTCs	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	LTCs – health profile for Slough – preventable – strokes, cardiac, diabetes, dementia.	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Integration with health – local level e.g. with GPs and more broadly at ICB level	<a href="#">Go to section 6.4.2.4</a>

<b>Theme</b>	<b>Feedback</b>	<b>Minimum Inclusion in Strategy (Page Number)</b>
<b>Integration</b>	Joint risk stratification of the most complex cases fits with Slough's approach to Anticipatory Care	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Step down from hospital	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Co-commissioning with Public Health.	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Medicines Management – to avoid unnecessary admissions.	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Integration : Key workers – NHS/Social Care, badge is less relevant	<a href="#">Go to section 6.4.2.4</a>
<b>Integration</b>	Health & Wellbeing Board – working across partnerships - fire, police, community safety.	<a href="#">Go to section 6.4.2.4</a>
<b>Direct Payments</b>	How to improve the direct payment offer how to make it easier for people to access or to get an authorised person to act on their behalf	<a href="#">Go to section 6.2</a>
<b>Direct Payments</b>	Personal Budgets, Direct Payments and ISFs?	<a href="#">Go to section 6.2</a>
<b>Assistive Technology / Telehealth and DFG</b>	Need a plan within the strategy	<a href="#">Go to section 6.3.2</a>
<b>Housing</b>	Strategic Planning with Housing - shared lives, Housing Allocation Panel, Future proof housing, managing voids, matching	<a href="#">Go to section 6.8</a>
<b>Housing</b>	Bring back, sheltered housing wardens	Noted

<b>Theme</b>	<b>Feedback</b>	<b>Minimum Inclusion in Strategy (Page Number)</b>
<b>End of Life</b>	Quality of life in final years of life – wonders of modern medicine mean people live longer, at what price, at what level of quality of life?	<a href="#">Go to section 6.7</a>
<b>End of Life</b>	Die in place of choice (often not hospital) – need an end of life pathway that gives choices.	<a href="#">Go to section 6.7</a>
<b>End of Life</b>	Will you need an end of life pathway supporting people to have choice in where they live their last days	<a href="#">Go to section 6.7</a>
<b>Self Care</b>	Need to support, prevention and improves independence from formal services	<a href="#">Go to section 6.4</a>
<b>Self Care</b>	Single Assessment - tell your story once.	<a href="#">Go to section 6.4.2.4</a>
<b>Miscellaneous</b>	AI – use of AI in gathering data and showing trends.	Noted
<b>Miscellaneous</b>	Reablement and Home Care (contracts 27 providers and DPS)	Noted
<b>Miscellaneous</b>	First contact is important it's shapes the relationship going forwards	Noted
<b>Miscellaneous</b>	Full conversations about critical issues e.g. tackling poverty, cost of living, fuel etc	<a href="#">Go to section 6.5</a>
<b>Miscellaneous</b>	This might be too exhausting for some older people dependent on the tests	Noted
<b>Miscellaneous</b>	Beyond CPN, need to engage with wider population of Older People.	Noted
<b>Miscellaneous</b>	How to empower Older People to go to A&E at the right time	<a href="#">Go to section 6.3</a>

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	(they don't want to cause a fuss)	