

## **Engaging with people on JSNA – Workshop leader Sue Mann AgeUK.**

JNSA need to think about engagement, commissioning, projects for people at risk, voices of older people, how we influence provision, the inclusion of GPs, the role of Health and Wellbeing Boards, how to engage with all older people so that we enable engagement.

JNSA a key tool for Health and Wellbeing Boards to influence engagement, but how do they engage through all local contacts? Health and Wellbeing Boards cannot be a closed shop and we need to use structures to feed issues through.

JNSA will help in driving behaviours and actions, but how do we ensure voluntary and 3<sup>rd</sup> sector groups get points across. It needs a massive cultural shift especially of LA attitudes towards voluntary and 3<sup>rd</sup> sector groups who tend to be viewed narrowly as amateurs, whereas need an equal relationship with those who hold the purse strings to ensure continuing targeted provision. LAs have different ways to engage but needs to find other ways to identify people at risk. Need to ask older people about their experience of services. Need examples of how older people engage and feedback.

**Question(s):** How does your organisation engage with older people in your area regarding the Joint Strategic Needs Assessment? What works well at present? What works less well and why?

This is carried out by engaging with older people forums for provision of quality feedback → network(s) report(s) feed into → steering group reports which in turn feed into → Council

Carers groups concerns increasing numbers of: older people; those with dementia; those with long-term condition. Health and social care needs to invest more in community support. But turn this around and ask what you can do? How would you like your life to be? Find out about joint events to do things right. How do you then get messages to decision makers → move from acute to community provision requires more thought.

The DWP supports Future Years. Does your organisation engage in a meaningful way and how is this measured? Two way process consultation ↔ engagement to influence.

LA → return to health – active participation needed. LA personalisation all community → test education → cascade down.

### **Examples of good practice:**

- Scarborough – library volunteers leading to the development of new friendships and feelings of belonging.
- Sheffield – stop older people ending up in hospital – circle of friends and family – feeds back into Health and Wellbeing Board
- North Yorkshire – early stages feeding into Health and Wellbeing Boards but has increasing numbers of over 85s and GPs need to submit a business case for engaging older people.

### **Key points**

- What is the route through to influence decision making?
- Lots of ways to listen to what older people think, but not necessarily through usual formal structures (how do we ensure we hear all voices – especially those excluded groups?)
- How do we measure the impact of initiatives?
- Where can views be published? How do we get information out there?
- Consider working relationships with local Council at Officer and Member level. Seek to influence at the right level and the right point
- If you cannot get a place on the Health & Well Being Board then investigate other ways to influence policy and funding allocations, for example is there an Ageing Well Board as there is in Leeds.
- Need to get a clear handle on the new NHS "Architecture". It can be very confusing and could probably benefit from some streamlining.
- Read the current version of the local JSNA. Does it adequately cover the breadth of older people's issues, i.e loneliness and social

isolation, dementia, independent living, care homes, specialised housing, personalised budgets etc etc

- Ensure that the emerging Healthwatches understand the needs of older people.
- Look at other sources of funding to keep Older People's Forums going. Don't rely on LA funding
- Explore role for local Fire and Rescue Authority following the presentation today.