OUR PLACE:WYE BUSINESS PLAN 2015-2108

Attachment Eleven – Logic Model

Local Policy context: What influences change to occur?

Conditions: Local Context

District Population: Wye Parish lies within the Ashford North NHS District

"Compared to the rest of England, Ashford has a higher than average population between the ages of 5-14, 40-49 and 60-69. Alongside the importance of health promotion and prevention for the younger generation ACCG must also plan for a 16% rise in 65+ age groups. Ashford's population is ageing due to lower birth rates and higher life expectancy over the past few decades. This is a universal problem that many developed countries currently face. The implications for health services are: increasing need for health and social care for elderly people at home or in care homes, requiring more staff and more funding.
The distribution of the Ashford CCG population means that there are lower numbers of young people and larger numbers in the age ranges between 40 and 69. This type of age structure is often referred to as the "ageing population time bomb". The shift in age structure towards older people with a simultaneous reduction in working-aged adults has implications on future pensions, provision of health and social care and economic growth."

Wye Demographics [2011 census]

Over a third of the Wye Parish population is aged over 60, 787 people (over 16 % are aged over 75 years – 373 people).
The area has a higher percentage of people providing unpaid care (12.1%) compared to the average in England (10.3%), with 3.7% providing over 20 hours of unpaid care a week.
Although 81% report themselves to be in good or very good health, 5.5 % (125 people) say they are in bad to very bad health. Some 9.2% of the population (210 people) report that their day to day activities are limited a lot.
Just under 20% of the population (420 people) have a long term illness or disability which they report as limiting their day to day activities a little (233 people) to a lot (188 people).
Lone pensioner and all pensioner one family households without a car or van 188 (47%)

National Policy Context (The Care Act 2014)
The Care Act places an emphasis on preventing, postponing and minimising people's need for care and support. Key provisions in the Act for Local Authorities and their partners, which can directly affect our community, include:

o A requirement to arrange for the provision of preventative services, i.e. services which will reduce, prevent or delay the development of need for care and support;
o Duties to promote the wellbeing of individuals and promote integration between health and social care services.;
o A requirement for local authorities to manage and develop the market for care in their area. Part of that development may be directly generated by authorities themselves, which will be able to delegate many of their social care functions to organisations from any sector: this could create new market opportunities for providers.
o A 'well-being principle' as an overarching approach that local authorities should take when exercising their responsibilities under the Act.
o Ensuring that well-being covers a range of outcomes such as physical and mental and emotional well-being. It also covers participation in work, education and training and social and economic well-being.
o Placing a new duty on local authorities to provide or arrange for services, facilities or resources, which will prevent or delay the development of, or reduce the needs for care and support of, adults.
o A duty to provide information, advice and guidance on care services to improve access and eligibility.

The **2010 Marmot Review**, *Fair Society, Healthy Lives*, identified the building of *"sustainable communities and places"* as a key area of action relevant to all stages of the life course. Place matters to all age groups, but may be especially important for younger and older age groups. Both spend a large proportion of their time in the home and surrounding neighbourhood. The physical environment may itself assist in ensuring positive physical and mental health, especially for those experiencing chronic ill health, cognitive frailties, or feelings of loneliness resulting from the loss of partners and friends.

Intended impacts

- Lower local hospital admission rates
- Increased local volunteering rate
- Higher %age of people who say they feel connected to their neighbours
- Higher "satisfaction and view of quality of life"
- Greater individual ownership of the solutions to developing needs
- People gain in choice and independence, helping the community to become stronger and self-sustaining
- Greater understanding and appreciation across age groups

Intended outcomes – What Does Good Look Like?

Our Top Twenty by 2020 [not in priority order]

1. Reducing incidence of loneliness & isolation
2. Supporting more people to live as independently as possible
3. More effective communication in the community, about the community
4. Increased support for family carers
5. Increasing the access to IT, and training and support
6. Promoting the use of IT, particularly social media
7. Improving health & well being (nutrition, exercise, purposeful activity)
8. Improving community cohesion (across the ages)
9. Increasing neighbourly awareness
10. Ownership and involvement in service design
11. Reducing avoidable episodes of hospital admission/care services
12. Helping people to cope with long term illness at home
13. Reducing the incidences of calls upon GPs time for non medical issues
14. Lower levels of non-attendance for NHS services
15. Increasing inward investment of capacity building in employable skills
16. Providing very responsive locality based services
17. Increased inward investment to create community assets
18. Increasing community capacity to help each other
19. Develop an innovative user-led, localised service responsive to the needs of our community
20. Development of a community-scale model that can be replicated in Kent

- improve,(benefit entitlement - opening up a wider range of choices
- individuals learn more about their community and gain a voice in that community