

## **Super-Agers: Transforming the lives of older adults**

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**Partners:** Rhondda Cynon Taf CBC; Merthyr Tydfil CBC; Public Health Wales; Bridgend Association of Voluntary Organisations; Halo Leisure; Awen Trust; Merthyr Leisure Trust.

### ***Cwm Taf Morgannwg University Health Board***

#### **Background**

The Super-Agers project aims to increase physical activity opportunities for older adults via a regional partnership approach across the Cwm Taf Morgannwg health board footprint. **Super-Agers aims to co-produce supportive community activities with older adults with a focus on maintaining independence in communities.** The project has been successful in securing 400k of Healthy and Active fund investment over 3 years including a national focus on evaluating improvements to physical and mental wellbeing. This has seen connections to integrated care and transformation projects.

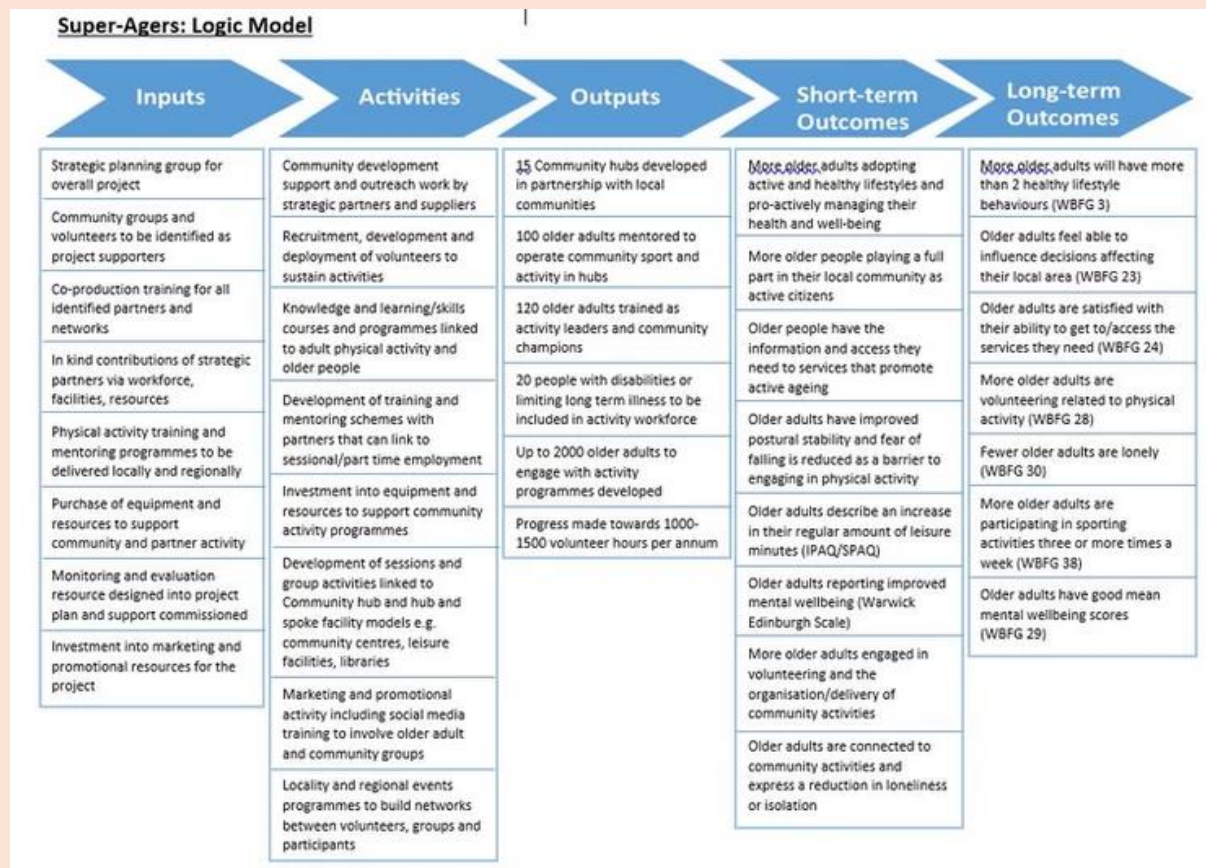
The strategic case identified a projected 27% increase in the ageing population of Wales by 2039 and a 22% increase in adults living with a chronic condition, whose lives might be improved by increased physical and social opportunities. The business case identified more cost-effectiveness via a regional collaborative approach including local authorities, public health and the third sector. It identified **an ambition of “empowering” older adults to own and sustain a range of community activities and social prescribing opportunities.** The financial case has projected that building resilience by improving the skills, knowledge and confidence of volunteers and enhancing third

sector and community groups may be a prudent investment and reduce the need for day services or home care support.

The Super-Agers logic model has targeted a series of Future Generations outcomes including healthy lifestyle behaviours, ability to influence local decisions, ability to access services needed, volunteering rates, reducing loneliness and supporting good mental wellbeing scores. Super-Agers has been connecting with other prevention programmes to identify how to best capture impact in a range of ways.

## Project Aims

The key focus has been on developing an approach to capture the impact of preventative interventions on population wellbeing



**Figure 1**

A chart with five columns called Inputs, Activities, Outputs, Short-term outcomes and Long-term Outcomes.

## Inputs column

- Strategic planning group for overall project
- Community groups and volunteers to be identified as project supporters
- Co-production training for all identified partners and networks
- In kind contributions of strategic partners via workforce, facilities, resources

## Activities column

- Community development support and outreach work by strategic partners and suppliers
- Recruitment, development, and deployment of volunteers to sustain activities
- Knowledge and learning/skills courses and programmes linked to adult physical activity and older people
- Development of training mentoring schemes with partners that can link to sessional/part time employment
- Investment into equipment and resources to support community activity programmes
- Development of sessions into group activities linked to Community Hub and bespoke facility models e.g., community centres, leisure facilities, libraries
- Marketing and promotional activity including social media training to involve older adult and community groups.
- Locality and regional events programmes to build networks between volunteers, groups, and participants.

## Outputs column

- 15 Community Hubs developed in partnerships with local communities
- 100 older adults mentored to operate community sport and activity in hubs
- 120 older adults trained as activity leaders and community champions
- 20 people with disabilities or limiting long term illness to be included in activity workforce

- Up to 2000 older adults to engage with activity programmes develops
- Progress made towards 1000-1500 volunteer hours per annum

#### Short-term Outcome column

- More older adults adopting active and healthy lifestyles and pro-actively managing their health and well-being
- More people playing a full part in the local community as active citizens
- Older people have the information and access they need to service that promote active aging
- Older adults have improved postural stability and fear of falling is reduced as a barrier to engaging in physical activity
- Older adults describe an increase in their regular amount of leisure minutes (IPAQ/SPAQ)
- Older adults reporting improved mental wellbeing (Warwick Edinburgh Scale)
- More older adults engaged in volunteering and the organisation/delivery of community activities
- Older adults are connected to community activities and express a reduction in loneliness or isolation

#### Long-term Outcome column

- More older adults will have more than two healthy lifestyle behaviours (WBFG3)
- Older adults feel able to influence decisions affecting their local area (WBFG23)
- Older adults are satisfied with their ability to get to/access the services they need (WBFG28)
- Fewer older adults are lonely (WBFG38)
- More older adults are participating in sporting activities three or more times a week (WBFG38)
- Older adults have good mean mental wellbeing scores (WBFG29)

End of description

## **Challenges**

Mobilising a regional programme of this kind has needed to ensure flexibility for partners to respond to local circumstances. The national evaluation approaches have not always been effective for the demographic group and other qualitative approaches have needed to be used. A programme that is targeting population groups that have been hard to engage needs to be sensitive and proportionate in its evaluation approaches to retain their participation.

Following the national Covid-19 lockdown, alternative 'Active@Home' approaches have been developed including resource packs, activity books and telephone mentoring.

Digital exclusion has been a challenge that remains although co-operative approaches are being developed.

## **Key Outcomes**

Super-Agers has proven a demand with 239 older adults engaging in this co-produced intervention in 12 locations, supported by 70 social care students.

An inter-generational approach designed to support Age Friendly Communities has highlighted the value of using social prescribing opportunities to bring communities together.

By connecting these opportunities to other support such as local community co-ordination it is possible to build resilience and reduce managed care needs.

Alternative "Active at Home" approaches were required to support 124 people with resources including physical activity challenges and subsequently telephone mentoring support. (See the home support pack below).

- 23% raised physical activity levels and 54% raised their MET scores. IPAQ
- 68% improved mental wellbeing scores. WEMWBS,
- 100% felt that Super-Agers had increased their sense of wellbeing.

### **Positive feedback:**

“Love being part of a group again and I am motivated to do more if possible”

“These sessions make me happy and they make me come out of the house”

- A likely Social Return On Investment (SROI) of 4:1
- Potential reductions in costs of social worker interventions (£59p/h), G.P. consultations (£125 p/h), A and E attendance costs (£117 per visit) and mental health support (£167 per meeting) could be achieved.
- Output data indicates demand by older adults for community based social prescribing opportunities.
- Support tools used indicate improved wellbeing gains for participants.

### **Case Study**

Mrs D is in her early 70s and lives alone, she is partially sighted and despite being able to navigate her local area she is limited to days when it is not too bright. Click below to read about how Super-Agers has supported Mrs D.

### **Next Steps**

The initial prevention-focused “balanced scorecard” that was created can be further developed, particularly in regards to cost avoidance, cost reduction or supporting demand management for health and social care partners.

Super-Agers will need to formalise how it aims to further capture its impact as an example of preventative work that de-escalates some needs over a 2 year period of delivery.



**Connecting Communities Scorecard** 

<b>Financial</b>	Transformation	ICF	Other
External investment into programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core budget investment into programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Projected social return/cost avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantifiable cost reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income generated from programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related expenditure profiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Processes</b>	Transformation	ICF	Other
Number of individuals engaged/supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals diverted from mainstream services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults receiving a service via social enterprise, co-op, third sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participants at wellbeing hubs/community hubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective referrals and signposting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community based prevention opportunities established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals receiving training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Customer</b>	Transformation	ICF	Other
People reporting right information when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers feeling supported to continue in caring role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People expressing improvements to health/wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People expressing better connection to communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner organisations confident to support opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Learning and Growth</b>	Transformation	ICF	Other
Prevention and wellbeing interventions/evidence base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of costs saved/avoided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community based prevention opportunities scaled up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of volunteering/third sector support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Figure 2**

A form titled 'Connecting Communities Scorecard'. This has a series of variables each with three tickable boxes alongside. These tickable boxes are 'Transformation', 'ICF' and 'Other'. The variables are under four headers.

Header one – Financial

- External investments into programme
- Core budget investments into programme
- Projected social return/cost avoidance
- Quantifiable cost reductions
- Income generated from programmes
- Related expenditure profiles

## Header 2 – Processes

- Number of individuals engaged/supported
- Individuals diverted from mainstream services
- Adults receiving a service via social enterprise, co-op or third sector
- Participants at wellbeing hubs/community hubs
- Effective referrals and signposting
- Community based prevention opportunities established
- Individuals receiving training

## Header 3- Customer

- People reporting right information
- Carers feeling supported to continue in caring role
- People expressing improvements to health/wellbeing
- People expressing better connections to communities
- Partner organisations confident to support opportunities

## Header 4 -Learning and Growth

- Prevention and wellbeing interventions/evidence base
- Identification of costs saved/avoided
- Community based prevention opportunities scaled up
- Value of volunteering/third sector support

End of description

A KESS partnership has been established with Swansea University to explore the 'empowerment' of older adults and an additional SROI study will progress over the next 18 months



The programme delivery will need to respond to national restrictions and reduced public confidence.

### **My Exemplar Experience**

The experience has reinforced my belief in the importance of preventative work and the need for cross sector collaborative working. Being able to connect more broadly with health and social care professionals has added depth to understanding of challenges, including the need to rebuild communities post-Covid-19.

### **Contact**

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