**Getting the most out of digital**

Vision: That people in later life have the skills to access digital technology in ways that they want

* Digital skills are a gateway to social and financial inclusion, employability and other life-enhancing opportunities, yet more than 10 million people in the UK lack the skills to access many key online services
* The value of digital inclusion for a new user was estimated in 2014 as £1,064 per annum - this comes from having more confidence, making financial savings online, less boredom, opportunities to pursue hobbies, new job-seeking skills, and a reduction in social isolation.
* Introducing the internet to 60 somethings today will have greater impact on their future usage levels than introducing it to 80 somethings in the 2030s (not that we shouldn’t try to do this too).
* Internet use will feature in the lives of a clear majority (71%) of 65+s by 2020, and the great majority (80–90%) of 65+s by 2030.
* By 2020, 52% of 65+s will have engaged in online social networking
* Smartphones (or future versions of them) could be really important as a route into internet access and online social connections, especially among older people who see no need for, or cannot afford access via an in-home system.



* Recognising the vital importance of gaining a basic familiarity with mass consumer technologies (especially the smartphone), which may become platforms for contact and care applications of the future.
* By 2030, all mobile phones are likely to be internet-enabled by default.

Preventing triggers for loneliness through digital means – helping people in later life have access to:

* work, education and training opportunities
* private sector services and offers online
* practical support such shopping
* health services and local authority services
* friends/family, social networks/peer support
* information and advice
* low cost and free activities
* information for use when pursuing new hobbies/interests

**Transitioning from work to retirement**

Vision: That people approaching retirement have opportunities to plan for this transition and can make the most of their time during this stage in their lives

Only half of UK workers retiring in the next five years are looking forward to it

Many receive no guidance or support

Key concerns:

* managing money
* feeling bored
* missing their social connections from work
* losing their sense of purpose
* being lonely
* maintaining or improving health

Those finding retirement a positive experience:

* spend more time on hobbies or started new ones
* get more involved in their communities
* have the confidence to try new things and make changes to their lives that would improve their physical and mental health – for example, by taking up some form of exercise, making changes to their diet or learning something new
* are aware of the range of free and low cost activities available
* have enough IT skills to search out what is available
* are aware of the benefits that voluntary work can bring in terms of personal fulfilment and new friendships
* have strategies to help them manage their budgets.
* have ideas for continuing to generate some income to supplement their pension, for example through part-time work (4.8 million 65 to 70 year olds would like to be working but just 1.2 million currently are)

**Moving More, Ageing Well**

Vision: that people in later life, through maintaining an active lifestyle live and age well

36% of people aged 55+ are currently inactive; rising to 54% of people aged 65+

The drastic decline in health and loss of ability often associated with ageing is more likely to be caused by long-term, often preventable diseases – of which sedentary behaviour and loss of fitness and major contributory factors

Physical activity in later life:

* Improves health and resilience
* Helps maintain independence for longer
* Reduces feelings of loneliness and social Isolation
* Reduces depression and anxiety
* Prevents falls

Up to 600,000 long-term and acute health conditions could be prevented over the next decade – saving the NHS over £12 billion in treatment costs alone if people in later life achieved 150 minutes of moderate activity every week

‘Making every contact count’

* highlighting the importance of an active lifestyle
* building confidence and motivation through behaviour interventions
* identifying impactful programmes in the local community and pathways to access these
* signposting to relevant local activities
* Identifying engagement opportunities where health and lifestyle advice can be dispensed ‘as standard’

**Bereavement Support**

Vision: that all people have awareness of and access to support and services throughout their bereavement experience

The death of someone close will affect almost all of us at some point, with almost half of people (47%) reporting being bereaved in the last five years alone.

The number of people bereaved is also likely to grow, with deaths each year in England predicted to rise by 15% between now and 2035.

Bereavement increases the use of acute health and social care services and the number of days lost to the economy.

Feeling lonely and isolated is also one of the most common difficulties for people after the death of someone close. This can be especially hard for those with no family or friendship networks.

Three quarters of people who have been bereaved say they didn’t get the support they needed.

Less than half of those who wanted to talk about their feelings with someone from a health and social care or bereavement service were able to do so.

**Local support** is currently available through:

* Specialist therapeutic services, such as Cruse and via private counselling
* Some faith groups and churches
* Specialist organisations, both nationally and locally, for people in a range of circumstances such as palliative, suicide, death of a child, pets.

Bereavement is a **transition** and can involve a lot of changes in someone’s life **beyond missing the person they’ve lost.**

**Preventing loneliness** for people who have experienced bereavement goes beyond therapeutic interventions

This is about supporting people to:

* create new social connections
* develop practical skills, such as cooking, home repairs, dealing with finances
* engage in ‘distraction based’ activities
* access peer support

**For organisations:**

Accessing **training** from specialist bereavement services

Co-ordinating approaches at all stages of the care pathway

**Long term health conditions: focus on self-care**

Vision: For people with long-term health conditions to have support to self-manage these, significantly improving their quality of life, physical and mental health

There are 26 million people in England who report having at least one long-term condition and 10 million with two or more

At least 30 % of all people with a long-term condition also have a mental health issue

Sixteen per cent of Brighton & Hove residents have their day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months, lower than England (18%) and higher than the South East (15.7%). 42% are aged 65 years or over

Those with multiple long-term conditions due to unhealthy lifestyle factors and adverse social circumstances (for example deprivation) present an important opportunity to target prevention and whole systems action to tackle the wider determinants of health.

If we could delay the onset of one long-term condition across the population by one year we could provide a potential saving across A&E, outpatients, elective and emergency hospital care from £101.7 to £70.9 million - a potential saving of £30.8 million (30%).

The impact upon both primary care and social care would probably include: fewer GP appointments, delayed need for intensive social care support and greater independence requiring less intensive packages of care.

Due to the varied needs of people with long-term health conditions, prevention initiatives are varied but focus on self-care, through providing:

* Information and advice:
	+ helpling people understand about their condition and the services around them
	+ enabling access to timely and appropriate support.
* Supporting independence:
	+ monitoring their own conditions at home
	+ the provision of adaptations or aids
* Support networks:
	+ connecting people to peer networks - providing an opportunity to share experiences

**Carers**

Vision: For Brighton and Hove to be a carer friendly community where carers feel supported and recognised as an individual with needs of their own

There are approximately 24,000 people providing unpaid additional support for loved ones locally. The actual figure is likely to be much higher than this as **many don’t identify themselves as ‘carers’**

Carers are more likely to be female and aged 50-64 years old (ie of working age)

Working carers are **less likely** to have had a Carers’ Assessment/been in contact with Adult Social Care

More than 8 in 10 unpaid carers describe themselves as “lonely or socially isolated”, with those affected facing potentially damaging impact on their mental and physical wellbeing

Having a caring role affects – undertaking leisure, cultural, or spiritual activities (65%), maintaining contact with people (60%), getting out into the community (57%)

There is little known about carers and their support needs at **key transition points** ie: becoming a carer, bereaved carers, given up caring - cared for person now resident in hospital/a care home

Building carer friendly communities involves:

* partners working together to raise the profile of caring
* signposting carers to local support services
* supporting carers to save time and focus on their own health and wellbeing
* empowering carers to take control of their lives eg through informal learning opportunities/career advice/flexible employment and volunteering options
* working in partnership to ensure support is tailored to carers’ needs and fits in with carer time pressures and demands
* support for carers to use online resources to help them manage their health and wellbeing
* developing opportunities for peer support
* understanding more about carers’ key needs at specific transition points ie becoming a carer, bereaved carers, given up caring – (cared for person in hospital/a care home)