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| **MEETING** | **GMOPN Health & Social Care Working Group Meeting** |  |
| DATE | 12th November 2024 |
| TIME | 1:00 – 2:30pm |
| VENUE | Zoom |
| PRESENT | Steve (Chair), Judie Collins, Jamil Abdulkader, Yuen Megson, Alan Norton, Doretta Maynard, Beth Mitchell (speaker), Erica Woods, Clementine, Pauline Smith | |
| IN ATTENDANCE | Liz Jones, Jessica Draper | |

**Agenda Item**

1. **Welcome, Introductions, & Matters Arising**
2. **Beth Mitchell – Presentation on ‘Live Well Age-Friendly Model’**

(Presentation slides attached)

Beth Mitchell from the Greater Manchester Ageing Hub, part of the Greater Manchester Combined Authority (GMCA), presented on the Greater Manchester Live Well strategy. They discussed the ‘Live Well in Later Life’ blueprint to support the GM Live Well Ambition alongside Andy Burnham’s ‘Live Well Manifesto’ Commitments.

Live Well’s Framework for Local Support:

* Live Well Centres – advice services and employment help
* Live Well Spaces – community spaces for connection and support
* Live Well Offers – support services
* Live Well Easy Access – digital inclusion
* Live Well Workforce – training for those working in age-friendly spaces
* Community Power – community voices heard in decision making processes

The group discussed the presentation and model and suggested areas where the Live well model could potentially improve things for older people

* Housing Support
  + Contractors and services taking advantage of older people through overpricing and unneeded services. **Could information about trusted traders be available at Live Well centres**. **Would also need information about Fraud and Scams**. **Still a lack of information about housing related support across GM. Live Well Centres need to provide housing support and information/resources if people’s wellbeing is looked at holistically.**
* Fall Prevention Work
  + Pavement repairs being rejected by local councils
  + Suggestion for more walking audits
  + Example provided by a member of Falls Prevention Team rejecting someone for service, not meeting the criteria, despite repeated falling and active risks.
* Safety & Crime Prevention
  + Winter sees darker nights which makes older people more vulnerable
  + Bolton is reducing streetlights by 30% illumination to save energy. Potentially other local authorities doing the same.
  + Cars parking on pavements are blocking wheelchair access, forcing wheelchair users to ride in the road
* Translation Services
  + **Ethnic minorities who do not speak English unable to access information and services if it is only presented in one language**
* Loneliness & Social Isolation
  + **It is difficult to reach the most socially isolated people and offer them support, as well as low uptake of available support – Live well needs to have a specific strategy for reaching the most socially isolated.**

1. **Preventative Health Measures – Group Discussion**

*What does great everyday support look like for older people and other marginalised communities in GM?*

* Translated support services for ethnic minorities and disabled people (including webpage translations) **Could Live Well and other statutory services’ websites have a tool to easily translate content into other languages to make services more accessible?**
* **Loneliness & social isolation – befriending schemes for older people**
* **Inclusion for people who are not online/ in digital spaces (including non-digital advertisements for in-person support)**

*What would it take for Live Well to have the biggest impact for older people in GM?*

* **Getting people connected with social groups & volunteering opportunities** to create wider communities of older people
* Live Well in collaboration with Department of Work & Pensions (DWP) – Concern that this would mean initiatives designed to get people back to work would be prioritised as linked to targets. Need to have equal resource for other support without associated targets/outcomes. **Live Well Centres should not just prioritise ‘get back into work’ initiatives & targets.**
* Subsidised Gym memberships – active lives reduce risks of mental & physical health problems. **Physical activity needs to have a place within Live Well services.**
* **There needs to be some kind of local authority presence/link at live well centres so issues where local authority has responsibility can be dealt with.**

*What do we need to do more of? What’s getting in the way or needs to change?*

* Hot meal deliveries to older people’s homes
* More benches – Blue Badge criteria requires that people need to sit down every 200 metres.
* Older People’s Travel Pass 9am restriction – prohibiting older people from working.
* More opportunities needed for local councils to work together and share best practice

*How can ensure that people with lived experience, particularly from marginalised communities, continue to be able to influence and have impact in the way Live Well is developed and delivered?*

* **Intersectional work to be inclusive of marginalised groups, including LGBT+ representation and transgender inclusion in older people**

**Next meeting: 28th January 2025 (Cancelled)**