Age Friendly Cities: An evidence-based evaluation tool and its application in three sites

HEE Public Health
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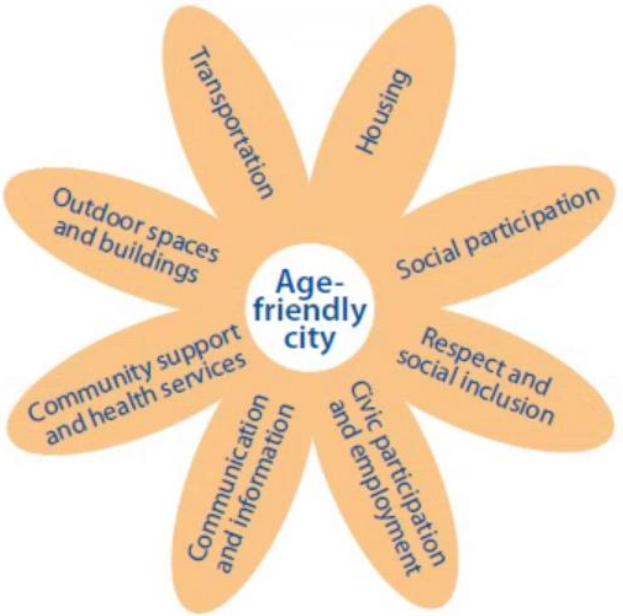
SPHR collaborators:

- University of Liverpool (lead – Phase I)
- University of Cambridge (lead - Phase II)
- University of Sheffield

NIHR School for Public Health Research

Context

- Global trends of population ageing & urbanisation → WHO AFC initiative (2006)
- "An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age." (WHO 2007)
- WHO identified 8 AFC domains →
- Global Network of Age-Friendly Cities & Communities (2010), joined by several UK cities (Manchester, Liverpool, Sheffield, etc.)
- WHO resources to support development & assessment of AFCs:
  - guide & checklist of essential features of AFCs (2007)
  - core indicators of AFCs (2015)



The Age-Friendly Cities study

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- **Aim: To contribute to ensuring that AFC initiatives are evidence-based and evaluated**

- Duration: Nov 2013 – present

  Phase I: Focus on Liverpool (until mid-2016)
  Phase II: Focus on Northstowe/Cambs & Sheffield

Phase I - Liverpool

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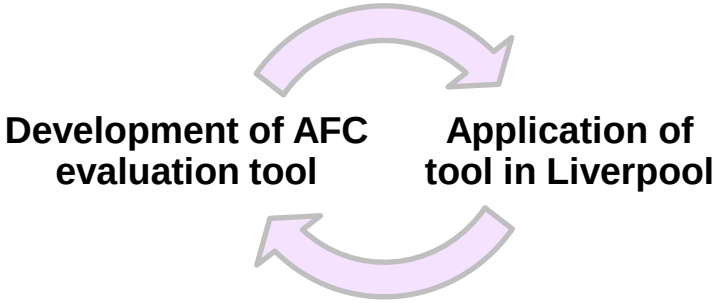
- Aims:



- Mixed methods:
  - Health needs assessment → falls as a priority
  - Literature reviews (AFCs; falls prevention)
  - Interviews with key informants (n=15)
  - Focus groups (n=3) & interviews with older people (n=12)
  - Analysis of routine (falls) data (HES, Ambulance Service, Census)
- Dual focus:
  1) Liverpool's AFC initiative overall
  2) Falls (case study)

Evaluation tool

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	Evidence input areas	Definitions
1	**Political support**	Backing (verbal and/or practical) from key political players locally – e.g. mayor, councillors, parties
2	**Leadership & governance**	Structures & roles for strategic overview & management
3	**Financial & human resources**	Commitment of funding, material means, staff, volunteers, investment in staff & volunteers
4	**Involvement of older people**	Instrumental roles and contributions from older people. Includes available structures, nature of structures, nature of contributions, impact of contributions
5	**Priorities based on needs assessment**	Initiatives have been prioritised on the basis of a JSNA and/or other ways of assessing needs
6	**Application of existing frameworks for assessing age-friendliness**	Use by the city of existing guidance and assessment frameworks by WHO (e.g. WHO, 2007a; WHO Centre for Health Development, 2015) or others (e.g. Handler, 2014) to inform its work on age-friendliness
7	**Provision**	Availability of relevant services and facilities, including consistency (e.g. geographical coverage) and continuity (availability and personnel), and consideration of issues around uptake
8	**Interventions rooted in evidence base**	Scientific evidence base has been consulted and interventions have been based on the available evidence
9	**Co-ordination, collaboration & interlinkages**	Partnership working across sectors, co-ordination of relevant activities, and interlinkages between different areas of focus
10	**Monitoring & evaluation**	M&E of ongoing and completed work, including plans for M&E and allocation of resources. Nature of M&E. Translation of findings into policy & practice

Tool application

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- By a local **steering group**, in collaboration with researchers (ideally)
- For **each of the 10 input areas** a number of steps are carried out:

1) Recording of the available evidence
2) Evidence appraisal
3) Performance assessment

Data source	Quality of evidence		City performance	
What evidence do we have? • Interviews with key informants • Documentary evidence	*How good is the evidence?* Assessment criteria – identical across all input areas		*How well is the city doing in this area?* Key indicators – specific to each input area	
Summary	Narrative	Score (0-5)	Narrative	Score (0-5)

Liverpool: Tool applied to both i) overall AFC initiative; ii) falls case study

Example from Liverpool's overall AFC initiative

Evidence input area #2: Leadership & governance

Data source	Quality of evidence		City performance	
Interviews with key informants	Topic addressed, often in detail, by many KIs who were well-placed to assess this and represented diverse agencies/positions		• Uncertainty about 'ownership' of city's AFC initiative • Widespread perception that Adult Services & Public Health are leading on AFC initiative • Simultaneous reluctance by the latter to embrace leadership role • Perceive need for cross-departmental and cross-sector ownership and buy-in for AFC initiative	
Interviews with older people	Topic addressed by several diverse older interviewees		Uncertainty/lack of knowledge among older interviewees about leadership & governance in AFC agenda – compatible with a need for relevant arrangements to be firmed up	
Summary	Detailed data from participants representing diverse agencies/positions	Score: **5**	Leadership & governance arrangements around efforts to enhance Liverpool's age-friendliness are yet to be firmed up. A need remains for a clearly defined leadership role, and joint ownership of an age-friendly agenda across the local authority and beyond	Score: **1**

Overview of findings – Liverpool's AFC initiative

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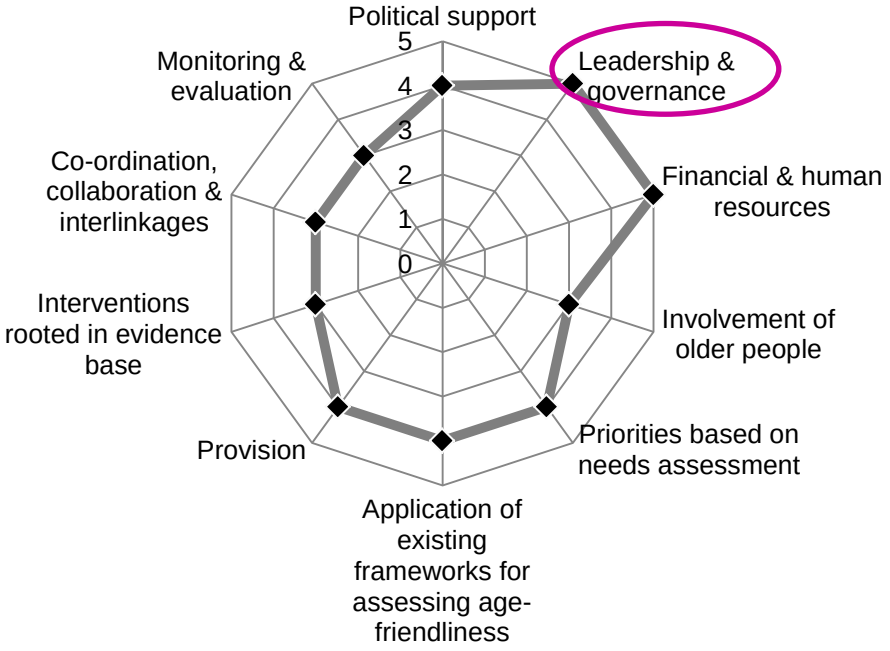
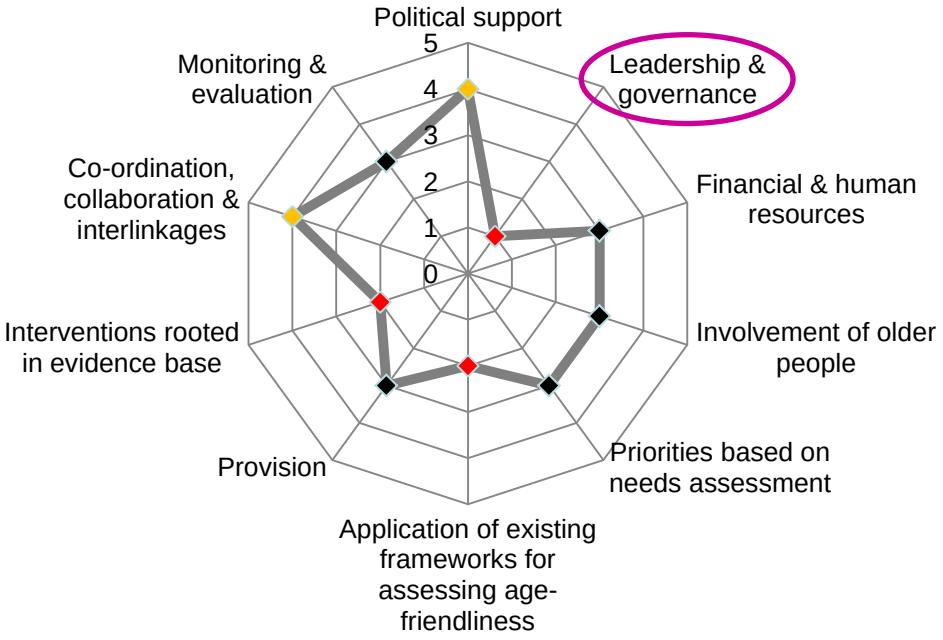


a) Quality of evidence



b) City performance

Tool application in Liverpool

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Findings as basis for recommendations for Liverpool's AFC work

Examples:

1. Harness political support for the (WHO) AFC initiative and translate into action, including by establishing a leadership and governance structure that reflects diverse agencies and sectors and thus secures far-reaching buy-in.

2. Maintain momentum for allocating resources to monitoring and evaluation of work with an age-friendly focus. Ensure that the findings are used to guide decision-making. Review and act upon pre-existing evidence (data, evaluation reports, etc.) that remains relevant.

1) Discussion of emerging findings

- Stakeholder workshop (→ Summary of discussion highlights) (Jul ‘15)
- Senior Citizens’ Forum (Jul ‘15)

2) Findings & recommendations

- Invited comments from key city stakeholders (Feb ‘16)
- Presentation at Liverpool Older Peoples’ Conference (Mar ‘16)
- Discussion in meeting with representatives from CCG, Adult Social Care & Public Health (May ‘16)

3) Looking ahead

- Discussion of findings & recommendations with key stakeholders from LCC to support city’s reengagement with AFC agenda & plans for implementation (Mar ‘17)

Logic model: AFC

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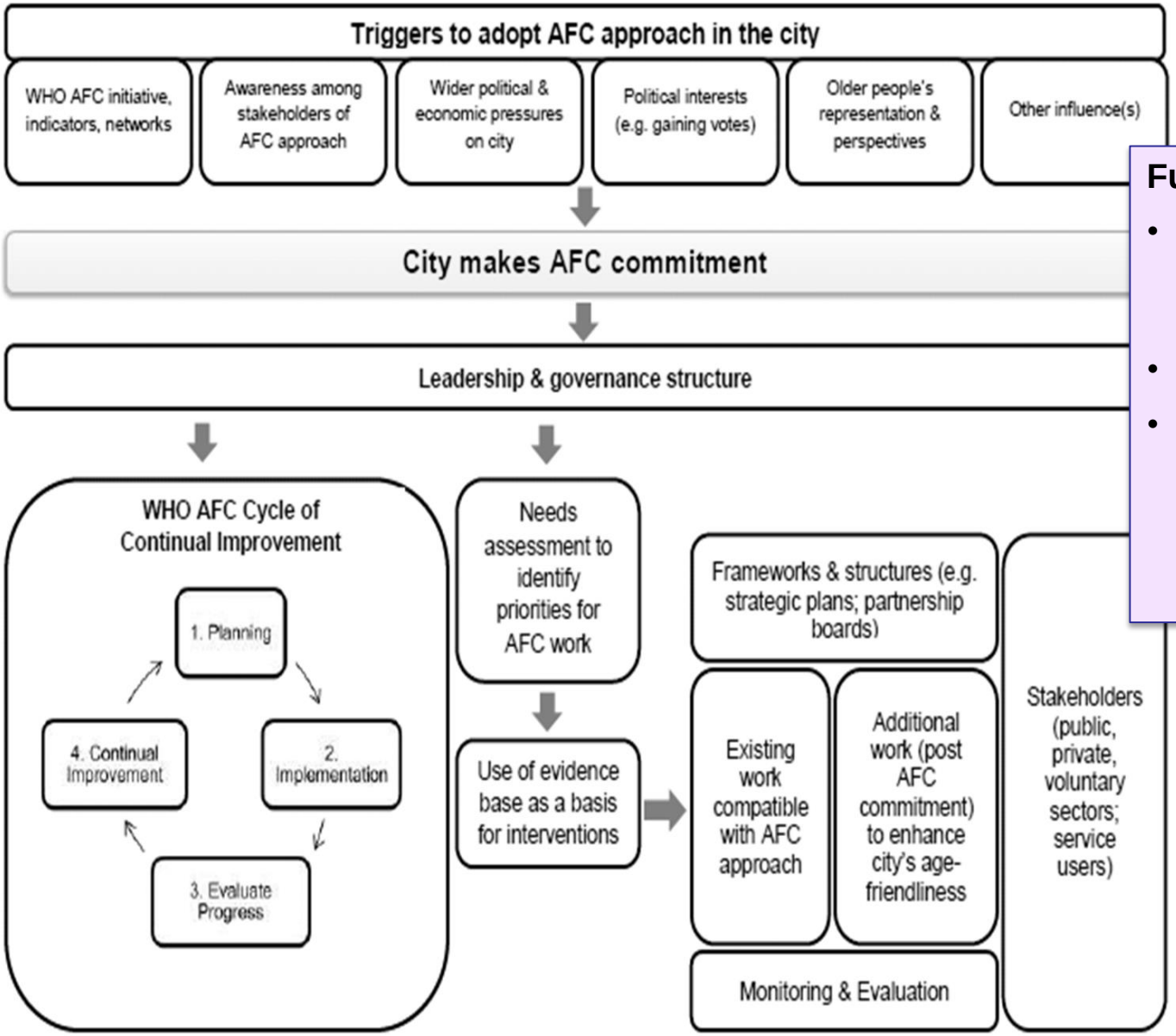

Functions:

- Overview of AFC 'system' (structures/processes)
- Guide data collection
- Use in conjunction with findings/radar charts → support feedback to city stakeholders

Tool piloting in Northstowe

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- New development in South Cambridgeshire
- One of ten Healthy New Towns that are supported by NHS England in "looking at how sites can redesign local health and care services, and how they can take a cutting edge approach to improving their community's health, wellbeing and independence."[1]
- Researchers involved in Northstowe steering group, alongside stakeholders from local government, CCG, NHS England, Homes & Communities Agency
- Draw on evaluation tool to ensure that this new urban development facilitates healthy ageing and minimises health inequalities

  → Informed Design Code (ensure age-friendliness of built environment)

  → Exploring opportunities for research as development is progressing

[1] https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Tool piloting in Sheffield

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- Cross-sector steering group that included city stakeholders and PPI contributors, facilitated by researchers, met 3 times (Nov ‘17-Mar ’17)
- Decision to pilot test evaluation tool by adapting it to a focus on city’s Dementia Friendly Community (DFC) initiative, incl. case study of *SYDAA Dementia Fire & Home Safety Project*
- Group members instrumental in providing relevant data
- Discussion of emerging findings in workshops
- Joint formulation by steering group and researchers of policy & practice recommendations

Preliminary findings - Sheffield

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1) Need to compile further evidence → strengthen evidence base for assessment of Sheffield's performance on dementia friendliness

2) Provisional performance scores suggest that Sheffield has been doing well overall, no obvious low scores

3) Collaboration as a strength. In areas where more could be done (e.g. drawing on up-to-date evidence base to inform service provision), collaboration has further potential (e.g. with researchers)

4) Piloting exercise has resulted in broad overall picture. Still need a better way of capturing potential inequalities within the city.

Next steps: Jointly finalise findings & recommendations; reporting & dissemination

The evaluation tool

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Through the work in the three sites we have

1) Fine-tuned the tool and adapted it to a focus on dementia friendliness

   → Tool is being used in DH-funded National Evaluation of Dementia Friendly Communities (DEMCOM) (Jan ‘17-Jun ‘19)

2) Confirmed its applicability in different contexts

Planned: Focus on ensuring that the tool captures

1) Inequalities (both in terms of outcomes, and processes & structures underlying AFC initiatives) – in line with feedback from WHO
2) Economic aspects of AFCs (investments, cost savings)

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Thank you!

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Photographs courtesy of Sara Ronzi,
PhD candidate University of Liverpool/UK

Definitions of summary scores

Score	Quality of evidence
0	Main data requirements not met/poor quality data -> city performance cannot be assessed -> will be represented by a gap/no score on the radar chart
1	Very limited
2	Limited
3	Moderate
4	Strong
5	Very strong

Score	City performance
	Not scored (in the case of no/inadequate data)
0	No relevant efforts
1	Very weak
2	Weak
3	Moderate
4	Strong
5	Very strong

Logic model for Dementia Friendly Communities

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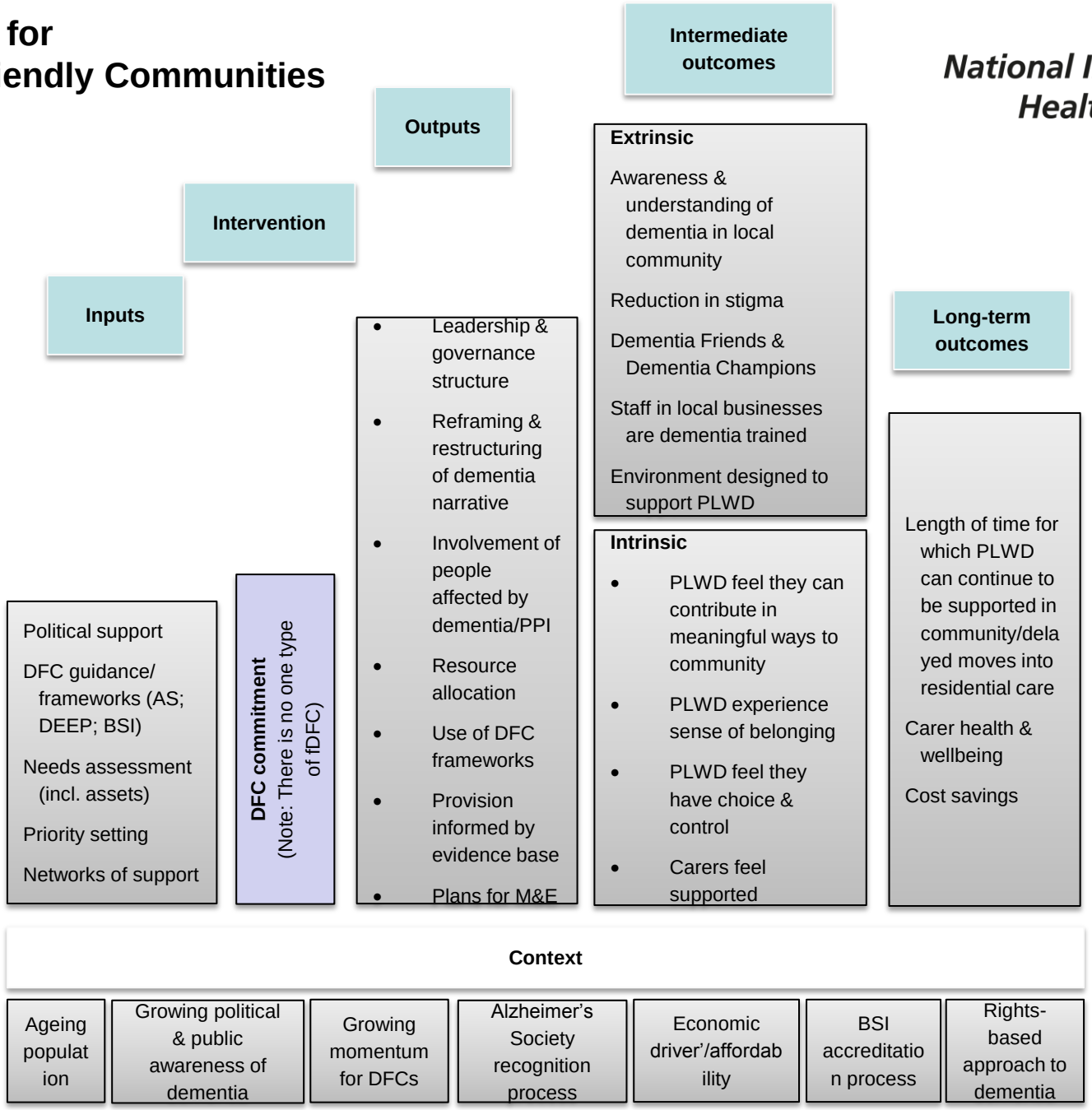
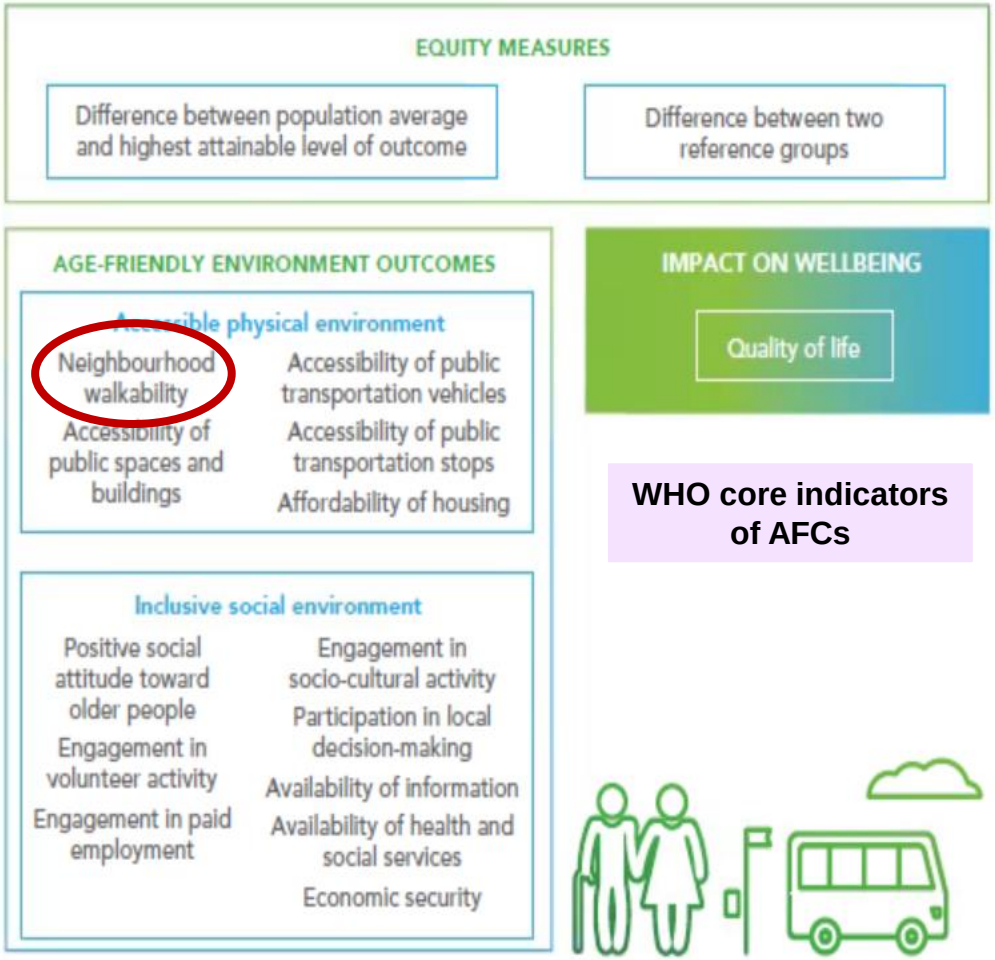


Use of additional assessment frameworks

- Tool can be complemented by existing AFC assessment frameworks
- Fieldwork had produced evidence relevant to *WHO set of core AFC indicators (2015)*

→ Evidence was recorded



WHO Centre for Health Development. Measuring the age-friendliness of cities: A guide to using core indicators. Kobe, Japan: 2015

WHO AFC core indicators		Liverpool AFC study	
Indicator	Definitions	Data sources	Findings
Neighbourhood walkability	Proportion of older people who report that their neighbourhood is suitable for walking, including for those who use wheelchairs and other mobility aids	Interviews & focus groups with older people	• Access to pavements for wheelchair users made difficult by lack of low kerb/slope • Obstacles in the outdoor environment: poorly maintained pavements; inadequate lightning; wheelie bins & parked cars & cyclists on pavements; severe winter weather combined with side streets not being gritted • Safe road crossings not always available