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

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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
• 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

- **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

• Aims:

  Development of AFC evaluation tool  Application of tool in Liverpool

• 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

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

- 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

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

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

<table>
<thead>
<tr>
<th>Data source</th>
<th>Quality of evidence</th>
<th>City performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews with key informants</td>
<td>Topic addressed, often in detail, by many KIs who were well-placed to assess this and represented diverse agencies/positions</td>
<td>• Uncertainty about ‘ownership’ of city’s AFC initiative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Widespread perception that Adult Services &amp; Public Health are leading on AFC initiative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Simultaneous reluctance by the latter to embrace leadership role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perceive need for cross-departmental and cross-sector ownership and buy-in for AFC initiative</td>
</tr>
<tr>
<td>Interviews with older people</td>
<td>Topic addressed by several diverse older interviewees</td>
<td>Uncertainty/lack of knowledge among older interviewees about leadership &amp; governance in AFC agenda – compatible with a need for relevant arrangements to be firmed up</td>
</tr>
<tr>
<td>Summary</td>
<td>Detailed data from participants representing diverse agencies/positions</td>
<td>Leadership &amp; 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</td>
</tr>
</tbody>
</table>
Overview of findings – Liverpool’s AFC initiative

- Leadership & governance
- Financial & human resources
- Involvement of older people
- Priorities based on needs assessment
- Application of existing frameworks for assessing age-friendliness
- Provision
- Co-ordination, collaboration & interlinkages
- Monitoring & evaluation

a) Quality of evidence

b) City performance
Tool application in Liverpool

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

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

- 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.”

- 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

• 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

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

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)
Thank you!

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Photographs courtesy of Sara Ronzi, PhD candidate University of Liverpool/UK
# Definitions of summary scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Quality of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Main data requirements not met/poor quality data -&gt; city performance cannot be assessed -&gt; will be represented by a gap/no score on the radar chart</td>
</tr>
<tr>
<td>1</td>
<td>Very limited</td>
</tr>
<tr>
<td>2</td>
<td>Limited</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Strong</td>
</tr>
<tr>
<td>5</td>
<td>Very strong</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Score</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not scored (in the case of no/inadequate data)</td>
</tr>
<tr>
<td>0</td>
<td>No relevant efforts</td>
</tr>
<tr>
<td>1</td>
<td>Very weak</td>
</tr>
<tr>
<td>2</td>
<td>Weak</td>
</tr>
<tr>
<td>3</td>
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</tr>
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Logic model for Dementia Friendly Communities

**Inputs**
- Political support
- DFC guidance/ frameworks (AS; DEEP; BSI)
- Needs assessment (incl. assets)
- Priority setting
- Networks of support

**Intervention**
- Leadership & governance structure
- Reframing & restructuring of dementia narrative
- Involvement of people affected by dementia/PPI
- Resource allocation
- Use of DFC frameworks
- Provision informed by evidence base
- Plans for M&E

**Outputs**
- Awareness & understanding of dementia in local community
- Reduction in stigma
- Dementia Friends & Dementia Champions
- Staff in local businesses are dementia trained
- Environment designed to support PLWD

**Intermediate outcomes**
- PLWD feel they can contribute in meaningful ways to community
- PLWD experience sense of belonging
- PLWD feel they have choice & control
- Carers feel supported

**Long-term outcomes**
- Length of time for which PLWD can continue to be supported in community/delayed moves into residential care
- Carer health & wellbeing
- Cost savings

**Context**
- Ageing population
- Growing political & public awareness of dementia
- Growing momentum for DFCs
- Alzheimer’s Society recognition process
- Economic driver/affordability
- BSI accreditation process
- Rights-based approach to dementia
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
<table>
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<th>Data sources</th>
<th>Findings</th>
</tr>
</thead>
</table>
| 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 |