The Driver

The population of the U.K are living far longer than ever, however with this often comes health conditions that reduce a persons independence and guality of life. The NHS Long Term Plan is committed to enabling the elderly to have more control over their care, with more care and support being provided close to peoples homes, rather than in hospital. NHSEI have provided national funding, and in Sheffield a citywide Ageing Well Collaborative team have been established to deliver the Long Term plan commitments, which includes:

- Promoting a multidisciplinary Team approach
- Giving people more say about the care they receive

Ageing Well Purpose

The Ageing Well collaborative has a mission to prevent, reduce, and delay the effect of conditions associated with ageing, to enable the population of Sheffield to live as independently as they can for as long as they can, moving care into people homes where able, ensuring a personalised approach that considers 'what's matters' to the individual and those that care for them.

"It takes a Village CITY"

Ageing Well Principles

The ageing Well Collaborative will work by the following principles:

Collaborative

working

Resourced

- Shared aims
- Coordinated, Partnership
 - Iterative
 - Promote equality
 - Focus on Delivery
- Integrated

Personalised care

Co-produced, inclusive

Ageing Well Outcomes

Workstream	What will be different for me?
Urgent Community Response	I will be able to have access to the right help and support I need, at the right time to enable me to stay well and independent. I will be able to stay at home, if it is safe for me to do so, and have the support and care I want provided for me at home.
Enhanced Health in Care Homes	If I live in a care home I will be able to say 'what matters to me'. I will be helped to stay as independent as possible and my needs will be met through a personalised care approach where the people around me all know the plan.
Anticipatory care	I will be able to let everyone involved in my care know 'what matters to me and this will be at the centre of any decisions made. I will make decisions about my care whenever I can. Everyone involved in my care will know what my care plan says, and they will collaborate to make sure that the plan is up to date and followed to enable me to remain as independent as I can for as long as I can.

 Giving people more say about the care they recei Giving more support for people who look after family, partners and friends Developing Sheffield's Rapid community Response team Offering more NHS support in care homes 	reive The service of the service of		
a eing	Workstream	Priorities	
Age	Urgent Community Response	To deliver an integrated Urgent Community Response service that provides urgent care to people in their homes, avoiding hospital admissions where possible and enabling people to live independently for longer.	
	Enhanced Health in Care homes	To co-produce and deliver a strategic plan for the care home community that supports the delivery of proactive care centred on the needs of individual residents, their families and care home staff, ensuring a whole system, collaborative approach.	
	Anticipatory Care	Collaborate across organisations to embed proactive, personalised care approaches embedding 'What Matters to You', providing and collaborating to provide effective delivery of care of patients with multiple morbidities and illness trajectories that will deteriorate over time	