



SEEFA Policy Panel on Later Life and Ageing

Summary of the key issues on Health and Social Care

1. Engagement means better decision making. **Listening properly** to people who know what they are talking about is even more important when finances are tight and bad decisions are costly. We have examples of effective communication with local Forums, good practice in listening to customer feedback and engaging well with our most vulnerable people.
2. We want to experience **a more joined up approach** between services, departments and professions and we have lots of examples of problems arising at the interface of one set of service providers with another, even within the same organisation. Current changes in relationships between health and social care providers may not be sufficient to combat this problem.
3. **Quality and consistency of care** continues to be a concern and in particular we see this affecting those people least able to speak out for themselves. We have experienced both good and bad practice.
4. We must not lose sight of the need to **treat people as individuals**. This means taking into account a diverse range of needs. We must not treat people unfairly because they do not fit neatly into a category. We have examples of both good and bad practice.
5. **Preventing ill health, admission to hospital and residential care** is cost saving. We are especially concerned about the management of chronic illnesses, including mental ill health. We believe there is a lack of understanding about the negative health impact of adverse living environments and social isolation.
6. A variety of robust **measures to combat ageism** are needed. Our Panel members experience ageism on a regular basis from all service providers and would like to see a planned approach to combating it.
7. We see lots of good practice around. We believe we would see improvements if there was a more **proactive approach to sharing good practice**.