integrated care academy

Ageing Well Challenge Labs

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About the Integrated Care Academy

Integrated care is essential to improve outcomes for people requiring coordinated health and care services. To address the key challenges in the wider health and social care system, it is crucial that we enable working across multi-organisational boundaries to bring together all the components of care and support that a person needs.

The ICA brings together the four pillars of higher education, integrated care system, local authority, and the voluntary and community sector, from which our team of experts and programme leads are drawn.

Our goal at the ICA is to enable the best possible person-centred and integrated care, responsive to the needs of individuals in the context of the people who care for them and the community they live in. We do this through coproduction, education and learning, leadership transformation, workforce development, research, and innovation. We strive to make our work practical, useful, and useable, grounded in the realities of the challenges faced by our people, communities, and workforce on a day-to-day basis.

For more information about the ICA please visit our underline website.

For further information about the report please contact Caroline Angus, Director of the ICA. Email: ica@uos.ac.uk

Executive Summary

The Integrated Care Academy (ICA) was asked to support Suffolk's Annual Public Health Report 2024, addressing the question: **"How can we enable Suffolk people and communities to thrive as they age, while fostering a supportive environment for all?"**

Through a series of Challenge Labs held across Bury St Edmunds, Lowestoft, and Ipswich, a wide range of innovative, community-driven solutions to enable Suffolk residents to Age Well were identified and developed.

Local resources as foundations for change

Mapping Suffolk's current resources revealed a wealth of community assets that can be harnessed to support ageing well. This offers the opportunity to learn from initiatives in neighbourhoods and localities that have been successful and may be adaptable to other areas, for example Hour Community in Framlingham. Whilst other resources, for example Parkruns and the Rural Coffee Caravan, are already available across Suffolk. Together these present a unique opportunity to rethink how these resources can be further used to help Suffolk residents age well.

Innovative solutions

Participants were asked to draw on their own experience and knowledge and propose solutions that would support Suffolk residents to age well. The approaches ranged from ambitious longer-term solutions to more practical, immediate smaller changes. The solutions demonstrated a commitment to co-production, leveraging existing assets, utilising evidence and data, and fostering partnerships to create age-friendly communities and empower local people and communities to drive change. Some proposals focused on a key theme for example:

Improved Communication and Information Access

Combining digital platforms and face-to-face outreach to ensure timely and inclusive access to resources and information, for both people living in Suffolk and those delivering services.

Targeted Support and Access in Rural Areas

Creating a mobile outreach service for residents aged 55+ in rural communities, integrating health, well-being, and transport solutions delivered through existing community spaces.

Developing local transport solutions to increase access to social activities or activities of daily living (e.g. shopping), by maximising the use of local community assets (e.g. minibuses) and engaging with local business and services to embed transport solutions.

Combating Social Isolation

Promoting initiatives that foster social connections through volunteering opportunities, shared spaces, and local events. For example, working with veterans groups.

Many **cross-cutting solutions** were also identified. For example, the idea of Community Hubs emerged as a unifying solution, providing services like health and care support while also offering a place to connect with others, community ambassadors and local organisations, and bringing together social and health activities and services.

Solutions emerged that recognised the importance of building on Suffolk's existing strengths and resources, in order to deliver meaningful impact efficiently and quickly. Whilst others would require longer term development, with a phased approach to testing and refining ideas, followed by adoption and spread if successful.

Recommendations

1. **Build on the network and develop future engagement:** Develop an Ageing Well network building on that which was created during the workshops to foster collaboration and learning.
2. **Embed co-production throughout the Ageing Well programme, from high-level system planning to local delivery projects:** Involve individuals with lived experience and communities in creating proposals, ensuring relevance and inclusivity in all stages of the Ageing Well programme.
3. **Prioritise Development and Ensure Ownership:** Create a prioritisation framework to guide decision-making and assign clear ownership of initiatives, utilising existing groups for accountability and progress.
4. **Develop evaluation and promote sharing and dissemination:** Integrate evaluation into all future projects to assess impact and sustainability, while promoting the sharing of best practices and aligning with broader strategic priorities.

In conclusion, the collaborative efforts through the Challenge Labs have laid a strong foundation for enabling Suffolk residents to Age Well. By engaging local communities, organisations, and experts, we have gained valuable insights into the opportunities that will enable us to age well together in Suffolk. The proposed approaches highlight a shared commitment to co-production, leveraging existing resources, and fostering partnerships to create inclusive, age-friendly environments. With a focus on ongoing engagement, prioritisation, and evaluation, these recommendations offer a clear path forward to enabling Ageing Well in Suffolk.

Terms

Abbreviation	Definitions
ACS	Adult Care Services
CYP	Children and Young People
ICB	Integrated Care Board
ICS	Integrated Care System
INT	Integrated Neighbourhood Team
LSOA	Lower Layer Super Output Area (https://www.data.gov.uk/dataset/c481f2d3-91fc-4767-ae10-2efdf6d58996/lower-layer-super-output-areas-lsoas)
PHM	Population Health Management
SALC	Suffolk Association of Local Councils
SCC	Suffolk County Council
SNEE	Suffolk and North East Essex
VCFSE	Voluntary, Community, Faith, and Social Enterprise
WHO	World Health Organisation

Background, content and delivery

Challenge labs

A Challenge Lab is an innovative collaborative approach designed to bring together diverse multi-level stakeholders to explore complex societal challenges through interactive and participatory sessions. These labs create a dynamic environment where participants can share insights, exchange knowledge, and co-develop potential solutions to complex issues. The methodology is grounded in identifying a common challenge and inviting diverse viewpoints to engage as a distributed network to co-create innovative solutions. These creative methods hold promise to tackle complex public health issues through meaningful collaboration, enabling participants to hold agency and accountability to progress change[1].

The Challenge: Ageing Well in Suffolk

The Suffolk population is ageing rapidly. By 2043, nearly 1 in 3 people could be 65 or older. While people are living longer, they are not necessarily healthier in old age. This means greater and more complex challenges in healthcare, housing, and social services. It also creates opportunities for community engagement and age-friendly initiatives. Ageing well is important for Suffolk residents to maintain quality of life, independence, and community engagement, while reducing healthcare costs and supporting a resilient local community[2]. The concept of ageing well fundamentally challenges traditional assumptions about later life and redefines what constitutes successful ageing in society. Suffolk faces both challenges and opportunities in adapting to its ageing population.

The ICA was commissioned in November 2024 by Suffolk Public Health and Communities Grant Programme to deliver a series of Challenges Labs across Suffolk to explore the opportunities to enable healthy ageing. These three sessions were conducted in Bury St Edmunds, Lowestoft and Ipswich and were informed by Healthwatch Suffolk stories of ageing in Suffolk.

Aims and objectives

The Ageing Well Challenge Labs brought together stakeholders to explore the following challenge statement:

> **How can we enable Suffolk people and communities to thrive as they age, while fostering a supportive environment for all?**

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[1] Menhams, A., Steventon, H. and Gladwell, V. F. (2024) Facilitating co-creative meetings using a network model. OSF Preprints. doi: 10.31219/osf.io/mtbc9. https://osf.io/preprints/osf/mtbc9. Accessed 17/12/2024

[2] Suffolk County Council, Joint Strategy Needs Assessment repository of data. 2024. Available at: https://app.powerbi.com/view?r=eyJrIjoiYjY3NzgzMGYtZDkxYi00OWUwLWIwNzAtMzYxMDE1NGU2ODQ1IiwidCI6IjEwOWM2YWVjLTUwNDYtNGE5NS04ZjNjLTg0ZjYzYmExOGFmNCJ9

The objectives of the sessions were to:

1. Unleash insights to address the Ageing Well challenge
2. Break the challenge into innovative, collaborative, and transformative opportunities
3. Transform concepts into realistic solutions with real world impact
4. Forge powerful alliances across sectors
5. Ignite a culture of ongoing innovation and change

The Ageing Well Challenge Labs were based upon the World Health Organisation (WHO) framework for age-friendly communities[3]. This framework encompasses eight domains of healthy ageing, which are interacting aspects of social and built environments which enable communities to age well. These domains were applied to work within the challenge labs to understand the challenges, assets, and proposed solutions across Suffolk. These domains will be referenced throughout the report.
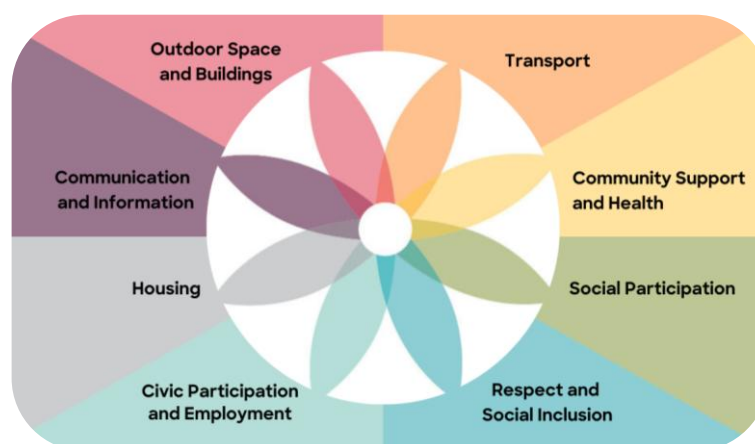
Figure 1: The eight domains of the World Health Organisation's Age Friendly Communities Framework.

The Challenge Lab structure

Over 50 local stakeholders from across health, social and care systems in Suffolk including voluntary, community, faith, and social enterprise (VCFSE), clinicians and public sector organisations attended the Challenge Labs. Attendees were invited to hold **initial conversations** surrounding healthy ageing, drawing upon personal and professional experiences. Then, they identified and explored the **challenges to Ageing Well in Suffolk**, framing these as positive opportunities for development and change. Furthermore, stakeholders reviewed the challenges identified and were asked to prioritise these.

Through creative methods, **assets** aligned to each healthy ageing domain were uncovered and mapped. Stakeholders then generated ideas to help people age well in Suffolk, often expanding

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[3] https://ageing-better.org.uk/age-friendly-communities/eight-domains

or applying existing assets to different contexts. **Ideas** were pitched by attendees to the group. The most promising **proposals were developed** through collective working in multi-disciplinary groups. In this report, we present findings which cover these aspects of the Challenge Labs in each locality.

Findings

Initial conversations

People attending started the session by sharing stories on what ageing means to them. Discussions encouraged a progressive perspective on healthy ageing, moving beyond traditional, medicalised models which assume inevitable decline as people get older.

People expressed that healthy ageing is not always about chronological ageing, as it is hard to define a particular age where people feel or are defined as 'old'. They encouraged a shifted perspective towards healthy ageing across the life course, enabling choice, early prevention for age-associated conditions, and improved quality-of-life. Attendees also talked about benefits of life course ageing services for positive perceptions of ageing in wider society, and to help shape improved models for age associated care. These conversations align to the local prevention-focused Future Shift programme[4].

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[4] https://www.sneeics.org.uk/resources/flipbooks/future-shift/4/

Challenges, needs and opportunities

Through collaborative discussions based upon the WHO domains, participants collectively explored challenges for Ageing Well in Suffolk. Challenges were contributed individually, but were clustered and prioritised by the collective group, through rounds of review. Challenges positioned at the top of each domain board reflected those which the group had collectively agreed were the most important to address. The top challenges, and thus opportunities for development for each location, were taken forward as focus points for further stages of the Challenge Labs.

Many challenges proposed spanned across multiple domains of healthy ageing and were common across the three locations. Common themes surrounded the need for:
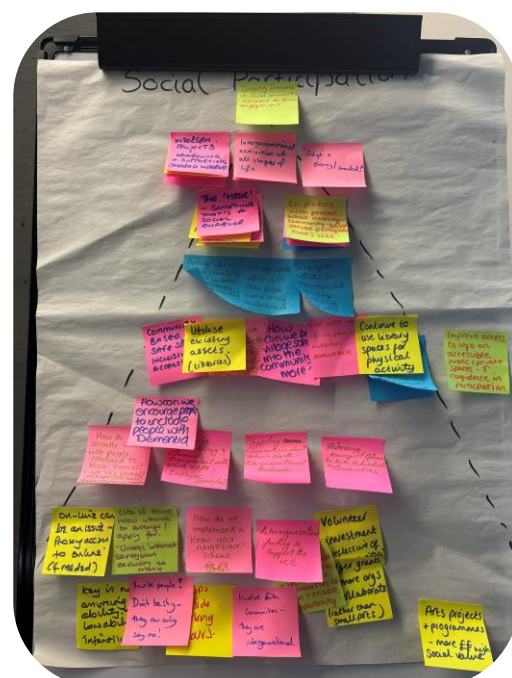
Figure 2: Example of group prioritisation and clustering for a domain.

1. **Accessible spaces and connections**
   - Emphasis on physical, geographic, and social accessibility, especially in rural areas.
   - Focus on multipurpose, age-friendly outdoor spaces with inclusive designs (e.g., accessible for a range of needs, dementia-friendly or climate-adapted).

2. **Affordable good quality housing**
   - Prioritising affordable, adaptable housing with intergenerational and community-living models.

3. **Multi-generational learning and support**
   - Connecting older and younger generations through all-age activities, shared learning, mentorship, cultural events, and shared spaces.

4. **Creating a better sense of community**
   - Leveraging central community assets or key individuals to drive engagement and inclusivity.
   - Utilising existing buildings and supporting volunteering initiatives as valued assets.

5. **Person-Centred Support**
   - Information sharing and integration between services to reduce the need to repeat stories across multiple services.
   - Delivering services which are designed with communities and do not assume needs or wants.

6. **Reducing Social Isolation**
    *   Addressing loneliness through accessible transport, diverse participation opportunities, and tailored activities.
    *   Understanding how to reach and understand the needs and wants of people who are particularly vulnerable or disconnected.

7. **Promoting Respect and Inclusion**
    *   Opportunities to overcome ageing stereotypes and enhance inter-generational understanding.
    *   Safe, inclusive spaces reflecting diverse cultural, linguistic, and age-based needs.

8. **Clear Communication and Accessible Information**
    *   Centralised, easy-to-navigate directories to find available community, health, social and wellbeing resources, and services for the public and staff in the system.
    *   Developing non-digital alongside digital communication strategies for broad accessibility.

9. **Proactive and Preventative Planning**
    *   Focusing on early interventions across health, housing, and community services to anticipate ageing needs.

10. **Sustainable and Integrated Transport Solutions**
    *   Prioritising affordable, green, and community-centric transport to reduce barriers to mobility and participation.

11. **Valuing knowledge and skills of older people after retirement**
    *   Encouraging active contributions post-retirement through volunteering, mentorship, or advisory roles.

12. **Supporting Older People in Work**
    *   Flexible working conditions, age-positive recruitment, career advisors and pathways for volunteering or semi-retirement roles.
    *   Social prescribing as a link to connect older people with purposeful activities including volunteering.

Critically, these challenges were not viewed as insurmountable obstacles but as opportunities for innovative solutions. Challenges aligned to each domain are summarised below, with detailed lists included within Appendix 2.

Outdoor Space and Buildings

Challenges often referred to the inclusivity and accessibility of spaces for older people , including neurodiverse, geographic and physical considerations such as benches to rest, steps, toilets, dog walking areas, dementia-friendly signposting, reliable transport, night-time lighting and parking. People commented on how these changes would enable and increase the confidence of people of all ages to connect with outdoor spaces and community buildings.

Across all localities, repurposing buildings and creating multi-purpose spaces which meet the needs of local and diverse communities was a strong opportunity. This was echoed most in Ipswich, where attendees contributed challenges related to utilising community halls, churches and unused shops for hosting health checks and inter-generational activities. Ideas such as 'chatty benches, community gardens, 'green gyms' and social walks also demonstrated how social interaction and community integration could be enhanced through changes and interactions with physical space.

Transport

Participants emphasised that it was important to get people where they needed and wanted to be. Transport challenges surrounded connecting rural communities, through frequent and expanded transport connections, creating safer and more reliable lift and bus sharing initiatives and bringing services to communities. Attendees stressed the importance of affordable and physically accessible transport links to boost health and wellbeing through attendance for health appointments, social activities and to reduce social isolation. They also talked about the way existing transport options could be co-ordinated more, such as shared minibus ownership and volunteer-led transport networks. Across three localities, a need for improved access to transport information, including non-digital alternatives, was expressed, with a map of community transport provision across the region suggested. Other environmentally friendly options were discussed, such as pool cars, trams, accessible bikes and mobility scooters.

Housing

Housing challenges revolved around creating adaptable, affordable and supportive living arrangements. Across all locations, common opportunities included providing quality housing which supports multigenerational living, enables ageing in place, and offers suitable adaptations for changing physical needs throughout the lifespan. Opportunities were discussed to build long-term and proactive planning strategies to address the needs of ageing populations, and ensure new buildings are suitable and adaptable. Community-based housing models and dementia-friendly designs were frequently highlighted.

Community Support and Health

Holistic and integrated support systems were a central focus, emphasising the need for collaboration between health, community, and charity services to boost health and wellbeing of people as they age, while reducing pressure on health services. Examples, such as connected health and social care in Bromley-by-Bow, illustrated aspirational goals for stronger integrated links. Support for health issues, unexpected life events and physical activity opportunities were suggested, and long-term funding was highlighted as a need for integrated support. Opportunities included addressing rural and social isolation through targeted activities and transport solutions. Challenges involved ensuring clear communication about available services and prioritising preventative health measures by understanding what people want and need, with open conversations on healthy ageing requested. Suggestions included attracting and retaining volunteers as community health support workers or activators to enhance local support networks, and investment into community services and coordination.

Social Participation

Opportunities surrounded creating inclusive, intergenerational opportunities for social engagement, creating more connected communities which value contributions of older and younger individuals. Face-to-face engagement, as well as digital opportunities, were understood to be pivotal for connection. Shared learning and cultural events were frequently suggested alongside physical activities with a social element (e.g. social walks). The importance of breaking down age barriers and using co-production to co-create these opportunities was also stressed. Opportunities included tailoring activities to diverse cultural, linguistic, and ability-based needs, rather than by age. Local engagement initiatives, like lunch clubs and day centres, were highlighted as effective means of fostering community spirit. Volunteering was also a fundamental element of engagement, with opportunities for inviting younger people to join suggested to aid longevity. Sustainable funding for VCFSE sectors to deliver social activities or have protected engagement time was also discussed. However, challenges included increasing awareness and promotion of available activities to ensure widespread participation.

Respect and Social Inclusion

Promoting respect and inclusion was underscored by calls to value the knowledge, skills, and experiences of older adults. Opportunities included breaking stereotypes through positive ageing initiatives and designing activities that bridge generational divides, echoing themes within the social participation domain. Advocacy for older people, inter-generational connections with schools, 'know your neighbour' schemes and reducing negative imagery and labels of older people were suggested. Social opportunities which aid healthy ageing throughout longer working lives, and into retirement were also discussed to help overcome social isolation and increase sense of belonging in the region. Challenges involved creating safe, culturally aware, and socially inclusive community spaces that cater to diverse needs while fostering mutual respect between generations.

Civic Participation and Employment

Flexible work opportunities and volunteer roles for older adults were frequently suggested as ways to promote active engagement. Investing in the older workforce, encouraging employees to recruit older people, and career advisors for older workers were also postulated as ways to help older people work for as long as they would like. Supporting people to age well and continue to work, such as those in manual jobs and carers, was also prioritised. This is especially important considering the benefits to health and wellbeing, economic value and skill sharing needs in the local region. Diverse skills and knowledge could be gained from older people and enable them to feel valued and a continued contribution to society. Programmes connecting retirees with younger generations for mentorship and knowledge exchange were seen as valuable opportunities. Challenges included providing adequate retirement planning support that extends beyond financial considerations to include time management and community involvement. Developing robust volunteer infrastructure also emerged as a key need.

Communication and Information

Clear and accessible communication was repeatedly emphasised, with opportunities identified in offering non-digital options and inclusive digital education programs. Challenges included simplifying messaging about available services and making information clear and available for all, including those with sensory impairments, learning disabilities, and cognitive disorders. Many raised the issue of having to continual repeat their stories in health and community services, with the opportunity of developing person-centred integrated systems like a single patient record or coordinated service directories, or more use of the NHS App. Diverse outreach methods, such as TV, radio, community magazines, and face-to-face/non-digital methods, were seen as essential to reaching all demographics.

Table 1: 'Ageing Well' challenges: identifying the top three factors that are needed for Ageing Well.
These were identified and then prioritised by Challenge Lab attendees, for each age-friendly domain in the three locations.

Domains	West Suffolk	Lowestoft	Ipswich
Outdoor Space and Buildings	Access to fresh air	Meeting needs of people to increase confidence going out	Community allotments
	Seasonal activities to get people out	Accessible outdoor/indoor spaces (geographically and physically)	Chatty benches to reduce social isolation
	Spaces adapted and older people educated for climate change	Accessible outdoor steps, benches to rest, and toilets	More pub hubs, mobile shops, mobile libraries or school library access
Transport	Available when needed E.g. hospital appointments	Safe access to travel safely in winter	Transport connections to reduce social isolation
	Accessible costs, including public and private transport	Connections and frequent access for rural communities	Accessible information for transport available
	Connections and frequent access for rural communities	Wider understanding of travel voucher alternatives for bus passes	Map of community transport provision across Suffolk
Housing	Quality housing which is good for public health	Affordable housing	Ensure people are living in suitable accommodation, particularly vulnerable
	Bigger and better housing to support multigenerational families	Easy to downsize and transition to suitable housing	More capacity for sheltered/older people's housing communities
	Affordable rents and deposits	Housing which fits the needs of a person or family	Accountable planning and developers for community infrastructure
Community Support and Health	Joined up holistic support in the community	Accessibility for activities for people in rural areas	Increased payments to domiciliary care to enable them to do more
	Resources for early and comprehensive support	Reduced waiting times for crucial services	Strong links between health, charities and community organisations
	Sustainable funding for local charities and community groups	Support for health issues (diagnosis and referrals)	Attract more people into community health roles
Social Participation	Opportunities to build 'community' or 'village' life	Better encouragement to take part	Someone to drive engagement in rural communities
	Flexible working hours to help build sense of community	Understanding if digital or face-to-face contact wanted	Intergenerational learning and support
	Understanding what works in other counties	Local available activities, including all-age activities	Activities at all stages of life, connecting younger and older people
Respect and Social Inclusion	Doing what the person wants, not what the system dictates	Valuing knowledge and skills of older people after they retire	Know your neighbour' scheme
	Listening to all voices, not just the loudest	Change negative perception of older people	Safe community spaces for all ages
	Helping people feel heard so that they can raise issues	Challenge stereotypes about older people	Bring 'village' life back together, bringing sense of community
Civic Participation and Employment	Suitable employment opportunities E.g. flexible working	Available transport for participation and employment	Encourage employers to employ older people (particularly part-time)
	Support for carers as they age	Flexible opportunities without 'regular' full-time hours	Investment in older workforce
	Careers advisors for older workers	Supported older workers	Social prescribing to help older people to take up voluntary work
Communication and Information	Information shared so reduced need to repeat stories	Better way to ensure people are informed, updated and reassured	Information shared so reduced need to repeat stories
	Increase digital inclusion E.g. less QR codes in resources	Less communication barriers	Community stories listened to, person-centred
	Less complicated and less patronising messages	Information shared so reduced need to repeat stories	Better information on InfoLink, understanding effectiveness and access

Asset mapping

There was a collective recognition of existing community assets through knowledge exchange between attendees. People shared numerous resources, many of which help to address challenges, or had the potential to be adapted, or transferred to a different place to meet these challenges elsewhere. Summaries of these assets are shown below, with broader detail provided in Appendix 3.

By mapping these assets, the Challenge Labs revealed the rich community resources that may be underutilised or disconnected, presenting a unique opportunity to reimagine how these resources could be more effectively leveraged and connected to support healthy ageing.

Outdoor Space and Buildings

Green spaces, including allotments, community gardens, parks, and forests such as Thetford and Mildenhall, were commonly contributed assets to enable outside activities within each of the localities. Community allotments were recognised as an opportunity in Ipswich (Table 1). Health and wellbeing walks and Parkruns across the region were valued as ways to Age Well. However, as accessibility was a major challenge, these outdoor physical activities may only be available to a small proportion of people.

Wellbeing and Family hubs (including Ipswich, Felixstowe, Mildenhall), community halls, churches and community centres were also well-known assets which often host groups and activities such as those hosted by Active Suffolk. Throughout the asset mapping exercise, Men's Sheds, Coffee Caravan and the Be Well Bus were frequently mentioned, and libraries were highlighted as central community spaces. However, widening mobile library access was identified as a top challenge in Ipswich. Unique assets within this domain included 'blue spaces' in Lowestoft, Citizen Science project (Deben) and village stores in Moulton.

Transport

Pockets of community access and transport were highlighted across the region, including community transport charities, networks, volunteer drivers, and lift sharing schemes (Bact community transport, Connecting Communities, Suffolk Car Share Scheme). As demonstrated in Table 1, the connection of rural areas is a priority, suggesting that the reliance on these community schemes is not extensive enough for current needs. Bus pass swaps for taxi vouchers were seen as untapped assets in rural areas, which aligns with the priority of wider knowledge of this alternative in the Lowestoft session. Hospital transport is a valuable asset to enable people to get where they need to be, however attendees voiced that this asset is not always available when needed, especially within rural areas (Table 1). Minibuses from community groups such as sports clubs were mentioned as an asset in Lowestoft. Framlingham's Good Neighbour schemes and transport initiatives were also commended alongside transport apps and on-demand services such as the 'Icatch' in Ipswich.

Housing

Several examples for housing assets were uncovered in Bury St Edmunds, such as the John Chadwick Policy and Tayfen Housing regarding pet-inclusive homing. Further work was encouraged for housing which is good for public health (Table 1). The work of Safe Suffolk Renters was highlighted in Ipswich and Bury St Edmunds, and the Suffolk Health and Housing Partnership was also praised as an asset.

Grants for home adaptations were mentioned in both Lowestoft and Bury St Edmunds, and support for applications, including warm homes were discussed in Lowestoft. Social prescribing and occupational therapy advice, recommendations, and signposting for home support as a preventative measure to enable Ageing Well in the home was mentioned across locations. These assets could be utilised more effectively to help address the priority in Lowestoft to provide housing which fits the needs of a person or families. In Ipswich, more work may be needed to engage with and uncover the needs of vulnerable people to meet the related priority and ensure that they are connected to suitable information and resources, such as grants to action adjustments.

Initiatives such as Almshouses and new builds informed by population need were also contributed.

Community Support and Health

A wealth of Community Support and Health assets were mentioned across the three locations. The multi-disciplinary work of Integrated Neighbourhood Teams (INTs) which responds directly to local needs and voices was specifically emphasised in Ipswich and Bury St Edmunds. Additional coordinated community services include the Woodbridge Holistic Assessment Team for falls and the Leisure Centre and Active Suffolk connect programme. The prevention work of community pharmacies, social prescribing and use of population health data was highlighted. Stronger links to integrate these services for joined-up, holistic, early support, were identified as priorities (Table 1), and thus further work to amplify what has worked well in these coordinated services, may help identify opportunities for further development.

Initiatives like Our Special Friends Volunteers, Hour Community (Framlingham) and Stepping Home were mentioned in Bury St Edmunds, with community and health and wellbeing partnerships praised in Lowestoft. Although the strength of these community groups was praised, the priority to attract more people to community roles may suggest that resources for these services is limited.

Social Participation

Assets such as leisure centres, libraries (including mobile), Rural Coffee Caravan, Men's Shed, Active Suffolk and INTs were again cited to enable social participation, especially of older individuals to help people Age Well. Social prescribers were also alluded to as a method of signposting, with upcoming training of community ambassadors, champions and connectors across Suffolk and North East Essex (SNEE) discussed as potential new facilitators. These may help address the need for stronger engagement in Ipswich and Lowestoft (Table 1).

Bury St Edmunds and Ipswich assets surrounded existing social groups such as Parkinsongsters, garden groups (Sudbury), health walks (Brandon), Community Chinwags and cafes (Felixstowe). Additionally, strength and balance classes and digital workshops were added as enablers for social participation. The need for all-age activities, and inter-generational learning and groups prioritised in Lowestoft and Ipswich (Table 1) is reiterated through the lack of all-age opportunities for social participation which were contributed. Scouts and 4YP were mentioned in Ipswich for younger people, however, there remains a lack of clear all-age activities within the assets.

Respect and Social Inclusion

Good neighbourhood and befriending schemes were assets within Lowestoft and Ipswich to help enable respect and social inclusion, however a 'know your neighbourhood scheme' was identified as a top opportunity in Ipswich. This suggests that there may be a disparity in these current schemes and could indicate a need for further work to connect areas which are more disconnected. Men's sheds, community gardens and churches were also recognised as assets.

Top priorities for Bury St Edmunds centred around delivering person-centred services and support through incorporating community voices, and the asset of coproduction principles adopted by organisations and systems may accelerate work in this field. Older people's action groups, drama groups and choirs, as well as digital assets including Facebook and Nextdoor groups could also provide a forum for community voices. Wider challenges raised regarding negative perception of older people, and the need to value people after they retire appear interconnected with the domain of civic participation and involvement.

Civic Participation and Employment

Assets within this domain appeared particularly strong in suggestions from Lowestoft attendees, where specific examples of opportunities for people, especially those who are older and/or have retired, were given. These included flexible opportunities to volunteer at sports clubs, timebank volunteering with support for transport and Remap, a retired engineer's group which is used as a national resource for occupational therapists. Expanding groups like these, and examples in Ipswich such as Men's Sheds may help find a continued sense of belonging and value as they get older. Further investment to support the older workforce was suggested in all three locations as part of the key priorities for this domain, and although links to social prescribing was suggested as an opportunity to help facilitate this (Table 1), this connection does not emerge in the assets. Assets within Ipswich and Bury St Edmunds especially indicate a need for further support for the older workforce.

Communication and Information

Social prescribing, GP surgeries, leisure centres, community pharmacies and digital assets like the NHS App and the Felixstowe App were communication assets mentioned. Libraries, including Suffolk libraries for signposting, INT meetings and Parish magazines were also highlighted avenues of information. Although InfoLink was suggested as an asset in Ipswich, the need for better information access through this asset, and knowledge of the effectiveness and

access of the service, was a prioritised opportunity (Table 1). The value of non-digital assets such as local newsletters and magazines, physical spaces in the community, and long-standing community groups was emphasised and strengthening connections of these services, with existing digital and non-digital resources may help facilitate holistic person-centred health and wellbeing support, which was a common priority across domains (Table 1). Furthermore, information sharing across these services, as well as additional health and social resources to reduce repeated stories and ensure that people access what they need easily, was a continued priority across locations for this domain.
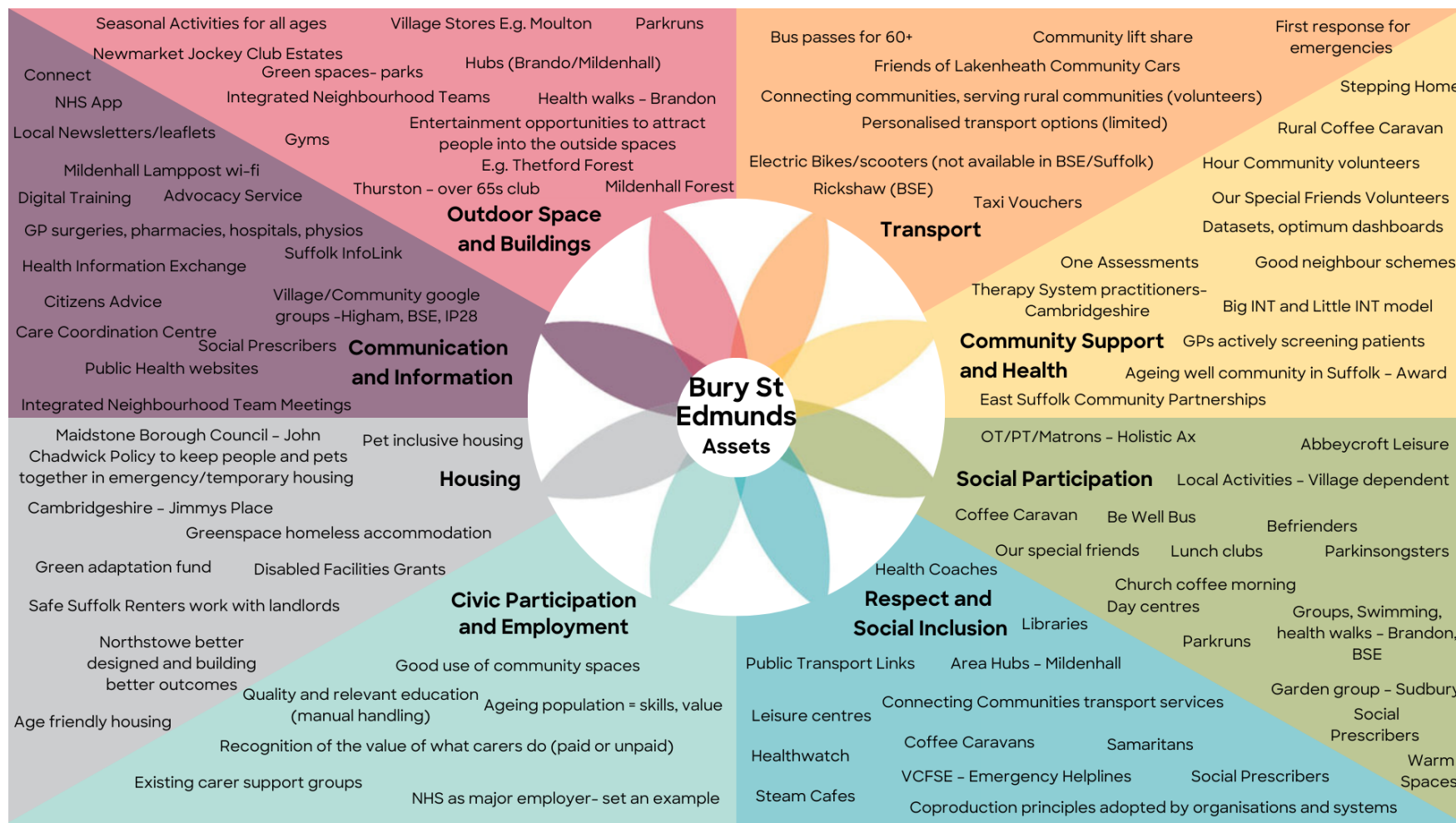
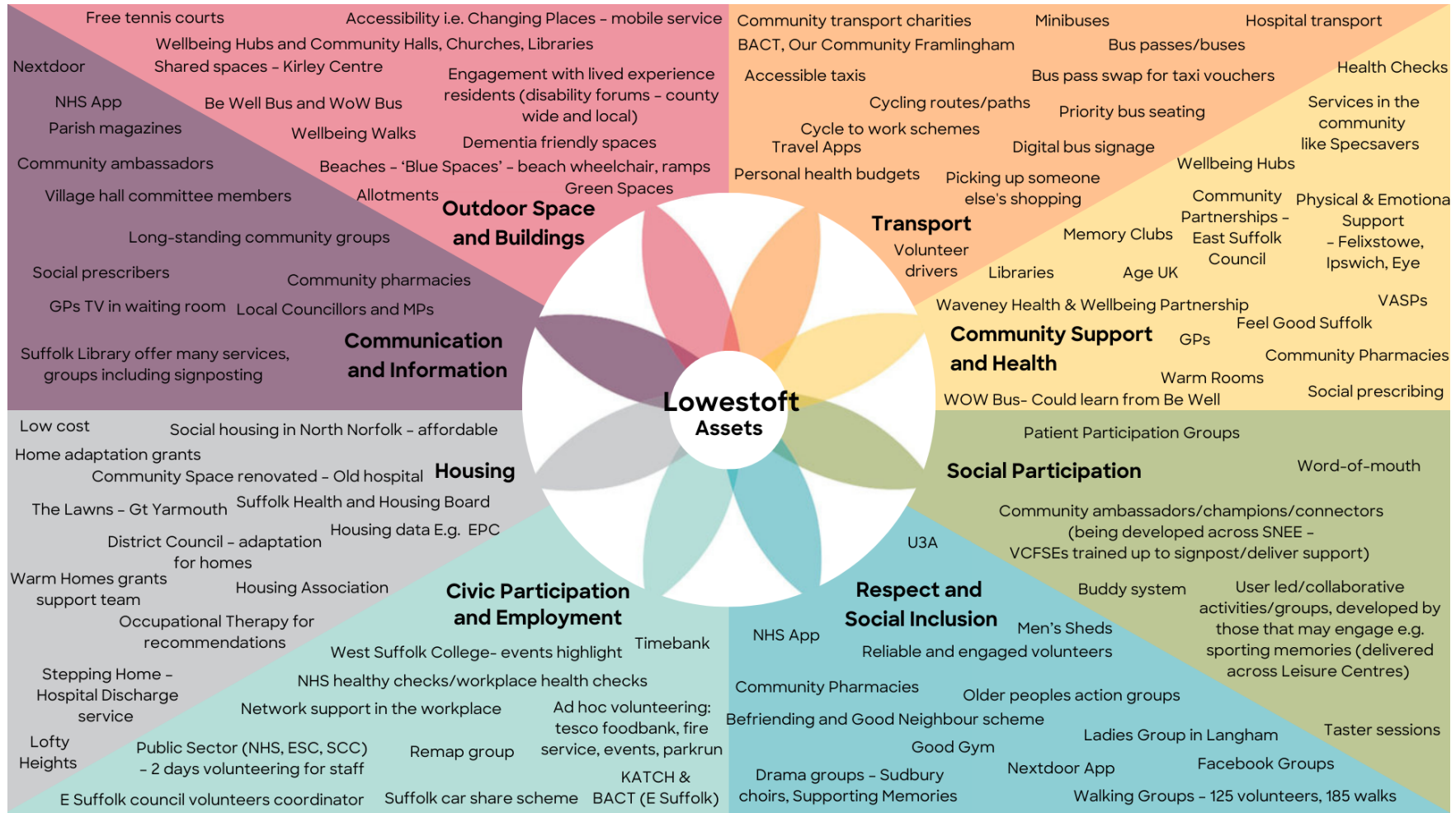**Figure 3:** Assets identified by the group for each domain within Bury St Edmunds.

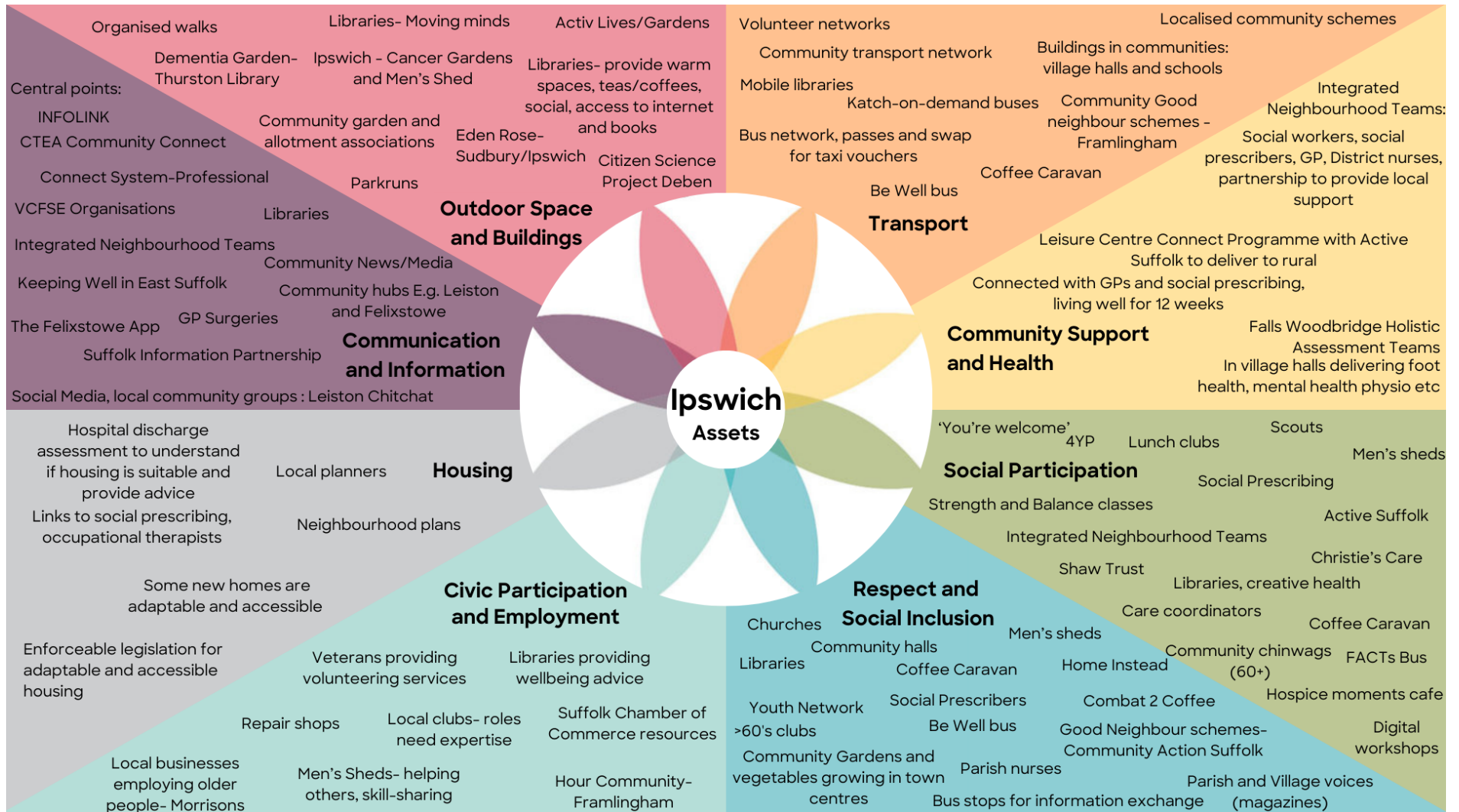**Figure 4:** Assets identified by the group for each domain within Lowestoft.

Figure 5: Assets identified by the group for each domain within Ipswich.

Idea generation

Stakeholders were asked to generate their own approaches that they believed would address these challenges and enable the people and communities of Suffolk to flourish as they age, while cultivating a supportive environment. Participants were asked to draw on their own experience and knowledge. They could propose approaches that ranged from ambitious blue sky thinking and longer-term solutions to more practical, immediate small changes.

Most individual stakeholders proposed at least one or two potential ideas for solutions that were then "pitched" to the wider group, and a scoring mechanism was used to determine which were deemed to be the most promising approaches to further develop proposals for. Each approach was assessed individually; however, many suggestions appeared linked, and it was agreed by the groups to combine them in order that ideas could be developed together.

The ideas that were generated, collectively identified key gaps to address in future initiatives. These were particularly around strengthening the connections between current assets, communication channels, community networks, workforce integration, and data management. These discussions sparked innovative ideas for potential solutions and future developments.

A list of ideas presented within the Challenge Labs are listed in Appendix 4. Many ideas had commonalities, and through convergent thinking, were explored together to develop tentative 'solutions' which are expanded upon in the following section. Some of the ideas are not new but are currently not present in the communities the participants were from or the communities they serve.

Wider development of proposals

A range of suggestions were developed by the stakeholders, but not all domains of the WHO ageing well themes were explored and developed as possible solutions to the earlier challenges identified. Many of the solutions focused on communication and information, civic participation and employment, respect and social inclusion, community support and health, and social participation and stakeholders frequently recognised the cross-cutting themes in these domains. One solution in Lowestoft was developed related to transport. There were gaps in solutions for outdoor space and buildings, and housing.

Transport

The key challenge that participants addressed as part of the discussion was to better understand what the opportunities were to enable older people to get to where they wanted to go, with an important focus on social activities and not just health related appointments. Participants identified that this was particularly important for those living in rural communities.

A range of solutions were proposed including considering community transport solutions, that would allow people to access social activities. Suggestions also included access to free or subsidised vehicle hire and/or mobility scooters, if individuals did not have access to this type of transport. The ability to maintain independence and driving health and skills for those that did have access to transport was also considered to be important.

Figure 6: Transport proposal developments drafted by the group.

It was recognised that assets would already exist in the system, with a range of organisations who have transport such as minibuses that may not be fully utilised. As such, it was put forward that it would be essential to further engage with key organisations and potential partners that would include parish councils, businesses, road safety partners, opticians and VCFSE partners.

A range of community transport solutions may already exist in Suffolk or elsewhere regionally and nationally, which would need to be identified to understand best practice and gain learning. Engagement with local businesses was seen to be a priority to encourage transport to be aligned to local business offerings, which could support economic growth in local communities and benefit access to arts and leisure activities for older people. It was suggested that maintaining health and well-being and identifying specific *health checks* to support continued driving as people age would be beneficial and to consider if there was any availability of driver training for older people.

It was felt that these proposals would not only result in benefits for people to age well; by maintaining their access to local services and activities it would enable them to remain connected and bring benefit to local businesses.

Challenge statement (Lowestoft)

- How do people get to where they want to go, especially in rural communities?

Suggested solution(s)

- Explore local transport solutions to increase access to social activities or activities of daily living (e.g. shopping).
- Embed transport provision as part of social group activities.
- Support maintenance of independent drivers as they age through health checks and training.

Actions

- Identify people and groups that have access to transport that could be used to increase mobility for those requiring transport, e.g. businesses, school minibuses, sports clubs and the development of car buddy schemes.
- Review and resolve legal and safeguarding implications to the above.
- Training Development: Build capacity for drivers and volunteers.
- Engagement with businesses: Identify and discuss mutual benefit that would come with transport provision to customers, including economic growth and support ot their coporate social responisbility programmes.
- Grant Integration: Incorporate transport solutions into funding applications.
- Identify/develop older persons driver training to maintain confidence in driving.
- Identify/promote health checks (e.g. eye tests).

Success metrics

- Increased participation in community activities.
- Reduction in social isolation/Quality of Life among older adults.
- Tangible economic benefits for local businesses and organisations.

Community Support and Health

Solutions with common themes that would further enable community support and health were developed in both Bury St Edmunds and Ipswich Challenge Labs.

There was a desire from stakeholders to build on the learning and the success that had already been achieved by the Integrated Neighbourhood Teams (INTs). Linked solutions included:

- Greater investment in INTs and opportunities to learn from those that are working well to share best practice and learning, in order that the INTs can have the maximum impact.

- Enhanced INTs to include housing, education, VCFSE with shared systems.

- Cross authority working collaboratively: District Councils, SCC, NHS, ICB, Socials Officer, Level planners, Public Health, transport, and ACS need to work more collaboratively to achieve common goals.

- Better integration between organisations to streamline/simplify referral processes. This can also drive positive system change.

It was suggested that the INTs provided a framework and way of working that supported collaboration, which linked to individual organisations strategies and aims. It was identified there could be further focus on community projects, with more resources focused here. Alongside this there was the opportunity to develop and progress joint projects, with a pooling of resources based around identification of common priorities.

Challenge statement (Bury St Edmunds)

- How can we use our resources to provide the right care, to the right person at the right time? Is it possible to develop a single assessment to establish the most appropriate intervention/professional for an individual?

Suggested solution(s)

- Build on the Integrated Neighbourhood Teams (INTs) concept to have paid community-based role to enhance assessment to cover needs of different stakeholders.
- Improve communication and contact of different professionals and enable frontline staff to be effective advocates.
- Identify needs/priorities by home visiting to create transformative change

Actions

- Discuss how to expand the INT concept so it may be possible to have an INT coordinator role that is person facing in order that the VCFSE/Public can liaisedirectly with the community INT role.
- Establish if a directory of services exists or if there is a need for development. A directory of services may include access to a county and service wide search based on postcode, summary of services, contact details.
- Engage with key stakeholders including Social Prescribing Link Worker, GPs, Social Workers; Community Matrons; INT teams: Co-ordinators; Phsyiotherapists; Occupational Therapists.

Success metrics

- Reduced number of contacts and times an individual has to share thier story to get the support they need.

Challenge statement (Ipswich)

- Expanding the INTs and getting buy-in from the community, statutory and non-statutory services.

Suggested solution(s)

- Branding and expanding of the neighbourhood way of working to include residents and services involved in the community from birth to death – Children & Young peoples Services, VCFSE, Education, Employment, Councillors, Housing/Planning.
- Development of a shared way of working to bring all these organisations together to set the delivery plan involving engagement at all levels.

Actions

- Enhance engagement and develop a local agreement to enhance the integrated way of working (including at executive level)
- Establish Informtion Governance data sharing agreements
- Provide further education and training for staff to support integrated working.
- Understand current access to shared people record, and further developments required.
- Further enhance integration/collaboration – making this work locally beyond co-location.
- Identify opportunities to expand the organisations within the INTs (e.g. mental health services; VCFSE; Educations;Employment; Housing/Planning; Police and Fire services.
- Develop funding framework to INTs for local projects

Success metrics

- Attendance and engagement from expanded number of organisations

Social Participation

The key principle of the proposed solution below was to focus on how people could enable Parish Councils and Local Communities to develop a toolkit of things that already work that they were already implementing to meet local need. This could include examples such as car clubs, time banks, meet up Mondays, IT support. The benefit of the toolkit was seen as the opportunity to share and learn from others experience in local communities.

Challenge statement (Bury St Edmunds)

- All communities have support to develop and enable ageing well communication.

Suggested solution(s)

- To develop a toolkit and network for Parish Councils and Local Communities to develop new ideas and share good practice.

Actions

- Identify what good practice already exists, in Suffolk, regionally and nationally, though questionnaires and conversations.
- Co-produce a network to share and develop new ideas with local communities. Engage widely with local communities, including e.g. business owners, schools, voluntary and faith groups.
- Consider how information will be shared with local residents. e.g. newsletters via Parish councils.
- Identify if there are key areas in local communities to focus on e.g. transport; loneliness; physical activity.

Success metrics

- Increase in knowledge of examples of good practice.
- Increase in number of volunteers supporting local initiatives.
- Increase in local sustainable activities.

Similarly in Ipswich, stakeholders considered the opportunity to increase community cohesion through a neighbour project. It was recognised that this would build on learning and activities developed during the pandemic. Key suggestions that were explored under this proposal included:

- Know your neighbour – a scheme at point of moving into a home or community to improve connectedness. Based on community spirit, a domino effect of support and a way of communicating. Keeping people informed.
- 'Buddy' every socially isolated housebound, lonely person to have free access to a volunteer to advocate, support, listen, 'do' for them.

Challenge statement (Ipswich)

- How do we build communities with neighbours that support each other?
- People want the options of social interaction – knowing neighbours and understanding their needs and what they offer.

Suggested solution(s)

- Develop a Neighbour Project
- Use libraries, local coordinator, and existing groups to understand who lives in neighbourhood, what they need and what they can offer – option for level of contact.
- Identify and develop communal resources and areas for communities to connect and meet.

Actions

- Chat to communities, talk to neighbours, understand what people need,
- Develop a pilot project and evaluate if it is scalable.
- Identify and learn from other areas of good practice e.g. Framlingham
- Explore all assets for neighbour engagement in communities, such as the examples below:
- 'Bins' (communal) - Bin watch and Bin Buddies
- Points of Contact - Bus Stops; Library; Foodbank; Clubs; Care homes
- Develop welcome packs for new neighbours - People directory; Nearby clubs/assets; Knock and Welcome
- Letters/engagement through door - Engage existing residents; Find and understand if they need/want anything

Success metrics

- Increase in community cohesion.
- Increase in empowerment of communities to activate residents.
- Reduction in social isolation

Civic Participation and Employment

Stakeholders in Lowestoft explored a number of solutions related to Civic Participation and Employment. It was suggested that there could be a range of opportunities for people and their communities to benefit from the knowledge and expertise of older people, in particular as they may have additional capacity to volunteer or take different paid employment as they move towards and into retirement. This would not only support the people and projects benefiting from their skill set but also help maintain the physical and mental health and well-being of people as they age.

Challenge statement (Lowestoft)

- How do local businesses encourage people to try new activities to better equip them to stay active, keep a sense of identity and support their physical and mental health.

Suggested solution(s)

- Encourage businesses/charities to offer introductory sessions or volunteers days to allow people who are looking to semi-retire/retire to try new activities and volunteering opportunities, which could prevent social isolation during this transition and improve community cohesion.

Actions

- Identify and share best practice from case studies where this has been sucessfully delivered.
- Identify businesses who may offer introductory sessions.
- Identify charities who host volunteering trial sessions.
- Co-produce a pilot project with local people and businesses/charities.
- Showcase and commincate opportunities through a pilot that will explain how retirees can bring their skills and time to enhance the business's/charity activities, such as by teaching workshops, mentoring, or volunteering.

Success metrics

- Access to skilled and experienced individuals for businesses and charities.
- Increased community cohesion.
- Prevention of social isoltation during retirement transition.

Challenge statement (Lowestoft)

- How can we further engage the Armed Forces population including vetrans to support both the armed forces community and local community.

Suggested solution(s)

- Develop a group of volunteers who would be willing to befriend by telephone, visit, provide lifts to older and isolated veterans.

Actions

- Engage with key local stakeholders, including Social Prescribers; Veteran Friendly GPs; Military Cadet Units and Public Services courses at further education Colleges.
- Work with the James Paget Armed Forces advocate to develop a pilot in Lowestoft.
- Explore funding opportunities with national military charities that may provide funding for volunteer training and expenses.
- Explore current befriending programmes that may exist locally or nationally
- Minimise barriers to volunteerings, which may include training requirments (offering both online and in-person), HMRC guidance on expenses.
- Align this work to other timebank volunteering projects.

Success metrics

- An increased number of befrienders.
- Increased support to those older people from the Armed Forces.
- Reduced social isolation.

Communication and Information

In Lowestoft, a range of suggestions were put forward that would increase access to information for local residents, which could include information both about local services but also social activities. Both digital technology solutions were suggested, as well as other communication mechanisms such as leaflets and face to face solutions. The fundamentals of the proposed solutions were to connect people with each other, whether this be for social connection, or to access services. These suggestions included:

- Warm handovers into services - Improve knowledge and information amongst volunteers about services - plus connections into help services, opening the door for volunteers to signpost into services.
- An app, website and flyer that all match as clearly as possible. For all social activities and groups. Use AI to help filter needs.
- Embrace AI and build an easy -to-access 'request service - easily connecting residents to services/activity finders etc.
- Not all older people require help in getting to services, but they do need help to increase their confidence in social situations – A "dating" agency to connect like-minded older people who share a similar interest so people can get out more, develop social circles, reduce social isolation and generally improve mental health and wellbeing. This doesn't have to be physical it could be digital.

Challenge statement (Lowestoft)

- Is there the opportunity to simplify and provide one clear system that would act as a community directory and warm handover system?

Suggested solution(s)

- Develop a simple, clear, accessible (phone, digital and face to face) community directory and warm handover service that links into the local place.

Actions

- Find out what's out there (all directories out there) to scope how they could work together.
- Find out what's working well (e.g. Norfolk Community Advice Network).
- Get buy in from all stakeholders & identify lead organisation, co-design/ co-produce solution, how to pool funding, etc.
- This would include: Infolink, Suffolk Information Partmership, as well as SNEEICB, district and borough councils, social prescribers, INTs, VCFSE, Clinicians, Patient Participation Groups.
- Explore how digital technology, including AI could be used to enhance this. Explore if there are any private sector organisations that we could connect with to support this (e.g. BT).

Success metrics

- Partnership agreement in place with commitment to funding.
- Product development.
- Increased use of directory.
- Increased number of referrals.

The discussion on Communication and Information in Ipswich focused on ensuring that the communication enabled not disabled people to access information. It was recognised that information and the connectors to information need to be co-produced and that there are a range of experts across Suffolk who can support with ensuring information is accessible.

It was suggested that elected members in Parish, district and borough and county councils could act as a conduit to ensure strategies and funding could be aligned at all levels.

Further suggestions in this area included:

- Ask local authorities to ringfence funding to ensure sustainability of local parish magazines. (Vital tool for local communication and enabler of inclusion).
- Interactive 'Post it' People Boards with a defined Theme of the Week/Month.

Challenge statement (Ipswich)

- To create a consistent communication, tool, which is not postcode dependent, that enables all residents to access information or to know where to find out services/activties.

Suggested solution(s)

- Develop a communication mechanisms that support older people, including digital and face to face.

Actions

- Map current digital and face to face communication methods.
- Understand people's preferred communication methods? What is right/person appropriate? Meeting individual needs, not a one size fits all.
- Link with Community Action Suffolk (CAS) to use 'Pro help' to engage coproduction and the development of and inclusive accessible website design.
- Using Suffolk Association of Local Councils (SALC) as an online resource and place to host village parish news, events, contacts.
- Use libraires, Rural Coffee Caravan, Be Well Bus, Paris Councils and Nurses to ensure they have current up to date information.

Success metrics

- Increase in number of people accessing activities and services

Cross-cutting solutions

A number of solutions were put forward that had cross-cutting themes. The proposal below from stakeholders in Lowestoft was centred around the development of Community Hubs. This central idea was created from multiple solutions that included:

- A Community health and Wellbeing hub in every town or village – this could include a directory of what is on locally, a volunteer co-ordinator, space for local delivery and links with health and community support.
- Central community Centres, similar to Family hubs but for the older community. It could include health, social, community, and learning support. Preferably with outdoor space (e.g. allotment. It would address transport challenges, such that all transport from villages would have one central location. It would have community ambassadors as a single point of Contact for Information, and Advice and Guidance.
- Resident Panels could be developed where budgets could be allocated to deliver community-based activity and services which are chosen by the residents, in partnership with Service Providers. Doing with communities, not doing to communities.

The solutions were focused on co-producing with communities and co-delivery to ensure that development of Community Hubs was fully embedded with the people and communities they set out to serve.

Challenge statement (Lowestoft)

- How do we support the local community and its residents to feel empowered to improve access to resources and activities that matter to them?

Suggested solution(s)

- Creation of accessible one-stop shop (hub) for residents to assist health and wellbeing (including ageing well).

Actions

- Find out who is doing similar - any shared learning or risks of duplication - e.g. best practice in Bromley By -Bow.
- Engage widely to get buy-in from other organisations (VCFSE, Statutory, health partners)
- Map existing support and gaps- in provision, focus on hyper local issues.
- Co-design with residents from initiation: engage with local residents to act as community ambassadors.
- Consider if the hub could start virtually
- Consider use of statutory service budgets to support (where possible), empower community to take ownership.
- Select pilot locations.

Success metrics

- To be developed, outcomes should be aligned to the wider impact
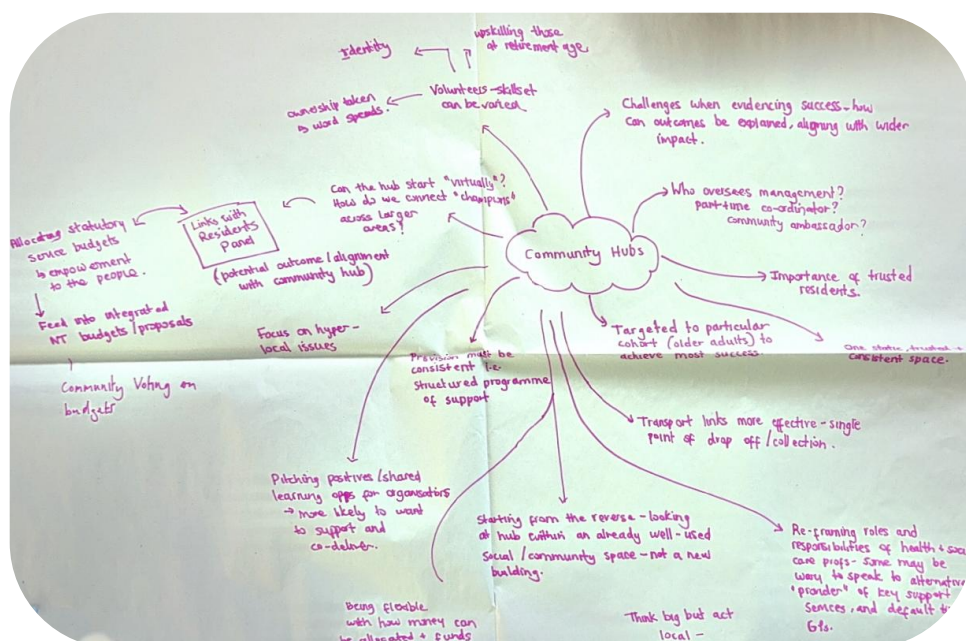
Figure 5: An example of stakeholder exploration of benefits of a community hub model to address key challenges across all of the ageing well domains.

Further suggestions included:

Community hubs

- Multifunctional service provision – GP within the library/gym (Bromley by Bow example: https://www.bbbc.org.uk/)
- Everything, everywhere all at once … GPs in parks, housing officers in pubs, health advice in libraries, libraires in doctors' surgeries, environmental advice in McDonalds etc..

Outreach

- Combining Buses – combine the concept of the Be Well Bus and Coffee Caravan to provide health information and social interaction and take this to village halls to coincide with the activity held there which has the largest numbers of older people attending so that it arrives in the break or just as the activity ends. In an ideal world, buy more buses so that each village can be visited by the bus on a more frequent basis (monthly on a pattern which can be advertised).
- Utilise the mobile library buses – who is using this service, what else should we be bringing to their rural location?

Information sharing

- Countywide Single Point of Contact for supporting health and wellbeing – telephone, digital, social, real person – direct. Anyone from anywhere, every day not just 9-5, Mon-Fri.
- A single point of contact for families (Not Health): Text, WhatsApp, live chat, email, website, face to face, phone call

The solution below depicts an example focused on a hyper local outreach scheme

Challenge statement (Ipswich)

- How can we develop and deliver hyper local access to health and well-being support?

Suggested solution(s)

- Develop a mobile health and social outreach scheme themed around specific health conditions.
- Ensure this includes a MOT approach with a social, digital offer, that has activity and transport. Co-produce with key partners.

Actions

- Develop pilot projects in areas with a population of less than 250 people.
- Undertake data mapping to support with identification of pilot areas, at Lower Layer Super Output Area (LSOA) level.
- Consider the target population e.g. rural population aged 55 plus or specific health challenge.
- Review the assets available already in each area, such as GP practice, Be Well Bus, Rural Coffee Caravan, activity providers, VCFSE and community spaces.
- Develop community consultaion to co-produce.
- Engage with GP practices to idnetify support.
- Work with digital and population health management teams to co-ordinate information capture and data sharing.
- Set up a working group to set initial timescales and mode.

Success metrics

- Increased admission avoidance.

This cross-cutting solution was centred around developing a different health and care model for older people. A key focus of this work would be to align to the Suffolk and North East Essex Integrated Care System Future Shift programme, with a focus on prevention and earlier intervention. It was recognised that using an age-based system may provide a challenge due to health inequalities.

It was suggested that key features of this model development may include:

- Utilise current available data – use our data more effectively to develop new care models and ensure this is translated into practical solutions for health and care professionals that impact their work.
- De-medicalised model – focused on individual wants/needs.
- Evidence translated for practitioners – utilise the ageing well evidence to ensure health and care professionals consider the right assessment tools at each stage of the lifespan.
- Create a team around the person – develop team-based solutions to manage risk and enable healthy ageing.
- Support health and care professionals to work at their highest level of competence.
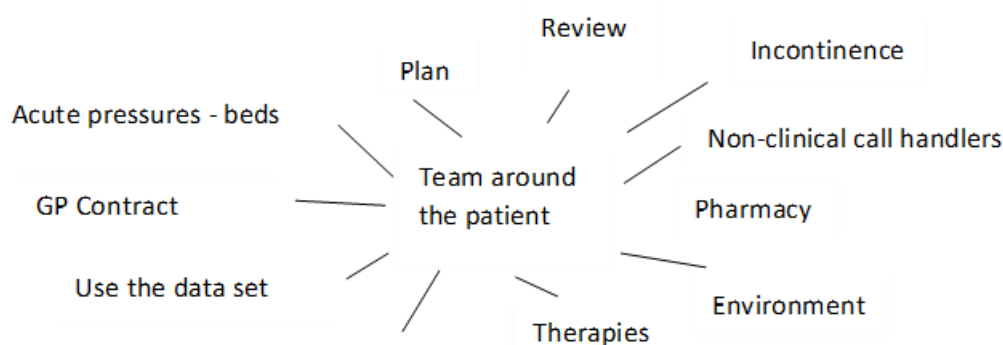
Figure 6: Stakeholders suggested connections that would form a team around a patient.

Challenge statement (Bury St Edmunds)

- Could healthy ageing be supported better across Suffolk?

Suggested solution(s)

- Mid life presentation to support earlier intervention
- Organising the team around the older person – not around services

Actions

- De-medicalised health coaching – risks at your age, how to manage risks. Staged approach by age across lifespan – 30/40/50/60/70s
- Use available data more – Population Health Management could better understand the patient journey, and highlight where and when clinician/service input happens at key points across the lifespan. Service data is information rich but data poor, develop mechanisms to improve this.
- Redesign the team around the older person.
- Evidence data for ageing well clearer for practitioners (and public)
- Teams currently look at high intensity users but we need to consider how can we shift the focus onto prevention of those who are most likely to become high intensity users in the future.
- Develop predictive analytics around risks

Success metrics

- Develop a evalutation framework for a new model of care.
- Evaluate and share interventions in population health management data.

Reflections for Further Development

The Challenge Labs identified challenges, assets and proposed solutions that are not exhaustive and exhibit the views and voices of those within the sessions. The Challenge Labs were able to bring together a diverse range of stakeholders, experts and practitioners with different viewpoints and approaches to generate ideas that may not emerge through traditional methods.

It is acknowledged that further work with experts by experience, alongside professionals from VCFSE, public and private organisations would further enrich the development of ideas. Co-production with all stakeholders together will maximise the impact, ensure diverse representation and enhance the empowerment of our people and communities.

Three localities were identified to bring together partners, and this allowed a high-level overview to be provided for each area, with respect to challenges, assets and opportunities. There may be benefits to bring people together from smaller defined communities to consider this programme at neighbourhood level. A wider Suffolk group may also have benefits in being able to prioritise themes and suggestions at a system level.

It is important to note that across all three Challenge Labs, participants strongly emphasised that ageing well should not be addressed solely based on biological age or through a biomedical model. Instead, they advocated for a more holistic approach that considers the broader determinants of well-being. Overall, discussions highlighted critical gaps in current systems, particularly in intra-organisational communication, resource integration, workforce collaboration, and data utilisation, which could be explored further in future work.

Summary of findings

The proposed solutions collectively emphasised the wide range of opportunities that exist to enable people to Age Well in Suffolk. The outline solutions generated range from those that built on existing work and resources and would offer incremental gains to those that were more extensive and would require further consideration as new models and programmes of work that may lead to a significant shift and improvement in outcomes for our people, communities and workforce.

The solutions were based on the local challenges and assets that were collated as part of the Challenge Labs and ranged in ideas addressing many of the key domains of the WHO Age Friendly Cities and Communities framework. While some gaps remain, in the domains of Outdoor Spaces and Buildings, Housing, and Respect and Social Inclusion, many of the solutions were clearly centred in their communities and demonstrated a cross-cutting and integrated approach.

Transport

Proposals centred on improving accessibility for both social and health-related activities, particularly in rural areas. Suggestions included community transport schemes, and partnerships to optimise existing local assets such as community minibuses. There was a focus on maintaining independence, supporting driving skills for older people, and aligning transport with local economic opportunities, such as access to arts and leisure activities.

Community Support and Health

Building on the success of Integrated Neighbourhood Teams (INTs), stakeholders proposed enhancing their role by incorporating other partners such as housing, education, and voluntary sector organisations. Collaborative, cross-authority working was recommended to streamline referral processes, share best practices, and align resources. The proposed solutions emphasised co-delivery and joint projects to address common priorities, fostering a more integrated way of working.

Social Participation

To strengthen social connections, stakeholders suggested creating a community toolkit to share best practices, such as car clubs, time banks, and IT support. Proposals also included "Know Your Neighbour" initiatives and volunteer "buddy" programs to reduce isolation and support housebound individuals. These initiatives aimed to build community cohesion and enhance mental wellbeing.

Civic Participation and Employment

Solutions highlighted the value of older people's knowledge and expertise, suggesting opportunities for volunteering and employment to benefit both individuals and communities. These activities were seen as critical for maintaining physical and mental health and fostering a sense of purpose among older adults.

Communication and Information

Suggestions focused on improving access to local information through digital and non-digital solutions, including apps, websites, leaflets, and face-to-face support. Innovative ideas such as interactive community boards were proposed to promote social inclusion and reduce isolation. Stakeholders emphasized the importance of co-producing communication strategies to ensure inclusivity and effectiveness. They also recognised it was important to identify and build on key local assets such as Suffolk Infolink.

Cross-cutting solutions

The concept of Community Hubs emerged as a unifying solution, offering centralised services such as health and care support, as well as an opportunity to connect with other people and organisations. These hubs could act as centres to engage with community ambassadors to provide information and guidance. Recognising the rural nature of Suffolk, outreach initiatives were proposed to extend support to rural areas.

The range of solutions demonstrated a commitment to co-production, leveraging existing assets, evidence and data, and fostering partnerships to create age-friendly communities. The proposals aim to empower and enable people as they age, strengthen community cohesion, and promote health and wellbeing.

Recommendations

1. **Build on the network and develop future engagement**
   a. Build on the networks that were created at the Challenge Labs to establish an Ageing Well network and community, where people can come together share opportunities, collaborate and learn from each other.
   b. Develop targeted workshops with stakeholders to address specific gaps in key domains, such as housing, while ensuring the discussions remain integrated with the other themes and overarching objective of the Ageing Well programme.

2. **Embed co-production throughout the Ageing Well programme, from high-level system planning to local delivery projects**
   a. Foster the co-production of ideas and proposals by collaborating with individuals with lived experience and communities, building on the proposals already developed to ensure relevance and inclusivity.

3. **Prioritise Development and Ensure Ownership**
   a. Develop a prioritisation framework based on impact and feasibility to assist decision-makers to progress the proposed solutions.
   b. Establish clear priorities for development of initiatives and assign ownership to stakeholders, with working groups to drive progress and accountability. This may be achieved through existing groups and does not necessarily need new groups to be established.

4. **Develop evaluation and promote sharing and dissemination**
   a. Embed evaluation into all future projects to assess local impact, scalability and sustainability.
   b. Create mechanisms to effectively share best practice and learnings with all stakeholders, ensuring transparency and broader community engagement.
   c. Ensure where key themes and projects align to other strategic priorities at a system, local or organisation level these become fully embedded.

Appendix 1 - Post event evaluation

Fourteen post-challenge lab evaluations were completed. A summary of survey results can be found below.

Responses Overview Active

Responses	Average Time	Duration
14	05:45	34
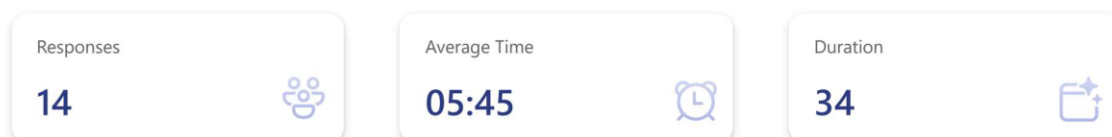
1. Which event did you attend?

- West Suffolk 4th November 2024   1
- Lowestoft 8th November 2024   6
- Ipswich 21st November 2024   7

7%
43%
50%
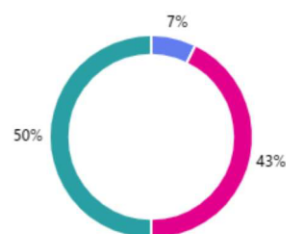
2. How much do you agree or disagree with the following statements?

● Strongly agree   ● Agree   ● Neither agree nor disagree   ● Disagree   ● Strongly disagree

The Challenge Lab allowed me to explore the theme of ageing well.

I felt inspired by the event.

The Challenge Lab offered a good opportunity to network and meet others.

As a result of the Challenge Lab, I intend to engage with colleagues from other organisations or teams.

I felt that my contributions were listened to.

I felt the Challenge Lab enabled meaningful discussions for progress on this topic.

100%   0%   100%
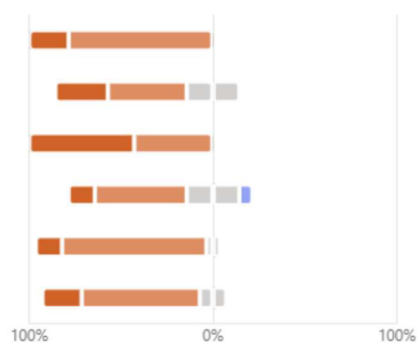
3. What do you feel you gained from the Challenge Lab?

13
Responses

"I felt that organisations, charities and businesses were able to work together... "

"Was great to be in a room with people I wouldn't normally speak to. Was a ... "

"An opportunity to explore a range of practical ideas"

· · ·

4 respondents (31%) answered opportunities for this question.

networking opportunity

understanding of the interaction

better understanding

ageing

subject

age and ability

room

relevant to all ages

link

opportunities care

life care

great opportunity

able

wider understanding Great networking

opportunities with people

4. Please let us know how satisfied you are with the Challenge Lab organisation.

● Very satisfied   ● Somewhat satisfied   ● Neither satisfied nor dissatisfied   ● Somewhat dissatisfied   ● Very dissatisfied

Information received before the Challenge Lab.

The location of the Challenge Lab.

The time of the Challenge Lab.

The date and day of the Challenge Lab.

Your overall experience of the Challenge Lab.

100%   0%   100%
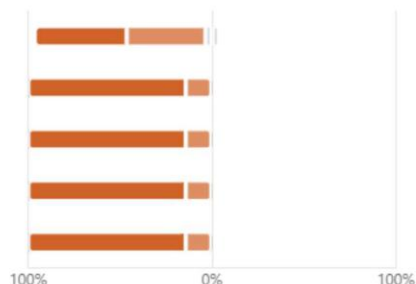
5. What would you like to see happen now following the Challenge Lab?

13
Responses

Latest Responses
"Another get together be it online or in person to see what comes of the day."
"It would be great to have more challenge labs pop up with different topics. I..."
"Feedback on the ideas generated"
...

3 respondents (23%) answered Challenge Lab for this question.

aging in Suffolk
opportunities action plan lab approach form of medicine taken forward set of actions
Physical Activity actions Challenge Lab feedback Activity and Movement
different topics
Feedback on the ideas organisations wider range great activities work/projects
reporting and conclusions

6. Do you have any suggestions for the improvement of future Challenge Lab?

10
Responses

Latest Responses
"I enjoyed meeting in person but noticed some people did have to travel far. ..."
...

2 respondents (20%) answered lab for this question.

measurable differences
came away Pre outcome of the lab bit boring thing from each participant
better use
wards/community time bit focus lab participants hospital care
older people ideas outputs of the lab
Maybe having think creatively cavernous room

Appendix 2- Challenges

Domains	Bury St Edmunds	Lowestoft	Ipswich
Outdoor Space and Buildings	Access to fresh air	Meeting needs of people to increase confidence going out	Community allotments, community gardens
	Seasonal activities to get people out	Accessible outdoor/indoor spaces (geographically and physically)	Chatty benches to reduce social isolation
	Spaces adapted and older people educated for climate change	Accessible outdoor steps, benches to rest, and toilets	More pub hubs, mobile shops, mobile libraries or school library access
	Relaxation spaces to benefit mental health	Indoor spaces accessible to the neurodiverse population	Repurposing buildings with communities and their needs E.g. unused shops for health
	Building accessible and good quality housing, which is future proofed for ageing	Connecting older people with outdoor spaces	Cross generational services E.g. pop-up pubs, younger people learning from older people
	Suitable depth and height of sofas	Adequate outdoor space, which is welcoming, safe and easy-to-access	Leisure centre activities and social walks and talks for older people
	Appropriate spaces for older people to access, including venues for poor mobility with areas to rest	Assets used as multi-purpose spaces (E.g. libraries and schools)	Know your neighbour' schemes
	Well looked-after spaces which increase feelings of being valued, and attract vibrancy and progress	Community spaces and services for new builds	Village halls/churches supported as fit villages for physical and mental health
	Reliable, affordable and available public transport which will be utilised	All age environments for outdoor space and buildings	Green gyms with Suffolk Wildlife Trust for older people
	Available parking	Health services linked to wellbeing spaces	Dementia-friendly design and signposting
	Alternatives to hubs which can be busy and confusing for older people	Individuals from different cultures and faiths accessing facilities	Nighttime lighting to make activities accessible
	Dog walking areas to get people outside	Overcoming running costs of older buildings	Outdoor spaces for community team games
Transport	Transport available when needed E.g. hospital appointments, which are often missed	Safe access to travel safely in winter	Options so people can get to where they want to be
	Accessible costs, including public and private transport	Connections and frequent access for rural communities	Transport connections to reduce social isolation
	Connections and frequent access for rural communities, to combat social isolation	Wider understanding of travel voucher alternatives for bus passes	Accessible information for transport available
	Services to tackle reliance on cars as ability to drive and car ownership lost	Transport links close to GP services and community centres	Map of community transport provision across Suffolk
	Available and affordable accessible vehicles (access for wheelchair users)	Buses for local clubs and schools used for communities	Funding of 'driving miss daisy' facilities and community transport
	Toileting solutions for incontinence prevention when travelling	Accessible bus timetables, care sharing and free parking information	Better active travel to reduce congestion, pollution and increase physical health
	Options to get to social or health services or activities	Flexible hospital transport	Shared ownership of minibuses (school/clubs/community hospital)
	Proactive checks on driving ability for people as they age	Digital booking and transport payment options	Local funded transport for volunteers/groups
	Co-ordinated transport solutions, especially for vulnerable people	Driving training for older people	Service brought to rural communities, including clinics and sport activities
	Alternatives to digital-only ticketing, information access to provide face-to-face assistance	Transport options all day	Volunteer database to help transport older people
	Green transport	Available and affordable transport options	Taxi vouchers for older isolated people in rural communities
	Pet-inclusive transport	Physically accessible transport options in all areas	Green/environmental transport alternatives- trams, rickshaws, cycles

Domains	Bury St Edmunds	Lowestoft	Ipswich
Housing	Quality housing which is good for public health and has integrity	Affordable housing	Ensure people are living in suitable accommodation, particularly vulnerable
	Bigger and better housing to support multigenerational families	Easy to downsize and transition to suitable housing	More capacity for sheltered/older people's housing communities
	Affordable rents, deposits and overall housing	Housing which fits the needs of a person or family	Accountable planning and developers for community infrastructure
	Positive proactive planning for housing needs before someone needs to move	Healthy ageing housing for different groups	Housing adapted to ageing (Danish Model)
	Ample supported living accommodation, including older person's village	Available rented accommodation	Families supported to care for older/frail people within their homes
	New homes designed for future needs, which can be adapted for safe older age living	Options for people to make changes to their homes for their physical needs	Healthier work from home spaces
	Flexible housing in communities where people have lived for a long time	Supported planning for housing needs before life events or older age	Dementia-friendly community and villages rather than care homes (Dutch example)
	Adequate law and policy around new housing, moving cost and responsibility away from builders	Housing checks to ensure homes are adequate for people and safe for ageing	Prevention initiatives through housing, including occupational therapy adaptations
	Affordable home adaptations for older people (wet rooms, aids, ramps) with available information on options	Intergenerational communities encouraged through housing	Improved existing housing E.g. Energy, retrofit and adaptations
	Housing designed to downsize into more suitable housing	Good quality housing which supports good health and wellbeing	Starter homes to help people move out
	Pet-inclusive temporary, emergency housing (domestic abuse refugees and homeless shelters)	More knowledge on housing and health links	Affordable housing so people can age in place
	Temporary, emergency housing which doesn't put people together which can harm recovery journeys	Dementia-friendly homes	Identifying people who need housing support but are unable to access it
	Non-digital access for sheltered accommodation and social housing bidding	Aiding those who are asset rich but cash poor	DIY stores to sell appropriate house-related adaptations E.g. showers
	Cleaning services	Future proofing homes early	Earlier planning with younger people for long-term housing needs
	Transport links to new housing	New builds which are suitable for the ageing population	Building more Almshouses (charitable-funded housing from legacies)
	Equal non-discriminatory support for homeless single men	Diverse housing options for older people	Extra care homes and social housing
Community Support and Health	Joined up holistic support in the community with support workers	Accessibility for activities for people in rural areas	Increased payments to domiciliary care to enable them to do more
	Resources for early and comprehensive support, greater than Care Act needs	Reduced waiting times for crucial services	Strong links between health, charities and community organisations
	Sustainable funding for local charities and community groups	Support for health issues (diagnosis and referrals)	Attract more people into community health roles
	Accessible GP services for older people, which go beyond telephone triage	Support for unexpected life events	Be Well bus used to bring services to rural communities
	Exploring perceptions of roles for own health, and where family can be enabled to care rather than paying carers	Promote community projects for better attendance	Joined up communications to a person from hospitals, GPs, health services and local authorities
	Ensuring right care in the right place	Informal support information available and accessible	Strong connections between community and health services
	Enabling vulnerable people to be seen and understood	Up-to-date community information	Community activators aiding understanding of community needs
	Making resources easy-to-access when they are frail (distilling the wealth of information)	Positive framing of services for older people to reduce stigma	Safe and supported access to what people need
	Increasing awareness of commissioned services	Availability of community transport	Investment into health services, voluntary, charity and church groups
	Overcoming barriers to exercise such as financial limitations	Physical activity opportunities in rural areas	Connected health and social care (E.g. Bromley-by-Bow)
	Tackling social isolation through rural and 'hard to reach' area transport	Open conversations about healthy ageing	Broad range of sports activities for older people in leisure centres, which cater for medical issues
	Affordable services including care and aids	Enabling people to ask the right questions to the right people	Coordinated support and access at a community level
	Increase numbers of volunteers, matrons and mental health support workers which are declining	Improved sense of neighbourhood and ability to rely on neighbours	Investment into prevention, active living from childhood
	Joined up working which does not have a postcode lottery	Understanding if community services are adequate for population needs	Healthcare outside of clinical settings, such as virtual wards
	Integrated multiple appointments for a holistic approach	Empower people to retain sense of identity as they age	Long-term funding schemes
	More GP level proactive work and therapy for rehabilitation	Support which reaches everyone that needs it	Better community and knowledge of neighbours to widen support networks
	Artificial' and digital community support environments for impact and benefits	Understanding of health deprivation and inequality in the region	Accessible routes to community support and health to widen participation

Domains	Bury St Edmunds	Lowestoft	Ipswich
Social Participation	Opportunities to build 'community' or 'village' life	Better encouragement to take part	Someone to drive engagement in rural communities
	Flexible working hours to help build sense of community	Understanding if digital or face-to-face contact wanted	Intergenerational learning and support
	Understanding what works in other counties	Local available activities, including all-age activities	Activities at all stages of life, connecting younger and older people
	Society valuing older people and what they can give	Inter-generational activities and learning which are promoted appropriately	Events with social enablers E.g. free tea and coffee
	Equal and diverse opportunities for older people to participate	Early habits of social participation (from school)	Activities without age barriers, inclusive for dementia
	Culturally appropriate and inclusive opportunities (race, culture, religion and sexuality considered)	Sustainable funding for VCFSE to deliver social activities	Co-produced social participation activities for what people want and need (including accessible)
	Open community settings, lunch clubs and day centres which tackle rising costs	Activities for multiple language and communication methods	Established committees for social activities in villages
	Better awareness of what is happening, when, and accessibility options for older people to join	Integrated communities between schools and older people	Sports activities with strong social elements E.g. social walks for older people in villages
	Protected time for engagement	Engaging younger people in volunteering	Sports activities brought into rural/village locations
	Social network engagement	Adequate opportunities	Existing buildings utilised for new activities and community-based safe spaces
	Exploring the contributions older people want to give	Travel information for activities	Bus stop hubs with links library and foodbank
	All-age activities	Support for late-stage relationship breakdowns	Social reach for people confined to their homes
Respect and Social Inclusion	Doing what the person wants, not what the system dictates	Valuing knowledge and skills of older people after they retire	Know your neighbour' schemes
	Listening to all voices, not just the loudest	Change negative perception of older people	Safe community spaces for all ages
	Helping people feel heard so that they can raise issues	Challenge stereotypes about older people	Bring 'village' life back together, bringing sense of community
	Opportunities for people with sensory deficits	Positive framing for support for older people	All-age activities to improve mutual respect
	Older people socially mixing across the lifespan and society	Talking support	Positive ageing support to break barriers across generations
	Open culture of respect	Inter-generational integration to increase respect	Social inclusion before retirement
	Sense of belonging	Groups meeting identity needs	Early social opportunities to prepare for longer working lives
	Overcoming social isolation	Promoted support for hidden disability	Inter-generational connections in schools
	Opportunities for new social circles when people move to the area	Inter-generational work	Story sharing and listening
	Support to restart social activities halted during COVID	More inclusive and comprehensive services for older people	Options for people to be included at a level of their preference
	Tackling social media division of generations	Culturally aware activities which engage marginalised	Meaningful inter-generational friendships and community networks
	Story sharing and understanding of other lives	Valuing people who are not working or have limited mobility	Challenge negative perceptions and stereotypes of older people
	Advocacy for older people	Socially inclusive activities (for rurality, culture, health and age)	Promote respectful interactions, away from 'elderly' label

Domains	Bury St Edmunds	Lowestoft	Ipswich
Civic Participation and Employment	Suitable employment opportunities E.g. flexible working Support for carers as they age Careers advisors for older workers Strong volunteer infrastructure Support to stay well and working, particularly in manual jobs Quality employment options, incorporating health services Funding to support engagement and costs to support volunteers Local toilet map Frequent and relevant transport Age-friendly employment culture Create and promote volunteer roles, increase recognition of benefits Central volunteer roles as contact points Transport sharing advertised in local venues like pubs	Available transport for participation and employment Flexible opportunities without 'regular' full-time hours Supported older workers Work options for older people Employment rewards beyond money New skills and knowledge mechanisms for older people Engage more volunteers Reduce assumptions that older people only do low-skilled work Make low skill jobs more attractive Retirement planning support Accessible civic participation Adapt opportunities for longer lives Support people working longer	Encourage employers to employ older people (particularly part-time) Investment in older workforce Social prescribing to help older people to take up voluntary work Older voices listened to Retirement planning beyond money to consider time as a resource Mentor schemes to connect with retired people Subject matter experts to pass skills to younger people Primary schools linked to older volunteers Value of volunteers respected Knowledge of barriers to volunteering and work to overcome them Parish Councils as active conduits Reaching those less able Understanding impact of work and loss of roles
Communication and Information	Information shared so reduced need to repeat stories Increase digital inclusion E.g. less QR codes in resources Less complicated and less patronising messages Communications designed with community intended to reach Understanding population changing and communication needs for the future Access to national literature on Ageing Well Easier and wider routes for people to request help Communications for people with sensory impairments Coordinated communication Communication for people with learning disabilities, difficulties and cognitive disorders Understanding health inequalities and health literacy in the region Easy to find local group information Better and earlier knowledge of community assets for healthy ageing	Better way to ensure people are informed, updated and reassured Less communication barriers Information shared so reduced need to repeat stories Effective communication of available services Tackle inequalities in an ageing population through diverse communication More understandable information Reduced digital inequality and exclusion Directory of services Accessible information and better connections for rural areas Different communication methods for age groups Affordable technology to improve access Non-digital options Increase health literacy while enabling autonomy	Information shared so reduced need to repeat stories Community stories listened to, person-centred Better information on Infolink, understanding effectiveness and access Face-to-face and telephone trusted access to information Enabling young people to share digital knowledge Wi-Fi access to expand support Digital and non-digital resources, guided by what people want Single point of contact county-wide Confidence and trust for information provided One shared patient record system Tackle fear and uncertainty of technology Utilised TV, radio, Parish magazines and community halls for communication Clear communication on the importance of planning ahead

Appendix 3- Asset mapping

Tables to show assets in each area, bolded assets indicate those which were common across domains or locations.

	Bury St Edmunds			Lowestoft			Ipswich		
Outdoor Space and Buildings	Seasonal activities	Newmarket Jockey Club Estates	Growing community infrastructure	Changing Places - mobile service	**Be Well Bus**	Empty retail units – affordability	**Libraries – provide warm spaces, tea/coffee/social aspects, internet use, books**	**Dementia Garden – Thurston Library**	Volunteer Opportunities – all ages – woodland trust
	Access fresh air - Green spaces	Mildenhall Forest	Social dinner and games	**Wellbeing Hubs**	Use of Public Health Management Data	**Community Halls**	**Parkruns**	**Community Garden**	**Churches, Faith Buildings – Hadleigh Church holds lunches**
	Pet-inclusive places	BSE Nowton Park	New build/location/space/access	Beaches - 'Blue Spaces' - beach wheelchair, ramps		**Churches**	**Organised walks**	**Allotment Associations**	Pubs run group, coffee mornings, Yoga & Prosecco
	Hubs (Brando/Mildenhall)	**Parkruns**	Parks	**Green Spaces**	Network of public footpaths – well maintained	**Libraries**	Moving Minds – Suffolk Libraires	Citizen Science Project Deben	The Hive in Ipswich Community Spaces – these already exist in various forms across many groups – use the places our communities feel safe and already access.
	Barrow - community champion	Health walks - Brandon	Entertainment opportunities to attract people into the outside spaces. E.g. Thetford Forest	Use of standards and minimum requirements i.e. Dementia friendly spaces	Free tennis courts	WoW Bus	Activ Lives/Gardens	CHIP -Ipswich Community Hub	
	Thurston - over 65s club	**Community Centres**	Clinics			**Wellbeing Walks – great free use of outdoor spaces**	Eden Rose – Sudbury/Ipswich	**Be Well Bus**	Cancer Gardens
	Integrated Neighbourhood Teams (INTs)	Village Stores e.g. Moulton	Gyms	**Men's Sheds**			Leisure Centres	**Coffee Caravan**	Green Light Trust
				Allotments			**Wellbeing Hub – Ipswich, Felixstowe, Family Hubs as well**	**Village Halls – Active Suffolk – Sports**	**Men's Sheds**
				Engagement with lived experience residents (disability forums - county wide and local)				School Spaces	

	Bury St Edmunds			Lowestoft			Ipswich		
Transport	**Bus passes for 60+**	**Electric Bikes/scooters (not available in BSE/Suffolk)**		**Community Transport charities – BACT, Our Community Framlingham**	**Bus pass for taxi vouchers swap**	Trains	**Community Transport Network – some areas**		**Be well Buss/Coffee Caravan/mobile libraries/mobile Gym/Fish & Chip Van – take services to the community**
	Taxi Vouchers			**Minibuses with routes and destinations**	Cycling routes/paths and cycle to work schemes	**Travel Apps**		**Bus network/bus passes/taxi vouchers (can swap bus pass for vouchers)**	
	"Pockets" of community access/transport	**Community lift share**	**Connecting communities, serving rural communities (volunteers)**	**Hospital transport**	**Sports clubs use minibuses to support local community**	Training for bus drivers, upskilling for people	**Good Neighbour schemes e.g., Framlingham**		Icatch – public transport – bus on demand – book a pickup
	Hospital transport (limited)	**Rickshaw (BSE)**		Out With Friends (Norwich – support people to go out)	Accessible parking	Social care can pay for transport as part of care package	**Volunteer networks/localised community schemes**	**Patient transport/hospital transport**	Transport policy
	Personalised transport options (limited)		Friends of Lakenheath Community Cars	**Bus passes**		Personal health budgets e.g.: mobility scooter			
				Accessible taxis	Priority seating on buses	Winter - Bus shelters, Street lighting		**Suffolk Car Share scheme**	Home 2 school transport
				Driver volunteers			Rent-a-bike scheme		

	Bury St Edmunds			Lowestoft			Ipswich		
Housing	Age friendly housing, access and downstairs shower room	Almshouses – model of provision, including green spaces		Affordable social housing – North Norfolk		**Suffolk Health and Housing Board**	Environmental health officers	Sheltered housing	GP Practices E.g. Peninsulor Practice signposting
	Maidstone Borough Council – John Chadwick Policy to keep people and pets together in emergency/temporary housing	Camborne – very poor example, significant problems Northstowe better designed and building better outcomes		The Lawns – Gt Yarmouth			**Occupational therapists - give advice**	**Suffolk Health and Housing Partnership- SODA, DWP, Hospital, Fire, Environmental health, councils**	Some new homes are adaptable and accessible
	Havebury Housing have changed their pet policy, broader than it was	Private enclosed greenspace accessible from the person's home		Community Space renovated – Old hospital	District Council – adaptation for homes				Suffolk Family Carers
	Tayfen housing has small homes, which are pet inclusive	**Disabled Facilities Grants adaptations available Havebury**		**Stepping Home – Hospital Discharge service**			Enforceable legislation	**Social Prescribing - signposting**	
	Safe Suffolk Renters work with landlords	Homes around an active and engaging village hall, schools, shops			**Voluntary sector housing/grant application support**	**Grants available for home adaptations**		Suitable people to advice on suitable accommodation, charters and experts by experience	
	Creation of publicly accessible communal green spaces in new developments	Access to well maintained green spaces, especially in Ipswich	Suffolk County Council, building which is informed by population need and characteristics		**Warm Homes grants, a team in place to support**		REACT		Dementia Connect
				Housing Association – strong links and network			Local planners	Neighbourhood plans	**Safe Suffolk Renters Pathfinder project**
	Newmarket – green space for their housing	Cambridgeshire – Jimmys Place, Greenspace homeless accommodation	**Green adaptation fund money**	Data – using this to target work/Support such as home EPC data	**Occupational Therapy – give advice, make recommendations**	Lofty Heights			

	Community Support and Health								
Community Support and Health	East Suffolk Community Partnerships	Ageing well community in Suffolk – Award	**Our Special Friends Volunteers**	**Social prescribing**		Waveney Health & Wellbeing Partnership	**Integrated Neighbourhood Teams includes Social Workers, District Nurses, OT/PT, Social Prescribers, GP involvement, part of the partnership – police, fire, VCFSE.**	Woodbridge Holistic Assessment Team – Falls	Small impactful changes create difference in communities. Listening to the community and responding directly, locally not just a national agenda – flourishing and surviving – creative/innovative.
	Data sets, optimum dashboards	Hour Community volunteers	Paramedics use Single Point of Contact Team	**WOW Bus- Could learn from Be Well**	**Community Pharmacies**	**Warm Rooms**			
	Stepping Home	**INTs need partnership with Connect Space**	Place based work, place-based needs assessment information	Health Checks	Taking services to people – like Specsavers, beyond 9-5	Age UK	**Population health management data**		
		Therapy System practitioners in Cambridgeshire		**Wellbeing Hubs**	Community Partnerships-East Suffolk Council	Memory Clubs		Brought together in village halls bringing foot health, mental health, Physio, OT, Social work Team, to look more holistic response – this reduces falls risk	
	GPs actively screening patients E.g. birthday cards encouraging patients in	**Locality INT meeting allows focus on groups and needs based work**		Feel Good Suffolk	VASPs	**Libraries**	**Leisure Centre Connect Programme and Active Suffolk in villages, harder to reach areas**		
	Good neighbour schemes **Big INT and Little INT model**	One Assessments **Rural Coffee Caravan**	Community Agents	**GPs**					

	Bury St Edmunds			Lowestoft			Ipswich		
Social Participation	Social Prescribers **Warm Spaces** **Abbeycroft Leisure Centre** Day centres Social Group **Groups, Swimming, health walks – Brandon, BSE** **Our Special Friends Volunteers**	Games – bridge, scrabble **Parkruns** Garden group – Sudbury Parkinsongsters Church coffee morning Befrienders Be Well Bus Hair dressing Access	Volunteers OT/PT/Matrons – Holisitc Ax Local Activities – Village dependent Christmas meals/parties **Lunch clubs/pub lunches** **Coffee Caravan** **Mobile Libraries**	Word of mouth Leaflets Referrals User led/collaborative activities/groups, developed by those that may engage e.g. sporting memories (delivered across Leisure Centres)	Taster sessions Patient Participation Groups Letter invites Social Media	Telephone calls Community ambassadors/champions/connectors (being developed across SNEE – VCFSEs trained up to signpost/deliver support)	Scouts 4YP **Men's Shed** Strength and Balance class **Social Prescribing** **INTS** **Lunch Clubs**	Newsletters 'You're Welcome 18 + health and wellbeing Digital Workshops Community Chinwags – cakes 60+ monthly FACTs Bus Transport **Libraries** Whatsapp groups	**Active Suffolk** Shaw Trust Christies Care Hospice Moments Cafe Care Coordinators **Rural Coffee Caravan** Cafes – community hubs – Cuppa (Felixstowe)
Respect and Social Inclusion	Health Coaches **Social Prescribers** VCFSE – Emergency Helplines 111 Care in Community	**Coffee Caravan** Healthwatch **Libraries** **Leisure centres** **Area Hubs – Mildenhall** Steam Cafes Samaritans	Public Transport Links Connecting Communities transport services Internet availability Coproduction principles adopted by organisations and systems Cassius PALS	**Befriending and Good Neighbour scheme** Older peoples action groups Drama groups – Sudbury choirs, Supporting Memories **Community Pharmacies**	Good Gym U3A **Men's Sheds** **NHS App** Reliable and engaged volunteers	NextDoor App Facebook Groups **Walking Groups – 125 volunteers, 185 walks** Ladies Group in Langham	**Good neighbour schemes – Community Action Suffolk** **Be Well Bus** >60s clubs Parish nurses Home Instead **Whatsapp Groups/Felixstowe App** Combat 2 Coffee	**Men's Sheds** **Community halls** **Wellbeing hubs** Parish and Village voices (magazines) Pilot of 'housing people' at GPs in Suffolk **Coffee Caravan**	Youth Network (level 2) **Community gardens and veg growing tubs in town** Bus stops being used as info areas for chatting, foodbanks etc, and phone boxes **Churches Libraries including mobile libraires**
Civic Participation and Employment	Existing carer support groups Quality and relevant education (manual handling) Good use of community spaces	Recognition of the value of what carers do (paid or unpaid) Age = skills, value	Civic Society Employer led activities enabling health outcomes NHS as employer – set example	2 community transport options – KATCH & BACT (E Suffolk) Timebank e.g. gardening provided, support, with transport to appointment, Public Sector (NHS, ESC, SCC) – 2 days volunteering for staff Remap – retired engineers' group, custom engineered solutions used by OT (national organisation) Older people in the Workplace	Flexible opportunities for volunteering e.g., sports/athletics clubs **Parkruns** Individuals who have been supported by groups and services then become volunteers/mentors e.g., Activ Lives Network support in the workplace e.g. menopause	E Suffolk council volunteers coordinator – looks at sustainability of volunteering Tesco foodbank - 3-hour blocks **Suffolk car share scheme) available via Suffolk County Council)** Carers leave NHS healthy checks/workplace health checks	Local businesses employing older people – Morrisons Veterans providing volunteering services Suffolk Chamber of Commerce – resources	**Libraries providing advice on wellbeing** Hour community – Framlingham, range of opportunities Local clubs – lots of different roles need expertise	**Men's Sheds – helping others, sharing skills** Repair Shops

Communication and Information								
INT Meetings	Suffolk info link	Public Health websites	Community pharmacies	Long standing community groups		Social media- Leiston Chitchat		Keeping well in East Suffolk, Local Self-help
Leisure Centres		District/Borough councils		Local Councillor's and MPs	Village hall committee members and parish councils	Community hubs(Leiston, Felixstowe)	InfoLink	The Felixstowe App
Safeguarding	Local Newsletters/leaflets	Citizens Advice			Social prescribers		CTEA Community Connect	
Social Prescribers	Village/Community google groups (works well in Higham, BSE, IP28)	NHS App	Community ambassador			Community news and media		GP Surgeries
Care coordination centre	Digital Training	Advocacy Service	Parish magazines	Online and digital information easily available			Libraries	
Connect	Mildenhall Lamppost wi-fi	GP Surgeries, Hospital, Pharmacies, Physios etc	NHS App		Suffolk Library offer many services, groups including signposting	VCFSE Organisations		

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Appendix 4- Group ideas

Lowestoft

- **Community health and Wellbeing hub** in every town or village - including a directory of local events and resources, with a volunteer co-ordinator, space for local delivery, and links with health and community support.

- **Central Community Centres**, similar to family hubs but for older community, which covers health, social, community and learning. Preferably with outdoor spaces such as an allotment. All transport from villages would have one central location. These centres would have community ambassadors as a single point of contact for information, advice and guidance.

- **Resident Panels** developed where budgets can be allocated to deliver community-based activity and services which are chosen by the residents, in partnership with service providers. This would action 'doing with community, not doing to communities'.

- **Using businesses to support those nearing retirement** to stay engaged, part of the community, valued, keep a sense of identity and active. This would help socially and to support their mental health. Voluntary programmes within the workplace could provide support to the local community.

- **Engaging the armed forces population** by enabling people in the forces to provide skills and services for older people to benefit both parties.

- **Volunteering Timebank** – individuals can pledge time or activity. This does not need commitment in terms of weekly requirement so fits within a person's life. They give what they can, when they can.

- **Warm handovers into services** - Improve knowledge and information amongst volunteers about local services (statutory, organised and volunteer-led), and support connections to help people access a diverse range of services. This would open the door for volunteers to signpost into services.

- **Social activities and local groups app, website and flye**r that all match as much as possible and are kept up to date. On App/website use Artificial Intelligence to help filter needs to ensure the most suitable activities are identified.

- **Embrace Al and build an easy -to-access request service** - easily connecting residents to services/activity finders etc.

- **A "dating" agency to connect like-minded older people who share a similar interest.** Not all older people require help in getting to services, but they do need help to increase their confidence in social situations. This would help people get out more, develop social circles, reduce social isolation and generally improve mental health and wellbeing. This could be physical or digital.

- **Collaborative community transport solutions** – provide round robin pick-up services for social participation.

- **Rural transport hire** – enable access by community groups to free or subsidised vehicles which are not being used (e.g. school), rather than having to own and maintain a vehicle.

- **Enabling Parish Councils**-A toolkit of things/activities that already work that they can implement to meet local need – car clubs, time banks, meet up Mondays, IT support. Help local areas not reinvent the wheel but be guided in ideas that have worked elsewhere.

- **Use leisure centres and their instructors to bring sessions to rural areas.** Rural areas don't have large leisure facilities but might have a space and a trained instructor could help people in that area be active.

Bury St Edmunds

- **A "What is important to you?" model**. To support staff and people to ensure they "tell their story once" and are not repeating their stories multiple times. This would help spend more time unlocking enabling conversations. This would mean people are safer and less frustrated.

- **An Ageing Well catalogue/directory of all services.** This would include referral criteria and practical referral pathways (hot to refer), and would show what services do, and how they can support people.

- **An Ageing Well catalogue of professional individuals** willing to network across Suffolk and share best practice and systems on a regular basis. This would enable a network of committed individuals to support across the region and would not rely on managers/commissioners passing on ideas.

- **Frailty/Ageing Well Occupational Therapists and other healthcare professionals to influence housing and environments at a planning level**. Looking at points of access, bathing, heights, stairs, to enable independence and reduce falls in older people.

- **Social programmable transport pods** on a social network reaching all housing/social/shopping/local locations.

- **Reward individuals and communities for taking ownership of their own health.** Incentivising good behaviours – to boost health/community

- **Proactive Health Screening via GP** – long term conditions, potential frailty, women's health (early prevention), men's health (mental health) Points=prizes; incentives to engage.

- **Detachable, extendable, interchangeable housing.** Building pod houses which can change with social need over a lifetime.

- **Ageing Well Club within a hub, library or INT**: This would include a Physiotherapist/Occupational Therapist/Matron/Social care/Volunteers. All topics would be talked about, with local information. This would be easy access and social – as a nice place to come and chat.

- **Community transport changes so they can accept bus passes**. Helping to reduce the cost for people wanting to travel.

- **One budget (not health or social) for Community Equipment Services.**

- **Challenge lab sessions available to the public** – public engagement – do with not for – create meaningful "pot of knowledge" or even change.

- **Single front door for digital assets-** including health and wellbeing, coproduced apps, interactive - Accessible, individuals, families – with training to support across all aspects to banking.

- **Central place for demographic information**, especially for underserved groups. For example, Black men, South Asian women and Gypsy, Roma and Irish Traveller individuals. This would help researchers reach specific underserved communities to address inequalities.

- **Create a Co-operative**

  o Volunteer – cooking/gardening

  o Community

  o Shared resource

  o Points system

- **Universal parking permits for community staff to visit patient houses, regardless of location in the area**.

Ipswich

- **Enhanced Integrated Neighbourhood Team (INT)** to include housing, education, VCFSE with shared systems.

- **Greater investment in INTs** and opportunities to learn from one that are working well (Felixstowe) so that the ones that are not working well/as effectively can improve and have maximum impact.

- **Better integration between organisations** to streamline/simplify referral processes. This can also drive positive system change.

- **Build a network of accredited age-friendly communities** across Suffolk (accredited).

- **Cross-authority working collaboratively**: District Councils, Suffolk County Council, NHS, Integrated Care Board, Socials Officer, Level planners, Public Health, transport, and Adult Social Care need to work more collaboratively to achieve common goals.

- **Multi-functional service provision** – GP within the library/gym (Bromley-by-bow)

- **Countywide single point of contact** for supporting health and wellbeing – telephone, digital, social, real person – direct. Anyone from anywhere, every day not just 9-5, Mon-Fri.

- **A single point of contact for families (Not Health)**
  - Text, WhatsApp, live chat, email, website, face to face, phone call

- **Combining Buses** – combine the concept of the Be Well Bus and Coffee Caravan to provide health information and social interaction and take this to village halls to coincide with the activity held there which has the largest numbers of older people attending so that it arrives in the break or just as the activity ends. In an ideal world, buy more buses so that each village can be visited by the bus on a more frequent basis (create a timetable of activity which can be advertised).

- **Utilise the mobile library buses** – explore who is using this service and what else should be brought to the rural locations.

- **Everything, everywhere all at once** ... GPs in parks, housing officers in pubs, health advice in libraries, libraires in doctors' surgeries, environmental advice in McDonalds, diet advice in ... ... etc. etc.

- **Local authorities to ringfence funding to ensure sustainability of local parish magazines**. This is vital tool for hyper-local communication and enabler of inclusion especially to those with digital poverty.

- **Interactive 'Post it' People Boards with a defined Theme of the Week/Month**. Generate messages from the community and gather their thoughts and ideas (not an information board)

- **Know your neighbour – a scheme at point of moving into a home or community to improve connectedness.** Based on community spirit, a domino effect of support and a way of communicating (a bit like during Covid-19). Keeping people informed. Welcoming new people to the area. Neighbours taking notice of those around them and helping.

- **Communal Living** – as ageing, kids left, no partner. A group of likeminded people to live together in a 'community' appropriate for their needs and access to support required.

- **'Buddy'** every socially isolated housebound, lonely person to have free access to a volunteer to advocate, support, listen, 'do' with/for them.

- **Transport:** Countywide mapping of all Community Transport provision – kept up to date.

- **Larger commission pots**, rather than smaller pots, to support current services rather than creating new services – people centred, phone services, signposting etc.

- **Create a role to explore the current Suffolk strategies-** identify combined action plans from all the strategies developed across Suffolk and measure success.

- **Promote use of personalised funding** to access transport and community participation access e.g., driving Miss Daisy (transport with companion service)