



SIMPACT

**Age UK Hythe, Lyminge
and Ashford**

Strategy and Action Plan

2022 to 2025

Supporting you on your journey

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Executive Summary

Introduction

The Board and senior management of Age UK Hythe, Lyminge and Ashford (Age UK HLA) have taken a conscious and proactive decision to undertake a detailed review of the organisation, engaging with partners, staff, volunteers and Trustees, with the aim of developing a clear action based strategy to drive the organisation through the Covid recovery period and shape delivery and outcomes for the next three to five years. Partners, staff and volunteers relayed and reflected the views and experiences of clients and local people through a series of direct engagement sessions, incorporating feedback received about our services. Actions and delivery developments identified in this strategy will be co-designed and co-produced with clients, staff and volunteers.

Findings

Through the engagement sessions, a wide range of issues and needs affecting older people in Hythe, Lyminge and Ashford were identified, as well as ways in which Age UK HLA can and do meet those needs, and how they might be able to be developed in the future.

Needs

Multiple different issues and needs were identified as critical for over 55s. The most immediate needs or those with the greatest negative impact on the health and wellbeing of older people were:

- Access to healthcare.
- Social isolation.
- Cost of living/poverty.
- Mental health.
- Accessibility and digital exclusion.

Activities

Age UK HLA provides a wide range of activities for older people, to address many of the needs identified above. These can be broadly split into four categories:

- **Social and community based services:** This category includes a range of services including providing social events, running a community café, and providing safe and accessible spaces for local groups. These services are intended to prevent social isolation, provide

clients with new skills and experiences, and support older people to remain active members of the community.

- **Personal care:** These are usually more individual and includes services like laundry, hairdressing, footcare, and advice and information. They provide older people with essential services that are often either not provided or are inaccessible/unaffordable elsewhere.
- **Specialist services:** These services are generally healthcare focused and provide older people and the families/carers with essential care and support. They include specialist dementia services, respite care and hospital discharge support.
- **Volunteering:** Volunteering is added as a fourth category for two reasons: Firstly, the importance of volunteering to the organisation, with many Age UK HLA services provided by volunteers. Without them, the capacity of the organisation to help the community would be significantly curtailed. Secondly, volunteering is a service in itself, providing significant benefits to the volunteer themselves. A large proportion of Age UK HLA volunteers are within the client age range, and many go on to become clients.

Benefits

Many benefits were identified from the activities provided by Age UK HLA, but the key ones were considered to be:

- Providing a safe and accessible environment – a place people can go and meet others, take part in activities and relax.
- Supporting people to remain independent as long as possible and maintaining dignity into older age.
- Providing accessible and affordable services – many of which are not provided anywhere else.
- Providing positive social interactions and reducing social isolation – whether through an organised social activity, a coffee in the café, or having a chat when delivering meals to people's homes.
- Building trust - the foundation of all Age UK HLA's services, trust in the brand, the staff and volunteers and the quality of services provided is the main reason people access the organisation.

Actions

The actions identified are designed to support the successful growth of the organisation and move towards greater financial independence, balanced with providing positive outcomes to older people and the local community. The primary actions are:

1. **Action set 1: Vision and Direction:** Review and reflect on the organisation's purpose, aims and objectives to ensure
2. **Action set 2: Development of a marketing strategy:** Develop a new marketing strategy and continue to dedicate resources, review the way services are marketed and identify new approaches (including the concept of the Journey), where younger older people are encouraged to volunteer and use lower needs services as a way to build trust and brand recognition, keeping them as clients as they age and their needs change.
3. **Action set 3: Development of a new income strategy:** Undertake a financial review of our services and carry out a health check on our financial status, including reviewing the way reserves are used. Aim to increase self-funding and reducing reliance on public sector commissioning.
4. **Action set 4: Reshaping strategic engagement:** Continue to dedicate time, expertise and resources, in engaging with commissioners, elected members and statutory service providers across health and social care, with the intention to shape and lead local policy objectives, rather than simply responding to them.
5. **Action set 5: Developing service provision:** Build on current services, remaining agile and flexible in our approach to delivery. Use co-design and co-production with clients to ensure services are relevant and seeing the service as a means to an end, not the end in itself, e.g. Age UK doesn't exist to run a local café, however a local café provision can both act as an income generator, as well as critical local infrastructure for older people to come together and help reduce loneliness and social isolation.

Conclusion

Age UK Hythe, Lyminge and Ashford is in a unique position to be able to re-prioritise, develop, grow and meet the increasing demand from our core client group. Revised marketing and income strategies, building on the concept of the journey, and linked to a flexible approach to delivering services, can help the organisation build on our current strengths, and move towards greater financial independence, a larger client base and better outcomes for older people, families, carers and the community as a whole.

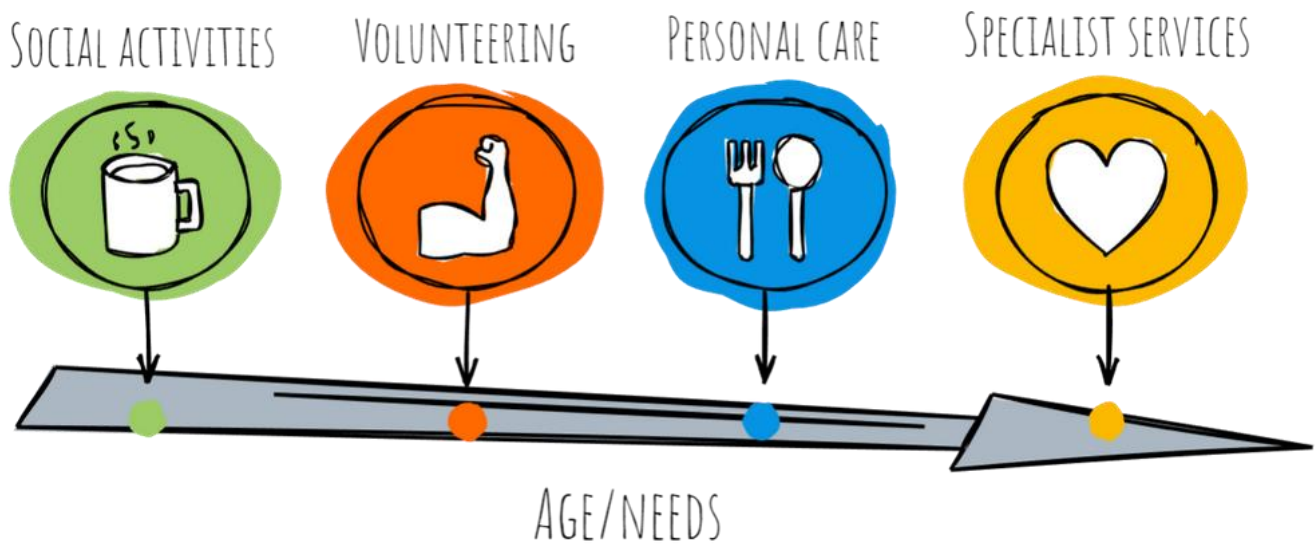


FIG.1 THE JOURNEY



Rationale for Strategy and Action Plan

Age UK Hythe, Lydinge and Ashford is an established local charity with a nationally recognised brand operating across a wide coastal, rural and semi-rural area in the Hythe and Folkestone district and Borough of Ashford in East Kent. The organisation provides a range of services for older people and the communities in which they live.

The last two and a half years have been an intense period of work through a constantly changing environment. The Covid-19 pandemic has required the organisation to adapt and flex rapidly and effectively, working with local statutory and voluntary sector partners to provide essential services for some of the community's most vulnerable people through an unprecedented set of circumstances.

Despite the challenges, the organisation has continued to provide care and support and access to services for older people, grow and maintain a sizeable, engaged volunteer team, and ensure Age UK Hythe, Lydinge and Ashford continues to be a going concern.

At the same time, the local commissioning environment has changed, with a greater emphasis on providing services to 'younger' older people, rather than traditionally frail and elderly clients, which has presented the organisation with a significant question as to how and who it delivers services to in the future.

The Board and senior management of the organisation have taken a conscious and proactive decision to undertake a detailed review of the organisation, engaging with partners, staff, volunteer and Trustees, with the aim of developing a clear action based strategy to drive the organisation through the Covid recovery period and shape delivery and outcomes for the next three to five years.

This document is the result of the engagement and intends to describe the engagement that has been undertaken, the rationale for change and development, and provide the organisation in the whole with a direction, recommendations and clear actions to generate positive long term outcomes.

Engagement and feedback

Age UK HLA working with Simpact CIC, undertook a series of detailed engagement sessions with voluntary and statutory partners, staff, volunteers and Trustees over May and June 2022.

These sessions were a mixture of online and face to face and focused on:

- **Perception:** People’s perceptions of the organisation.
- **Needs:** The specific and changing needs of the clients, including the varying and increasingly complex needs of the client group as they age.
- **Activities:** The activities currently and/or potentially carried out by Age UK HLA.
- **Benefits:** The benefits that the organisation can and does bring to the client group, the local community and partners.
- **Challenges:** Potential barriers and challenges to the organisation now and over the next few years.

The sessions were designed to ensure we received a broad range of experiences, opinions and feedback. Participants were first asked about their experiences of Age UK Hythe, Lyminge and and what the organisation mean to them.

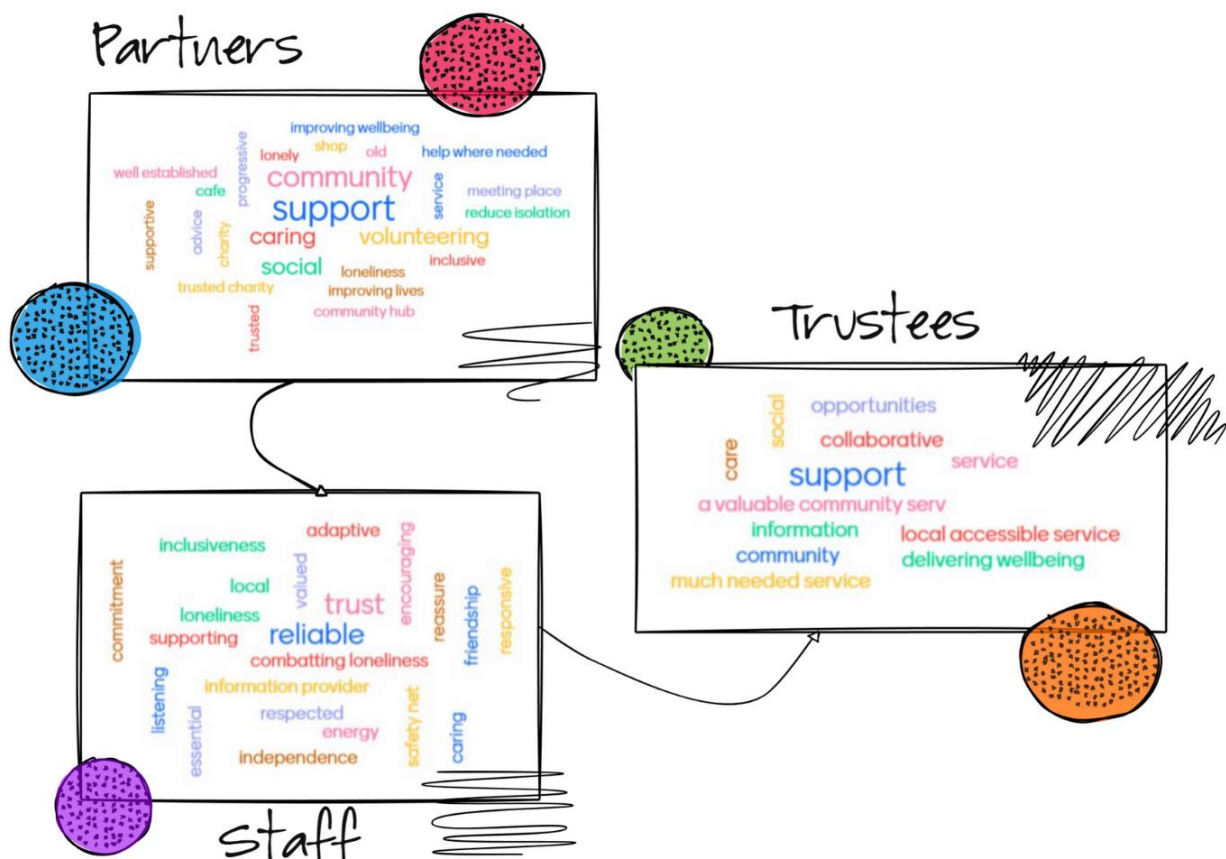


FIG.2 WHAT DOES AGE UK H&L MEAN TO YOU?

There were several common themes across all three of the engagement sessions, with a broadly consistent view of what Age UK HLA means, what it delivers, and the importance to older people and the wider community. Support was the number one theme, along with community, reliability, and various iterations of reducing social/reducing loneliness. In addition, the importance of volunteering was mentioned by all groups and the role volunteering plays in both providing opportunities for local people and direct support to older people in the area.

Household name

Partners also mentioned the importance of Age UK as a trusted household brand and the comfort and trust this engendered in the local community. Age UK are considered a 'first port of call' for many people (professionals and local people) and phrases were used to describe the organisation like "market leader in the provision of care" and "a central hub in and for the community". Staff and volunteers agreed with this assessment but did raise concerns about the awareness of the organisation and the services provided, especially with such a broad age range being targeted. Trustees felt that Age UK HLA's role in the community was critical; "a community hub that brings people together".

The Journey

There was a strong sense, especially from staff, volunteers and Trustees, that the organisation brought people together and provided a long term, adaptable approach to service delivery. Described by one trustee as "a journey", the organisation brings people in at a younger age, providing social activities, healthy activities and volunteering opportunities, then over time increasing the depth of service provided to people as they age and their needs increase, to meals at home and footcare services, all the way to befriending and specialist dementia services.



Critical issues

Participants at the three sessions then went on to rank the following critical issues facing older people in the area:

- 1 Cost of living crisis (inc. energy price rise)
- 2 Cost of care
- 3 Access to healthcare
- 4 Social isolation
- 5 Digital exclusion
- 6 Mobility/physical access
- 7 Physical health
- 8 Mental health
- 9 Anti-social behaviour
- 10 Long term poverty
- 11 Other

Each participant gave a score out of 10 for impact i.e. how severe they felt the issue may be affecting people, and scale i.e. how many people might be affected by the issue. Whilst most of the issues were considered to be serious, of the 10 issues listed above, social isolation, cost of living, digital exclusion, access to healthcare and mental health were considered by all three groups to be of primary importance and to be affecting the most people. Most of the issues were seen as interlinked, with many precipitating others. Antisocial behaviour, whilst a serious issue, was generally considered to be less of a concern for people.

Another key issue raised, especially by partners, staff and volunteers, was the need for local transport. Public transport services were not adequate or always accessible, which further increased people's isolation as they age.

There was a minor, but relevant difference in perspective between staff/volunteers and Trustees with regards to timescales. Staff and volunteers were more likely to rank the current cost of living crisis higher, with Trustees more likely to rank longer term issues like digital exclusion and access to healthcare. Through discussion it was felt that this variation reflected the experiences and priorities

of each group. Staff are more regularly dealing with immediate issues directly with clients, whereas Trustees have to be focusing on the longer term and more strategic issues. This is a necessary aspect of service delivery and organisational governance but can be a source of some conflict if not handled carefully.

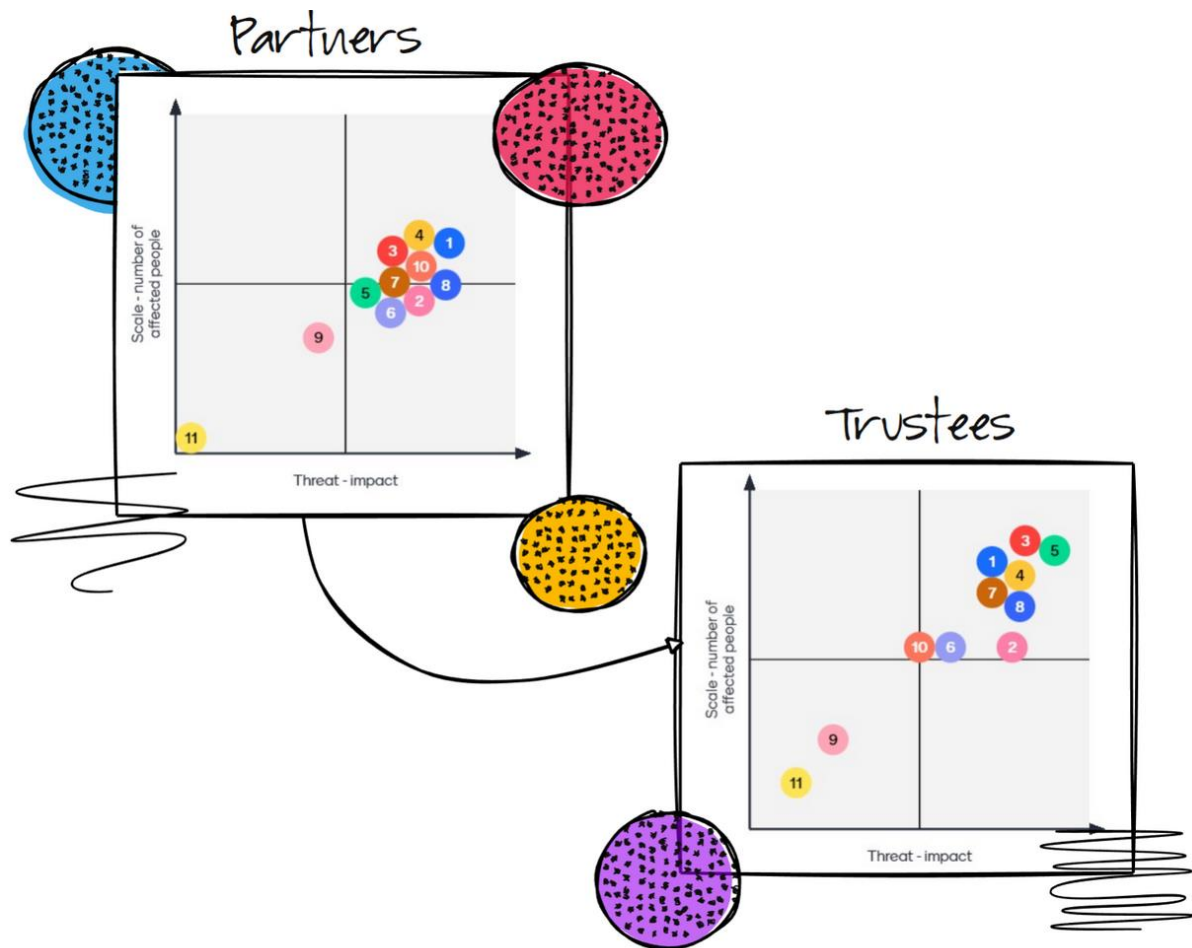


FIG.3 CRITICAL ISSUES

Needs

Participants of the three groups were then asked to discuss the key needs of the client group in more detail. There was again a broad consistency amongst the opinions and experiences of the three cohorts, but with some significant variations. Common themes across all the groups included:

- **Access to healthcare:** Partners identified the increasing difficulty in accessing health services for older people.
 - This has been exacerbated over the last two and half years through the pandemic with the rapid shift to online services. People are struggling to get basic primary healthcare such as GP appointments and NHS dentists.
 - Even if people have seen their GP, referrals to secondary and acute care are taking longer and waiting lists are increasing.
 - This is resulting in greater health inequalities between sections of the community, particularly amongst those on low incomes, with mobility issues or disabilities.

- **Mental health:** Partners in particular identified the increase in instances of poor mental health amongst older people and the increase in referrals and demand for mental health services and dementia services. This is driven by several factors, not least social isolation and loneliness.

- **Social isolation and loneliness:** This has always been a significant issue for older people, but the last years have made the problem worse.
 - Many older people have spent a significant proportion of the last two years entirely on their own, with very little access to the outside world.
 - Age UK HLA was recognised by all parties as having played a critical role in helping to prevent and reduce this issue in the local area since day one of the pandemic, regularly checking in on people, providing safe, direct access to people wherever possible.
 - Age UK's committed team of volunteers were credited with providing an essential lifeline to large numbers of isolated older people even during the lock downs, carrying out simple but essential tasks like providing meals, doing some shopping or simply giving someone a ring to check in with them.

“Sometimes you hear things you didn't want to, and it can be upsetting.”

AGE UK H&L VOLUNTEER

- **Social activities:** Linked to social isolation, staff and volunteers placed a particularly strong emphasis of the need for older people to have access to regular, positive social activities. Discussions were held across all three groups highlighting the impact of not meeting this need and its effect on other issues older people may face (e.g. mental health).
- **Physical services:** In addition to more formal health needs, older people have a range of additional minor needs that often can't be met by the NHS (but which may lead to more serious problems if not dealt with early).
 - Participants flagged up foot care as a concern, particularly for older people with diabetes, but even straightforward tasks like cutting nails can be problematic for people with mobility issues. In addition, ear wax removal was raised as something that many people need but where NHS provision was at best patchy, if it exists at all.
- **Family and carer support:** Many families and carers need support when caring for older people. This may range from advice and information through to the need for a break or respite (for example for carers of dementia sufferers). There was strong evidence presented by staff providing dementia services of a real need for support for families and carers.
- **Access to information:** As older people's needs and circumstances change, they often don't know what to do or who to turn to. Staff and volunteers provided evidence that Café hubs regularly provide clients with a signposting service, helping and directing people to the right places. The rapid shift to online services has made access to information more difficult for older people and those who are digitally excluded.
- **Digital exclusion:** Digital exclusion prevents people from accessing a range of essential services like health and council services, utility providers and banking amongst other things. Older people can be digitally excluded for a number of reasons, from lack of

technical knowledge to digital poverty where devices and internet access are simply too expensive.

Changing needs

A key issue that came up through the engagement sessions was the variable and changing needs of older people. An example of this is digital exclusion, where older age groups may never have used computers or mobile phones and so are increasingly isolated, whereas younger older people are increasingly more used to using technology, and indeed expect services (for example, booking activities) to be provided/available online.

This issue was flagged as a priority concern for the organisation for two reasons:

1. It will be required to be able to adapt over time as the client cohorts change, changing services to meet the immediate needs and expectations.
2. Whilst the branding and reputation of the organisation were considered a definite plus, there was an identified risk that many younger older people won't consider or approach Age UK for services as they believe it to be for 'older people' and not for them (this was identified by some staff/volunteers as the perception even for some people in their 70s and 80s). Most volunteers themselves are "younger older people" and the value of volunteering is in itself a direct service the organisation is providing to this age bracket.

"Older people are generally fitter and healthier now than they used to be...younger ones don't feel old anymore."

AGE UK H&L TRUSTEE



Activities

We asked the group to identify the key activities that Age UK HLA either does or could do to address the identified needs. There were broadly four categories of activities:

1. Social/community based

This includes a range of social and community based activities designed to engage with the local community, providing positive and interesting activities to bring people together and relieve social isolation. These are usually self-funded and/or paid for services including:

- Operating a local café.
- Hobby and interest-based activities (e.g. knitting, men in sheds, gardening etc).
- Physical activities like walking, Pilates, yoga etc.
- Coffee mornings.
- Carers support.
- Providing transport, including making minibuses available for other community groups.
- Digital training (to help reduce digital exclusion),

2. Personal care

This is a more detailed level of mostly non-clinical services designed to meet the increasing needs of people as they age. These services are often hard to obtain elsewhere and meet a need often not currently met by the NHS or other social care providers. These can be a mixture of paid for and contracted services, including:

- Footcare services, including nail cutting.
- Ear wax removal.
- Hairdressing.
- Home delivered meals.
- Shopping and other support services for home-based clients.
- Handy man services.
- Laundry.
- Advice, guidance and signposting, for example debt support, benefit advice and support accessing health and social care services.
- Befriending services.
- Mental health support.

3. Specialist services

These more specialist services are generally targeted at people with very specific needs. These are often funded under contract but may also include paid for services.

- Dementia services.
- Day care and respite care for people with more complex/severe needs.
- Home from hospital/discharge support.
- Hearing Aid Clinic.

4. Volunteering

Volunteering transcends all three service areas, and there is some debate as to whether it is technically a service in itself, but all three groups agreed that volunteering and volunteer opportunities are critical aspects of Age UK HLA's delivery.

- Volunteering provides many younger older people with a focus and a purpose that they may find missing after retirement.
- Most volunteers for the service are within the client age group and almost always from the local community.

Accessing services

One of the key issues raised during all the sessions was the issue of how people become aware of the services available. Currently there are a number of access routes from dropping into the Community Hub, to receiving a social 'prescription' from the local GP, all of which work to a greater or lesser degree. There is a heavy reliance on word of mouth, and a concern that whilst the brand is seen as a positive, it may actually put off some people who do not consider themselves as 'old'. It was also recognised that even if people are aware of the services and activities provided, there may be access and mobility issues that prevent people from participating. Some staff and volunteers felt that, despite regular newsletters and other sources of information, even they didn't always know about the range of services the organisation offered.

"We need a big up to date folder with all the services in it...a comprehensive compendium of services we either deliver or can signpost to."

AGE UK HLA STAFF MEMBER

Benefits

The groups discussed the positive impact that Age UK H&L produced for clients, stakeholders, commissioners and the wider community. Each of the benefits discussed can be broken down into five core themes.

Safe accessible environment

Age UK H&L provides a safe and accessible environment. This includes the physical spaces like the Community Hub and café, but also the way staff and volunteers present themselves and interact with clients and the wider community. Linked directly with trust, clients who use Age UK services come back because the services are high quality and reliable. People feel safe to either attend or receive services with the Age UK name. The ability of staff and volunteers to ‘cross-pollinate’ i.e. refer clients from one service to another as needs change or become apparent, is only possible within the safe environment Age UK provides.

Remaining independence and dignity

The transition from full independence to needing increasing levels of care and support can be particularly difficult, and most people want to remain independent for as long as possible. Many services provided by Age UK H&L are intended to achieve exactly this, with a gradual and supported transition through the ‘journey’ of old age. Independence, choice and freedom are directly linked to dignity, regardless of the complexity of need or level of service being provided. This benefit can also be achieved by providing respite for carers and family members of older people – a short break from caring every now and then can help carers rest and recuperate, preventing burn out, and may make the difference between an older person being able to stay at home or having to go in residential care.

Affordable and accessible services

The provision of a range of targeted, affordable services, many of which aren’t available, accessible or affordable elsewhere. The personal care and specialist services provided to over 55s either as funded or paid for services also contribute to maintaining independence and dignity.

Social interaction and reducing isolation

Social interaction prevents loneliness and isolation. All of Age UK HLA's services, whether a community activity or a personal care service, have a social interaction element. The time spent saying hello and having a chat with the volunteer delivering a meal may be the only direct human contact that person has in a day. The interaction the volunteers have with staff and clients is one of the main reasons people become volunteers for the service.

Trust

Trust is a benefit and more the foundation of all the work Age UK HLA undertakes. The trust engendered in clients, families and carers ensures that people feel secure in accessing services. Families and carers know they can trust a service being provided for their loved one, often reducing anxiety. This includes trust in the reliability of the services, the relevance and accuracy of information and guidance and the safety and expertise of the staff and volunteers. Trust amongst commissioners also underpins the organisation's ability to both win contracts and help shape the procurement narrative, ensuring that commissioners are aware of the needs on the ground through dialogue with Age UK.



Challenges

Over the next three to five years there are significant challenges facing the client group and the organisation. This strategy hopes to provide a framework and a direction to support the organisation through the challenges.

Funding

- **Commissioning:** Funding will always be a critical concern of any charity. The local commissioning environment has changed over the last few years with a greater emphasis on providing services for younger, older people (over 55s), with less funding available for older, frail and elderly clients.
- **Income versus purpose:** There is often significant pressure on small to medium charities to 'chase the money'; that is to adapt services and direction to attract funding, rather than fulfil a direct need. Charities risk losing sight of the reason they exist if they do not make sometimes very difficult choices, for example to not bid for a specific contract.
- **Overreliance on a single source of income:** If most funding comes from one or two sources, the organisation is at a significant risk if that source of funding changes or dries up. This is particularly the case with public sector contracts which are likely to be reprocured every three to five years. Diversifying the income, potentially through a greater emphasis on commercial models and other charitable means, can be complicated and time consuming but ultimately can lead greater sustainability.
- **Demand:** As people age, demand for services is increasing. This may present opportunities for Age UK HLA, but could be problematic, especially for contracted services which rarely see any uplift in the contract value, despite rising inflation and increasing demand and complexity.

Affordability

- **Paid for services:** To prevent an overreliance on a single source of income, offering sustainable services that clients can pay for, can provide a good model to bring in unrestricted income. However, there are two key risks in charging for services:
 - **Commercial viability:** Can the services be provided in a way that is commercially viable? Can the organisation generate enough income to deliver the services effectively and return a small surplus to the rest of the organisation, whilst keeping

the service affordable to clients, many of whom will be on low incomes? Make the service too cheap and it will lose money, make it too expensive and people won't pay for it.

- **Reputation:** Staff and volunteers expressed that there has sometimes been a negative reaction from some members of the community to the idea that a charity will charge for its services. Age UK HLA has to think very carefully about how it presents its paid-for services to mitigate this risk.
- **Cross-subsidy:** One key advantage of independently-generated or commercial income is that any surplus generated can be used to fund/provide other services as well as contributing to core overheads. This too can be problematic from a reputational point of view – if they knew, would the clients be happy to be paying a bit more knowing it may be subsidising other services?

Transport

Hythe and Lyminge are small towns in a relatively rural coastal area. Transport and access can therefore be particularly problematic for older people, many of whom may no longer be able to drive. Age UK's minibuses can help with bringing people together but are a limited resource with increasingly high demand. Home-based services can meet the needs of people who are less able to get out and about but rely heavily on finite resources like volunteers and travel expenses.

Marketing

Raised by all three groups, the marketing of the organisation and the services provided was considered to be a particular problem. There were two key issues:

- **Awareness:** Raising awareness of services and activities can be difficult. Older people may or may not be online and targeting online adverts can be difficult. Flyers and posters can be effective but depend on venues giving them out, or people being places to see them (which may not work for home-based people). Word of mouth works well but can be patchy and unpredictable. Signposting from other professionals and community workers relies on ensuring they are kept up to date with information, and digital marketing is wholly reliant upon users having access to and being digitally conversant.
- **Branding:** As mentioned, the Age UK brand is recognised and trusted, but can put people off if they perceive to be a brand for older people.

Recruitment

The UK is currently going through a recruitment crisis and organisations are finding it harder and harder to recruit. The availability of competent, affordable staff, especially in less urban areas, can generate a significant risk to the organisation, preventing services from running, missing contractual targets and potentially making services less safe for clients. Similarly, volunteer recruitment and management takes time and resources.

- Age UK H&L has recently employed a Volunteer Coordinator to ensure this critical resource is maintained. Growing and maintaining a large bank of volunteers will be a crucial element for the organisation going forward.
- Working in the care industry can be immensely rewarding, but it can also be traumatic for staff and volunteers when working with people in crisis.

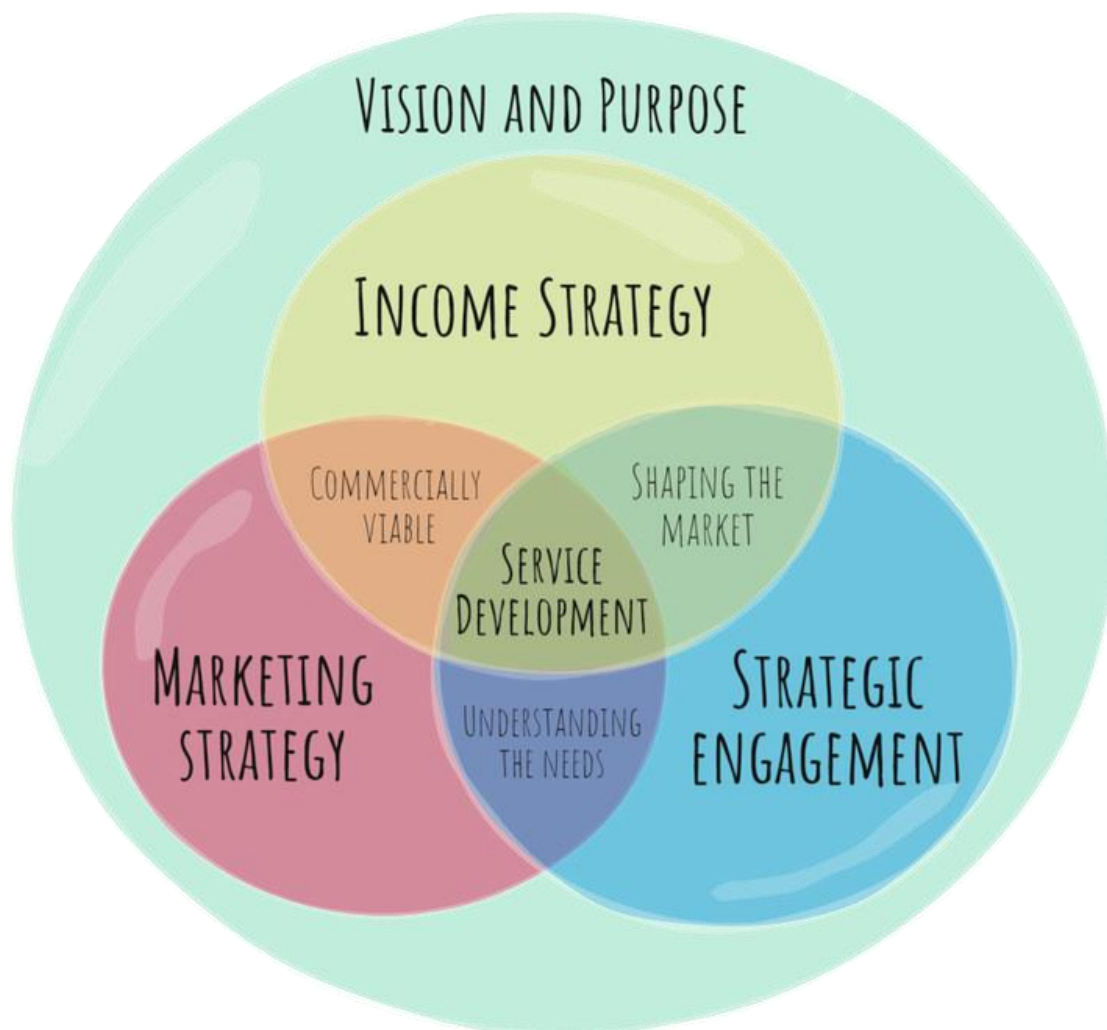


FIG.4 THE STRATEGY VENN DIAGRAM



Actions

Based on the information gathered through the three engagement sessions and conversations with Age UK senior leadership team, below are a series of key actions for Age UK HLA over the next three years.

Action Set 1: Vision and direction

- **Identify the core outcomes for the organisation:** We understand the current and potential needs of the client group. We also understand the primary benefits and the impact Age UK HLA's delivery can have, however this is not always clearly articulated or understood, even by those inside the organisation such as volunteers and some frontline staff.
- **Identify core client group:** There are significant differences between providing services to healthy 55 year olds (young older people) and services to frail and elderly people or those with severe mobility issues. This difference presents a marketing and operational challenge for the organisation. These two groups are not mutually exclusive, and in the context of 'The Journey', where clients come into contact with the service early through social and community activities and/or volunteering opportunities, then stay with the organisation as they get older and begin to rely on more specialised services.

Next steps: Reflect on our current vision, mission and principles to ensure they are accurate, consistent and clearly articulate Age UK HLA's approach to our client group and delivery. Amend if needed whilst gathering feedback from staff, volunteers and Trustees.

Timeline: July to September 2022.

Action Set 2: Marketing strategy

- **Develop a new marketing strategy:** In order to meet the double challenge of a hard to reach population, and a brand that has fantastic recognition, but is generally seen as for old people, a new marketing strategy, aligned to this strategy, needs to be commissioned/developed. This strategy will need to look beyond posters and leaflets.
- **Timescales:** Viewing marketing as a long term (20 to 30 years) activity, with a specific focus on bringing in people as young as possible, then retaining them through their journey into older age.
- **Cross-pollination:** Making best use of and maximising internal and external awareness, facilitating cross-pollination between services, from simple referrals like signposting a café user to a carer's support activity, or identifying socially isolated meals on wheels customers and referring them to other services like befriending. This will involve internal communications as well to ensure staff and volunteers are as aware as possible of the range of services available.
- **Brand adjustment/development:** In order to counteract the perception of Age UK solely being for old people, it may be beneficial/necessary to create a new sub brand targeted at the younger age group – this would need to be very carefully developed so as to not damage the positive perception of and trust in the Age UK brand. It may also be expensive or resource heavy. Alternatively there are a range of activities that may achieve the same outcome without the need for a new or sub brand, for example, building on the concept of volunteering as a service to attract young people, partnering with other groups and voluntary sector organisations, and/or growing the existing approach where facilities are made available to the wider community.
- **External engagement:** Recognise that regular, sustained engagement with partners and other outside-referring organisations will provide a greater number of new service users, than those self-referring.
- **Digital marketing:** Considering the longer term journey taking younger older people through services, individuals, friends, family and advocates will become more digitally savvy over time. There needs to be a recognition that a gradual investment in digital marketing is required – Age UK HLA has resources available to support this through our Brand Hub.

Next steps: Identify funding for and commission an independent organisation/person to produce a comprehensive marketing plan and support the overall professionalisation of the marketing activity.

Next steps Continue to dedicate time, resources and expertise to marketing. Engage with external providers to assist in the development of a marketing strategy that can be used to reinforce our community presence, strengthen our brand and boost income through increased footfall.

Timeline: October to December 2022.



Action Set 3: Income strategy

- **Reserves policy:** The organisation has significant reserves, some of which could be used to invest in key infrastructure over the next three to five years, for example new strategic roles.
- **Focus on financial independence:** Trustees have expressed a strong preference for greater financial independence, reducing the reliance on public sector contracts and developing a more sustainable commercial model for the organisation. Ensure there is a clear income strategy that is balanced between traditional charitable community fundraising, grant giving trusts and major donors including company giving, public sector procurement, and self-generated commercial income.
- **Develop an income strategy:** Align to this strategy and subsequent marketing strategy, to increase income from across community based activities, donations, major gifts and legacies, look at grant giving trusts, specifically to fund projects and staff posts. Execute a renewed campaign to encourage legacy giving across the whole community including targeting service users and public at large – legacies can generally contribute to some of the largest unrestricted funds.
- **Delivery focus:** All commercial, funding and financial decisions will need to be in line with the strategic outcomes of the organisation. Decisions will need to be made about core activities, how they are unique and/or distinct from other services (statutory, private and voluntary), how they meet the needs of local people, and where they can be delivered in partnership, especially other Age UK brand partners. This clarity could be supported by the addition of a partnership manager or COO role into the organisation to free up CEO capacity.
- **Commercial model:** Utilising some of the work already undertaken at National Age UK level, and the existing paid for services within Age UK HLA, to develop a research driven approach to building and maintaining cost effective and surplus generating paid for services. Each current and potential new service will need to demonstrate through the commercial model that it is in line with the organisational objectives and is financially viable i.e. there is a market willing and able to pay for the service.
- **Refreshed procurement decision making processes:** Aiming to make best use of available resources by streamlining the tenders applied for and providing for effective bid management and production to minimise the resources required.

Next steps: Undergo a financial review of services (including reserves policy) by engaging with an external business adviser to undertake a cost analysis exercises ('health check') on our financial status. Look at financial opportunities which may include partnerships with other organisations and Brand Partners. Following the financial review negotiate change on the way in which we operate and engage with partners as appropriate.

Next steps: Identify and allocate suitable resources to ensure the successful implementation of this and subsequent strategies.

Timeline: August 2022 to January 2023.



Action Set 4: Strategic engagement

- **Build/reshape strategic engagement:** We are at a critical point in the redevelopment of the health and social care ecosystem with the advent of Integrated Care Systems, place (locality) based approaches and local Strategic Partnership Boards bringing together health and adult social care. Age UK HLA would benefit from a dedicated resource to take advantage of these changes over the next two to three years, for example by investing in a Strategic Partnership Manager. Alternatively, creating a COO role to manage the day to day delivery of the organisation, freeing up the CEO's time to focus on partnership and relationship building at a strategic level.
 - This is a key component to help the organisation fully understand and influence the direction of travel of statutory funded services to align them to the strategic direction set out by Age UK HLA. This role can also be fully conversant with accessible funding now and in the future. They will have a skillset that can engage with commissioners, develop relationships and translate understanding into successful bid applications. This role will need to engage with the complete range of stakeholders, including those who may not be direct funders but may make referrals e.g. primary healthcare and community health services.
 - The role should be sufficiently senior to have direct influence over the direction of travel but divested from day to day operational delivery.
 - Consider an initial seed funding of the post from reserves and/or charitable income with the intention that it becomes self-funding from successful bid applications from years two or three.
- **Be the experts:** Age UK's brand recognition and the trust it holds amongst partners (including commissioners), staff, volunteers, clients and the wider community comes from a position of experience and expertise. Age UK HLA, working with other local Age UK's, can utilise this position and take advantage to shape the narrative of the local need and service requirements, rather than being led by commissioners and public sector bodies. Again, this may require a dedicated resource to achieve, which could be delivered by closer partnership working and sharing of resources with other Age UK brand partners.

Next steps: Continue to dedicate time, resources and funding to work with and on behalf of the Age UKs in the Kent Consortium, liaising with and further developing relationships with health and social care commissioners.

Timeline: Ongoing.

Next steps: Continue to approach and provide constructive challenge to commissioners across health and social care. Where possible represent the organisation on voluntary sector networks, integrated care boards and health and wellbeing boards, raising concerns and issues with elected members and providing workable solutions.

Timeline: September 2022 to July 2024 then ongoing.



Action Set 5: Service development

“Services are the way Age UK HLA achieves its objectives; they are not necessarily the objective in themselves. As a result they need to be agile and responsive to changing needs and funding landscapes.”

AGE UK HLA TRUSTEE

- **Develop a new delivery plan:** Review organisational delivery in the light of clarity around the vision and direction, strategic engagement and marketing and fundraising strategies.
- **Develop the ‘Journey’:** Build the organisation’s delivery plan around the idea of the client journey, from first contact as a family member/carer of a client, or just a customer of the shop/café, through to greater engagement with social activities and volunteering during the younger years. The interaction builds trust and familiarity with Age UK reducing barriers to and encouraging the take up of additional services later in life.
- **Build on adaptability/responsive:** Age UK HLA was widely recognised for being extremely flexible and responsive, with the recent changes enacted early on in the pandemic a clear demonstration of the organisation’s ability to adapt to changing circumstances and needs.
- **Review senior leadership team roles:** Look at the senior structure, and identify areas for investment, potentially introducing new roles like a dedicated Partnership Manager or COO to free up CEO time.
- **Transport:** Review feasibility of procuring additional transport versus partnering with other community transport providers to increase number of users to come into hubs. Look at fundraising grants for minibuses; consider using unrestricted donated legacy funds in reserves.
- **Combating social isolation:** Greater investment in befriending services including more staff time and the recruitment and co-ordination of volunteers. Market and promote the services to ensure they reach out to more rural areas.
- **Mental health and dementia services:** Build on existing capacity; offering further respite services and build capacity for carer support services.

- **Access to health services:** Ensure services that people struggle to access can be made available e.g. footcare, earwax/hearing, visiting opticians, hearing aid clinics. Review what personal care/health services people require that are not currently available across the area and consider how Age UK can plug the gaps. Review how Age UK HLA can support clients to access primary healthcare.
- **Social prescribing:** Consider appointing a “Social Prescriber” role based in GP surgeries on a rotational basis. Other Age UK Brand Partners have appointed staff into such roles – having an Age UK person there reinforces the importance of social prescribing to GPs, who have limited patient time and, whilst they may have previously seen the social prescribing form, have let it wain. Having staff onsite delivering a direct service would ensure more effective signposting to Age UK HLA and other social based services.
- **Digital accessibility:** Develop partnerships with other providers whilst building internal capacity (through volunteers) to offer digital inclusion services. Clubs and training sessions for hub attendees; personalised support in domiciliary setting. Work through partners overcome access issues to those who qualify.
- **Information and advice:** Ensuring all staff and volunteers are educated and briefed on the range of services. Produce a range of information and guidance leaflets (print and electronic) to support this. Review how hubs/cafés are used as a first point of contact in the community for signposting internally and externally.
- **Use of hubs:** Research the options for hub in the community, ensure facilities are fit for purpose, opening up for new clubs and activities. Opening up facilities for wider community use is likely to create more opportunities to source charitable income from grant and trust givers. Bringing in other community users to hubs will further promote Age UK services in the locality and draw in potential users or relatives/friends.
- **Volunteer recruitment:** The organisation has made a positive start with the appointment of a shared post.
 - Ensure that recruitment activity is specifically targeted for distinct roles and not a generalised or scattergun approach, for example, minibus drivers, social media and press volunteers, fundraising volunteers, digital access experts and other specific service delivery volunteers.
 - Recognise that offering volunteering activities to assist in the core running of the organisation is in itself a core service particularly to the younger older population and those who do not see themselves in need of Age UK services. This in time will

provide the feeder flow to other services as these volunteers journey through age themselves.

- Building a large bank of volunteers will be the future lifeblood of both service delivery and service users.
- Ensure that there is sufficient support and guidance for staff and volunteers when working with people in crisis or traumatic situations.

Next steps: Develop a new delivery programme/workplan in line with this strategy and subsequent marketing and income strategies. Identify key milestones and delivery outcomes to support identification of progress.

Timeline: July 2022 to July 2023.



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