Community wellbeing

A good place to grow older?

Practice guide for overview and scrutiny committees

Contents

Preface

"The structure of our society is changing. More of us are living longer than ever before. An ageing society is no longer on the horizon – it is here with us today."

Department for Work and Pensions, Ageing Society website

This practice guide and its companion, 'Ten questions to ask if you are scrutinising local preparation for the ageing society', are joint publications by the Centre for Public Scrutiny and the Ageing Well programme run by Local Government and Improvement and Development (LG Improvement and Development).

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services.

This guide is one of series by CfPS designed to help Overview and Scrutiny Committees (OSCs) carry out their scrutiny work. Other titles in the series of particular relevance to the guide include 'Transforming adult social care, End of Life care, Safeguarding vulnerable adults and Walk a mile in my shoes – scrutiny of dignity

and respect for individuals in health and social care services and Dementia (forthcoming)'. The guide also forms part of a set of diagnostic tools being produced by LG Improvement and Development's Ageing Well team. Both the Centre for Public Scrutiny and LG Improvement and Development will be updating their websites as new government policies and legislation emerge. The guide should, therefore, be read alongside the information on these websites: www.cfps.org.uk

www.idea.gov.uk/ageingwell

The Ageing Well programme

The Ageing Well programme, formally announced in July 2010 by the Minister of State for Pensions, is delivered by LG Improvement and Development. The programme is designed to support local authorities to improve their services for older people within a challenging environment of reductions in public sector funding and an unprecedented increase in the number of older people. The programme will encourage

local authorities to take the lead to work in partnership with other local organisations to develop imaginative approaches to the issues faced by their particular communities. An essential aspect of the programme is to help them to improve efficiency whilst still delivering quality services.

The sector-led programme will both consolidate current best practice from local authorities and the lessons learned from earlier pilot activities, as well as harnessing leading innovative thinking which is currently emerging.

Acknowledgements

The subject of this guide, the well-being of older people, goes far beyond health and social care, extending to the many factors that make an area a good place to grow old. These factors include public services, but also the contribution of the voluntary sector and civil society, private businesses, employers and the character of local communities and neighbourhoods.

As the number and diversity of the older population in the UK continues to increase, responding to the needs of older people is becoming an even higher priority, both nationally and locally. Against a background of severe financial constraints on public services, this practice guide provides detailed information to enable overview and scrutiny committees to assess the extent to which local authorities and, importantly, their partners in other sectors, are responding to the needs of the ageing population and how older people themselves are being enabled to contribute to this response.

The Coalition Government recognises the potential for 'place-based approaches' to be a vehicle for delivering efficiencies and productivity gains. It is this kind of holistic, cross-sectoral response that overview and scrutiny committees will be seeking to assess along with the forthcoming Health and Wellbeing Boards and their local LINk/HealthWatch. The guide is based around ten key elements that need to be in place for local areas to have an effective, comprehensive approach to the planning and delivery of services. Each of the elements includes a

range of information to allow OSCs to assess performance in their area, including:

- national policy requirements

- what constitutes good practice

- examples of good practice and successful overview and scrutiny reviews

- resources for further information

- specific questions to help OSCs to investigate performance.

Any scrutiny review which systematically covered all of the questions suggested in the ten sections below would be very comprehensive indeed. Alternatively, each of the sections below could provide the topic for an individual scrutiny review. The sections are self-contained, each with its own list of references and resources. Sections could also be combined in a review covering more than one area, or elements from a number of sections could be brought together to meet the particular interests of and OSC and its population of older citizens.

The practice guide is a companion publication to 'Ten questions to ask if you are scrutinising local preparation for the ageing society', which provides a concise guide. The guides will be of interest to councillors, officers in local authorities and partner organisations, local involvement networks (LINks) and their HealthWatch successors, and to older people and their representatives.

Introduction

"We are at a critical point. The time has come for a radical rethink of the way we think about age, and how we design and provide services."

Age UK, Local Action for Later Life, 2010

Our ageing society

The fact that we are an ageing society has been well known for many years. It is such a familiar concept to planners and decision makers that sometimes we can be in danger of accepting it at face value and not sufficiently examining what it really means. Key facts to consider include:

- average life expectancy increased by 30 years during the last century and will continue to increase

- fifty years ago, one child in ten could be expected to live to 100, now this is estimated at one in four

- in 2007, for the first time in the UK there were more people over state pension age than children under 16; the old age support ratio – the number of adults below state pension age compared to those above it – started to fall and will continue to fall over the next twenty years (DWP February 2010)

- in 2009 around 17.7 million people were aged 50 or over; by 2029 this will have increased to 22.9 million – around 40 per cent of the population of England

- in 2009 around 2.4 million people were aged 80 or over, and this is set to increase to 4.3 million by 2029 (Audit Commission July 2008)

- today there are 10,000 people aged 100 or over. By 2050 there will be 275,000 (DWP website, October 2010)

- there are 700,000 people with dementia in the UK and this is expected to rise to 1 million by 2025 (Alzheimer's Society website).

Many of these changes have happened within a working generation; local authorities have seen it become increasingly common for people who use services to live well into their nineties and over a hundred – sometimes maintaining considerable independence. However, there are also significant variations in life expectancy linked to deprivation. The figures now are the highest on record at 77.7 years (male) and 81.9 years (female). In 2007/09 (the

latest years for which figures are available), the highest life expectancies were in the South East for men (79.4 years) and in the South East and South West for women (83.3 years). Life expectancy was lowest in the North West for males (76.6 years) and for females (80.8 years) (ONS, October 2010). The gap between the highest and the lowest life expectancy continues to widen. Some older people experience health inequalities, often connected to 'lifestyle' factors such as obesity, smoking and alcohol, and linked to poverty and deprivation.

The composition of the ageing population is also becoming more diverse, with more older people in black and minority ethnic (BME) communities, more people with learning or physical disabilities or mental health problems, and more ageing carers – including the "sandwich generations" who care for both parents and grandchildren. Baby boomers are retiring – perhaps migrating abroad, to the coast or to rural areas in 'urban flight' (Audit Commission July 2008); others are returning from abroad as the economic downturn affects income, and health or care needs become paramount.

As well as these complicated demographics, people are questioning attitudes to ageing – what it means to be old, and when older age begins. For example, some policies and organisations count people over 50 as 'older' while for others this is over-65. Such issues will be worked out through society, policy makers and the media in the coming years.

While increasing numbers of healthy, skilled and experienced people are clearly a resource to society, the frailty and isolation associated with the later stages of old age are a challenge to national and local public services. This guide concentrates on what can be done to support all older people at a local level by councils – across all departments – and by their partners from health, transport, education, employment and benefits services, police, fire and rescue, the voluntary and community sector, private sector employers and business in general and, of course, older people themselves.

National policy context

Over the last twelve years, a number of reports have been produced on issues to do with an ageing society. All of these now need to be assessed against the background of the severe financial constraints arising from the Comprehensive Spending Review and the Coalition Government's approach to encouraging local decision-making and diversifying models of service provision. Nonetheless, the earlier reports and initiatives provide examples of local good practice from which councils, their partners and overview and scrutiny committees can learn.

In 2006, 'A Sure Start for Later Life' (CLG) sought to apply the approaches of Sure Start for children to older people; the aim was to tackle social exclusion related to old age, such as bereavement, social isolation, and lack of mobility, through improved access to information, encouraging inclusive communities and building services around older people. The LinkAge Plus programme which piloted integrated services, including housing, transport, health and care, work, and volunteering, stemmed from this approach and is recognised by the current Government as having provided exemplars of good practice.

In 2008 the Audit Commission report 'Don't Stop Me Now' concluded that two-thirds of local authorities were not well prepared for an ageing population. Only 28 per cent had well developed cross-cutting strategies,

a coordinated range of services and meaningful engagement with older people; 45 per cent had started to make progress, but were at an early stage; and 27 per cent were solely focused on social care. The Audit Commission produced a toolkit to assist local areas to improve performance.

A further report, 'Under Pressure', considered how councils were responding to the financial challenge of the ageing population in the economic downturn; it concluded that councils do not know enough about the costs of their ageing populations and are not doing enough to provide the most cost effective services (AC February 2010).

Recent policy developments

Recent significant developments include:

- restoration of the earnings link for the basic State Pension from April 2011

- a gradual increase in the State Pension Age from 65 to 66 starting in 2018, including an increase in the female pension age already under way

- the proposed phasing out of the Default Retirement Age by 1 October 2011

- implementation of the Equality Act which requires public authorities to pay due regard to age equality when planning service provision and which provides age protection outside the workplace from April 2012

- an independent commission on the funding of health and care (to report summer 2011)

- protection of the statutory entitlement for concessionary bus travel for older people

- the ending of free swimming for the over 60s.

The Coalition Government has also adopted a programme of initiatives, including reorganisation of the NHS with significant changes in commissioning and a return of

public health to local government, as well as the Get Digital programme enabling access to computers for people in sheltered housing, the Race Online initiative, and support for intergenerational projects, as well as a programme of work around the 'Big Society' concept of civic participation.

The Ageing Well programme launched in July 2010 by the Minister for Pensions is designed to support local authorities to improve their services for older people (see the preface to this publication for further details of the programme).

The role of scrutiny

Overview and scrutiny committees may already have experience and expertise in reviewing strategies and services for older people; submissions to the CfPS library show that this is a popular topic for review.

A number of factors, including the current economic situation, mean that, where such a review has not been undertaken for some time, it may be helpful in the near future. The publication of national policies and legislation means that areas will wish to update their local strategies. The Audit Commission's critical reports are also important – while progress will have been made since the first report was published in 2008, improvements may not be comprehensive. Possibly more importantly, the current severe financial pressures require that everything possible must be done to improve cost effectiveness.

The role of OSCs can be particularly important in bringing independent, democratic oversight to partnership working, through their influence across all local authority departments and with partner organisations. New structures for commissioning of NHS services through GP Commissioning Consortia and new

forms of community service provision such as social enterprises may mean that many partners will be unfamiliar with the role of OSCs. A scrutiny review can be helpful to focus the attention of partner organisations on the benefits of integrated working. Even when an organisation cannot be formally required to become involved in a scrutiny review, it is unlikely that it would refuse to respond to an OSC which has the authority of democratically elected representatives. External organisations can probably best be approached through existing partnerships or contacts in the local authority.

OSCs are also well-placed to involve local involvement networks (LINks) and their proposed successor, HealthWatch, older people's forums and older people in their work. Many OSCs co-opt members of voluntary organisations, service users and older people's representatives onto review panels; others choose to invite them to become expert advisers to a panel or committee; others invite them to participate by providing written evidence or talking to the panel in person.

References and resources

Alzheimer's Society website:
www.alzheimers.org.uk/

Audit Commission (July 2008) 'Don't stop me now – preparing for an ageing population' plus progressive population maps, and improvement tools. (It can be helpful to see demographic information presented visually – the Audit Commission website contains projected population maps which may be helpful for the OSC.)
http://tiny.cc/lso64

Audit Commission (February 2010A) 'Under Pressure – tackling the financial challenge for councils of an ageing population'
http://tiny.cc/xgipk

Audit Commission (February 2010B) Oneplace national overview report
http://tiny.cc/g6kpm

Department of Health (2009) 'Mortality target monitoring (life expectancy and all-age all-cause mortality, overall and inequalities): update to include data for 2008'
http://tiny.cc/3av0z

LG Improvement and Development: supporting documentation for the Ageing Well programme
www.idea.gov.uk/ageingwell

Communities and Local Government (2006) 'A Sure Start to Later Life – ending inequalities for older people'
www.communities.gov.uk/publications/corporate/surestart

Office for National Statistics – data and commentary on life expectancy
http://tiny.cc/h3rfe

1. Strategy and partnerships

"Strategic and place-based approaches to preparing for an ageing society are key to meeting the CSR spending challenges and promoting the wellbeing of older people"

Local Government Improvement and Development, 2010

Do the council and its partners have a comprehensive strategic framework for older people which is based on sound population-data, takes account of the Comprehensive Spending Review (CSR), covers both specialist and universal services, identifies actions to be taken by all partners and is regularly monitored at a senior level?

NB Involvement of older people in strategy and partnerships is considered in detail in section 2.

Leadership and partnerships

In light of the cross-cutting nature of the ageing agenda and the financial constraints imposed by the CSR, strong leadership, corporate ownership and effective partnership working are essential. The Audit Commission recently concluded that ownership from leaders such as chief officers was a key factor in whether or not the authority was fully committed to engaging with older people (2008). Local commitment will be demonstrated through leadership from the Local Strategic Partnership (LSP) and through an active older people's partnership which is part of formal governance arrangements and has appropriate decision making powers. Many LSPs are looking for ways of making savings through strategies involving closer joint working with partners, shared asset management and workforce integration. Such strategies are ideally suited to a cross-agency and cross-sectoral issue such as ageing. As local authorities take on the responsibility for promoting integrated services and partnership work through Health and Wellbeing Boards, the ageing population should be a key priority on their agenda.

Possible questions

- Is there an executive member with specific responsibility for responding to the ageing society?

- Are there older people's champions in roles of influence in all agencies?

- Is the LSP actively engaged in addressing the needs of the older population?

- Is there a formal older people's partnership which has a two-way dialogue with senior decision making bodies including the health and wellbeing board, the council executive and the LSP?

- Are all council departments, PCTs, the Pensions Agency, Jobcentre Plus, the Fire Service, education providers, transport agencies, police and the voluntary, community and business sectors actively involved in the partnership at a senior level?

- Do cross-sectoral strategies designed to increase efficiency and productivity add value by addressing the needs of older people?

- As the authority develops a Health and Wellbeing Board, how will this ensure a strategic approach to older people's services and a fair and consistent approach across GP consortia?

Population data

While the overall trend across the UK is for an increase in the older population, the rate of change and the composition of the local population will vary according to a range of factors such as current age and disability profiles, 'urban flight' issues, BME populations, and deprivation. Thus, council areas will be affected in different ways and demographic profiling is fundamental for effective planning. The types of information councils will require and which should be included as part of their Joint Strategic Needs Assessments (JSNA) and strategic plans, projected over a ten year period, include:

- populations in age-bands, by gender and ethnicity

- numbers and ages of carers and ratios to older people

- projections for numbers of older people with long-term health problems

- numbers of older people with physical disabilities, learning disabilities, and mental health problems, particularly dementia and depression

- life expectancy, causes of mortality and health inequalities – obesity, alcohol misuse, drug misuse

- housing – owner occupation, rental, numbers of people living alone

- poverty levels – geographical and relating to groups eg BME groups or women

- transport patterns

- employment profiles

- any significant projected population change beyond ten years.

Where demographic profiles suggest that population groups or geographical areas should be prioritised through targeted interventions, this should be clearly translated into planning and commissioning decisions (Information about cost is considered in section 3). Local areas should also have a recent map of both targeted and mainstream services which shows patterns of use by older people, and which is linked to population projections.

Possible questions

- Is comprehensive information about the older population included in the joint strategic needs assessment?

- Is demographic information linked to commissioning strategies eg can a thread be traced from specific population data to commissioning decisions?

- Can the council and partners provide recent information on patterns of supply and demand for targeted services such as re-ablement, and mainstream services such as public transport?

- How has supply and demand information been taken into account in planning and commissioning decisions?

Cross-cutting strategy

Health and social care have critical roles in supporting older people, but their traditional prominence in this area requires a cultural shift in which all local authority departments and partner organisations recognise their own responsibilities towards older people. The Audit Commission found that a third of areas were overly focused on health and care strategically and operationally (2008). Local areas need an older people's strategy or strategic framework which contains all the cross-cutting themes of the national strategy (reflected in sections 2 to 10 of this guide).

As well as this integrated approach, it is important that individual departments and organisations are engaged in 'age-proofing' the services for which they are responsible. This means ensuring that older people have equal access to universal services, through auditing and re-designing them based on the views of older people. For example, Knowsley Older People's Voice Group is represented at LSP level and has influenced a number of decisions including having wheels fitted to containers so older people can recycle and an assisted collection service for people who cannot put their bins out.

Age-proofing checklist (Audit Commission 2008)

- involve older people in planning at the outset
- design mainstream services that older people can use
- use existing resources wisely
- adapt mainstream services where appropriate
- be innovative in finding ways to improve mainstream services; and in how you work with partners to improve other essential services
- work with transport providers to find solutions to complex transport problems.

Possible questions

- Does the older people's strategy reflect all the areas discussed in sections 2 to 10 of this guide?
- Is the strategy supported by implementation and commissioning plans which cover all of these areas?
- Is the strategy focused on outcomes that are valued by older people?
- What evidence is there that the whole council is involved in delivering the strategy?
- What evidence is there that partner agencies are involved in delivering the strategy?
- Is progress on the strategy evaluated at a senior level (e.g. partnership board, cabinet, LSP) at appropriate intervals, and does this result in the strategy being updated?

Overview and scrutiny – case study

Stockton-on-Tees Council – Review of Older People's Strategy
Further to the approval of an Older People's Strategy for Stockton in January 2008, the Adult Services and Social Inclusion Select Committee carried out a review of that Strategy in late 2008/early 2009.

Scrutiny members were particularly keen to explore the 'direction of travel' taken by the strategy, and how council service groups, partners and stakeholders were progressing in line with the strategy action plan. Furthermore, members recognised the need to embed within council service planning a broader approach to the future needs of older people beyond the traditional focus on health and social care. The scrutiny review also provided an opportunity for a further examination of the potential for developing new initiatives that would add value to Stockton's Older People's Strategy.

The review scope was tightly focused. Scrutiny aims and objectives were aligned with Stockton's strategic corporate objectives. The scoping process identified several key lines of enquiry and members hypothesised outputs and outcomes, including further involvement with council partners and third sector organisations. Areas of interest included community safety, cultural and leisure services, housing, access to services, transport, employment and training, health and further opportunities for working with third sector organisations. Members gathered evidence from council services, partner organisations, third sector groups and members of the public.

Nigel Hart, Scrutiny Officer, reflects, "We covered a lot of ground in a short period of time. Our involvement work identified a real desire from third sector organisations to work more closely with the Council and the PCT. We recommended the appointment of an Older People's Champion to engage with older people groups and to raise the profile of older people's issues across Stockton. Indeed, a Cabinet member has already taken on this role. We are also pleased that the Chief Executive of a local third sector organisation has also been invited to join the Council's Older People's Strategy group."

Councillor Mick Stoker, Chair of the Select Committee, adds, "This was a really important review for us. Even though the Strategy is fairly recent, we felt there was an opportunity to find out more about how it was working. We recognised that through our involvement work with local people and representative organisations, we would identify issues and activities that might further enhance outcomes for older people. Our focus was to go beyond traditional older people's services, such as health and social care, though we do recognise their importance. The Council is making progress with the provision of outdoor exercise and recreational equipment specifically aimed at older people which was previously an unmet need in Stockton."

The report is available at: http://tiny.cc/kl16p

Measuring performance

With the abolition of the Comprehensive Area Assessment and the National Indicator Set councils will need to think through how they will keep track of their own performance in improving life for older people. OSCs will have a key role to play in ensuring that they do this, that the way in which performance is assessed reflects the priorities of older people themselves, that older people are offered an opportunity to participate in this assessment and that councils' and their partners' achievements are made available and understandable to local residents.

Many local authorities are already using local indicators to measure progress. For instance, Manchester City Council asks citizens 'Is Manchester a good place in which to grow old?' An LGA/LG Improvement and Development report suggested that 'It is important to have a locally agreed outcome measure to focus attention and demonstrate improvement' (April 2009 p7). Age UK (the organisation formed from the merger of Age Concern and Help the Aged) has set out in 'Local action for later life', its expectations of how local authorities and other public services should be improving the quality of life of older people under a wide range of headings. The challenges issued in this document may help to provide a benchmark against which OSCs can assess the contribution of their own council and its partners.

Possible questions

- Have local partners developed any ways in which they are able to keep track of their progress on the later life agenda? Do these focus on outcomes that are valued by older people? If so, what progress is being made?

- Is it clear which agencies are responsible for activity relating to each outcome?

- Is there a performance management framework that can demonstrate whether or not progress is being made and is this reported at a senior level?

- How are older people being involved in developing local assessment measures and in evaluating progress towards defined outcomes?

A LinkAge Plus approach

LinkAge Plus was an evaluated pilot programme which brought together local authorities, PCTs, the Pensions Service, Jobcentre Plus, voluntary and community sectors, Fire and Rescue, Trading Standards and others to design holistic support for older people. There were no central requirements for what should be produced, rather a set of principles such as avoiding duplication, sharing resources, improving access, providing 'a little bit of help', and preventative approaches. Of high importance was the fact that the pilot required representatives to sit together and work out solutions. Most importantly, the programme was based on the involvement of older people in design, development and, in some cases, delivery. The programme was found to be effective on a number of measures and mainstream funding was found for the majority of pilot activity (DWP 2009). Similar results emerged from the evaluation of the Partnership for Older People Projects (POPP) which developed low level partnership services, as well as more formal interventions such as hospital discharge support. Only three per cent of POPP projects were closed when the pilot ended (DH January 2010).

Possible questions

LinkAge Plus – Key Results

- a legacy of improved partnership working

- identified savings of £1.80 for every £1 invested – likely to be more over time

- improved access to information and services through a variety of models using a 'no wrong door' principle. (However, good planning and quick responses were required, since improved access was found to increase pressure on services)

- low level support such as gardening, handyperson, small aids and adaptations, crime prevention and smoke alarms

- social networks and increased activity for older people

- take-up of welfare benefits.

- Does the area use a LinkAge Plus type approach across all its functions?

- If not, has it actively considered the benefits of this? (eg through an options appraisal or project plan)

References and resources

Age UK (July 2010) 'Local Action for Later Life'
http://tiny.cc/8fnsw

Audit Commission (July 2008) 'Don't stop me now – preparing for an ageing population' plus progressive population maps, and improvement tools. (It can be helpful to see demographic information presented visually – the Audit Commission website contains projected population maps which may be helpful for the OSC.)
http://tiny.cc/lkid5

Dementia Action Alliance (October 2010), 'The National Dementia Declaration'
http://tiny.cc/q5qbz

DH (January 2010) 'Partnerships for Older People Projects – final evaluation'
http://tiny.cc/h9gdh

DWP (2009), 'LinkAge Plus national evaluation: End of project report'
http://tiny.cc/bo29k

LGA and LG Improvement and Development (April 2009) 'Getting on well together – councils working with older people'
http://tiny.cc/26m64

2. Involving older people

"Today's challenges offer opportunities to do things differently: to listen to the views of those of us in later life and involve us more meaningfully in decision-making"

Age UK, 'Local Action for Later Life', 2010

Are older people involved in all aspects of the work of councils and their partners, including strategic planning, quality monitoring and, where relevant, service delivery? Does the council support and empower this involvement? Is it actively considering how older people can be supported and involved in responding locally to government policy on civil society?

Although all councils have a range of mechanisms for involving older people, some studies[1] have found that only around one third of local authorities had meaningful engagement with the older community. Progress has been made since this report, and there are many examples of good practice in engaging and fully involving older people, but it is likely that a scrutiny review could add value to this area. The ageing population is increasingly diverse and spans a huge age range, so councils and their partners need to involve different groups of older people to understand and respond to their aspirations and priorities. As well as engaging with older people who are active, they need to involve people who may have lost confidence or become socially excluded through age including those living in residential care.

In its policy document, 'Building a Stronger Civil Society', the Coalition Government indicates its intention to enable charities, social enterprises, private companies and employee-owned co-operatives to compete to offer public services. It also wants to encourage and enable people from all walks of life to play a more active part in society and to promote more volunteering and philanthropy. These policies clearly have potential significant implications for the involvement of older people, both as users and as possible providers of services. OSCs have an important role in assessing developments in this area from a number of perspectives:

- whether the interests of older people as users of services are protected through their involvement when new kinds of organisation are created locally

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1   Insert Audit Commission reference

- whether and how older people are being given a say in the type of infrastructure organisation that should be developed locally to support civil society

- how older people are involved in the commissioning and procurement processes for the provision of public services

- whether an active role for older people is being planned into such organisations from the beginning

- whether newly developing strategies on volunteering and the role of the third sector actively support the involvement and participation of older people.

The provisions of the Local Democracy, Economic Development and Construction Act, 2009 include new duties on local authorities to promote public involvement and extended the duty to involve local citizens in decision-making beyond local authorities to other authorities such as local probation boards, police authorities and youth offending teams from April 2010. All these provisions apply to the involvement of older people, and reinforce the message that engagement strategies should apply across all local authority functions and partner organisations, not solely health and adult social care.

Having said this, adult social care departments have built up considerable experience in involving social care users and third sector organisations which can be applied across the council and partnerships. For example, the concept of 'co-production' is increasingly used to describe how people can effectively be involved in public services. Rather than being passive recipients, people are actively involved in decision making and are supported to do this through training, specialist support, e.g. for people with dementia, and funding for user-led organisations. OSCs should expect to see such good practice adopted by their local authority (See Social Care Institute for Excellence March 2009, DH Care Networks 2009, Care Services Improvement Programme November 2007, Willis & Dalziel 2009, Cabinet Office, 2010).

A further potential source of support for local areas are the regional forums on ageing (see DWP weblink below).

Some key mechanisms for engagement

- an authority-wide strategy on the engagement of older people – this could be part of a broader older person's strategy or part of a wider engagement strategy

- older people's involvement in the local governance body (usually called an Older People's Partnership Board). For example, Bristol's Older People's Partnership Board is an integral part of the LSP structure, and 50 per cent of membership is allocated to older people and carers

- local authority support for and engagement with an Older People's Forum (umbrella organisation). For example, older people from 97 different community groups are members of the Bradford Older People's Alliance

- mechanisms which allow older people to act as representatives, such as Wirral's Older People's Parliament and Brighton's Older People's Council

- a work programme involving older people in age-proofing mainstream services

- involving older people in the design and development of specific services. For example, in Lancashire, older people are members of service design groups for Medicines Management, Community Support and Outreach Support

- involving older people as paid consultants and/or volunteers in liaising with communities, particularly with people who find it difficult to get about, and in signposting the way to services and opportunities. For example, Gloucestershire's network of older people who act as 'Village Agents' and Blackpool's older people's radio station

- including older people in selection panels for appointments, such as senior managers and care home staff, and on grant-making panels for community activities

- supporting older people's user-led organisations (ULOs) which allow people to use their expertise to support others in areas such as advocacy, brokerage or general support.

Overview and scrutiny - case study

Torbay Council – An approach to the scrutiny of commissioning partnerships
Torbay Strategic Partnership has adopted a commissioning partnership model with a virtual pooled budget to improve outcomes and value for money for the people of Torbay. Four Commissioning Partnerships (sitting within the framework of the Strategic Partnership and the Community Plan) deal with the Total Place rather than just health and social care or the delivery of local area agreements.

The Torbay Together Involvement Strategy sets out how all partners will put people at the centre of decision making. Overview and Scrutiny has a crucial role to play in ensuring that there is accountability throughout the partnership structure.

Building on existing relationships and practices, the Overview and Scrutiny Board is committed to acting as a "critical friend" to the partnership whilst ensuring that the views of service users and the wider community are taken into account.

Councillor John Thomas, the Overview and Scrutiny Co-ordinator, comments, "The Board is determined that all members of the Bay Family are at the heart of everything we do. We will co-opt service users onto our panels, make full use of our Community Pool and listen to the views of service users and front-line staff."

Throughout its recent review of priorities and resources for the forthcoming year, the vital role that the third sector would play in delivering the aims of the strategic partnerships was recognised by the Board. It felt that the size of the elderly population in Torbay, whilst seen as a challenge to some services, should also be seen as a positive and that their experience should be sought for the benefits of the community as a whole.

For further details of overview and scrutiny at Torbay see www.torbay.gov.uk/scrutiny

Possible questions

- Is there a cross-council/cross-LSP older people's engagement strategy?

- To what extent are older people involved in governance and decision-making structures, including but not confined to Health and Wellbeing Boards? What evidence is there that strategic and policy decisions have been influenced by the views of older people?

- How do the council and partners support and engage with older people's voluntary and community organisations and umbrella organisations which bring them together?

- How do the council and partners involve older people in the design, commissioning, procurement and delivery of services, both mainstream services and those specifically targeted at supporting older people? What is the evidence that they have been influential in shaping services?

- How are older people from different communities and groups (eg older sportspeople, older BME people, older lesbian and gay people) involved with the council and its partners?

- How do the council and partners involve older people with communication needs such as those with dementia?

- How do the council and partners support the provision of older people's advocacy services and peer advocacy?

- How are user-led organisations, including social enterprises and co-operatives being encouraged and supported?

References and resources

Audit Commission (2008), 'Don't stop me now: preparing for an ageing population'
http://tiny.cc/q3yjz

Cabinet Office (October 2010) 'Building a Stronger Civil Society'
http://tiny.cc/s89t1

Care Services Improvement Partnership (November 2007) 'Strengthening the involvement of people with dementia'
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3. Achieving cost effective services

"The 'bottom line' is that there is an inescapable need to develop a mature 'whole system' approach with the local health community, within which the evidence about the impact of investment decisions by each partner on the other can be constructively addressed."

DH 2009

"In a climate of public spending cuts, and alongside the new requirements of the Equality Act, local authorities are going to have to make tough decisions to ensure that social care funding for people in later life is protected. As the demand for services for an ageing population increases, it will be essential to work closely with service users, families and partner agencies to find more efficient ways of meeting needs."

Age UK, 'Local Action for Later Life', 2010

Are the council and partners working jointly to achieve efficiency savings and are they making evidence-based investment in effective services that produce long-term financial benefits and are wanted by older people?

As councils are well aware, the ageing population creates a huge financial cost, with spending on adult social care alone increasing by 46 per cent between 2000 and 2008. If care service costs continue to increase in line with the population they could nearly double by 2026 (Audit Commission 2010). Achieving the most cost effective ways of providing support has always been a pressure, but with the economic downturn, and billions of pounds' worth of savings expected from the public sector in the coming years, it is an imperative.

The good news is that cheaper, preventative services that have been shown to reduce the need for more expensive services such as residential and hospital care are generally the type of support that older people and carers value. The challenge has been in shifting the balance of funding. While an important reason for this is the conundrum about how to release investment when critical services are already under-funded, successive reports have also suggested that councils and partners could improve how they do this. Three elements are fundamental for good performance:

• understanding and deploying evidence-based, cost-effective services and using effective commissioning and financial management systems

- age-proofing universal services
- partners operating a whole-system approach to commissioning and funding.

Effective commissioning and financial management

The Audit Commission has indicated that most councils do not know enough about the costs of their ageing population, and are not using demographics, evidence-based investment and data about older people's preferences in medium-term financial planning (2010). It has made similar points about the NHS, indicating that many PCTs are not making the shift from acute services, and that unless they exercise better management, funding will continue to be drawn into hospitals, and costs will spiral, instead of achieving potential savings of £2 billion a year for the NHS (2009). These issues will not go away with the advent of GP Commissioning Consortia in the NHS. They are issues which OSCs could investigate through a scrutiny review. Where funding shifts *are* taking place and lead to service decommissioning or reconfiguration, it will be particularly important for OSCs to consider these, from the perspective of evidence about good practice and cost effectiveness as well as the views of local people.

Age-proofing universal services

A range of council functions contribute to the support of older people – community centres, free swimming, supporting people programmes and housing interventions, community information, libraries, leisure centres and parks etc. The Audit Commission suggests that age-proofing universal services should be 'core business' for public services and that this can be achieved at little or

no extra cost (2008). Investment in such services could lead to savings in social care and health, and local authorities need to consider their funding for older people's services across the system. (See section 1 for age-proofing checklist.)

Whole-system approach to commissioning and financial management

The Coalition Government has indicated that it supports a place-based or 'whole area' approach to public services. Such an approach aims to build on the priorities of local citizens by developing a strategy for the area in which organisations work together to identify and avoid overlap and duplication and find innovative solutions which produce better public services at less cost. In terms of implementation, local areas are expected to develop a place-based approach that bests suits their own area, for example through increased use of integrated and pooled funding, community budgets and support for cross-sectoral initiatives such as social enterprises to deliver support and services for communities.

One of the early pilots taking a place-based approach – Dorset, Poole and Bournemouth – centred on transforming services through improving outcomes for service users and delivering services at a lower cost. Bradford includes a strand for older people leaving care or hospital, and Lewisham covers adult social care. Emerging learning from this kind of multi-sectoral, multi-agency approach in relation to older people will be of use to OSCs undertaking scrutiny reviews.

An integrated approach to working with the NHS is crucial, and there is an increasingly concerted emphasis on the health/care interface. The work of OSCs may be crucial

in ensuring that this emphasis is maintained during the transfer from PCTs to GP Commissioning in the NHS. The evaluation of the Partnership for Older People Projects (POPP) found that the prevention and early intervention agenda needs to be supported by monies saved through a reduction in the costs of acute care being transferred to social and primary care agencies from the secondary health care sector. However, such retrieving of 'cashable' savings turned out to be one of the most difficult aspects of the sustainability process. Where these transfers were achieved, there appear to have been agreements already in place at executive managerial level that such movement of monies should take place (DH, December 2009).

Productivity is one of the seven principles of the 'Vision for Adult Social Care' (DH 2010). Councils are advised to 'redouble their efforts' to make best use of resources. The vision describes a framework for delivering efficiencies without reducing services by adopting interventions which have been shown to demonstrate quality and cost effectiveness. These include:

- reablement – the vision describes new NHS responsibilities for 30 days post discharge support from 2012; the NHS and local authorities need to agree what services are needed

- integrated crisis or rapid response services

- integrated telecare and telehealth

- alternatives to residential care such as supported housing

- shared back offices

- outsourcing, where councils provide a significant amount of residential and day care

- reducing high costs in assessment and care management – the government will investigate whether the law could allow

some assessments could be undertaken by people themselves, or user-led organisations.

Local councils should develop a local plan for reform to ensure they are making the best use of available resources drawing on work undertaken by ADASS and the LGA-led Place-Based Productivity Programme. The Government will support the delivery of efficiency savings by coordinating and disseminating support tools and best practice.

The social care sector partnership agreement 'Think Local, Act Personal', discusses how commissioners will need to broaden the supply of high quality, diverse adult social care provision, such as micro providers, social enterprises and discontinue poorly used services in order facilitate individual purchasing decisions through personal budgets (Putting People First Website).

'Use of Resources in Adult Social Care' provides detailed information on how to achieve good practice in the most cost effective way (DH October 2009). Key ambitions cited by the DH, the Audit Commission and the Care Quality Commission are for local authorities to reduce residential care costs below 40 per cent of the budget for older people's care services (currently ranges between 30 per cent and 70 per cent) and to address variations in performance – for example, a three-fold difference in admissions to residential care between authorities, taking demographic factors into account. The National Adult Social Care Intelligence Service can be used for benchmarking performance against the national average and local authority 'family authorities'.

Some key examples of cost effective services

- low level investment in support such as handypersons, shopping or social networking. The LinkAge Plus programme suggests that following a two year investment period over the next five years there is a saving of at least £1.80 for every £1 spent. The Partnerships for Older People Projects (POPP) final evaluation reported a saving of approximately £1.20 in emergency bed days for every £1 spent on projects (includes POPP projects providing intensive support)

- reablement services (i.e. short-term intensive support following illness, accident or hospital stay). Care Services Efficiency Delivery (CSED) found that around 53 per cent – 68 per cent of people left reablement services not requiring an immediate home care package and 36 per cent - 48 per cent still did not need a package two years after re-ablement (2009). CSED's website states 'The question now is why would any council not provide homecare re-enablement?' (CSED reablement web-page)

- a new service delivery mechanism for community equipment (see CSED transforming community equipment services web-page)

- care and support connected with housing. For example, research into the financial benefits of the Supporting People programme found that for most groups, packages of housing-related support services avoid costs elsewhere and as well as promoting independence produce a net financial benefit. The cost to savings ratio for older people's housing support was particularly favourable: £327.9m to £1,398.3m (CLG July 2009)

- healthy lifestyle interventions such as stop smoking, physical activity, and good diet

- crisis response services to prevent hospital admission – there are examples of projects making savings of £300,000 - £400,000 a year (DH October 2009)

- falls prevention – there is increasing research on the cost effectiveness of different interventions to prevent falls (see DWP 2009a). It is known that falls count for 400,000 accident and emergency consultations annually and that prevention services can reduce falls by 30 per cent (CSED 2008). The financial cost of a hip fracture is estimated at £10,000 to the NHS and £5,400 to social care during the first two years (DH October 2009)

- assistive technology (ie technological products or services designed to enable independence for disabled and older people) promoting safety, and improved communication – one telecare project estimates one year savings of £1 million (DH October 2009).

(See section 9 for further information.)

Possible questions

- Do strategies and implementation plans show the link between local population trends, demand forecasts, evidence-based interventions and budget efficiencies?

- Has the medium-term financial strategy been updated to take into account the impact of the ageing population?

- What evidence is there that the council is taking a holistic approach to funding to achieve quality of life outcomes for older people, rather than considering budgets within departmental silos?

- Have departmental strategies been age-proofed?

- In two tier areas, are the county and district councils working together to develop co-coordinated investment strategies (for example, in housing, leisure and social care) to support independent living for a greater number of older people and reduce costs?

- How do costs, spending patterns and activity compare with the national average and comparator authorities? Are there any variations that are not explained by local factors?

- Is the council providing political support for health and care to move from traditional models of services to new models that are both more cost effective and highly valued by older people and carers?

- Are the council and the NHS on track to meet the 'Putting People First' objective of apportioning costs and benefits across the whole system and making the shift from high cost residential to lower cost preventative services?

- How does the balance of investment between the council and NHS compare with the council's group of comparator authorities?

- Do the council and the NHS provide a comprehensive range of cost effective interventions such as re-ablement services and are these updated to take into account ongoing learning from DH care networks?

- Does the local partnership operate whole-system financial governance to support joint interventions?

- Do preparations for a place based approach involve older people's services?

For further questions see Challenge and Review questions produced by the Audit Commission in 'Under Pressure' (2010). For questions on value for money relating to personal budgets and self directed support see 'Transforming Adult Social Care Guides' (CfPS 2009).

References and resources

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Communities and Local Government (July 2009) 'Research into the financial benefits of the supporting people programme'
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HM Treasury and CLG (March 2010) 'Total place: a whole area approach to public services'
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Putting People First website information on 'Think Local, Act Personal'
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4. Diversity, dignity and equality

"Dramatic changes will result from the fact that people are living longer. The context for these changes is a society marked by profound inequality, including inequality of people in later life. Increasing longevity must therefore be considered together with increasing inequality."

EHRC, 'Just Ageing: fairness equality and the life course', 2009

Do the council and partners have a comprehensive approach to tackling age-discrimination and inequality and promoting positive images of older people? Are they prepared for the 2011 public sector equality duty and the outlawing of age discrimination in services from 2012? Have they taken steps to ensure that any decisions about savings following the Comprehensive Spending Review are compliant with legislation on equalities, including age discrimination legislation? How are they ensuring that dignity is central to all services?

Ageing affects individuals differently and at different times. However society has developed strong and negative stereotypes that tend to regard all older people as a homogeneous group. Every older person belongs to many other groups depending on their interests and other aspects that make up their identity including their gender, ethnic origin and sexual orientation. This is one of the reasons why the focus is now so much on 'personalised services' so that people can shape these to suit their own circumstances. Combating stereotypes and unfounded assumptions about what older people are like, either as individuals or as groups, is an important aspect of promoting dignity and equality.

Dignity, safeguarding and rights

Unfortunately, dignity and respect are particular issues for older people, because of the examples where older people have been treated badly, particularly in health or care settings. Loss of dignity and lack of respect for individuals can also lead to abuse. This is one of the reasons why this issue has been highlighted particularly in health and social care and why the Department of Health instigated a Dignity in Care campaign in 2006 which continues under the Coalition Government (being treated with dignity and respect is one of the outcomes in the most recent policy document on the

National Dementia Strategy (DH, September 2010)). The National Dementia Declaration, launched in October 2010 and signed by the Minister for Social Care contains useful information and references on dignity and safeguarding of people with dementia (Dementia Action Alliance, October 2010).

The Human Rights Act gives individuals a number of rights which relate to dignity and equality for older people. These include the right to life, the right not to be subjected to inhuman or degrading treatment and the right to family life. Under section 145 of the Health and Social Care Act 2008, the protection of the Human Rights Act was extended to cover people living in independent sector care homes when they are placed there by the local authority.

The Mental Capacity Act 2005 protects and empowers adults who may lack capacity to make all or some decisions about their lives. The Mental Health Act 2007 aims to enhance the human rights and dignity of people who have a 'mental disorder' and protect against illegitimate deprivation of liberty for people who do not have the capacity to consent to arrangements for their care. (For further information see the Centre for Public Scrutiny guide on dignity and respect in social care which should be used as a supplement to this guide (CfPS 2009.))

Possible questions

- Does your council have a dignity policy which specifically addresses the concerns of older people and covers areas beyond social care? What evidence is there that dignity issues are being actively addressed?

- Is there a lead member and senior officer with responsibility for dignity, and are there dignity champions across the council, the NHS and partners?

- How are the PCT and NHS providers tackling dignity issues?

Local authorities are responsible for setting up multi-agency safeguarding procedures following the DH's 'No Secrets' guidance (2000). Good practice guidance is provided by the Association of Directors of Adult Social Services (ADASS) and organisations such as Action on Elder Abuse. The No Secrets policy was reviewed and consulted on in 2008-09. Work is under way (November 2010) by the Coalition Government to take forward actions arising from the review.

In terms of current performance, the Care Quality Commission found that the vast majority of providers (e.g. care homes) fully met standards relating to safeguarding procedures; there were major lapses in only 2 per cent of services, but this equates to 383 services (CQC February 2010).

In October, the government announced that the Care Quality Commission's annual performance assessment of adult social care will cease from 2010-11 and local authorities need no longer submit data with immediate effect. A local accountability system based on real time assessment will be defined over the coming months. The DH is consulting on a transparency in outcomes framework for adult social care (November 2010). One of the five core elements is 'securing the foundations' which concerns protecting the most vulnerable people. The CQC will regulate for essential standards of quality and safety and will move to a risk-based inspection of councils, co-designed with the social care sector, instead of routine appraisal. Inspections could be triggered, for instance, by poor performance in the Quality and Outcomes Data-Set (QODS), or by feedback from people who use services or HealthWatch, who will have a right to request the CQC to investigate. The CQC

retains its powers to request additional ad hoc information from councils to be used in judging risks to safety.

The Government is currently (November 2010) reviewing the Vetting and Barring Scheme for workers with vulnerable adults and children to be administered by the Independent Safeguarding Authority.

The Centre for Public Scrutiny has published a guide on scrutiny of adult safeguarding issues (CfPS April 2010).

Possible questions

- Do the local adult safeguarding board's policy and procedures and annual report demonstrate an effective approach, giving equal weight to safeguarding people of all ages from abuse, and ensuring this is reflected in the allocation of resources for safeguarding?

- Do key members of the board, eg health, police, housing attend regularly?

- Are any concerns about local safeguarding being flagged up by user-led or voluntary groups including LINks/HealthWatch?

- Have any local issues been picked up by the CQC or in the Council's assessments of its own performance?

Equality legislation

Discrimination in employment on grounds of age was outlawed under the Employment Equality (Age) Regulations 2006 and in July 2010, the Government announced that the Default Retirement Age will be abolished in October 2011.

The Equality Act 2010 makes it unlawful for providers of goods, facilities and services and those exercising public functions to discriminate against their customers simply because of age. It also creates a new public sector Equality Duty to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups. The Duty applies in relation to age as well as to the following other protected characteristics – disability, gender reassignment, pregnancy and maternity, race religion or belief, sex and sexual orientation. Older people may of course share any or all of the other protected characteristics. One way of fulfilling this duty in relation to age will be to promote intergenerational activity.

The Equalities and Human Rights Commission (EHRC, October 2010) has produced a guide for public sector decision-makers, setting out what is expected of them and others to comply with equality duties when they implement savings after the Comprehensive Spending Review. While not suggesting that hard decisions cannot be made it warns that the duties "should remain a top priority, even in times of economic difficulty", adding that failure to meet the relevant duties may result in authorities being exposed to "costly, time-consuming and reputation-damaging legal challenges".

The provisions of the 2010 Act mean that local authorities and their public sector partners should have reviewed, how they carry out their equality duty and all of their services in relation to potential age discrimination and other forms of discrimination in advance of the Act coming into force – April 2011 for the public sector Equality Duty and 2012 for the ban on age discrimination.

Age discrimination in health and social care

The legislation has particular implications for health and social care because age has been a factor in decisions about some treatments and services. Recent research suggests that there are still inequalities in both health and social care in relation to funding and quality of service (Centre for Policy on Ageing 2007-09). For instance, it is still usual to have separate services for people above and below the age of 65 based on age rather than assessment of need, and health and social care assessments tend to focus on older people's physical needs rather than social and community issues.

However, it is also clear that some age-related differences in provision are needed to ensure the best service – eg annual flu vaccinations for those over 65. Therefore, age discrimination provisions in the Equality Act differ from the other protected characteristics in that different responses may be appropriate. The test for this is known as 'objective justification'. Social services authorities and the NHS will need to apply this test to determine when services demonstrate good practice and are age-appropriate and when they are unfair because they provide poorer care to older people.

Implementing the Duty brings challenges to councils and the NHS in relation to changing both care practices and patterns of resource allocation, so preparation for the change is essential (see section 10). A review of equality in the NHS and social care commissioned by the previous government (DH, October 2009) indicated that "where possible", age as a criterion for assessing care provision, should be replaced by more pertinent and individualised evidence. It also identified measures to be taken in preparation for the Act which councils and their partners should by now have put in place.

Implementing the Equality Act in health and care

Councils and PCTs should have:

- reviewed their assessment procedures, the resulting packages of care and funding arrangements for both service users and carers with a view to eliminating potential age discrimination and focusing on outcomes

- ensured that any savings measures following the Comprehensive Spending Review have taken account of the provisions of the Act

- ensured that education and training reflect anti-discrimination legislation, including involving older people in their delivery

- built an explicit focus on age equality into their commissioning of services and contracts with providers

- worked with their boards and with Elected Members to set out a clear commitment to their staff and the wider public to meeting the requirements of the age discrimination ban and the public sector Equality Duty and show how the health and social care sector can show leadership in tackling ageism

- considered how they can use the new NHS and social care complaints process to resolve individual instances of discrimination

- shared learning and progress with neighbouring and comparable authorities, thus ensuring linkage with the implementation of 'Putting People First' (see section 10 for further discussion of personalisation).take-up of welfare benefits.

Supporting implementation

A range of guidance on the Equality Act was published throughout 2010. As well as government guidance, ADASS is working with others on a resource pack to help councils and the NHS implement the Act, and there will be a practice guide from the Social Care Institute for Excellence. LG Improvement and Development self-assessment tool, the Equality Framework for Local Government, supports the mainstreaming of effective diversity and equality practice into service delivery and employment based on the principle that strong, cohesive places are created by the real understanding of communities and tackling the inequality that they may suffer. The Framework is underpinned by peer support and challenge whereby councils can validate their own overall performance at three levels, developing, achieving or excellent. It is a useful tool for OSCs to consider how age equality is addressed within their authority. As well as the local government version the Fire and Rescue Services Equality Framework and the Police Equality Standard are also in place. Based on these models from autumn 2010 the NHS is piloting the Equality Delivery System. Overall therefore it is possible to explore a benchmark across public services. LG Improvement and Development also has an active Equality Community of Practice which allows practitioners to explore good practice and local challenges (www.communities.idea.gov.uk)

Possible questions

- What action are the council and its partners undertaking to prepare for the implementation of age discrimination in health and social care?

- How have the authority and its partners extended equalities policies and programmes to meet the requirement of recent legislation on age discrimination? Has it reviewed its equality action planning across departments and service areas to include issues of age? Do the scheme and actions plans reflect the diversity of older people in the local area?

- What corporate resources are earmarked for improving equality practice in relation to age (for example, in relation to developing the age aspects of the other protected characteristics)?

- How do the authority and its partners promote intergenerational activity and activities which bring together older people who share different protected characteristics, such as people from different ethnic groups?

Diversity and age

This section considers some of the main diversity issues as they relate to older age.

Disability
There is a clear relationship between age and the increasing prevalence of disability. Initiatives aimed at addressing the needs of people in later life should always take account of this relationship, for example, by ensuring greater access to support to live independently through appropriate housing design. They should also ensure that, following the Comprehensive Spending Review, they understand the impact of housing provisions and where they may impact on older people, including those who are disabled. Opportunities for older disabled people to contribute to strategic planning, design and delivery of services (including through volunteering and employment), as well as receiving them, will not only enable services to be better designed but will also

combat exclusion and promote physical and mental well-being.

Gender

Due to differing life expectancy, older age groups display an increasing gender imbalance. For example, the numbers of men and women are broadly equal at age seventy, but at ninety there are almost three times as many women as men.

Women, due to historically lower earnings, different working patterns and caring responsibilities, are much more likely to have lower incomes in later life. The life expectancy gap between men and women is closing, so we can expect there to be more equal numbers of older men and women in future. Some older men find it more difficult to cope with being alone than older women, if, for instance, all the domestic work of their household has always been done by their wife. Councils are beginning to recognise this in their provision, for example in providing cooking sessions for men.

Sexuality

A consistent theme in research on ageing with gay, lesbian and trans-gender people is concern about lack of understanding, discrimination and harassment if they need to relocate to housing with care or to a residential care service. They are also concerned about having to repeatedly 'come out' to support workers. The options of direct payments and personal budgets are cited as positive ways to enable them to take control of their care (Musingarimi 2008, New Horizons Programme 2009).

Culture, race, religion and age

For historical reasons, largely related to the low rate of immigration before the 1950s, the older population is currently less ethnically diverse in some areas than the population as a whole. However, this will change over coming years. For example, in 2001, the proportion of the UK population aged over 65 who belonged to the black or minority ethnic population was 2.5 per cent. For the population aged between 50 and 64 the

proportion was 4.2 per cent (HMG, July 2009). Increasing numbers of members of BME groups speak English, but for some time to come older people in these groups will have specific language needs, as well as cultural expectations and traditions relating to later life, of which councils need to respect in the way they provide information and plan services. For example, Sandwell Council has recognised that language and cultural barriers can increase inequalities and isolation. It works with community based organisations to employ Health Development Workers with cultural and language skills. They develop and support projects in BME communities, such as luncheon clubs, mental health support groups, social groups, exercise groups, targeting individuals and groups such as older people who are least likely to access services and are at risk of chronic conditions.

Older people have historically had a different place within different cultures – for example, in some cultures older people are treated both with greater deference and greater formality than they might be in this country, even in something as simple as the name and title with which they are addressed. Even within one culture or community, there can be differences across generations. As they age, people, particularly those with short-term memory problems and dementia, can find both security and emotional and mental stimulation in recalling the traditions and practices of their youth and the culture from which they originate. This means that those who work with them will need to understand and be sensitive to those origins – an issue that is often closely related to dignity and respect. Local authority commissioners of services will need to ensure that the workforce understands both the practical implications (such as the need to mark cultural and religious festivals appropriately and respect food preparation and eating conventions) and their emotional resonances.

Many organisations of different faiths provide services for older people from their communities. Local authorities should ensure that such faith-based provision is taken into account when commissioning services and that representatives of different faith groups are consulted and involved as part of the voluntary sector in developing, designing and delivering services. At the same time, local authorities will want to facilitate inter-faith and cross-cultural opportunities for older people, to foster mutual interest and understanding, enable older people from all ethnic and faith backgrounds to feel rooted in their wider community and promote community cohesion.

Overview and scrutiny - case study

London Borough of Ealing – Services for Black and Minority Ethnic Older People
Ealing Council set up a specialist scrutiny panel in 2008 to examine the perception that older people from black and minority ethnic communities do not get value for money from the Council. The Panel reported its findings in June 2009.

The Panel agreed a specific line of enquiry at the outset, "To listen to the views of older black and minority ethnic people concerning their experiences of growing older in Ealing and to examine whether services provided and funded by the Council are meeting their needs". Attention was focused on Council services for people aged 65 and over and the review explored how these services impacted on themes of dignity and respect, quality of life and access to information.

In particular, the Panel sought for and received evidence from older people and representative groups, and a variety of statutory organisations and voluntary groups. Service areas explored include:

• support for carers and the provision of short breaks

• the protection of vulnerable people

• various transport schemes, including the Blue Badge scheme and disabled persons

• parking arrangements, the Freedom Pass, the London Taxicard Scheme and Ealing Community Transport

• community safety and action to promote home safety

• day centres

• disabled facilities grants, the handyperson scheme, repair grants and major adaptations

• occupational therapy.

Members also gathered information on how the Council supports older people to access adult education services, library and home library services, museums and galleries, sports activities through leisure passes and volunteering opportunities.

Nigel Spalding, Scrutiny Review Officer, comments, "The Panel really wanted to get out and about and listen to the experiences of people who were the focus of the review. Panel members visited people with a diverse range of ethnic backgrounds in places where they normally go to, such as Day Centres and Lunch Clubs. Ealing Community and Voluntary Service also identified nearly 40 voluntary organisations that we could contact in our search for evidence, which was a great help. In total, the Panel met with and listened to the views of at least 365 people."

Councillor Gurcharan Singh, Panel Chairman, adds, "Our research found that service requirements and delivery to BME elderly is no different than those of white ethnic groups and almost all older people, regardless of their ethnic background, face the same

challenges and problems. We feel that this is indicative of how BME older people's services are mainstreamed into service design in Ealing. However, there is always scope for public service improvements and we welcome the fact that the scrutiny research has brought us into greater contact with an ethnically diverse group of older people."

The report is available at http://tiny.cc/zja5r

Possible questions

- Does your authority understand the experiences and aspirations of different groups of older people within the population? How does it take their views into account in planning and designing services?

- Do opportunities for active involvement, such as volunteering and paid employment include older disabled people?

- Does the council's employment policy and practice and its work with other employers recognise the specific employment needs of older women (for example, many older women care for grandchildren or even older parents but may still have an economic need for flexible paid work)?

- Is there support for older men to develop the domestic and social skills they may need to live alone independently?

- How does the council meet the cultural, linguistic and faith-related needs of older BME citizens? Is there special provision where appropriate (eg culturally-specific meals provision, services provided in faith-based settings, information in minority languages)? Does the council actively promote opportunities for integration between different communities? Do employment policies have regard to providing opportunities for older women and men from BME communities, bearing in mind language issues, particularly for older women in some minority communities?

- Have the council and its partners undertaken any initiatives to promote positive images of older people?

References and resources

Action on Elder Abuse.
www.elderabuse.org.uk/

ADASS (web-based tool) 'Safeguarding Adults: A national framework of standards for good practice and outcomes in adult protection work'
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5. Being prepared for later life

"Helping people to prepare better for later life will make it easier for them to enjoy all the possible opportunities. [It] will give them a better chance of leading the sort of life that they are looking forward to staying active and healthy and continuing to contribute."

From: Preparing for our ageing society, DWP, 2008

Do the council and partners provide joined-up, accessible, comprehensive information to enable people to plan for later life and retirement and to be able to access specialist support if needed?

Good planning and preparation can have a huge impact on the quality of later life, making sure that people have the financial security and social support networks they need to make the most of their time. Supporting people to prepare for and make provision for later life is particularly important for local authorities, at a time when finances are very stretched and when a number of national policy changes are taking place that will affect people's retirement, pensions and benefits. Good quality, timely information and advice can help people prepare as much as possible.

A number of national initiatives to provide later life information are in place eg FirstStop (housing and care advice) and the Pensions Advisory Service. Local authorities and their partners provide an important local arm for information, including the opportunity for face-to-face contact.

Universal information and advice

Through the Putting People First policy, local authorities are advised to provide information and advice to the whole community, including people who are not eligible for funded care and support. The Coalition Government has accepted the principles of Putting People First and has endorsed 'Think Local, Act Personal', the sector-wide commitment to taking it forward. (SCIE, November 2010). Despite the financial difficulties that local authorities are facing, 'Think Local, Act Personal' reiterates the importance of universal approaches by local authorities, including provision of information such as assured financial advice to aid planning for later life. The rationale for this is that early planning for the contingencies that arise as people age will ultimately save money, both for individuals and for commissioners and providers of services.

Since councils are actively working on their information and advice systems, this could

be a helpful time for OSCs to have oversight of progress. As OSCs will recognise, current information and advice services are often cobbled together from a 'multiplicity of separate initiatives' rather than being part of a coherent strategy (ADASS et al April 2009). There is an opportunity to learn from LinkAge Plus and Partnerships for Older People Pilots, both of which involved information and advice initiatives (DWP March 2009, DH January 2010).

Measures that OSCs should expect to see include:

- coherent multi-sectoral financial and digital inclusion strategies, led by local authorities, which address the specific financial and information needs of people who are growing older and their families and carers

- a 'no wrong door approach' in which sign posting and referral is a positive experience rather than 'being passed from pillar to post'

- all key local agencies in the public, voluntary and community sectors are tied into implementing strategies

- provision of support planning and advisory services that make better use of user-led, independent and voluntary sector resources, such as Centres for Independent Living and Carers Centres

- linked and coherent delivery mechanisms including websites, call centres, libraries, local advice centres (eg CABx and specialist advice through local Age Concern), one stop shops, service providers in all sectors, and outreach workers for the most isolated people

- systems to ensure information is current and consistent, and staff training to support this

- opportunities to prepare for later life, such as retirement courses

- access to older people's advocacy.

Possible questions

Do the local authority and their partners ensure the provision of easily accessible, consistent and current information and advice for older people on:

- support for living independently in their own home and what their housing options are if they need to move in the future?

- employment advice should they wish to continue in paid employment?

- volunteering opportunities for when they have retired from their main occupation?

- planning for an active and healthy retirement?

- low level support to help people remain independent?

- personal care and support options for people needing care and their carers?

- do the council and partners promote volunteer-based initiatives, involving older people themselves, to support people planning for later life?

Finance in later life

Pension reforms, such as increasing the state pension and the introduction of auto-enrolment, mandatory employer contributions and personal accounts from 2012, may reduce the risk of pensioners having low incomes in the future. However, changes in benefits, the state pension age and employment circumstances may work against this. Local authorities still have a very important role in providing information and support to help people plan for and supplement their income in later life.

Seven million people are believed to be under-saving for retirement – this means they will not be able to fund their aspirations or, in the worst cases, may find themselves living in poverty. Many people do not prepare successfully for

later life because they underestimate how long they will live or do not know how to access the right information and advice.

The largest source of income for people of pension age is state benefit income. Average incomes conceal considerable variations between poorer and richer pensioners, and it is estimated that roughly half of low income pensioners do not claim all the income-related benefits to which they are entitled (DWP 2008). This means that local authority action to increase take-up of benefits can have a significant impact on the incomes of the least well off older people. Councils need to work with The Pension Service and third sector partners to assist in tackling pensioner poverty. Local authorities administer Council Tax Benefit and Housing Benefit and have an important role in promoting their take-up and that of Pension Credit to older people in their area.

The Pension Service has a network of local information points; many of these based in one-shop stops shared with local authorities and third sector organisations. Local partnerships have developed innovative services to co-ordinate outreach, advice and referral on benefits. For example, Chester-le-Street council has worked with the Pension Service, encouraging pensioners to take up benefits at venues such as flu jab clinics and community centres. Nottinghamshire developed a First Contact Scheme through a DWP pilot; if a staff member from any of the partner agencies, such as a health or social care worker, fire-fighter, police officer, or volunteer, visits an older person's home, they complete a checklist to find out if the person has any other needs - including income and benefits advice. Responses to the checklist are fed back to one central point of contact for coordination and action.

Local authorities can also help people prepare in a practical way for having a reduced income, for example by taking advantage of grants to reduce fuel costs and by promoting free local services, such as transport, leisure and learning.

Some measures to encourage take-up of benefits and tackle poverty

- 'road shows' for older people involving council services and partner agencies such as the Pension Service.

- using information from the Department of Work and Pensions to target residents entitled to claim council tax benefit and housing benefit, and arranging home visits to help people claim.

- leaflets in non-technical language with tear-off slips for people to return if they might qualify for benefit and visiting those who appear to qualify.

- joint visiting teams with The Pensions Service to reduce duplication and maximise take-up of both national and locally-administered benefits.

- visits to older people to discuss their home energy needs and whether they may be eligible for a grant towards improvements.

- 'smart cards' to enable older people easily to access any free services, including buses and swimming

- pensioner income maximisation teams to co-ordinate information, advice and other relevant services.

- comprehensive websites signposting central government, local and voluntary sector advice and financial planning services for later life, such as the Financial Services Agency's guidance service, Moneymadeclear and the Citizens Advice Bureaux' Financial Skills for Life programme.

In all of these areas, local authorities can act as local signposts through a variety of media, including, but not confined to, their websites. They can also take a more proactive role through contributing funding to benefits, finance and debt counselling services, located in convenient settings for older people, such as doctors' surgeries.

Possible questions

- How well is the council working with partners such as the Department of Work and Pensions, the citizens advice bureaux and local Age UK to signpost residents to sources of help and advice in their financial planning and management? For example, are social care staff aware that they can refer older people to the Pensions Service for social security benefits? Does the website have easily-found appropriate links? Does the council participate in a multi-agency one-stop shop?

- What are the council and partners doing to promote take-up of benefits including one off grants such as smart cards for leisure and travel and grants for insulation and/or central heating?

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6. Maintaining active healthy lives

"We will make active ageing the norm rather than the exception."

Public Health White Paper 2010

Are the health needs of older people embedded in health promotion and healthy living initiatives? Do the council and partners provide a range of initiatives to promote the inclusion of older people including measures to promote social networks?

There is overwhelming evidence that healthy lifestyles, such as physical activity and healthy eating, can improve or delay many of the physiological and psychological health conditions associated with older age, and can also assist older people to maintain their independence. Older people also need opportunities to remain socially active; many are ready and willing to contribute to community life and if local authorities and partners can mobilise this resource, not only will they be benefiting from the skills and experience of older people, but also supporting their physical and mental wellbeing.

Integrated health and wellbeing strategies

The Public Health White Paper 'Healthy Lives, Healthy People' describes how local authorities will take on responsibility for health improvement by 2013. A ring-fenced public health budget will be provided through a new national public health service, Public Health England, based in the Department of Health, which will appoint Directors of Public Health (DsPH), jointly with local authorities. Currently over 70 per cent of DPH are joint appointments between councils and PCTs and members of the council's senior management team. Local authorities and their partners in the voluntary sector and communities already have an important role in addressing the social determinants of health, such as clean air and access to green space. The transfer of responsibilities will provide many more opportunities for integrated approaches, and the White Paper describes how 'Ageing Well' will be part of the public health framework. At the same time, changes in NHS commissioning from

PCTs to GP Commissioning Consortia will need to be very carefully managed to ensure a positive transition for public health, prevention and early intervention initiatives. OSCs are in a good position to review how integrated working on health and wellbeing issues for older people is progressing in their local areas.

Possible questions

- Do the council and its partners have a specific strategy covering older people's health and wellbeing, and are the health issues of older people also included in other health strategies such as physical activity and healthy food? What progress is being made on local action plans and targets?

- How well is the work of the Joint Director of Public Health integrated within the council? How is the Council preparing for its proposed leading role in public health?

- Does the older people's health and wellbeing strategy include health improvement initiatives that reflect the range of relevant council functions for example, leisure, planning, housing?

- Is there a joint approach to commissioning for health and wellbeing across the PCT and local authority? Is consideration being given to how joint outcomes will be developed and delivered within the new arrangements for health, social care and public health?

- Approximately what proportion of expenditure on public health relates directly to promoting older people's wellbeing and addressing their health inequalities? How will you monitor health and public health expenditure on older people under new commissioning and public health arrangements?

Encouraging health and wellbeing

Engagement in many activities, including sports, leisure or learning, declines with age. Only 17 per cent of men and 13 per cent of women between the ages of 65 and 74 meet the Chief Medical Officer's recommendations for physical activity of 30 minutes on five or more days a week. Yet people who are physically active reduce their risk of developing major chronic diseases by up to 50 per cent and the risk of premature death by between 20 and 30 per cent (DH February 2009). Furthermore, the benefits of physical activity for cardiovascular disease appear to be just as significant for older people as they are in middle age.

Strength-training programmes in older people can produce significant gains in muscle strength, leading to improvements in independence, quality of life, functional mobility and a reduction in falls and hip fractures (thereby also reducing costs to local government and to the NHS). For example, tai chi classes run in a number of LinkAge Plus pilots provided a successful and cost effective intervention to reduce falls. It is important that such opportunities to access enjoyable activity are made available to older people, particularly those who are frail or in danger of social isolation.

Keeping physically active also contributes to mental well-being. Research suggests that taking regular exercise and engaging in physical activity can reduce the risk of developing conditions such as dementia and can also improve some mental health problems, such as depression and anxiety (Alzheimer's Society). The Chief Medical Officer has said "Physical activity is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication" (DH 2004).

Maintaining a healthy diet in older age is also important, and can be compromised by life changes such as losing a partner or feeling depressed. The Department of Health provides advice on healthy eating for older people and LG Improvement and Development offers a forum on good practice and case studies on its website. Prior to the transfer of its nutrition functions to the Department of Health, the Food Standards Agency gave awards to local authorities for good practice. For example, Northumberland County Council won an award in 2009/10 for its 'Eat well to live well' project. This aims to raise awareness of good food hygiene and healthy eating (focusing on the need to reduce salt and fat intakes) through 'cook and taste' demonstrations and cooking courses, targeting older people in the former mining areas in the South East corner of Northumberland, with a particular focus on single men living alone.

Older people tend to drink less alcohol than younger people, but even so the Royal College of Psychiatrists estimates that one in six older men and one in 15 older women are drinking enough to harm themselves (RCP website). Directors of public health are working with PCTs and local authorities to develop alcohol reduction strategies – programmes to support older people who are drinking too much should be included in these strategies.

Possible questions

- What initiatives do the council and partners support to encourage physical activity and healthy eating in older people? Are these targeted at areas/groups with the greatest need as well as the general older population? Are the initiatives monitored and evaluated? How have older people been involved in their development?

- What are the council and partners doing to encourage and facilitate physical activity

Examples of promoting older people's health

- promoting NHS initiatives such as the Health Check offered locally to people between 40 and 70 or the national Mid-Life Check through council communication mechanisms

- support for swimming to people over 60 and building on this to encourage older people to take up physical activity

- supporting exercise referral schemes, under which people, such as those who are overweight or have a heart condition, can be referred by their doctor to special sessions at leisure centres free of charge

- supporting the voluntary and community sectors to provide activity such as walking for health, cycle rides and dance classes which engage older people as volunteers.

among older people with mental health problems and dementia?

- Are there any initiatives to help people receiving social care, including those in residential homes, to take more exercise and cook and eat healthily?

- How well does the council's website and other publicity material link with local NHS and third sector health improvement activities?

Social inclusion and wellbeing

"You live in a bubble at home; you live in a bubble on the day centre transport and you live in a bubble at the day centre. It's not like that on a scooter. …to actually feel the rain was wonderful."

Older resident: 'Don't stop me now'

The number of women experiencing loneliness rises from around 35 per cent in the 50-59 age group to over 50 per cent among the 80+ age group. In contrast, in 2008, 27 per cent of over 65's participated in voluntary and community activities – a high proportion of involvement (HMG 2009). Being well connected to the local community through interests and social networks can make a huge difference to the quality of older people's life. The cuts in public spending following the Comprehensive Spending Review and the emphasis in government policy on the role of the third sector and new forms of governance such as social enterprises bring both risks and potential opportunities for older people. The Coalition Government's Big Society policy approach includes as objectives:

• "enabling charities, social enterprises, private companies and employee-owned co-operatives to compete to offer people high quality services"

• "encouraging and enabling people from all walks of life to play a more active part in society, and promoting more volunteering and philanthropy" (Cabinet Office, October 2010).

This could encompass a number of roles for older people. For example, 'Think local, act personal' (Putting People First Consortium, November 2010) emphasises the need to encourage small-scale voluntary and independent sector "microproviders" and social enterprises - which could be run by or with the active involvement of older people - to offer community-based, affordable and niche support to individuals or small groups.

There is also much that local authorities and partners can do to facilitate individuals' engagement in social networks, thereby contributing to community cohesion. Sometimes this engagement is through activity with a different primary function, such as involving older people in the design of services, 'timesharing' where people volunteer their time and earn credits for mutual help, or physical activity such as organised walking. An independent evaluation of Bristol Walking for Health scheme by Bristol University found that benefits for participants include an increase in social contact and inclusion, particularly after bereavement, leading to an improved sense of well-being, confidence and energy and mitigation of stress and depression. Engagement can also be supported through specific interventions targeted at isolated individuals or groups.

An important part of social inclusion for both younger and older people involves providing opportunities for people to come together across the generations. Many older people are able to relate to and support young people of all backgrounds, precisely because they have a longer, rich and varied experience of life. Some local authorities have already recognised the benefits that intergenerational activity can have, and the enthusiasm and energy of the many voluntary organisations already involved in intergenerational projects has helped to reduce the gap in understanding between the young and old.

Intergenerational practice aims to "bring people together in purposeful, mutually

beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities (Centre for Intergenerational Practice website). Examples include older people mentoring young people with drug problems and skills exchanges, such as computer and language skills. To support this work, the Government has supported the Generations Together programme, funding for a number of local authorities, with their third sector partners, to develop demonstrator sites of intergenerational practice.

Lifelong learning

For many people, participation in learning in their later years is a social and personal development activity. The transformative power of lifelong learning and its ability to enhance the quality of life of individuals and communities is well established. There is a significant body of evidence which

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Examples of initiatives to improve social inclusion

- intergenerational projects to enable older and younger people to work together and get to know each other to their mutual advantage. For example, in the Age Concern Hampshire's 'Spring in your step' scheme, older people who need confidence to joint a walking group or lunch club or go to the shops alone are teamed up with a volunteer for a regular short walk. Volunteers include students from a local school providing intergenerational support

- alternatives to services which tend to separate older people from the rest of the community, such as day centres for older people, to which they are transported by specially-designated transport. For example, in a scheme funded by Camden and Islington councils and Transport for London, over 320 residents use a pool of 50 personal mobility vehicles which enable people to go out and about in the community on their own

- social enterprises or other forms of user-led groups providing services on behalf of the local authority and other public sector partners

- schemes that bring people from different ethnic backgrounds together for common areas of interest such as Walking for Health in Wolverhampton which focused on two deprived wards in the city with 60 per cent of residents from black and minority ethnic groups; links to the regeneration of disused land into a park resulted in nearly 2000 walks in 2008-09

- befriending schemes for people returning from hospital or who have been recently bereaved – often involving other older people as befrienders, thereby offering them a chance to "give something back"

- creative solutions – Bradford's Community Involvement Project team has worked with older people and carers to design innovative services to promote mental health and well-being, including a network of Wellbeing Cafes

- drop in type resource centres providing a single access point to multiple services where people can also meet to socialise.

demonstrates that Investment in learning for older people can reduce the costs of medical and social care and improve the quality of life for older people, their families and communities (NIACE, 2010).

From book groups in libraries, to dance classes in church halls and cooking classes in a community centre - these and many others are all kinds of activities supported by local authorities and partners in which there are opportunities to engage older people, sometimes also developing skills which can be of use in employment or volunteering. For example, Birmingham City Council runs a library based project, 'Wired up to Wellbeing', aimed at helping older people learn to use computers and the internet. The project uses older volunteers, who have already been trained, as trainers. Many other councils run similar schemes.

Possible questions

• What is the council and its partners doing to identify and engage older people who are isolated and without social networks?

• Which of the council's and partners' activities enable older people to engage in networks across generations and ethnic groups?

• How are older people encouraged to play an active role in supporting others such as through having a role in user-led organisations providing services or as individuals through buddy or befriending schemes?

• What is are the council and partners doing to support informal learning among older people, both within its own services and in its work with the voluntary and community sector?

• How do the lifelong learning opportunities contribute to enhancing older people's earning and volunteering skills? How are older people involved in developing informal learning opportunities?

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7. Participating in work, training and learning

"In future we will need to utilise the skills, experience and energy of healthier, more active and dynamic older generations. A multi-generational workforce will ensure our economy will prosper in a highly competitive world."

Baroness Sally Greengross, Chief Executive, International Longevity Centre

Do the council and partners provide comprehensive support to enable older people to access education, training and employment? Are they good employers for their older workers?

By 2020 there will be nearly five million more people aged 50+ in the UK meaning a third of the workforce will be older workers. The unemployment rate of those aged 50 to state pension age remains higher than the rest of the working population, although the gap is reducing. Yet the majority of older workers wish to continue working up to and beyond the state pension age, some for financial reasons, others for enjoyment (Smeaton et al, 2009). Over 1.3 million people over state pension age now have a job. They have been the fastest growing group in employment and report high levels of job satisfaction. Continuing some form of work can give people the opportunity to use their skills and experience, maintain social networks, boost their retirement income, maintain a strong sense of purpose and stay healthy. Recent research has shown

that retiring later may delay the onset of dementia (Lupton et al, 2009). Many older workers would also appreciate opportunities to change not only their jobs but also their occupations, to try something new. While economic conditions and prohibitive training costs are holding some back, for others a perception of ageism among employers is preventing them from making the changes they desire.

A number of measures have been introduced to remove barriers to the employment of older people. Age discrimination in employment has already been outlawed. The Default Retirement Age will be abolished from 2012. The Age Positive initiative works with employers to promote the retention and recruitment of older workers, their continued training and flexible retirement practices. Where their pension scheme allows, people may now draw their pension while continuing to work for the same employer. They may also choose to defer their state pension and receive either a lump sum or an increased state pension when they begin to receive it.

Older workers, at least up to age 70, are as productive in most jobs as younger workers when they receive the same level of training (HMG, July 2009). However, people over 50 are much less likely to undertake training, and only ten per cent of adult apprenticeships are currently taken up by this age group. From April 2010, the Skills Funding Agency (SFA) took over responsibility for adult learning beyond age 19 from the Learning and Skills Council. Local authorities and their local partners can contribute to identifying skills gaps and training needs among older workers and ensuring that strategies are directed at supporting older as well as younger workers.

Many older people nearing retirement age are dissatisfied with their hours of work and the lack of flexibility available to them. At older ages, adult caring responsibilities and health-related problems become more prevalent. For these groups in particular, flexible and reduced hours opportunities can become critical for the health and wellbeing of individuals and their dependants. Extending awareness of, and eligibility for, the right to request flexible and reduced hours arrangements, as well as supporting people who have caring responsibilities is likely therefore to benefit large numbers of older workers.

It is important to note that the nature of the work available to older people is a significant factor in whether it improves their quality of life. There is a class and gender imbalance later in life, with men and more advantaged occupational groups better

Some key roles for local authorities and partners in supporting older people in employment choices

- work with employers in the area, for example through the Local Strategic Partnership, to remove barriers to employment and training for older workers, increase flexible work options and respond to age discrimination legislation, as well as ensuring that employers understand the advantages of employing older people, such as loyalty and maturity

- work with government departments and agencies, including the Department of Work and Pensions, and the Age Positive initiative, taking forward some of the ideas piloted by LinkAge Plus

- work with further education colleges, local training organisations and voluntary sector organisations to promote opportunities for employment and training for older workers – for example, in Lancaster, the LinkAge Plus pilot includes a volunteer and employment bureau for over 50s wanting to get back into work, extend their working lives, or develop skills in a supportive environment

- use a variety of communications channels to ensure that working older people understand the options available to them as they near the state pension age

- use the council's role as an employer and commissioner to model good practice in the employment and training of older people – for example, the handy person schemes run or funded by local authorities to support older people to live independently provide an opportunity for older workers with manual skills who may need or want to move on from heavier manual work to lighter work such as home repairs.

prepared financially to exercise choice (Lupton et al, 2009). This brings health implications for older people who may be 'forced' to continue working to avoid poverty. In particular, the poorer health of men in their 50s in unskilled or manual jobs is not present among men from professional and managerial backgrounds until their 70s. Recent trends towards earlier retirement may partly explain improved life expectancy. Any initiatives by local authorities and partners to prolong employment should therefore be accompanied by a consideration of working conditions and support of individual choice.

Overview and scrutiny - case study

Birmingham City Council – The Effectiveness of Employment Strategies
Birmingham's Regeneration Overview and Scrutiny Committee started its review of Employment Strategies in late 2007, reporting in April 2009, so its findings are informed by the 2008/2009 economic downturn. Review objectives included investigation of:

1. employment strategies, including those funded by the City Council, the Department of Work and Pensions and the Learning and Skills Council, in the 11 priority Local Area Agreement wards

2. mechanisms for tracking participants in employment schemes

3. governance and delivery arrangements across the City and how these could be streamlined

4. whether employment strategies and schemes in other parts of the Country have been successful in getting people into work.

In focusing on the 11 specific wards, scrutiny members also recognised that within those wards there are a range of different groups and individuals with differing needs, including people aged over 50. Scrutiny members learned of the value of locally run schemes, the necessity of individual tailored support and the importance of tackling the barriers that make it difficult or impossible to accept work.

Emma Williamson, Group Overview and Scrutiny Manager, says, "We gathered evidence through a combination of methods including researching best practice, a visit to a Job Centre and through holding a number of informal sessions with key stakeholders. We listened to representatives from regeneration organisations and agencies, local employers, the Chamber of Commerce and Industry and the Benefits Service. We also heard from Job Centre Plus advisors, the TUC Centre for the Unemployed and the Birmingham Voluntary Services Council".

Councillor Tahir Ali, Lead Member of the Effectiveness of Employment Strategies Review Group, adds, "We identified that certain groups are more disadvantaged in the labour market than others and that these may need particular help. We learned that for people over 50 an understanding of 'what works' for them in terms of training older people is generally lacking. However, evidence suggests that early advice and guidance can help offset loss of self-confidence and help overcome employer age discrimination.

"In addressing one of our key review objectives, we felt that it was important to highlight the over 50s group to our Cabinet colleagues. The over 50s are a group that are among those most in need of assistance. We have asked that all City Council funded employment programmes, and those for which the City Council is the accountable body, show how they are targeting the over 50s group. We feel that this action will go some way to improving employment outcomes for a vulnerable and often overlooked group of people in our community".

Following the publication of the Scrutiny Review report, the targeting of specific client groups is reflected in the region's Multi-Area Agreement for Employment and Skills and in Constituency and neighbourhood level employment and skills plans.

The report is available at www.birmingham.gov.uk/scrutiny

Possible questions

- How well do the local authority and its partners understand the employment and training profile of older residents? How well do they understand the age profile of its own workforce? Do they know what employment and training are needed for the older workforce?

- How are the council and its partners, including Jobcentre Plus, performing against local targets relating to the economic and employment needs of older workers?

- What is the council doing to promote employment and training, including changes in legislation and flexible employment options for older people, both before and after state pension age, including the support offered by Jobcentre Plus?

- Does the council's own workforce strategy include measures to increase employment and training options for older workers? Is it a role model for the employment of older people – for example what sort of flexibility does it offer in terms of hours worked, compressed working, home working, support for employees with caring responsibilities, a flexible employment policy?

- How are older people being involved as employees and/or volunteers in delivering services, including information and community services for other older people?

References and resources

Business Link website for the Age Positive initiative on information for employers about employing older workers
http://tiny.cc/p7cwy

Age Positive Publications on the DWP website
www.dwp.gov.uk/age-positive/

Her Majesty's Government (July 2009) 'Building a society for all ages', chapter 5
http://tiny.cc/6v44f

The LG Improvement and Development Equality Framework for Local Government provides useful benchmarks against which to assess the council's policies, practices and achievements in the employment and training of older workers
http://tiny.cc/oe6i0

Lupton, M. et al. (2009) 'Education, occupation and retirement age effects on the age of onset of Alzheimer's disease'. International Journal of Geriatric Psychiatry. Available at
http://tiny.cc/a7xt1

Smeaton, D., Vegeris, S., and Sahin-Dikmen, Melahat (2009), 'Older workers: employment preferences, barriers and solutions', Equality and Human Rights Commission
http://tiny.cc/cblyt

8. Fostering a good place to grow old

"Good housing sustains us in later life, but most of the nation's housing is not fit for the whole life course. … The decisions made now about housing design for later life will have profound consequences for all of us in the future"

Age UK, Agenda for Later Life, 2010.

Can the council and partners demonstrate that the needs of older people are taken into account when developing homes and neighbourhoods?

The Local Government Association has argued that, in a period of austerity, "addressing the housing needs of older people can substantially reduce the demand for, and cost of, health and social care and enhance quality of life" (LGA, July 2010).

Lifetime homes

It is estimated that by 2026 there will be 2.4 million more older households in England, with people over 65 making up 48 per cent of the projected growth. The number of older people with a disability will double – from 2.3 million in 2002 to 4.6 million in 2041. Many older people form an affluent group in society – 68 per cent of older households own their own homes, and this is projected to rise to 75 per cent by 2026. Older home owners are seen as significant consumers and as key to the housing market. In contrast, 2.1

million older people live in non-decent or hazardous housing (CLG February 2008). The preference of the overwhelming number of older people from all backgrounds and ethnic groups is unequivocal – to be able to live at home for as long as possible, and, if they have to move, to live in supported housing that feels as much like home as possible (New Horizons 2008).

Lifetime Homes Standards allow new buildings to be easily adapted for people with a disability. The standards include measures such as having a toilet accessible on the ground floor, sufficient room for a stair lift, and doorways and rooms that provide easy mobility for people who use wheelchairs. The standards are compulsory for public housing from 2011.

However, opportunities to build new homes, especially in the public sector, will be severely constrained in the short-term by very substantial reductions in the housing budget and the uncertain financial climate in general. Providers of social housing will need to find ways of adapting existing

housing stock to ensure that it is fit for purpose. This will require more investment in aids, adaptations, assistive technology and support services so that older people remain safe, supported and independent. It will also be important to get the best out of existing stock of specialist housing by remodeling and adaptation, working with registered social landlords, the private sector and older people.

Specialist housing is designed for the needs of older people. It ranges from residential care homes, to housing with care, such as sheltered housing and extra care housing (which includes a range of care facilities such as communal meals or personal care). A mix of specialist housing with different types of tenure options, such as rental or shared ownership, is an essential element of provision for older people. In addition to new build projects, existing stock, such as sheltered housing, may need re-modelling or refurbishment to meet future needs. Recommendations for good practice in specialist housing is available from the Housing our Ageing Population Panel for Innovation (HAPPI 2009) and the Housing Learning and Improvement Network toolkit (Housing LIN 2008).

Effective partnership working is crucial for improving housing provision. Housing, planning, social care and health must work together so that specialist housing forms part of a spectrum of support alongside preventative support and long-term care services. They should be clear about local priorities in order to engage the private sector in housing developments. Councils should seek the views of older people in social specialist housing and owner-occupiers in private schemes about their quality of life and aspirations. In both the public and private sectors there is a growing interest in co-housing, a form of housing

development which brings individuals and families, not just older people, together in groups to share common aims and activities while also enjoying their own self-contained accommodation and personal space (see Brenton 2009).

As part of the Comprehensive Spending Review, the Coalition Government announced that Disabled Facilities Grants would rise with inflation and that local authorities will be given more discretion for their allocation. Local authorities will need to ensure that they have reviewed the way they operate the grant, and should have a strategic view for future funding and delivery of adaptations.

Possible questions

- How is the council preparing for Lifetime Homes Standards in public housing developments? How is progress on this monitored?

- Is the council encouraging implementation of the standards in private developments?

- Does the council's housing strategy include a review of the housing needs of the older population, a map of current services, projections of future demand for specialist accommodation and an options appraisal?

- Does the review of needs cover all geographical areas and groups such as people from BME communities or people with dementia? What is the council doing to ensure that its housing strategy promotes the social inclusion of older people and does not encourage segregation leading to social exclusion?

- Is there a commissioning strategy covering both social housing and private sector options for specialist accommodation including rental and tenure options such as shared equity?

- Has the council reviewed the standards and suitability of existing provision with a view to refurbishment, modernisation or de-commissioning?

- How does the local authority ensure that housing is integrated well with health and social care? What are the arrangements, for instance, are senior managers from social care involved in housing investment options?

- How is the council performing on its use of the Disabled Facilities Grant on measures such as activity, delivery times and satisfaction? Does it have a strategic plan for adaptations and for allocation of grants?

- Does the council seek the views of older people in both social and owner-occupied specialist housing and has it acted on this information?

Lifetime neighbourhoods

Lifetime neighbourhoods are based on a social model of disability, which aims to address the barriers that may prevent older people from continuing to participate in their communities by improving physical design and facilities. Potential barriers include crime or fear of crime, poorly maintained streetscene (eg lighting or pavements), poor access to public transport, services such as health centres, public spaces, and amenities like shops. Barriers often cited by older people include lack of public toilets, places to sit and rest, and post offices.

It is probably fair to say that, while national government and local partners have been working on neighbourhood renewal and sustainable communities for a number of years, as a concept 'lifetime neighbourhoods' is still under development and more is needed in terms of specific guidance. Having

said which, LSPs that focus on the needs of older people in a holistic way through working across organisational boundaries are likely to be making progress. Help the Aged's (now Age UK) report 'Towards Common Ground' provides more information on lifetime neighbourhoods (2008).

The World Health Organisation has launched a global network of "age-friendly cities" to determine the key elements of the urban environment that support active and healthy ageing. Manchester has been included in the first wave of cities which will learn from each other about how they are making it easier for older people to live in their city (see web link below).

Possible questions

- Do strategic plans set out a vision for how the council and partners are working towards lifetime neighbourhoods?

- Do councils and partners understand the needs and priorities of older people in specific communities across the local authority, not solely in deprived neighbourhoods but also in affluent areas with significant older populations?

- What action is the local authority taking to meet older people's needs and priorities that relate to its functions such as planning, streetscene and waste/recycling?

- Have the local authority and partners undertaken any work involving local communities to future-proof their neighbourhoods?

- How are the local authority and partners working with commercial organisations to encourage good access to amenities such as supermarkets, post offices and community toilets?

- Does the local authority and partners, particularly from transport, know of any

Overview and scrutiny - case study

Leeds City Council – Older People's Housing
In June 2009, Leeds City Council's Scrutiny Board for Environment and Neighbourhoods published a report on its inquiry into Older People's Housing. The review was driven by predicted demographic changes and the desire to give older people the opportunity to remain independent in their own homes. Members also recognised that older people's housing needs are not homogeneous and that housing options need to reflect this fact.

The review explored national and local policy drivers for improving older people's housing and addressed fuel poverty and decency standards, housing related support services and the impact of personalisation of services, assistive technology and the capacity to deliver lifetime homes and neighbourhoods, and the potential development of the Extra Care housing model in Leeds.

Angela Brogden, Principal Scrutiny Advisor, recalls, "Understanding the needs of our communities is really important to us. We approached the Leeds Older People's Forum for advice and assistance in obtaining older people's views. There are over 120 Forum members drawn from older people's voluntary sector organisations, thus enabling us to effectively capture representative views. We also approached other councils and private sector organisations to find out more about the benefits of the 'extra-care' housing model as an alternative to residential care. Visits to the Moor Allerton Care Centre in Leeds and Sheffield's Brunswick Gardens Retirement Village provided valuable opportunities for scrutiny members to meet with residents and staff and to hear more about the benefits, or otherwise, of the extra-care scheme through listening to their experience".

Councillor Barry Anderson, Chair of the Scrutiny Board, adds, "Many of our recommendations, which have since been taken forward, focus on improving the integration of housing and housing related support services in recognition of the interdependence between housing, social care and health. Our research into fuel poverty and improving decency standards has led to a recommendation relating to the introduction of 'Warm Zone', aimed at vulnerable households, including older people. This action will make a positive difference to older people's health and comfort.

"Our recommendations also reflect the need to future-proof and develop 'lifetime' homes and to acknowledge the evolving national personalisation agenda as part of the strategic planning and modernisation of sheltered housing in Leeds. We want our service users to be empowered and to live independently. It also promotes a strategic shift away from residential care and acute care settings into community-based housing and support services, including extra care provision. Our scrutiny work will have a positive impact on local older people for years to come."

The report is available at www.leeds.gov.uk/scrutiny

'access hotspots' such as problems accessing public services like hospitals and one stop shops? Have they taken any action to address this?

- How are the needs of older people reflected in transport strategies?

- How are the needs of older people addressed in Crime and Disorder Reduction Partnerships/Community Safety Partnerships? For instance, is the partnership taking positive action to reduce fear of crime in older people?

References and resources

Brenton, M. (2009), 'The Cohousing Approach to Lifetime Neighbourhoods: how local authorities can work with public and private partners to develop a cohousing approach to housing in an ageing society', UK cohousing network
http://tiny.cc/yak56

Communities and Local Government (February 2008) Lifetime homes, Lifetime neighbourhoods: the national strategy for housing in an ageing society
http://tiny.cc/bkbtp

Communities and Local Government (December 2008) Delivering lifetime homes, lifetime neighbourhoods
http://tiny.cc/onbs9

Home improvement agencies
DH (July 2008) Extra Care Housing Fund List of Successful Bids Lifetime Homes
http://tiny.cc/3r6xm

HAPPI (2009) Housing our Ageing Population – final report
http://tiny.cc/e5rlj

Help the Aged 2008 Towards Common Ground
http://tiny.cc/vsojq

Homes and Communities Agency
Housing Learning and Improvement Network (LIN) (August 2008) Briefing: Lifetime Homes, Lifetime Neighbourhoods - National Strategy for Housing in an Ageing Society
http://tiny.cc/nen30

Housing Learning and Improvement Network (LIN) (March 2009) Lifetime Homes, Lifetime Neighbourhoods: A User's Guide
Nine guides providing information for councils and partners on implementing the policy
http://tiny.cc/3lms6

Housing LIN (July 2008) More choice, greater voice
http://tiny.cc/2f9q6

Lifetime Homes Group Central information website from Age UK and Habinteg Housing Association
http://tiny.cc/qyk2v

Information on lifetime homes and neighbourhoods foundation
http://tiny.cc/wghra

New Horizons Programme (2008) Housing Choices and Aspirations of Older People
http://tiny.cc/hupue

First Stop - Housing and care advice for older people
http://tiny.cc/lfh21

Homes and Communities Agency
The national housing and regeneration agency
http://tiny.cc/isaw9

World Health Organisation – age friendly cities website
http://tiny.cc/65lwb

9. A little bit of help

"Older people value 'that little bit of help' to enable them to retain choice, control and dignity in their lives, but it has become very difficult for them to secure this. … By investing in these services now, central government, local authorities and health trusts could expect to save money later".

Norma Raynes, Professor of Social Care, Salford University

To what extent will the council and its partners retain a comprehensive range of preventative, low level and enablement support to help older people maintain independence and reduce costly interventions down the line?

Since the early 1980s, although the number of hours of help provided in people's homes has doubled, the number of people helped has declined, from 550,000 to 350,000. The number of people helped by a typical local council has more than halved – from 6,500 to 2,500 clients (Raynes et al., 2006). What began as a support service for all levels of need has become a high-dependency service available only to those with the most acute care needs.

And yet research shows – and, very importantly, older people themselves say – that with a little bit more help at an early stage, independence can be retained and the need for high-dependency help delayed or removed altogether. Indeed, research by the Audit Commission on the effect on councils' budgets of tightening eligibility criteria -

which many councils are now considering because of financial constraints - has only "a very modest effect" on expenditure (Audit Commission, 2008). Keeping a lower threshold for care may actually create savings in the long run. This section covers the type of help that councils and partners should consider commissioning – issues of cost effectiveness are discussed in section 3.

The key to providing the kind of support that people need for independent living appears to be targeted services aimed at those in the older community who have not yet become dependent, but who have started to develop early signs of isolation or ill health. The Audit Commission (July 2008) identifies those most at risk as people who have some of the following characteristics:

• aged 80 or over

• live alone/have no living children

• no access to private car

• never use public transport

• living in rented accommodation

- low income, with benefits as main source of income

- no access to a telephone.

A number of specific targeted services have been identified by the Audit Commission, the Joseph Rowntree Foundation and others as being particularly successful. Research has been tested through the LinkAge pilot programmes which integrate a wide range of services, including the kind of 'low level' interventions designed to preserve independence. The kind of interventions that appear to be most successful and are most valued by older people include handyperson or 'care and repair' schemes, gardening, crime prevention, the provision of smoke alarms and other fire and accident prevention interventions involving Fire and Rescue services, befriending schemes, exercise classes, help with small aids and adaptations and opportunities for increased social networking.

The Joseph Rowntree report identified a "Baker's Dozen" ie 13 specific schemes as best practice that most reflected the needs and priorities of older people. Examples from the Baker's Dozen and other sources are listed below under the categories identified by the Audit Commission as the most effective forms of intervention. Some of these schemes make a small charge, some suggest a voluntary contribution and some are free. Funding comes from local authorities, the NHS, voluntary sector organisations and local businesses. Many employ older people as volunteers. Such schemes could provide opportunities for new forms of organisation, such as social enterprises, in which active older people could play a leading role within their communities of the kind envisaged in the Coalition Government's "Big Society" strategy (Cabinet Office, October 2010).

Prevention is one of the principles of the Vision for Adult Social Care (DH 2010). The vision describes a role of councils as 'unlocking the potential of local support networks'. It provides a number of examples which have all been developed through community action:

- 250 time banks operating locally across the UK

- one of the four 'Vanguard Communities' for Big Society is testing a web-based complementary currency approach for care and support

- a model of 'Circles' of Neighbourhood Helpers providing flexible support with practical tasks and social opportunities with older people.

With the NHS, councils should commission a full range of early intervention services, such as assistive technology. Alongside the Vision, the DH has published a practical guide to building stronger communities.

Developing resource centres as community hubs
Examples:

- Somerset Active Living Centres (POPP pilot scheme) – over 50 centres each acting as a hub, supported mainly by volunteers and providing a café-style environment while hosting a variety of well-being activities, and providing information and referral to other locally available services (DH 2010)

- a community outreach project providing transport to lunch clubs and other activities with an optional membership charge and small charge for lunch

- activity and social centres which provide transport and a range of classes and activities from computing to art

- intergenerational schemes with older

people eg teaching school children how to grow vegetables.

Help with essential repairs and small jobs
Examples:

- the gardening, handyperson and care and repair POPP pilot scheme in Wigan (DH 2010)

- a Care and Repair Scheme funded by grants from the business sector, with a charge of £10 per visit and a cost price charge for materials

- Help at Home services including cleaning, ironing, accompanied shopping, collecting pensions and extending to gardening and home maintenance (charged at between £8.25 and £12.50 an hour)

- projects with local shops and supermarkets to make shopping easier, e.g. through delivery services, restaurant facilities, seating, storage for packages and 'smart trolleys'.

Working with health partners to delay dependency
Examples:

- the integrated care service in Poole Dorset, set up under the POPP pilot scheme which included identifying people known to be at risk in advance of a crisis occurring and a new category of staff, Intermediate Care Workers, which crosses professional boundaries (DH 2010)

- working with GPs to identify older people who have started to become socially isolated and offer a variety of activities, information and advice

- Primary Night Care where staff 'pop in' to people at night to help with toileting, medication or to check all is well

- a variety of physical activity schemes, including exercise classes and walking

clubs, often run in collaboration with falls prevention services.

Mobilising the community to tackle social exclusion
Examples:

- Welcome Home run by volunteers to help people returning from hospital by doing the shopping, giving a lift, tidying up, sorting post – no charge

- a Befriending Service providing companionship and support through visits and a phone 'buddy' service by trained volunteers

- a Sole Mates service to provide nail-cutting, a footbath and foot massage by the same volunteer each time at a charge of £3.50

- a voluntary sector organisation which helps with care of pets

- services for people with visual impairments, such as shopping for colour-matched clothes, labeling food, reading letters, accompanying people.

Making use of technology to keep people independent
Examples:

- A 'Vital-line' social enterprise providing a number of services to maintain independence, including an emergency pendant with a call button, basic and enhanced telecare, using communications systems and sensors to ensure people are safe at home.

Overview and scrutiny - case study

Sandwell Metropolitan Borough Council – Care Closer to Home for Older People
Sandwell's Health and Older People Scrutiny Panel wanted to find out what 'care closer to home' looks like in Sandwell.

The review explored many of the factors which increase an older person's ability to remain outside of hospital environment, perhaps in a temporary rehabilitation centre, or at home. These factors include the range and provision of intermediate care services, aids and adaptation to the home and the increasing use of new technology to support independent living.

The review also examined the potential for older people to become socially isolated on return to home, and suggested possible measures to reduce loneliness. Carers, too, were a focus, with several recommendations aimed at improving carer experiences, and how additional support might impact on the person receiving care, for example the creation of 'carers emergency plans'.

Adam Richardson, Scrutiny Policy Officer, says, "Members wanted to listen to the views of older people and to visit them in local care centres, to find out more about these settings. We heard of the importance of reducing loneliness, particularly at Christmas time, and the potential for people to feign illness to go into hospital for company. We also heard that on discharge from hospital older people may be at risk of being victims of anti-social behaviour, and members recommended that a personal safety assessment is carried out for the individual on discharge. Neither of these issues relates directly to health or social care, but is vitally important in enabling care to be accessed closer to home. "

An early review finding related to the issue of 'becoming an older person'. Councillor Mary Griffin, Chair of the Scrutiny Panel, adds, "People often have little knowledge of what may happen to their health as they get older. We have recommended that information packs on ageing, made available in a variety of formats and languages, are distributed to all older people in Sandwell. We also looked at what happens in other council areas and considered if good practice elsewhere could be brought into Sandwell. We have asked that a pilot scheme be set up to explore the benefits of school children visiting older people, for the purposes of stimulating inter-generation contact. We also held a dementia case study session, and heard evidence that some social stimulation can help delay and alleviate the effects of this condition. We have recommended the establishment of a 'dementia café' in Sandwell, where older people can get information and support, as a chance to socialise."

The report is available at www.scrutiny.sandwell.gov.uk

Possible questions

- What services has the council developed in collaboration with local partners under the headings above? Are services available across the area? Are local partners monitoring these services and what do they know about their effectiveness?

- Has the council developed low level intervention services that match high risk issues for the area (for example, low life expectancy, high rate of heart disease, isolated BME communities, rural isolation)?

- Will any cuts in services such as low level interventions disproportionately affect older people? Does the council understand the possible later effects on older people and the costs that may arise from reducing these services?

References and resources

Audit Commission (February, 2010), 'under pressure: tackling the financial challenge for councils of an ageing population'
http://tiny.cc/uen3q

Audit Commission (2008), 'The Effect of Fair Access to Care Services Bands on Expenditure and Service Provision'
http://tiny.cc/4ttac

Audit Commission (July 2008), 'Don't stop me now: preparing for an ageing population'
http://tiny.cc/hxn3w

Cabinet Office (October 2010), 'Building a Stronger Civil Society: A strategy for voluntary and community groups, charities and social enterprises'
http://tiny.cc/brwy5

Daly, Guy (2009), 'LinkAge Plus: Benefits for older people', Department for Work and Pensions, Research Report No 554
http://tiny.cc/pjcah

Department of Health (November 2010) 'Vision for Adult Social Care and Practical approaches to improving the lives of disabled and older people through building stronger communities'
http://tiny.cc/0227p

Department of Health (January 2010), 'National Evaluation of Partnerships for Older People Projects: final report'
http://tiny.cc/pthuy

Raynes, N., Clark, H., and Beecham, J. (eds) (2006), 'Report of the Older People's Inquiry into That Bit of Help', Joseph Rowntree Foundation
http://tiny.cc/qgok1

10. Personalised health and social care for older people

"When services work well and are tailored to people's needs they not only improve the lives for older and disabled people, but they give carers the opportunity to get some of their own lives back."

Imelda Redmond, Chief Executive, Carers UK

Do the council's plans for transforming adult social care meet the needs of older people? Are the council and the NHS performing well in dementia care, end of life care, support for carers and managing the transition between adults of working age and older people's services?

This section covers some of the aspects of social care that are particularly relevant to older people.

Transforming adult social care

The Vision for Adult Social Care builds on the Putting People First programme to extend choice and control in adult social care (DH 2010). By April 2013, councils should provide personal budgets for everyone eligible for ongoing social care, preferably as a direct payment. They should also accelerate reform of their systems such as assessment, care management and finance to give a stronger emphasis to choice and outcomes in all settings. The Vision also indicates that personal budgets by themselves do

not amount to personalised care – further cultural and system reform is required, for example, to facilitate pooling of personal budgets to employ an organiser for joint leisure activities. The Government will also look to making it possible to combine health and care budgets. The problematic issue of funding long term care has been referred to an independent commission, due to report in summer 2011.

The CfPS guides on transforming adult social care provide detailed information for OSCs (October 2009 and January 2010). However, there are also particular issues in how personalisation is implemented with older people. For example, take-up of direct payments by older people has always been slower than other groups such as younger adults with disabilities. This led to concerns that older people would not benefit from the shift to personal budgets. To some extent these concerns have been allayed, as increasing numbers of older people are using personal budgets. But recent research also indicates that older people and people

with complex needs may need greater time and support to help them get the most from personal budget schemes, particularly the direct payment option (DH January 2010a).

Dementia care

"A person who experiences dementia or other mental health problems, such as depression, should not be making their journey alone."

Dementia Care Partnership

Dementia currently affects 700,000 people in the UK and this is projected to double to 1.4 million in the next 30 years. Dementia costs the UK economy £17 billion a year, and in the next 30 years the costs will treble to over £50 billion. Two-thirds of people with dementia live in their own homes in the community, either alone or with family carers, often their frail older spouses.

The National Dementia Strategy aims to transform services for people with dementia and their families and carers (DH February 2009). It stresses the importance of early diagnosis and the provision of information, treatment and support at an early stage. However, concern has recently been expressed that too few doctors and care home staff have been trained in how to spot the onset of dementia and help patients suffering from the condition. There is also concern, highlighted in a recent Government-commissioned report, that many people with dementia are being inappropriately prescribed antipsychotic drugs to keep them quiet (Bannerjee 2009). People with dementia are particularly vulnerable to abuse and exploitation. The National Dementia Declaration, endorsed by the Coalition Government, draws attention to these

concerns and sets out a number of desirable outcomes for people living with dementia, along with action plans for each of the participating signatories, including the Local Government Group. The desired outcomes outlined cover issues such as choice and influence over decisions affecting them for people with dementia, appropriate design of services, support, information, dignity and opportunities to participate in society (Dementia Action, 2010) CfPS (2010a) discusses scrutiny of adult safeguarding issues. CfPS is preparing a separate publication on scrutiny of dementia issues (forthcoming at December 2010.)

Examples of good practice in dementia care

- holistic multi-disciplinary assessments resulting in personalised care plans

- using assistive technology as part of the intervention and prevention process

- developing dignity policies for people with dementia and appointing dignity leads for dementia care (see CfPS November 2010 on scrutiny of dignity and respect)

- including people with dementia in falls prevention services.

- life story, memory and reminiscence work with people with dementia and their carers

- dementia cafes in the community where people with dementia and their carers can meet together socially

- increased dementia awareness training for staff in hospitals, care homes and mental health teams.

End of life care

"How we care for the dying is an indicator of how we care for all sick and vulnerable people. It is a measure of society as a whole and it is a litmus test for health and social care services."

End of Life Care Strategy

End of life care is a particular concern for older people. Around half a million people die in England each year, of whom almost two thirds are aged over 75. Most deaths follow a period of chronic illness and most (58 per cent) occur in NHS hospitals, with around 18 per cent occurring at home, 17 per cent in care homes, four per cent in hospices and three per cent elsewhere. Around 70 per cent of people express a wish to die at home.

An End of Care Strategy was published by the Department of Health in 2008. Its aim is to provide people approaching the end of life with more choice about how they would like to live until they die and where they would like to die. The strategy outlines a 'care pathway' with good quality care required at each of the following stages:

• discussions as the end of life approaches

• assessment, care planning and review

• co-ordination of care

• delivery of high quality services in different settings

• care in the last days of life

• care after death.

A review by the National Audit Office (NAO 2008) highlighted the number of people in hospital unnecessarily at the end of their lives.

The second annual report to the Strategy identified areas of focus for the coming year (DH August 2010):

• engaging primary care more fully in end of life care – the After Death Audit shows that even practices meeting a quality standard deliver preferred place of death for only a small minority of patients

• further improvements to communication and care after death in the acute setting e.g. better access to death certification

• improving the capacity of care homes so that people who live there do not have to go to hospital to die

• cost effectiveness – home based services are identified as a cost effective alternative to hospital care.

Councils' role in this area was set out in 'Supporting people to live and die well: a framework for end of life social care' by

the National End of Life Care Programme (NEoLCP 2010), which concludes that social care is a vital but neglected area of support, and describes the practical support that can be given.

This is clearly a potential issue for scrutiny review. Scrutiny of end of life care is discussed in much more detail in CfPS November 2009.

Possible questions

- What evidence is there that people approaching the end of life are being offered greater choice and better quality of care at the end of their lives?

- Is there a joint commissioning strategy for end of life care, which includes a care pathway approach and support for carers?

- How well is end of life care co-ordinated across sectors, including out of hours care?

Support for carers

"Government – local and national – should reciprocate the support carers show with measures that ease the responsibility of caring."

Recognised, valued and supported: next steps for the Carers Strategy

There are almost six million carers in the UK – one in ten adults. Over 65s account for around a third of all those carers who are providing more than 50 hours of care a week. Increasing numbers of older people often care for their partner while also providing childcare for grandchildren. Almost 13 million people can expect to become carers in the next decade. This vast army of almost invisible people is one of the main resources that keep the health and social care system going. However, many women who are now

full-time carers or volunteers belong to a generation in which a large proportion of women were not in paid employment. This is changing, and the extension of the retirement age and flexible retirement policies will mean that in future there will be fewer women available to provide full-time care, while those who do provide care to family and friends may also be working. In the context of significant cuts in public services, there is a real danger that additional burdens will fall on carers which they will be unable to meet. OSCs can make a significant contribution to monitoring the impact of the Comprehensive Spending Review on carers.

'Recognised, valued and supported: Next steps for the carers strategy' is a cross-government publication which refreshes the first National Carers Strategy of 2008. It identifies four priority areas for improving support to carers, the majority of whom are older people, over the next four years (DH 2010):

- identification and recognition

- realising and releasing potential

- a life outside caring

- supporting carers to stay healthy.

Carers' priorities have remained broadly the same over time – better information, breaks from caring and opportunities for employment. There is good evidence that caring responsibilities are associated with health problems and isolation, particularly for older carers. Carers are described as embodying 'the spirit of the Big Society'. Two areas of new emphasis in the strategy are the potential of carers for shaping a wider range of organisations providing personalised care and for contributing to civil society. Councils have a vital role in facilitating these areas of potential. The strategy is supported by additional funding over the next four years of £400 million via

PCTs for breaks and £6 million to improve carer support in primary care. The DH has confirmed that PCTs will be held to account for how this money is spent, but this could still be an area for OSCs to consider, since studies by Carers UK found that PCTs were generally unable to identify how previous funding for breaks, £150million, was spent.

Possible questions

- What do the PCT and the local authority know about carers in the area – their numbers, age, gender and ethnic profile, how many have received assessments, training, take-up of benefits, employment, use of respite care etc?

- Is there a joint strategy for carers between the PCT and the local authority?

- Are carers appropriately involved in diagnosis and care planning for the people they care for? What training provision is there for carers?

- What general advice and information services are offered to carers locally, including to people who care for people who fund their own care and advice on finance, benefits and employment (in partnership with Jobcentre Plus)?

- How do the PCT and local authority support local carers' organisations?

- What opportunities are offered for respite care and what information is available on the take-up of this?

The transition to older people's services

The transition from adult health and social services to services specifically designed for older people poses many complex questions for health and social care commissioners and providers. Many of those who have the greatest health and social care needs when they are older are already using services before retirement age. These include people with mental health problems, people with learning disabilities and people with chronic conditions and physical disabilities.

The National Service Framework for older people stated that NHS services should be provided, regardless of age, on the basis of clinical need alone and that social care services should not use age in their eligibility criteria or policies, to restrict access to available services. However, it is still the usual custom to have separate services for people above and below the age of 65, based on age, and not on objective needs-based criteria. At the same time, a service which has been designed for people of all ages with a particular care need, such as a mental health drop-in centre, may not be an appropriate setting for its older users as they move into the later stages of old age. With the passing of the Equality Act 2010, age-based differences in care and treatment and in resource allocation will need to be objectively justified. Social services departments and the NHS need to identify when such services are examples of good practice because they are age-appropriate and when they are unfair as they provide poorer care to people because of their age.

For example, at what age, if any, should someone who has been participating in a day centre for people with learning disabilities or a swimming group for people with physical disabilities move on to a similar provision designed for older people? There is clearly no right answer to this question. People age at different rates. Someone with a learning disability may have younger friends at a day centre – an abrupt parting may be upsetting for all of them. Yet an older person may no longer enjoy the kind of activities and outings they enjoyed when young. However, social segregation of age groups seems wrong and

inter-generational activities can be beneficial to all.

The personalisation and anti-discrimination agendas imply that solutions to these challenges should be particular to the individual and should be planned with the involvement of the person concerned, and their family and carers as appropriate, and that services should be sufficiently flexible and inclusive to be used in different ways by people of different ages.

Possible questions

- Can adult social care and health demonstrate that systems of assessment, care planning and resource allocation do not discriminate against people when they reach 65?

- Are local differences in care and support for people over 65 justified and appropriate?

- How does your local health and social care system commission services at the interface between long-term physical and mental health conditions, learning disabilities and old age? Are services designed so as to allow flexibility for individuals in the transition?

- What evidence is there of integrated assessment, care planning and co-ordinated care packages for people with mental health problems, physical and mental disabilities who are moving into old age? How much choice do people have about how they make the transition? Is there joint training and/or awareness among staff about each other's service areas?

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