Haringey Council

NOTICE OF MEETING

Scrutiny Review – Access to Services for Older People

MONDAY, 19TH NOVEMBER, 2007 at 10:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou, Alexander and Wilson

AGENDA

1. APOLOGIES FOR ABSENCE

(IF ANY)

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at Item 8 below).

3. DECLARATIONS OF INTEREST

A Member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to the meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A Member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a Member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest.

4. MINUTES (PAGES 1 - 4)

To approve the minutes of the meeting of 15th October 2007.

5. OVERVIEW AND FEEDBACK FROM COMMISSIONING PANEL (PAGES 5 - 34)

To hear an overview of the Commissioning Panel process and to receive feedback from Member's attendance at the meeting.

6. LIBRARIES SERVICE (PAGES 35 - 38)

To receive evidence from Diana Edmonds, Assistant Director Culture, Libraries and Learning.

7. LEISURE SERVICES

To receive evidence from Andy Briggs, Head of Sports and Leisure Services.

8. VOLUNTARY SECTOR

To receive evidence from Robert Edmonds.

A background DVD will be shown.

9. NEW ITEMS OF URGENT BUSINESS

10. DATE OF NEXT MEETING

Monday December 17th. 13:00-15:00 – to be confirmed.

Yuniea Semambo
Head of Members Services
225 River Park House
Wood Green N22 4HQ

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Scrutiny Research Officer
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MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE
MONDAY, 15 OCTOBER 2007

Councillors Bull (Chair), Adamou, Alexander and Wilson

LC1. APOLOGIES FOR ABSENCE

Zeedy Thompson (Haringey Forum for Older People)
Hazel Griffiths (Haringey Forum for Older People)
Manuela Toporowska (Haringey Forum for Older People)

LC2. URGENT BUSINESS

None

LC3. DECLARATIONS OF INTEREST

None

LC4. SCOPE AND TERMS OF REFERENCE

Inclusion of Black and Minority Ethnic communities and geographic equity is welcome, discussion as to whether inclusion of gender balance in services should also be looked at.

Agreed that the review will remain open minded and flexible throughout to allow for other areas to be incorporated where appropriate. Issues identified may become recommended for further in depth review to ensure this review stays focused.

The Terms of Reference were agreed.

LC5. OLDER PEOPLE'S SERVICE PRESENTATION

Tom Brown, Interim Assistant Director for Adults, Adult, Culture and Community Services (ACCS) Directorate spoke about the Older Peoples Service and the pathways taken by those accessing the service.

Anyone over the age of 65years who is deemed as vulnerable is eligible for an assessment of need.

First referrals generally come from other professionals and members of a person's family with the first point of contact being either the Initial Contact Team at Cumberland Road or the Stuart Crescent Health Centre; usually they can not manage completely independently. Assessment is then made as to whether Social Services is the most appropriate place (as opposed to health or the Department for Work and Pensions) and also ascertain the urgency of the person's situation.

If it is found that Social Services is the appropriate place then the complexity and urgency of the case is and whether intervention from for example the Voluntary sector is more appropriate.

The service targets to complete an assessment within 28days, although most are dealt with within 14days. This assessment includes detailed discussions with relevant

parties, judgements on risk and a persons needs in relation to all aspects of their life are looked at and the four bandings of the Fair Access to Care Services (FACS) applied. Aim to try and reach a consensus with a person as to the best course of action. Is a statutory service appropriate or redirection to voluntary sector?

Haringey operates within the Substantial and Critical bandings of FACS). Currently only those assessed at Critical or Substantial levels will receive commissioned services.

Unless there is clear urgency the case then goes to the Commissioning Panel in order to consider the allocation of services. The impact of providing or not providing a service is considered here.

Both in-house and external providers are approached to see whether any of the low level needs can be met.

A review is undertaken after 6-8 weeks and then approximately once a year. If the person's needs are more complex then contact is more regular. If a person's situation changes then contact is more frequent. This is often brought to light by a person's carer or someone at a centre the person attends e.g. a day centre. The aim here is to provide the optimum level of support so as not to promote over-dependence.

There is also a Higher Needs Panel. This panel is a multi-disciplinary, multi-agency group where people's needs are assessed as to whether they meet the National NHS Continuing Care Criteria for funding. This is when the need is deemed to be primarily health. People who are being discharged from hospital requiring a large package of care at home, or who are being admitted to a nursing care home are automatically presented at the panel. As is anyone who has been assessed by a health or social care professional and looks likely to meet the criteria using the decision support tool that is used in conjunction with the eligibility criteria.

There is a means test for Council services to ascertain whether a person is required to make a contribution, these are in line with the Department of Health guidance.

Ideal outcome = Independence.

Carers
The assessment also takes into consideration the Carers needs. Noted that carers provide a valuable service which saves a lot of money.

Discussion Points

Funding
The only external funding that is received is from government grants. Examples of this are the Carers Grant and the Access and Systems Capacity Grant. At present these are ring-fenced grants.

Discussion as to whether it is possible to find out how many people present at Critical and Substantial. This will be investigated and will report back to the panel.

Most authorities have a Commissioning Panel. Advantages of this include:
Equity and consistency of decision making.

- Objectivity when looking at cases.
- Ensures that all options have been looked at.
- Ensures that the quality of assessment is high as it acts as a check on the process.

Approximately 50% of first contacts with the service are filtered out before assessment. Of the 50% of those assessed approximately 25% of these go on to receive a service. Discussion surrounding what happens to these and as to whether they are borderline eligible for services, also whether they would be likely to come back to the service at a later date should their situation deteriorate. Analysis is not always possible due to resources. Noted that health and social services jointly need to improve the management of people will lower levels of need in order to prevent them from moving into the higher level needs areas.

The panel was of the view that those not qualifying for services should be contacted at a later date to see if their needs had been otherwise addressed. This is in line with the current agenda of a preventative approach.

The Social Care workforce in Haringey does reflect the diversity of the borough, this has been officially audited. There are also good links in place with faith groups and voluntary agencies which are able to reach the harder to reach groups.

There are budgetary issues in the service. It is impossible to predict how many people will come into the services within a year, at the same time there is set budget for the service. Budget monitoring takes place on a regular basis, however due to the statutory requirement to provide a service to those who meet eligibility criteria there services are not withheld. This may lead to an overspend.

An overview of the Access Pathways Project, currently taking place in Adult, Culture and Community Services was given by John Haffenden (Assistant Director, Commissioning and Strategy):

Current routes into services are complicated and do need to be simplified. There is a need tom make the best use of facilities across the Council, health and the voluntary sector.

The end vision of the project is for universal services to be accessed by all, this includes those will lower level needs who are not eligible for a social care package. Emphasis is on preventative services and early intervention.

Current work includes looking at what is being done across each of the services in the ACCS Directorate and where the access points are. Service directories are being looked at. The Older Peoples service has a directory; it would be useful if every Councillor had a copy of this for when they are speaking to residents.

Voluntary and community organisations will also be included and an aim is to ensure that the staff working in the Directorate will know what services are provided here.

Noted that Melanie Ponomarenko has joined to Project Board so that the review and the project share information.

MINUTES OF THE SCRUTINY REVIEW - ACCESS TO SERVICES FOR OLDER PEOPLE MONDAY, 15 OCTOBER 2007

LC6. DRAFT REVIEW TIMETABLE

Panel Members attendance at a Commissioning Panel meeting to be arranged asap. This will be Members only.

Cabinet Member for Adult Social Care and Well-being to be invited to speak at a Panel meeting.

Commissioners and Providers to be invited to panel meeting.

Coordination of a list of places for panel to visit to be drawn up and scheduled in.

Consideration to be given to the panel members having lunch at age concern to enable them to talk to people there.

LC7. DATE OF NEXT MEETING

19th November 2007
10:00-12:00

LC8. NEW ITEMS OF URGENT BUSINESS

None

All Our Tomorrows

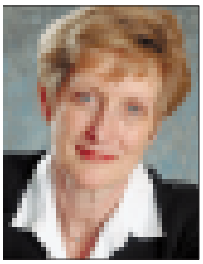
Inverting the triangle of care

Local Government Association

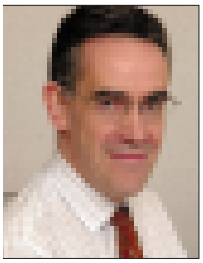
A joint discussion document on the future of services for older people

Foreword

David Behan, President, ADSS 2002 - 2003



Alison King, Chair, LGA Social Affairs and Health Executive



Andrew Cozens, President, ADSS 2003 - 2004

In 2002 central and local governments agreed a number of shared priorities – one of which is improving the quality of life of older people

If we are to make real, significant and sustainable improvements in the quality of life of older people, we will need to take radical steps, rather than tinkering round the edges. Fundamental changes are needed in the way we think about ageing and older people. The way in which public services operate and are organised will need to be radically revised. The legislative underpinnings of services for older people need to be modernised to reflect a different vision for the future. We must do more to eradicate poverty and inequalities in health and wellbeing. The interface between the public sector and the private, voluntary and community sectors still needs to be improved and the value of informal carers better recognised.

The public sector needs to ensure that it is responsive to the needs of older people. The national aspirations for better services for older people is clear in the national service framework and the NHS Plan and the new investments in health and social care reinforce this. The social services community is fully committed to the principles of opposing ageism, developing person centred care, working in partnership with users and carers and the development of inclusive services. However, for local government, social services and the social care community and for the NHS, creating robust and responsive services which will meet the needs of today's and tomorrow's older people poses significant challenges and many new opportunities. This document looks at what some of these might be.

The framework of thinking is based on the fundamental principles of public sector reform.

We are committed to the engagement of older people in the development of services and believe that older people should be empowered to be full partners in ensuring that there is a greater range of flexible services which give them a greater choice in care.

We are committed to working within a framework of clear national standards and accountability and believe this is essential to provide older people with confidence in public services.

We believe that older people want local services delivered locally. We therefore support the movement to devolve power to the front line and believe this will result in more flexible and appropriate local services. This is one of the major themes of this document.

We believe we will need to work in partnership with other public and independent organisations to maximise our resources and promote an inclusive approach to responding to the needs of older people.

We believe that our workforce is our key resource and that investing in our staff and developing flexible new ways of working is essential to provide better services for older people.

This is a huge project for the nation and we recognise that we cannot tackle all the issues at once. Nevertheless, the speed at which our society is ageing means that this agenda is urgent now.

We hope that this document will promote a wide discussion that will help take forward a national debate about the future of social services for older people.

David Behan
Alison King
Andrew Cozens

Contents

Acknowledgements

All Our Tomorrows *was commissioned by Dr. Glenys Jones, Chair of the ADSS Older People's Committee, and the LGA's social affairs and health executive. It was written by Neil Singleton and Alison Painter, consultants with Creative Exchanges.*

The material incorporates many of the ideas and comments from the editorial group, which in addition to the above included Simon Weeks of the LGA, Christine Paley, Vice Chair of the ADSS Older People's Committee, and Eileen Waddington of the Nuffield Institute for Health.

Special thanks also go to the participants of several seminars held in 2003 who contributed greatly to the content of this document. These seminars were attended by older people, and representatives of many public and independent agencies. A full list of names of all those who attended are detailed in appendix one.

Introduction

■ *We readily use the expression `the elderly', setting us apart from each other simply because of age.*

All Our Tomorrows Improving the Quality of Life of Older People

This discussion paper from the ADSS and the LGA details the progress made so far in building better services for older people and sets out a positive vision for the way forward. The first section highlights some of the major achievements so far, and some of the challenges we still face. The second section looks at how our services need to change in the future and how we need to adapt our policies and services to improve the lives of older people reflecting the needs of the ageing population.

■ *When we need specialist help we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us.*

It is well known that the population of the UK is getting older. People are living longer and expect much more from their lives and the services they use. In 1900 only 4 per cent of the population were aged over 60[1]. The latest figures for England from the Government Actuary[2] show that this had grown to 21 per cent by 2003, is expected to be 25 per cent in 2020 and will be 29 per cent by 2031. Year on year, this is rapidly increasing the demand by older people for services. Local authorities have a key role in responding to the needs of older people. This growth in demand is already having a major impact upon them.

■ *Properties in poor condition are disproportionately occupied by older people and tend to be older and privately rented.*

Those who are younger often consider older people as a separate group. We readily use the expression 'the elderly', setting us apart from each other, simply because of age. Yet we would do well to remember that all of us age. Just because we are older, doesn't mean our fundamental needs change.

We want to be active partners in the decisions that affect our lives. We want to be treated equally with dignity and respect. We want to remain as healthy and as independent as possible for the rest of our lives. We need to be able to access the services that everyone else uses. When we need specialist help, we don't want to be faced with bureaucratic responses, or arguments about whose responsibility it is to help us. If we require specialist services, we want these to be tailored to our needs. Achieving this for older people presents a challenge.

■ *Older people are more likely to fear becoming victims of crime than younger people.*

Many older people believe their contributions are not valued as much as they should be, or as much as they are in many other societies. Such negative images can lead to age discrimination, social exclusion, isolation and poverty. Yet older people have a wealth of knowledge, skills and experience that can enrich all of our lives.

An independent inquiry in 1998, under the chairmanship of Sir Donald Acheson[3] found that:

- Older people are more likely to be living in poverty, whether this is defined as below half-average income or the receipt of means-tested benefits,
- The poorest pensioners, who rely most on benefit, have experienced a relative deterioration in their income,
- Older people are at risk of fuel poverty,
- Properties in poor condition are disproportionately occupied by single older people, and tend to be older, privately rented properties,
- Older women are particularly likely to live alone,
- Older people experience lack of access to transport disproportionately,
- Older people are more likely to fear becoming victims of crime than younger people.

So how can we respond to the challenge?

We need to confront ageism and other types of discrimination against older people. In particular we need to:

- Recognise the vital role that older people play in our society, and improve the participation and engagement of older people in policy and service issues,
- Encourage healthy lifestyles for older people; break down the barriers to employment, and ensure they can access the general services provided for all of us - all with the aim of promoting independence,
- Have a joined up partnership approach to how services are delivered and ensure integration of key services such as health, housing, social services, transport, leisure and lifelong learning, planning, regeneration and the environment,
- Ensure specialist services are responsive, flexible, integrated and of high quality.

SECTION ONE

Choice and involvement, independence, growth in partnership working, shifting the focus...

Emergence of Choice and Involvement for Older People

The Community Care Act 1993 placed a responsibility on local authorities to offer choice and involvement in the social services provided to older people. Although service focused in its approach, the legislation provided an impetus for involving older people in choices about their lives. Councils successfully managed the challenges of introducing fundamental changes to assessment, commissioning and procurement of social care services through the modernisation of management and professional practices alike.

The introduction of direct payments in 1996,[4] and further encouragement by the government in 2001[5] to use these for older people, has enabled councils to give individual older people a budget to purchase their own chosen services, following an agreed assessment of needs.

The Better Government for Older People initiative reports a whole range of innovative projects[6] by local government, the pension service and others, actively seeking new ways of involving older people in such things as employment, lifelong learning,[7] user friendly information, and designing a new learning and resource centre.

A number of initiatives, such as health action zones, have been introduced by the government to reduce inequalities in areas of greatest need. Many of these have recognised the importance of involving older people in their local communities. The national service framework for older people[8] also recognises the need to combat age discrimination. Councils are actively working with their health partners to achieve this.

Emphasis on Independence

Over recent years councils have been changing the balance between home and residential care. Research into the changes in social care services since the mid 1980s[9] found that:

- Need related circumstances of users and carers are now the primary cause of admission to institutional care rather than supply side issues such as a shortage of domiciliary care,
- Care packages are now more efficiently meeting needs,
- Services are helping to realise a series of outcomes such as extending length of stay in the community.

The NHS Plan[10] recognised the need for ways of bridging the gap for older people as they move from dependence in hospital to independence at home. Joint health and social services intermediate care teams have been established, providing rapid response to emergencies, intensive rehabilitation and recuperation. Inspections of 23 councils in 2001/2 found a wide range of new innovative services promoting independence particularly in the area of intermediate care.[11]

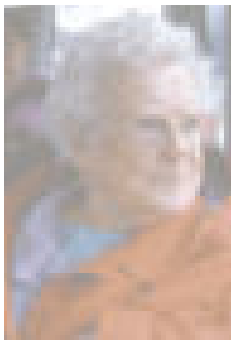
In recognition of the fact that an older person's home can have a marked affect on their quality of life,[12] especially their independence, councils, in partnership with others, have developed schemes to facilitate adaptations and repairs so that older people can remain in their existing homes. They are continuing to develop smarter forms of equipment to support mobility and monitoring.

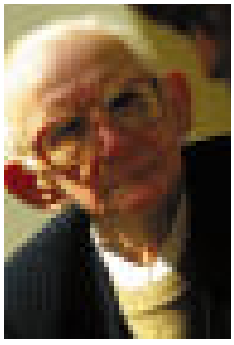
Private and public housing providers have developed supported housing. This includes the development of 'extra care' supported housing, and large scale, mixed tenure villages which support independence by building any specialist services required around the needs of a person living there.

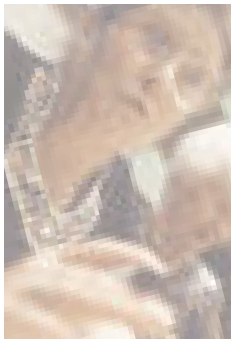
In addition to subsidised public transport for older people, imaginative transport schemes have been developed locally, which enhance the mobility of people outside their homes. Examples include 'dial-a-ride' and 'shopmobility' services, and rural transport schemes.

Growth in Partnership Working

Arising out of the Local Government Act 2000, which placed a responsibility on local authorities to improve the social, economic and environmental wellbeing of their area, local strategic partnerships have now been established almost everywhere. Led by councils, these bring together into one partnership public, private, voluntary and community sectors with the aim of reducing health inequalities and social deprivation by better local co-ordination. This has begun to shift the focus towards service outcomes being about securing wellbeing for all.







Integrated teams, improving specialist services, support to carers, social exclusion...

■ *Inspections in 2002 demonstrated that SSDs have actively started to implement the national service framework.*

Planning has consequently become much more integrated. The recent NHS led local health delivery plans have involved a number of key stakeholders across the whole local community including older people and social services.

The Health Acts of 1999 and 2001[13] have encouraged health and social services to pool budgets leading to more jointly commissioned services reducing the gaps for service users. The supporting people initiative[14] has similarly brought together housing, social services and health on a local basis to commission the support element for supported housing.

■ *In 1997, 35% of residential care and 70% of home care was directly provided. In 2002 this had fallen to 20% and 44%.*

At the service level, local partners are busily establishing integrated teams. Staff are drawn from across the agencies, particularly health and social services, with the objective of facilitating seamless services. In some cases these teams are being located in easily accessed 'one stop shops'.

Some of these developments involve national government services. For example, the pensions service have partnerships with a number of councils for joint financial assessment. Benefits teams offer a single route into the pensions service, social services and the supporting people initiative.

■ *Older people are often still excluded from universal services in the community - ones that we would all expect to use.*

In 2002, the chief inspector of social services reported that inspections demonstrated social services departments had actively started to implement the national services framework in co-operation with the NHS and other stakeholders including users and carers.[15]

Partnership with the independent sector has been embraced by social services. Directly provided specialist services now account for well below half of those procured. Illustrating the change: in 1997 35 per cent of residential care and 70 per cent of home care was directly provided. In 2002 this had fallen to 20 per cent and 44 per cent respectively.[16]

■ *A survey found that train and bus operators think of older people as a nuisance, or as potentially reducing profits.*

Improving the Quality of Specialist Services

At the end of March 2002, there were about 203,500 older people in England being supported by social services in residential/nursing care. Community based services such as home care, day care and meals were being provided to approximately 683,000 older people.[17]

Despite well publicised exceptions, research shows high levels of satisfaction by service users. In one home care service study, a staggering 97 per cent of older people agreed or strongly agreed that care workers make sure they are comfortable, describing care staff as 'friendly, cheerful, discreet, thorough, obliging and gentle'.[18] When comparing changes since the mid 1980s another study found that 'services benefit a wider range of people' and 'they are more proactive in achieving outcomes highly valued by users, carers and policy makers'.[19] Department of Health inspections in 2002 also found that older people generally indicated they were satisfied with the services they received'.[20]

Improving Support to Carers

The Carers Act;[21] subsequent legislation, guidance, and the carers' grant have emphasised the importance of support to informal carers. Although problems still do remain, councils have responded positively to the Act. A government report[22] concluded that the implementation of the Act had brought a greater focus on carers' needs and noted that in some cases carers are offered very sensitive, practical and emotional support.

Current Challenges

Social Exclusion and Older People

Older people are often still excluded from universal services in the community, ones that we would all expect to use.

The ability to travel from our homes is critical for meeting our basic needs such as shopping, contact with others and full participation in community life. Research[23] has established that good access to transport is associated with quality of life for older people. And yet, according to a survey,[24] over one million UK citizens over 65 feel acutely isolated in their own homes. The same survey found that train and bus operators think of older people as a nuisance or as potentially reducing profits, because of demands for free access.

Having a suitable home is crucial to our wellbeing and yet the Housing Corporation points to a lack of understanding of ageing in relation to housing design and planning. A view exists that just a few categories of specialist housing will meet the needs

Assessing health care, joined up commissioning, governance, flexibilities and seamless services...

of all older people. This is an example of fitting people into services rather than designing services around the needs of people. It results in such examples as older people having insufficient room within their homes to entertain others. There is often also a failure to respond to older people living in general housing who, without enough support, can be socially isolated.[25]

None of us could easily maintain our independence if we were unable to access health care services when we needed them. Ageing does bring a greater risk of needing health care[26,27] and yet older people are often seen as a burden rather than the major age group of adults who legitimately require services. A 1998 Inquiry[28] found that poor older people may be less likely to receive some health care services and have poorer health outcomes after receiving these services. Age Concern reported a survey of GPs finding that 77 per cent confirmed that age based rationing occurred.[29] None of us would easily maintain our dignity if we were regarded as a burden, just because we shared a health condition with a huge number of other people. This ought to be an argument for more help rather than less.

It is likely that this picture would be repeated in other universal services such as leisure and education. The challenge is to find ways of integrating older people into their own communities, utilising the universal services we all require.

Uncoordinated Commissioning

While local strategic partnerships have a key role in promoting wellbeing, there is no effective mechanism to support the local strategic partnership to coordinate commissioning from the viewpoint of older people.

Joined up commissioning between partner agencies for specialist services used by older people is developing. However, challenges remain. Differing targets, priorities, planning systems, commissioning and governance arrangements, work force roles, budgetary constraints, delivery, and performance monitoring make it difficult to deliver services that are coherent and joined up. The national service framework, while giving much needed and welcomed attention to older people, is far too narrowly focused on health. It is clear that if the gaps in services for older people are to be closed and services better co-ordinated, then improved forms of joined up planning and commissioning are required.

The challenge is to find ways of commissioning universal services on a joined up community wide basis and specialist services on a system wide joint agency basis.

Disjointed Governance

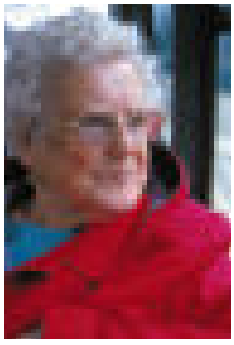
Joined up commissioning requires joined up governance. The NHS Plan[30] suggests either joint or lead commissioning across health and social services but this does not cover other key partners. The planning for the implementation of the national service framework for older people and the local health delivery plans led by primary care trusts has encouraged wider participation, but largely from a health perspective. The duty of wellbeing in the Local Government Act 2000 resulted in local authorities leading community strategies, and a national agreement has been reached for capacity planning involving all partners including the independent sector. However, there is no consistent governance framework in which commissioning can operate across all needs and all partners.

The key objective for a governance framework is to secure seamless journeys for service users and their carers when utilising both universal and specialist services, while holding partners to account for their individual contributions.

Recent Health Acts[31] have introduced flexibilities that ease the way for joined up governance, including creating a care trust. However, although in some cases this can be helpful, it focuses attention primarily on the specialist services provided by health and social services. Mechanisms still need to be found to include all the other community services.

A study by the Audit Commission[32] concluded that some areas had achieved high levels of integration with a minimum of structural change while others had adopted care trust status. They suggested that the level of organisational change necessary to deliver integrated care is likely to be different in each community; one model does not fit all.

This presents a challenge to each community. Services must work together if they are to make the



Inequalities, carers, assessment and better opportunities, staff and workforce issues...

■ *Poorer older people are less able to bear the additional costs of disability.*

maximum difference to the lives of older people. Every community needs to establish the appropriate governance arrangements for their locality in order to make this a reality.

Pressures on the Delivery of Services

Apart from the issues for older people accessing universal services identified above, similar problems exist for social services. The independent Inquiry into inequalities[33] found that:

■ *In some cases, carers receive no information about what might be available, and they are not assessed.*

- Levels of domiciliary support are insufficient to counter an increasing trend for more older people to enter residential care.
- Where demand for services exceeds supply those in the poorest groups are protected through means testing. However charging for essential support services can disadvantage those with average incomes, while those with small savings feel penalised.
- Poorer older people are less able to bear the additional costs of disability such as the additional laundry costs associated with incontinence.

Inequalities are likely to worsen unless action is taken. People are living longer. two per cent of the population in 2003 were over 85 years, but it is anticipated that this will grow to 2.5 per cent by 2020 and 3.2 per cent by 2031. It is a much higher proportion of people over 85 years who require specialist support from social services.

■ *There are shortages of qualified staff and competition with other sectors for unqualified staff.*

When support is required, informal carers currently provide a very significant share of this. This is often without the direct involvement of outside agencies. There are six million carers in Great Britain with one in eight adults giving informal care.[34] Informal carers are often crucial to older people and help to avoid dependence on specialist services.

■ *What is required is new roles which bring together a number of the skills related to rehabilitation and reablement.*

However, a government report[35] in 1998 noted that the quality and type of support that carers receive remains a matter of chance. In some cases, carers received no information about what might be available and they were not assessed. A survey of carers in 2003[36] by Carers UK reported only slight improvement.

Alongside this, the population in the ages who traditionally provide this informal support (35 to 60 years) is set to fall. There were three people aged 35 – 60 for every older person aged 70 and over in 2003, this is projected to fall by 35 per cent to two people for every older person by 2031.

The challenges are to improve the delivery of social services to service users and carers while expanding opportunities for choice and responding to the population-driven increase in demand.

Modernising the Workforce

Modern services require a modern workforce. However, social services struggle to recruit and retain staff and their roles don't cover the new tasks required. In some cases the prescribed roles are restrictive.

Traditionally social care has had a poor image[37] and for many posts, low pay. A national report[38] in 2002 showed that the numbers working in social services departments fell overall by three per cent over one year. This was particularly marked within services associated with older people: domiciliary care by 7.5 per cent and residential care by 4.3 per cent. Turnover for home care employees was a high 16.1 per cent.

A similar survey[39] of independent care providers revealed, in residential care, vacancies of 7.1 per cent and 8.5 per cent for care workers and nurses, and turn over rates of 24.9 per cent and 15.3 per cent respectively. Fifty per cent of respondents reported severe difficulties in recruitment, citing attractiveness of pay as the most common reason. The turnover of home care workers in the independent sector was a massive 35.8 per cent (50 per cent in London), the main reasons given being low pay and nature of the work.

A national report concluded that there are shortages of qualified staff and competition with other sectors for unqualified staff.[40] This is exacerbated by national shortages in the NHS of GPs, community nurses and other staff.

Many of the traditional roles and skills of staff need to change. Tasks such as rehabilitative work for people with disability, including older people, are shared between different professional groups and can include occupational therapists, social workers, care staff and nurses. What is required are new roles, which bring together a number of the skills related to

Workforce imbalances, inadequate pensions, means-testing, eligibility, perverse incentives...

rehabilitation and reablement. We also need to develop the role of community development with professionals becoming facilitators and catalysts for change.

A related workforce issue is the need to change the traditional ways staff work across agency boundaries. Collaborative working requires training to understand the roles of other agencies' staff and in the particular skills of referring across the system to get services delivered. Staff from partner agencies across the public and independent sector may need similar skills, yet joint recruitment, training and cadet schemes are largely absent.

Traditionally social services for older people have been staffed with people less trained and qualified than the remainder of social services. The 2001 workforce survey[41] showed that in residential care 39 per cent of managers of older people's establishments held relevant qualifications. However for managers of children's establishments the figures were 67 per cent. In the home care service only 9 per cent of managers possess a relevant qualification.

The numbers of field professional social workers show a similar imbalance. The number of social workers in the older people's and children and family services are roughly equal[42] and yet the volume of work is significantly higher in services for older people: the proportion of expenditure by social services on children being 23 per cent and for older people 45 per cent.[43]

National action is being given to the appropriate training and qualifications of the workforce but the challenge is to give continued attention to these issues, and speed up the pace of implementation.

Investment Issues

An adequate income is the prerequisite for meeting our needs. Essential items such as nutritious food, heating, mobility, independence, autonomy, choice, participation in the community and thus dignity, often depend on being able to afford them. This makes pensions one of the most crucial services for older people.

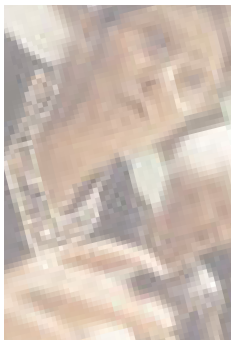
However, the minimum income guaranteed for an older single person is only £5,104 per year and £7,790 for a couple.[44] As a proportion of UK average earnings, this is 15 per cent.[45] Considering all pensioners, even the mean net income after housing costs, is only £8,216 for a single male and £6,656 for a single female.[46] Additionally, many pensioners have not taken up all the benefits to which they are entitled. In 1999/2000 between £930 million and £1,860 million in entitlements went unclaimed by pensioners[47] despite sustained attention by central and local government and the voluntary sector.

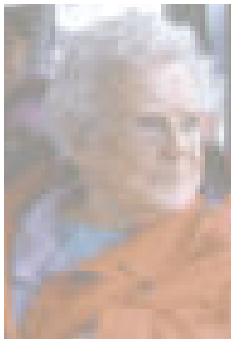
A very recent national survey concluded that 45 per cent of older people surveyed remain in poverty, lacking two or more basic items or activities that they could not afford to purchase.[48] Successive governments have encouraged individuals to prepare for their retirement through occupational and private pensions, but recently employers have moved away from final salary schemes, leaving future pensioners dependent on the vagaries of the stock market.

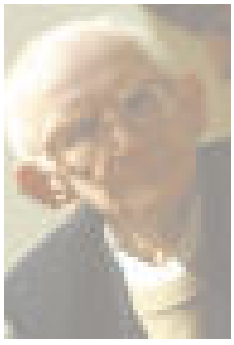
Having sufficient resources can also be an issue when needing specialist services. NHS services are free but social services are means tested. In the case of local authority supported residential care, residents make a significant financial contribution to the costs. In the case of NHS continuing health care services are free. Despite a commendable joint approach by the government and local authorities to create a common framework for all councils in setting eligibility criteria,[49] the distinction is not always clear. This opens up fault lines between the two services, with significant financial consequences for the service user, and both services riding on the result.

A similar situation occurs for specialist housing and social services for people in their own homes, where charges are also made. Consequently it matters financially who is visiting a service user e.g. the community nurse who is free or the home carer where a charge is made. Yet the boundaries between personal care and nursing care are increasingly blurred.

Charging for services also places a perverse incentive on social services departments struggling to juggle resources. Where older people have high levels of needs, even if the gross costs are greater, it is often cheaper to place someone in residential care. This is because the charge a local authority can realistically make to the service user for domiciliary care is significantly less than for residential care.







Outdated legislation, the `welfare net', mainstream services and reviewing the law...

■ *The focus on the `welfare net' for older people has reduced the focus on how services can contribute to meeting older persons' needs.*

The challenges are to ensure older people have sufficient resources to access the services they need and that there are no perverse incentives that distort the pattern of specialist services.

Modernising the Legislation

Almost ten years after the implementation of the community care reforms,[50] a government report identified that the number of households receiving home care from social services[51] reduced by 18 per cent from 1999 to 2002, and yet the number of hours of care provided increased by 14 per cent over the same period.[52]

■ *Services for older people are not just about social care or health - they cover the wide range of services we all need now.*

This trend reflects the enormous effort made by social services to concentrate resources on those people with higher levels of need and dependency. The intention is to avoid the use of residential care for those people where intensive support can enable them to remain at home. Given budget constraints this means that older people with lower levels of need receive less help. The investment has also been at the expense of preventative or promotional 'lower level' services. This is an unintended consequence of the changes made in the community care reforms.

■ *Older people will soon make up 25% of the population and we need to plan changes now if we are to respond to these issues.*

This is perhaps unsurprising. Although the 1993 changes were radical in many respects, they still relied heavily upon concepts rooted in the Poor Law. Like the legislation that preceded them such as the National Assistance Act 1948 and the Chronically Sick and Disabled Persons Act 1970, the emphasis is upon public services providing a 'welfare net' to catch those who either experience the severest difficulties and/or who have not been able to make provision for themselves.

■ *How do all the key agencies and the wider community work together to improve the commissioning of services?*

This has led to narrow definitions of entitlement linked to a rigorous assessment of the needs and means of individuals who request services. It contrasts with an approach seeking to promote the health and wellbeing of older people through the use of mainstream universally accessible services. The focus on the 'welfare net' for older people has reduced the focus on considering how services, such as transport, supply of food, housing, education, leisure, can contribute to meeting the needs of this major age group of citizens.

The challenge is to review whether today's legislation is appropriate for meeting tomorrow's needs.

The Key Issues

Services for older people are not just about social care or health. They cover the wide range of services we all need. Yet older people are more likely to experience poverty and find it difficult to afford basic necessities. Where social care is required, local government has developed extensive specialist services, often of a very high quality. This is in response to the continual efforts made by the government to improve the lives of older people. However, this has been at the expense of 'low level maintenance' or preventative services. This deficit is exacerbated when universal services such as transport and housing are not tailored to the needs of older people.

Older people will soon make up 25 per cent of the population and we need to plan changes now if we are to respond to these issues.

- How can older people better engage with the community and its universal services?
- How do we tackle discrimination against older people?
- How do all the key agencies and the wider community, including older people, work together to improve the commissioning of services?
- How does each community establish joined up governance arrangements?
- How do agencies rise to the challenges of developing a responsive and skilled workforce?
- How will social services deliver high quality services to older people and carers alike?
- How do we tackle poverty for older people?
- How do we develop the right legislative framework?

SECTION TWO

A Future Vision for Older People

Setting the Outcomes

The United Nations *Principles for Older People* emphasise the importance of independence, participation, care, self fulfilment and dignity as we age. Building on these principles, the ADSS and the LGA propose that we should seek to achieve the following outcomes for older people:

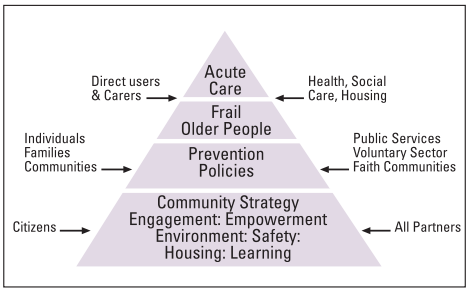
- **Living longer and healthier lives** – including protection from abuse and exploitation.
- **Better quality of life, enhanced lifestyles** – better access to leisure, social activities and lifelong learning.
- **Further opportunities for employment** – more older people having the opportunity to work or having access to other income-generating opportunities.
- **Reduced poverty** – elimination of poverty in old age and greater financial independence.
- **More independence and interdependence** – relationships based on reciprocity rather than dependence.
- **Better informed** – increased access to information and advice so that older people can take action for themselves.
- **More involved in decision making** – fully able to influence the development of key policy areas including the governance, implementation and shaping of services and to exercise their democratic rights as citizens of their communities.
- **Greater control and autonomy** – more choice and control over the services provided to them.
- **No discrimination** – Ageism, stereotyping and other types of discrimination against older people confronted and stopped.

How we set a new direction to achieve these outcomes is the theme for the remainder of this document.

Shifting the Balance

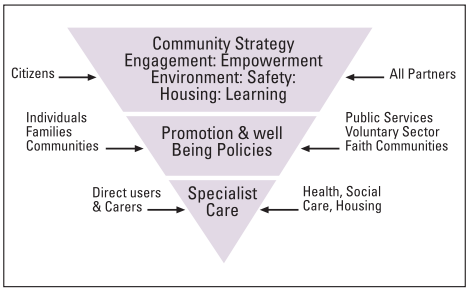
Currently we focus most resources for older people on those with the most severe needs. In Figure 1, statutory services are concentrated at the very tip of the triangle. This focus on acute care and the most frail older people has been emphasised even more, by the drive to reduce delayed discharges from hospital.

Support for Older People Today *Figure 1*



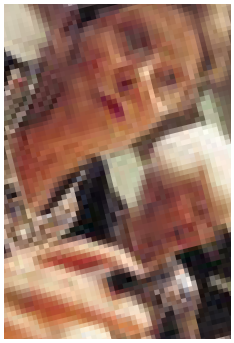
Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of the wellbeing of older people is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies, see Figure 2.

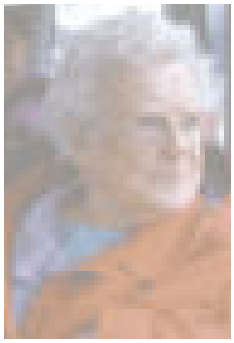
Support for Older People Tomorrow *Figure 2*



Key features of this approach are:

- Community members, including older people, and agencies working together, taking collective responsibility for promoting the wellbeing of older people and setting priorities.
- Agencies focusing jointly on what needs to be achieved and how each will contribute to this, rather than a preoccupation with internal structures and boundaries.
- Professionals, while recognising their specific skills, being concerned with growing the capacity





Prevention, outcome orientation, wellbeing, working across barriers, defining outcomes...

■ *Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.*

and capability of universal services, becoming facilitators, catalysts, and enablers in developing services in the community.

- Universal services enabling people to be supported in the community more safely and for longer.
- Information, advice and other resources available to empower older people in accessing the services they need when they need them.

Promotion of wellbeing

■ *Focusing on outcomes needs to start from the perspective of what older people universally need.*

Inverting the triangle also turns the concept of prevention upon its head. Two broad definitions of prevention have been recognised.[53] these are:

- Services which prevent or delay the need for more costly intensive services,
- Strategies and approaches that promote the quality of life of older people and their engagement in the community.

■ *National and local outcomes for older people need to be clearly expressed in language everyone understands.*

The first of these definitions follows from the logic of figure 1 and has underpinned community care policies for many years. This form of prevention has been aimed at frail older people. The second definition follows from the logic of figure 2. Promotional policies aimed at all older people are necessary to promote wellbeing more effectively.

This revised definition of prevention focuses on citizenship, participation and partnership. A recent paper, *Living Well in Old Age*,[54] points out that 'older people are citizens of their community rather than mere consumers of health and social care organisations.'

■ *Indicators need to be easy to collect, easy to benchmark, easily understandable by the general public*

The objectives behind preventative strategies need to change. The old definition is characterised by promoting choice and independence. While still important, we need to go beyond these to a more complete sense of empowerment. Adults not only exercise choice between the options they are given or face, they possess the much greater ability to control their lives and create their own options. Adults don't just seek to avoid dependence on others but are interdependent, enjoying equal relationships with others.

■ *Local and central government need to take a proactive approach to revising the image of older people.*

A further paper[55] highlighted that the extension of control and interdependence is fundamental to successful ageing. We should recognise and promote ways in which older people are able to exercise more control over their lives if they are to be truly considered by us as adults. We should support the maintenance and development of new relationships, no longer based on dependency, but on an equal footing, contributing as well as receiving.

Defining the Outcomes

At present each agency has their own set of goals and objectives. Many of these are not framed from the perspective of an older person in terms of desired outcomes. This focus on outcomes needs to start from the perspective of what older people universally need. The Audit Commission and Better Government for Older People in 2003[56] brought together information about what older people say are the key factors that would help them to live independent lives, and this should inform the development of a national set of wellbeing outcomes for older people.

As well as national wellbeing outcomes for older people, communities may wish to develop their own set of local outcomes that they want to see for all older people in their community. These may be related to particular needs of the community.

Both national and local outcomes for older people need to be clearly expressed in language that everyone understands such as healthier older people, older people who are better informed, more choice and power to make decisions, independence, better access to services, dying with dignity. As one resident said, 'the words need to speak to the people!'

Rather than each agency focusing on delivering service objectives and targets they should be required to say how they will contribute to delivering the national and local outcomes for older people and work across organisational barriers to achieve this. The aim will be to improve the wellbeing of older people rather than creating inward looking organisations focusing on agency processes or performance.

Progress against outcomes needs to be monitored. National indicators inform all stakeholders about the progress achieved in relation to agency objectives and targets. comprehensive performance assessments[57] provide a basis for monitoring services across councils and the star ratings for

Tackling discrimination, universal and specialist services, the active community, priority issues...

health provide a similar approach for health trusts. However, both need to be revitalised if they are to provide whole system monitoring. Indicators are needed on a cross agency basis to monitor outcomes for older people.

Local communities will want to develop their own indicators to monitor whether they are achieving local outcomes for older people. Research carried out in America[58] highlighted the importance of the buy-in by the local community to local indicators. These indicators are known as 'town square' indicators and are owned and understood by everyone.

Indicators need to be easy to collect, easy to benchmark, easily understandable to the general citizen, few… But important.

Tackling Age Discrimination

None of this will be achieved without tackling age discrimination. Negative images contribute to the poverty, social exclusion and isolation of older people. We must develop positive images of ageing if we are to ensure the active participation and engagement of older people in our communities. This means challenging and changing attitudes to older people. Local and central government need to take a proactive approach to revising the image for older people, and set an example by developing publication and media standards in all their documents to improve this image.

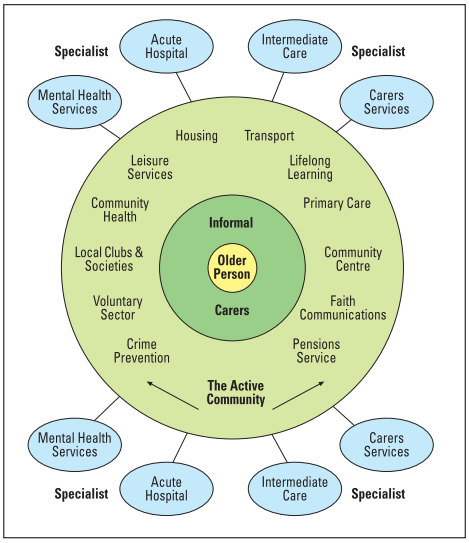
Having the right forums at national and local levels to represent and consult with older people will also put older people closer to the centre of setting national and local policies and help to tackle age discrimination.

Achieving the Vision

Changing the Direction

The vision, which needs to be shared, demands a new way of looking at the networks of people and services in the community. This is illustrated in Figure 3. Older people and their immediate informal carers are in the centre interacting with universal services: the active community coloured light green. Specialist services are on the outside interacting with older people only when they are needed: the specialist community coloured blue.

A New Direction in the Community *Figure 3*



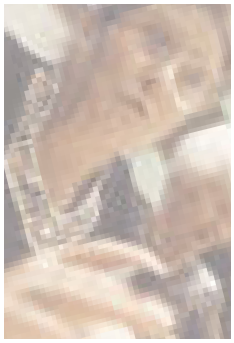
This model represents a much better connected local network than exists currently, ensuring better outcomes for access, choice and a seamless service.

The local authority would have a leadership role in achieving this by:

- Facilitating the development of this new direction,
- Ensuring that services within the 'active community' are accessible, and meet the needs of older people and their informal carers,
- Overseeing the development of comprehensive wellbeing strategies, not just focused on health and social care.

It will be important to have a dedicated staff team at a local level to sustain the momentum of implementing the new direction, sustain the partnerships and ensure strategies that cross agency boundaries are delivered.

Deciding the size of the active community will be a key issue for each council based on local issues. Active communities could be based around a particular local authority area, neighbourhood, primary care trust locality, or other areas that form a



Strategic change, levels of commissioning, clear accountability and local strategies...

■ *Commissioning needs to accommodate the move to greater choice within services.*

■ *All key partners will need to work together to ensure they commission services delivering the agreed outcomes.*

■ *Some specialist services ... will have to be commissioned for a wider geographical area.*

■ *There needs to be a clear governance framework for ensuring joined up principles and processes ... across government.*

■ *Further work still needs to be carried out on governance and partnership locally.*

natural community. It could be along the lines of the approach taken by the community action network, which promotes social entrepreneurship in service delivery.

Changing the Strategy

Each community, including older people, will need to undertake a community assessment of the key issues for older people in the community. This assessment will take time and resources, but research carried out in America[59] emphasises its importance because the end result is a strong community agenda. By undertaking such a process the wider community and all stakeholders feel ownership and responsibility. Older people need to be actively involved in the community assessment and be central to this process.

In essence, the assessment is about building a 'community portrait' on which to base the vision. The information will help determine the priorities to define the community outcomes in relation to older people, setting a community agenda.

Once agreement about the priority issues for improving outcomes for older people has been achieved, statutory and voluntary agencies, together with members of the community need to work to develop a shared strategy to achieve the desired outcomes. This should involve an understanding of 'what works' through looking at research and the use of the current evidence base. It should also involve developing an implementation plan, with interagency agreements to deliver the strategy. This will link into other key strategy documents, for example the local health delivery plan and the community plan.

In relation to local strategies, a recent discussion paper[60] identified nine key elements which need to be addressed when developing a local strategy. These are illustrated in Figure 4.

Changing the Way Services are Commissioned

At present, whole systems commissioning and commissioning for the active community are not locked into a governance framework. It is important that this happens. We already have a tool to achieve this through local health delivery plans, but these are very health focused, reflecting the focus of the national service framework and will need to be adapted taking on a comprehensive whole system focus. The power of local authorities to promote the economic, social and environmental wellbeing of their area under the Local Government Act 2000 offers another opportunity on which to build. However, a framework for 'whole systems' commissioning based on the needs of communities clearly needs to be developed further.

There are three levels of commissioning: at an **individual** level, at the **community** level, and commissioning for **specialist services**.

At an individual level commissioning needs to accommodate the move to greater choice within services and arise from the single assessment process. Increasing the use of direct payments will mean that more people will purchase and manage the delivery of services themselves, a shift away from commissioning by statutory agencies.

Some people may prefer others to assist or act on their behalf in purchasing services. To accommodate this an extension of resources for brokerage, advocacy and support will be necessary.

In the **community**, commissioning will arise from the local community strategy. Commissioning for the active community services coloured light green in Figure 3, needs to be locally led, engaging local community members including older people and their carers.

Commissioning for the more **specialist services** coloured blue in Figure 3 also needs to be informed

Developing a Local strategy *Figure 4*

Changing the governance, consulting communities, a clear pathway for older people, a new model...

by the needs of older people in communities. All key partners will need to work together to ensure they commission services delivering the agreed outcomes for older people. This means that commissioning arising from the strategies contained in documents like the local delivery plan and the community plan will be whole system based and developed collaboratively, based on the needs of older people in communities.

Some specialist services, for reasons of size or capacity, will have to be commissioned for a wider geographical area.

All levels of commissioning need to be user led, with older people having much more control about what is commissioned.

Changing the Way Services are Governed

Building a governance and partnership structure is required if we are to change direction, strategy and commissioning.

At a national level there has to be a greater focus on cross-government, cross-agency and cross-departmental activity. In particular, there needs to be a clear governance framework for ensuring joined up principles, strategies and processes for older people across government.

At a local level, clear accountability and responsibility for strategic developments and co-ordination of resources is also vital. Under the Local Government Act 2000, councils have the power to produce a community strategy setting out how they propose to promote the economic, social and environmental wellbeing of their area. The Health Acts allow local authorities and health bodies to pool resources and local partners have the option of establishing integrated care trusts. NHS primary care trusts were asked to ensure the involvement of all partners when establishing their local development plans.

Local strategic partnerships have already become the mechanism for preparing community strategies and in many cases have been the catalyst for establishing relationships across all partners, making a whole system approach to local health development plans easier. However further work still needs to be carried out in relation to governance and partnership arrangements at a local level if we are to improve services for older people.

The local strategic partnerships should provide a local governance framework for older people. Such a framework is important, as the partnership needs to encompass all relevant agencies. Within the framework, an older people's partnership board, similar to those for children, should be established for each local authority.

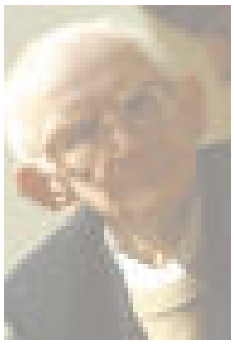
The older people's partnership board will:

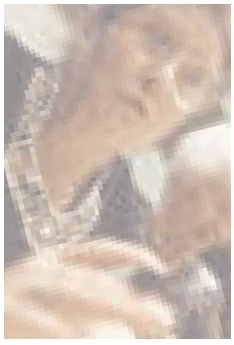
- Provide a forum for multiple partners to work in,
- Create agreement on the priorities to be addressed,
- Be a focal point for bringing together policies, processes, and resources,
- Develop and coordinate the implementation of the strategy for older people by acting as convenor, problem solver,
- Ensure there is a focus on improved outcomes for older people and monitor progress against agreed objectives and targets,
- Provide leadership, motivating and inspiring people to change their ways of working,
- Be a catalyst for shaping new ways of working.

The older people's partnership board will need to take overall responsibility for the commissioning process in respect of older people, with a group of key staff drawn from the partners to prepare and implement the details. However, many of the promotional strategies will be universal, relevant to all people, young and old alike. The local strategic partnership will consequently need to coordinate strategies from the older people partnership board and all other partnerships.

Consulting with community members, including older people, about services is not enough. They need to be actively involved in making decisions about the priorities, strategies and financing of services and should be appropriately represented on the older people's partnership board.

Membership should also reflect the range of agencies involved, including people who have sufficient seniority to make decisions about strategies and resources. This will need to apply to foundation trusts once they are established.





New skills and knowledge, whole systems workforce, promoting wellbeing...

■ *Jobs will need to be reviewed and revised with a view to amalgamating and reshaping tasks and responsibilities.*

■ *A whole systems workforce plan will be required for older people's services to focus on the local community.*

■ *Modernising the workforce and implementing the changes requires managers to possess high levels of leadership, business and finance skills.*

■ *Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence.*

■ *The promotion of wellbeing ... should be accompanied by a clearly identified budget.*

Changing the Way Services are Delivered

To be effective, services that older people and their informal carers use need to be user driven, based around communities and have real accountability. The older people's partnership boards will be the mechanism for pulling together all local services so that accountability for the outcomes for older people is clear. Whether services are universal or targeted, generic or specialist, through the older people's partnership board they should form a coherent whole.

Access to the active community (*see figure 3*) will be direct by older people and their informal carers. It is important that an easily accessible information service is located in the locality, to help older people know what is available within the 'active community' and how to access the universal services.

A clear pathway as to how an older person will move from the universal services to the specialist services is essential. Access to the 'specialist community' should be through a multi-disciplinary team of local professionals who will carry out the initial single assessments, and then commission or deliver specialist services, when older people require them. One option will be to base this multi-disciplinary team in community resource centres, alongside specialist integrated teams who possess a wide spectrum of other skills appropriate to the needs of older people.

Informal carers are often the key supporters and advocates of older people when they are unable to act without help. The same approach to the delivery of services therefore applies to carers. It is important that services within the active community are available to support their needs.

Key features of this new service model are that they will be:

- **Person-centred** – flexible services, designed around the individual needs of older people,
- **Easily accessible** – twenty four hour, seven day a week services,
- **Delivered in partnership** – through integrated teams. The partnership will include health, housing and social services, community members, the independent and the voluntary sector,
- **Community based** – locally determined and locally delivered, but within a national framework.

Changing the Workforce

Developing a workforce that has the new skills required to deliver the changes presents many challenges, not least in engaging staff with a modernising, performance and cost driven agenda.

Key features of the future workforce for older people will be a multi-disciplinary interagency workforce, which is based within local communities and is jointly responsible for supporting individuals in their own home, promoting independence and delivering the outcomes for older people. Wherever possible, the staff group will be representative of the community in which they serve. They will work to agreed competencies and follow agreed protocols set locally by the partnership and nationally by the government.

It is unlikely that in the future, there will be a workforce to deliver the level of services required, as a result of the decreases in the population mentioned in section one. We will therefore need to develop the use of paid and unpaid volunteers further, and change the status and image of volunteers. More older people will also be actively encouraged to become part of the social care workforce.

The workforce will develop new types of skills and knowledge. A report prepared for the ADSS,[61] stated that local authorities and partners will need to enhance or establish workers who can effectively map the environment, bid for funding and rigorously contract with independent and directly managed providers of older people's services. For many people this will require new and different skills.

There will also be new roles and jobs developed. This could include brokerage roles, and generic care workers. Jobs will need to be reviewed and revised with a view to amalgamating some jobs and reshaping tasks and responsibilities.

Shared induction and training across public and independent sector agencies will need to be developed. All front line staff will need a shared set of knowledge and skills so that they are able to give

Funding arrangements, Health Act powers, rethinking the policy, establishing the vision...

appropriate information and advice to older people, whichever service they work in. All staff and managers will require training in key areas such as ensuring independence, developing an enabling culture in organisations, person centred planning, and how the use of technology can enhance services.

A whole systems workforce plan will be required for older people's services, to focus on the local community, while linking into regional plans. This will address the issues of training, qualifications, career progression and recruitment. It will also establish agreed positions about employment for local people.

Modernising the workforce and implementing the changes will require managers to possess high levels of leadership, business and finance skills. Leadership programmes to develop these skills will need to be established.

Changing the Investment in Older People

If we are to support the change in direction, central and local government need to look more closely at funding arrangements.

At a **national level:**

Further attention needs to be given to the basic pension to maximise people's ability to maintain their independence, and to ensure essential items like nutritious food, heating, mobility and participation in the community are affordable.

The promotion of wellbeing for older people should be seen as a core function for all agencies. It should be accompanied by a clearly identified budget seen as part of mainstream funding. There needs to be a distinction between funding of priorities for targeted services such as social services, linked to risk and vulnerability factors for older people, and funding to support the promotion of successful ageing. The latter needs to be recognised in its own right.

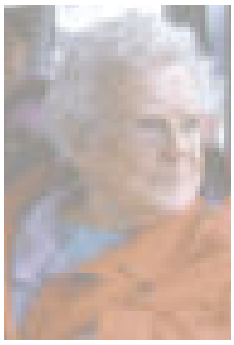
In addition, Government funding in relation to older people needs to be reviewed. Systems of funding should be based on the following principles:

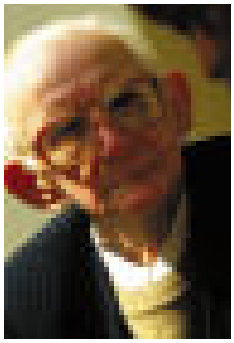
- **Equity** – by definition this will include some losers and some gainers.
- **Sustainability** – people need to make long term plans about their retirement, and thus a framework for developing sustainable funding will be important.
- **Minimum standards** – a new system of charging should ensure that care is provided to at least minimum standards. Service users may wish to top up their care package at extra cost, to provide a wider range of services not covered by the minimum standard. The funding of care should be sufficient to allow for adequate care to be purchased anywhere in the UK without a 'top up'.
- **Work incentives** – any system of charging should enable service users to benefit from employment.
- **Single approach to payments** – both the Department of Work and Pensions and social services departments are involved in payments for care. For example, the Department of Work and Pensions pays minimum income guarantee, in addition to attendance allowance and retirement pension. The social services department makes a social care assessment and then a financial assessment to 'top up' the benefit payment to pay for care. Even with the best liaison and cooperation, this involves a degree of duplication. The process for payments for care therefore needs to be streamlined, avoiding duplication.

At a **local level:**

As older people's partnership boards develop strategies to achieve desired outcomes, they will need to develop a financial component to support the change. This should include both revenue and capital streams, with capital funding directly linked to supporting the local commissioning plans of the board. When developing the financial plans there is also a need to look at what resources already exist. Resourcing the strategy is not just about cash, it is also about all the non cash resources that could contribute to the strategy – for example, staff, equipment, and services.

Agencies also need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote outcomes for older people.





Changing the law. Recommendations...

■ *Make resources available to implement, monitor and review the strategy for older people.*

■ *Tackle discrimination and promote an enhanced image, and raise the profile, of older people.*

■ *Ensure locally-based commissioning, built around communities.*

■ *Encourage local government and the voluntary sector to provide incentives for older people to participate in their communities.*

■ *There should be better co-ordination across government of services for older people.*

Changing Legislation and Regulation

The existing legislative framework for older people is based on concepts rooted in the poor law and focuses on a narrow definition of entitlement linked to need.

The changes in direction envisaged in this report focus on the wider expectation of wellbeing, rights, choice and protection. The promotion of successful ageing should be part of the mainstream function of all agencies. There should be a focus on good accessible housing for older people; good access to health care; safe communities; good public transport; appropriate life long learning, and other services that sustain social interaction in communities.

As services are commissioned differently, involving an ever greater mixed economy of providers and types of service, it may be necessary to change the regulation of services. For example, the strengthening of regulation looking at the promotion of wellbeing and the protection of vulnerable adults.

Universal products and services, such as transport, retail and financial services, should be produced to standards that take account of the needs of older people, particularly those with disabilities.

All this involves looking closely at the current legislation and rethinking the policy and regulation framework that will be required to support the ageing population. The ADSS and the LGA would welcome an opportunity to engage in a wider debate on the legislative and regulatory framework underpinning social services' work with older people.

Recommendations

Establishing the vision and changing the direction

The future vision requires that the balance is shifted from focusing on acute care and the most frail elderly to focusing on promoting the wellbeing of all older people. This needs to be underpinned by clear wellbeing outcomes and indicators to monitor progress in achieving them. It requires a broadening of the approach to prevention and the development of universal services to support this.

- *There should be a national set of wellbeing outcomes for older people, which are linked to the vision and strategy.*
- *There should be a set of local outcomes for older people linked to the vision and strategy and the needs of the local community.*
- *There is a need to develop cross agency performance indicators which reflect outcomes at both a national and local level and against which national and local strategies should be measured.*
- *Comprehensive performance assessment and health star rating frameworks should be revitalised on a whole system basis.*
- *Performance indicators should be few but important, easy to collect, and easy to benchmark. Local performance indicators should be owned, understood and easily recognised by the local community.*
- *Information systems across agencies need to be built, so that performance indicators from different agencies and other sources can be collated and analysed.*
- *The importance of local authorities taking a whole systems approach to promoting the needs of older people within communities should be reinforced through legislation, policy and guidance.*
- *Resources need to be made available at a local level, to develop a dedicated team of people to implement, monitor and review the strategy for older people, ensure that resources are spent according to the principles of best value, and facilitate partnership working.*

Tackling age discrimination

Continuing to tackle discrimination against older people and developing positive images of ageing will involve challenging and changing attitudes to older people in the wider community, beyond the NSF targets for health and social services.

- *Standards of good practice for publication and media work should be established by the government, in consultation with stakeholders, to promote an enhanced image of, and raise the profile of older people. Further consideration should be given to anti-discrimination legislation.*

Recommendations...

Changing the way services are commissioned

There is a need to develop a community based whole systems framework for commissioning universal and specialist services involving community members and a range of organisations – for example social services, health, housing, leisure, education, the independent sector and voluntary agencies.

- *We need to change the way services are commissioned to ensure that there is locally based commissioning built around communities. Commissioning needs to be carried out with a range of key stakeholders, including local communities and older people.*
- *There should be a requirement that the local health delivery plan should be jointly developed with social services in conjunction with older people, other statutory partners and the voluntary sector. This would result in the establishment of joint health and wellbeing delivery plans for older citizens, which in turn would be linked to the community plan.*

Changing the way services are governed

It is important that there is a coherent framework for decision making and accountability, at a national and local level.

- *There should be better co-ordination across government departments.*
- *An older people's partnership board should be established by each local authority, to ensure that there is clear accountability and responsibility for strategic developments and co-ordination of resources. This older people's partnership board would be accountable to the local strategic partnership.*
- *Local government and the voluntary sector should be encouraged to provide active incentives for older people to participate in their communities, and share their knowledge and experience.*

Changing the way services are delivered

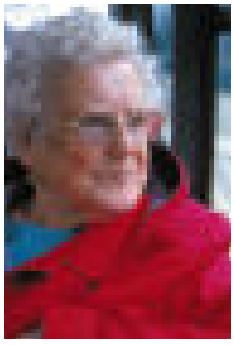
Services in future need to be user driven, delivered in partnership with others, integrated, community based, flexible and easily accessible. There must be different kinds of services to meet the needs of older people and their informal carers. This would include a reduction in residential and nursing home care, and an expansion of community services.

- *Universal services need to be reviewed by the older people's partnership board, ensuring they meet the needs of older people and their carers and that new services are developed.*
- *The Department for Education and Skills and local councils should examine how older people can better access lifelong learning including basic skills.*
- *We need to develop a clear framework to allow agencies, communities and individuals to complement each other's efforts rather than compete with them. Services need to be delivered based on community needs.*
- *We need to review fundamentally the direction of travel in relation to the types of social care services currently available to older people, and those that will be needed in the future to address the 'balance of care'. This would involve looking at the need and availability of long term residential and nursing home care, the expansion of community services, and the development of extra care housing.*

Changing the workforce

If we are to develop a more integrated approach to tackling priorities and providing a catalyst for joint strategies we must build partnerships and networks across a range of agencies. The workforce needs to be multi-skilled and multi-disciplinary, and there needs to be a greater understanding and appreciation of each other's roles and responsibilities. This has major implications for induction, training and workforce planning.

- *A whole systems workforce plan for older people's services should be developed, addressing the workforce issues identified in the report, to create a multi-skilled workforce. It should also take account of sustainable careers, employment of older people, increased use of*



Recommendations...

■ ***Rethink modern social policy to reflect the social model of disability and family support services.***

■ ***A National Charter for Older People should be developed detailing national standards.***

■ ***We need to find natural leaders at all levels .. and support the leadership skills of older people.***

■ ***Real change occurs by sustaining a focus on key priorities.***

volunteers on a paid or unpaid basis, the importance of improving the status and image of volunteers, and the implications of direct payments on the workforce.

- *All front line staff working in services for older people should have a core set of knowledge and skills to give appropriate advice and information to older people. This will involve whole systems induction programmes and shared professional training.*
- *Older people should have the opportunity to work or have access to other income generating opportunities. The Government should support the recruitment and retention of older people in employment, help more older people to set up their own businesses, and ensure the implementation of legislation to tackle discrimination of employment on the grounds of age.*
- *The development of new skills for older people should be encouraged, with the removal of barriers to learning and improved access to learning opportunities.*
- *Funding for leadership programmes, based around communities, should be made available bringing together managers across agencies to enhance partnership working, develop joined up strategies, and pool skills and experience. Such opportunities should be open to older people.*

Changing the investment in older people

Different ways of funding services for older people should be considered and these should be based on the principles of equity, sustainability, the provision of minimum standards, work incentives and incentives to provide community care.

- *An adequate income is a prerequisite for meeting our needs. Further attention needs to be given to the basic pension, particularly for the over-80s, to maximise people's ability to maintain their independence and address the issue that many older people currently live in poverty.*
- *The promotion of wellbeing and the development of preventative services for older people should be seen as a core function of all agencies. There should therefore be a clearly identified budget for this core function, which should be determined at a national level.*
- *Agencies need to develop further the use of their powers under the Health Act 1999 and the Local Government Act 2000 to pool budgets and develop more flexible funding arrangements to promote successful ageing and to more effectively commission specialist services.*
- *Government and key stakeholders should enter into a dialogue to re-think the funding system for the social care of older people. This funding system should demonstrate a clear approach to the option of entitlement, financial planning in old age, the responsibilities of the individual, and a variety of charging options drawn from tax credits, private insurance and charging systems.*

Changing legislation and regulation

The current legislative provision is based on Poor Law origins. Modern social policy should more clearly reflect the social model of disability and family support policies.

- *We would wish to see the opening of a dialogue and discussion with government and key stakeholders in re-thinking a modern social policy framework to support the ageing population.*
- *Legislation should be introduced so that all agencies have a duty to ensure the protection of older people at greatest risk. An independent person should be appointed for those people who do not have active carers, but who have complex needs which put them particularly at risk of cognitive impairment and social isolation.*
- *The 'power to promote or improve the economic, social or environmental wellbeing of their area', provided to local authorities under the Local Government Act 2000, should become a '**duty** to promote or improve the economic, social or environmental wellbeing of their area.'*

As services are commissioned and delivered in a different way, and a more mixed economy of private, voluntary, community and local authority providers is developed, the regulation of services will need to be adapted and changed accordingly.

- *The regulatory framework needs to be revised and rebalanced. For example, the approaches to regulation looking at the promotion of wellbeing and the protection of vulnerable adults needs to be strengthened, and there should be less regulation in other areas.*

Conclusion

- *A National Charter for Older People should be developed detailing national standards for all products and services. The charter should aim to ensure that the independence of older people is not restricted and that current obstacles such as access to information, better rural transport, more accessible housing, are overcome.*
- *The second phase of the national service framework for older people, The comprehensive performance assessment and the health star ratings all need to be reviewed in the light of this future vision.*

Conclusions

Meeting the challenges and opportunities presented by an ageing population, and improving the lives of all of us as we age will require many changes in the way we work. Delivering positive changes is all about modernisation and leadership.

Leadership is central to the quest for real and durable change. Taking forward the approach to improving services for older people will require leadership that extends beyond traditional boundaries. It will involve a visible and committed group of leaders within a locality who have a shared sense of purpose and take collective responsibility for delivering the end goals.

Leadership is not just confined to professionals, politicians or other established community leaders. We need to find natural leaders at all levels, and in particular support the leadership skills of older people.

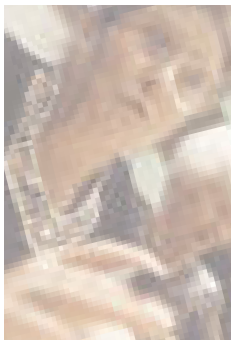
A key factor in taking forward this new approach will be some degree of local ownership by both professionals and communities, involving a much wider group. The concept of 'champions' offers older people themselves and front line staff in every service the chance to champion the cause of older people within their everyday environments. Communication is critical to this activity.

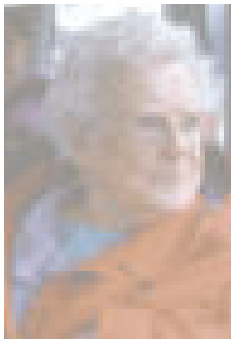
Real change occurs by sustaining a focus on key priorities. It will involve persistence, resilience and consistency by leaders. Leaders will need to put in place a clear framework for delivering the changes outlined in the report, ensuring their implementation.

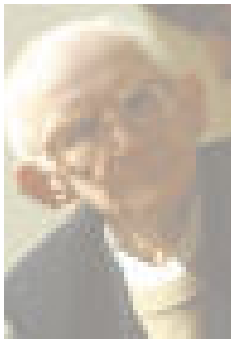
Fundamental to this change will be the importance of leaders, professionals and communities listening to older people, understanding what matters to them, and involving them at every stage of the change process.

As a result, older people will enjoy the full range of expectations of any citizen and will be able to exercise real choice in their lives. They will have more buying power, be more influential, have a stronger influence and control over the services provided, and be recognised as an active voice in shaping services. They will have the information, advice and access to resources in order to take action for themselves becoming experts in their own care.

This agenda is huge and challenging for us all, but it is vital that we make a start now. The ADSS and the LGA are fully committed to working with all interested parties to help shape the future in a way that will be of benefit to us all.







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Appendix 1

This paper *was commissioned by the ADSS and the LGA with special thanks to:*

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Mary Godfrey, *Nuffield Institute for Health*

Pat Gallimore, *Derby City Council*

With thanks to the Local Government Association for all photographs reproduced herein.

LONDON BOROUGH OF HARINGEY
Community Care FACS Criteria

You will be entitled to receive a community care service if:

- You are a resident of Haringey

and

- You are over the age of 18

and

You have one or more of the following:

- a learning disability
- an addiction to drugs or other chemical substances, including alcohol
- a life-limiting illness or are HIV positive (or both)
- mental health problem
- a physical disability or a sensory impairment
- physical or mental frailty

and

- your needs are assessed as eligible within either the critical or substantial bands of the Framework (see below)

ELIGIBILITY FRAMEWORK

Background

This Eligibility Framework (referred to as the 'Framework') is implemented as part of the Fair Access to Care Services Guidance (LAC(2002)13) and will be used as a single framework to make eligibility decisions. The Guidance states that the wording of the Framework must not be changed. This framework is to be used to make decisions regarding eligible needs, i.e. needs for which a social care service will be provided.

There are four bands in the Framework : critical, substantial, moderate and low. These bands interact with four areas of risk to an individual's independence, these are as follows:

1. Autonomy
2. Health and Safety
3. Management of Daily Routines
4. Involvement in Family and Wider Community Life

By using the four areas of risk to independence as a guide, a decision can be made as to whether an individual's needs are eligible for a service.

Haringey Council proposes to set the eligibility threshold between the substantial and moderate risk bands, a decision which will be subject to annual review, and may therefore change. We will therefore regard all those needs that fall in the critical and substantial bands as 'eligible' needs. A service will be provided to address eligible needs.

We also endorse a preventative approach to providing community care services. We will therefore aim (though cannot guarantee) to provide a service for non-eligible needs if it would prevent the need from worsening over time should it not be addressed.

How to Use the Framework

This framework reinforces a needs-led approach so that an individual's need/s are assessed and the relevant services sought to meet those needs.

Eligibility for an individual is determined following assessment. As part of the assessment, information about an individual's *presenting needs* and related circumstances is established, and will be recorded. This information is then evaluated against the risks to his or her autonomy, health and safety, management of daily routines, and involvement in family and wider community life.

Where it is necessary to prioritise the speed of our response, needs which fall into the critical band will receive a higher priority than those in the substantial band. However, within each band, the four areas of risk to independence are regarded as equally weighted. The sole exception to this rule is where there is a critical risk to life, which, as now, will take priority over any other type of risk.

A person may present with both eligible and non-eligible needs. Even if only one of their needs is eligible they will be entitled to a service which addresses that need.

However, we are not obliged to meet this person's non-eligible needs, although sometimes this will happen as a by-product of the services provided to meet the eligible need. Although the council will not be able to meet those needs which fall into the moderate or low risk bands, we will aim to offer advice and information on other possible sources of help. It is also necessary to ensure a long-term, preventative approach.

KEY FACTORS IN MAINTAINING INDEPENDENCE	LEVEL OF RISK TO INDEPENDENCE			
	Eligible for Help		Not Eligible for Help	
	CRITICAL At immediate risk	SUBSTANTIAL In need of a service	MODERATE **Occasional service/rehab/equip**	LOW **Advice and info**
1. AUTONOMY This refers to the control a person has over their immediate situation and how far they can make and act on informed choices	▪ there is, or will be, little or no choice and control over vital aspects of the immediate environment	▪ there is, or will be, only partial choice and control over the immediate environment		
2. HEALTH & SAFETY Need to consider: risk to mental and physical health, maintaining current health and preventing deterioration., safety of the client or others from harm whether intentional or unintentional	▪ life is, or will be, threatened ▪ significant health problems have developed or will develop ▪ serious abuse or neglect has occurred or will	▪ abuse or neglect has occurred or will occur		

	occur			
3. MANAGEMENT OF DAILY ROUTINES This is the ability of a person to: look after their personal care, domestic needs, other daily routines and look after their dependants.	▪ there is, or will be, an inability to carry out vital personal care or domestic routines	▪ there is, or will be, an inability to carry out the majority of personal care or domestic routines	▪ there is, or will be, an inability to carry out several personal care or domestic routines	▪ there is, or will be, an inability to carry out one or two personal care or domestic routines
4. INVOLVEMENT IN FAMILY AND WIDER COMMUNITY LIFE Involvement in leisure activities, hobbies, paid and unpaid work, learning and volunteering.	▪ vital involvement in work, education or learning cannot or will not be sustained ▪ vital social support systems and relationships cannot or	▪ involvement in many aspects of work, education or learning cannot or will not be sustained ▪ the majority of social support systems and	▪ involvement in several aspects of work, education or learning cannot or will not be sustained ▪ several social support systems and	▪ involvement in one or two aspects of work, education or learning cannot or will not be sustained ▪ one or two social support systems and relationships cannot or will not be

	will not be sustained ▪ vital family and other social roles and responsibilities cannot or will not be undertaken.	relationships cannot or will not be sustained ▪ the majority of family and other social roles and responsibilities cannot or will not be undertaken.	relationships cannot or will not be sustained ▪ several family and other social roles and responsibilities cannot or will not be undertaken.	sustained ▪ one or two family and other social roles and responsibilities cannot or will not be undertaken.

Haringey Council

HARINGEY LIBRARY SERVICES FOR OLDER PEOPLE

Most Library users in Haringey are young; nonetheless some areas in the Borough have significant numbers of older people, and we aim to provide a range of services to meet the needs of our older customers. It is important to understand that 'older customers' are individuals; each one may have very different interests and very different abilities. Someone aged fifty may regard themselves as 'old', while a seventy year old still feels – and describes themselves – as young.

In order to provide appropriate services and facilities for older people, we focus on a number of issues:

Facilities

We aim to ensure that libraries are comfortable for older people to use. Although we provide mobile library services and deliver books to the homes of housebound customers, it is more pleasant for the customer and better value for money for the Service if older people can make use of our library buildings.

In order to ensure that older users can access our facilities in comfort, we review our facilities to ensure that they are appropriate to the needs of the older person. Accessibility is particularly important. Four of our nine libraries are fully accessible and have accessible toilet facilities. Where there are still access issues, we are addressing these with new development or major refurbishments.

The furniture used in libraries is also important. We try to ensure that books and other library materials are easy to reach, neither too high, nor too low. In Wood Green Library, for instance, we consulted the views of the public in a survey entitled, "Are you sitting comfortably?". As a result of our findings, we installed higher seats with arms, which our older customers found easier to use and also purchased a number of small trolleys to be used when a customer collects items to borrow.

Stock

Older people may experience difficulties with vision and hearing. We therefore provide large print materials, and books on cassette or CD. These items are not used exclusively by older people but they often prove helpful in ensuring that older people can enjoy the pleasure of reading for longer.

Material may also be selected with the tastes of older people in mind. This selection process cannot be regarded too simplistically however, as the definition of the older person may stretch from 50 upwards - and many of all ages read very widely.

ICT

Older people may not be as familiar with ICT as younger generations. We provide People's Network facilities for all ages, offering free access to the Internet and also providing office software and printing facilities.

In order to ensure that older people can receive training in the use of these facilities, we provide Silver Surfer Training sessions in all libraries. These sessions give an opportunity for people to meet and get to know each other – and often become more like a club. Individual coaching is also available if required. These services are all free of charge.

Some users require adapted hardware to enable them to use technology more effectively. Aids range from keyboards with larger keys to specific software for use by individuals with some level of visual impairment. We also provide desks which can accommodate wheelchairs and which are easily adjustable.

Services

Although users enjoy visiting the library, some have mobility problems which means that a housebound service is the only way they can continue to access library facilities.

We provide both mobile and housebound services, lending not only books and audio-visual material, but also the equipment required to play talking books on cassette and CD. We also provide deposit collections for old people's homes across the Borough. In addition, we work with other organisations such as the Asian Centre and the Afro-Caribbean Centre which provide facilities for older people within these communities.

Within Haringey we have a specialist Reminiscence Librarian who works with older people, talking about objects and books which act as a focus for memory. Some of the members of the reminiscence groups have recorded their memories; others have written them - and here there is often a link with the Silver Surfer programmes. Indeed a number of the recollections of older people in Haringey have been posted on the BBC Web site. We have an annual exhibition of reminiscence work.

Information and Learning

Libraries provide a range of information services and a number of these are targeted towards older people.

We focus on health for the older person. We have Happy Heart days, focussing on keeping fit and healthy for as long as possible. A health specialist is located in a library for the day to give advice and support. Another area for health awareness is mobility and, again, we hold "Keep moving on" sessions where specialists work with older people to encourage them. We have regular clinics run by partner organisations, such as Age Concern and the Pensions Service.

We hold learning activities, too, including the Older and Bolder programme which provides a range of courses and activities for the older person.

Just meeting other people…

In a number of our libraries we offer coffee mornings or drop-in sessions specifically for older people. These together with Silver Surfer sessions, the information and learning programmes and, indeed the housebound and mobile library services enable older people to meet with others. We organise outings, activities and parties - and all seem to enjoy the varied programme.

Staffing

A number of staff within the Libraries, Archives and Museum service are specifically concerned with older people. These have been brought together within an Action on Ageing Team whose aim is to improve and enhance our services for older people.

Diana Edmonds
Assistant Director, Culture, Libraries and Learning

9 November 2007

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AGE Concern Haringey

‘Well-being’, preventative services & the community / voluntary sector

Scrutiny Review of Access to Services for Older People

Robert Edmonds, Director, Age Concern Haringey

19th Nov 2007

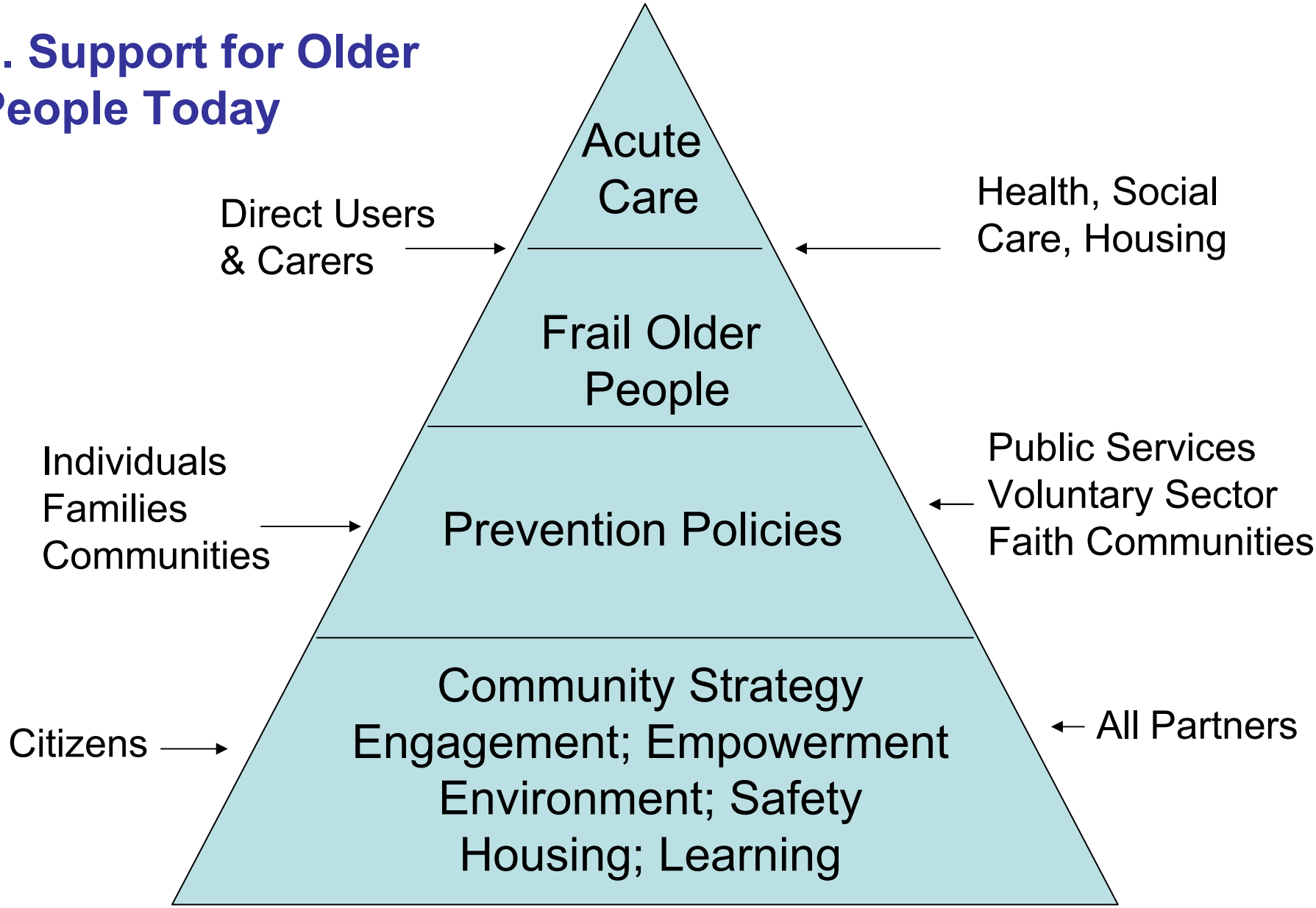
The nature of the problem …

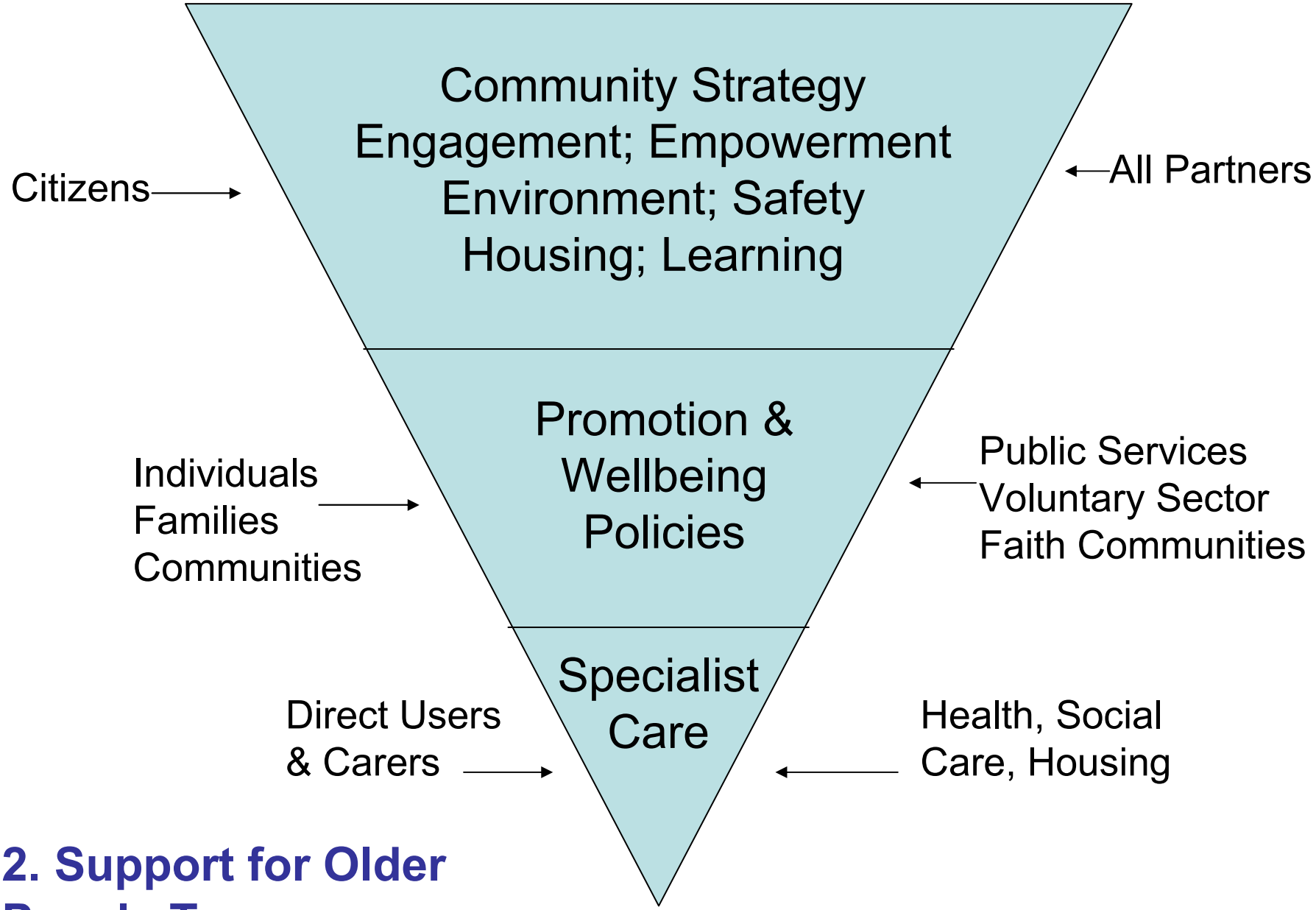
- More resources targeted on fewer people
- Pre-occupation with hospital discharge
- The ‘welfare net’ – too little, too late
- The bottom of the slippery slope

How can we achieve an ‘upstream’ solution?

Inverting the triangle of care …

1. Support for Older People Today





2. Support for Older People Tomorrow

The Concept of Prevention

1. Services which prevent or delay the need for more costly intensive services

2. Strategies and approaches that promote the quality of life of older people and their engagement in the community

Where to invest?

- 85% actively ageing
- 15% social & health care

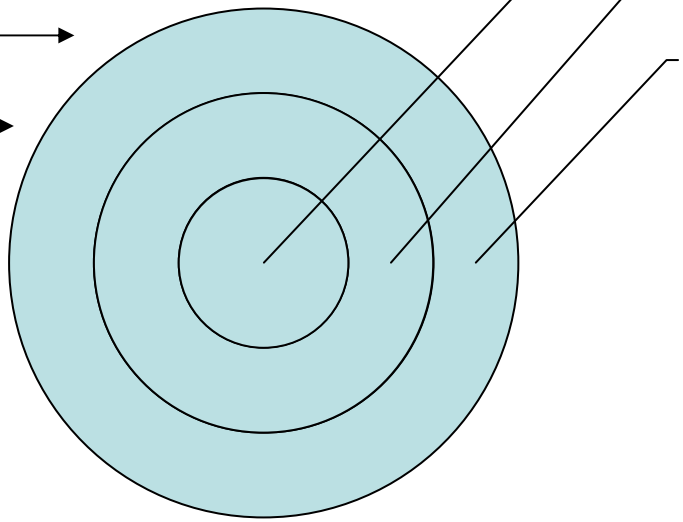
Older people …

- as participating citizens
- entitled to full access
- to mainstream/universal services

A New Direction in the Community

Specialist Services:

- Acute Hospital
- Intermediate Care
- Mental Health
- Carer Services



Older People

Informal Carers

The Active Community:

- Transport
- Housing
- Lifelong Learning
- Leisure Services
- Primary Care
- Community Health
- Clubs & Societies
- Community Centre
- Pensions Service
- Voluntary Sector
- Crime Prevention
- Faith Communities

Changing the Strategy

- Outcomes determined by the community (*including older people*)
- Older People's Partnership Board
- Haringey Forum for Older People (HFOP)
- 'Partnerships for Older People' (POPP) projects
- Universal services:
  right for older people = right for all

Haringey's Strategy

- Older people's engagement (Experience Counts)
- Financial security
- Information and advice
- Social participation and engagement
- Diversity
- Health, intermediate care
- Security and the environment
- Social care services
- Transport
- Housing and the home environment

Challenge of the new approach

- Older people champions?
- **Local agreement** / Sustainable Community Strategy
- Day Opportunities
- Carers Grant
- Quality, control and commissioning

BUT

- Spending review ‘not satisfactory’

(Older) people want to feel they are:

- Competent and in control
- Involved and participating
- Productive and purposeful
- Contributing (as well as receiving)