

# Ageing: the silver lining

The opportunities and challenges of an ageing society for local government



Report by the LGA  
Task and Finish Group on Ageing

# Introduction

The Local Government Association (LGA) Task and Finish Group on Ageing was established to explore the challenges and opportunities that an ageing population presents for local government and local communities, now and over the next 20-30 years. An outline of how the group conducted its work is attached at Appendix A.

Following on from the LGA's previous joint Ageing Well programme with the Department of Work and Pensions (DWP), the Task and Finish Group set out to explore the possible role of local government with respect to an ageing population within the context of ongoing austerity, and to enable the LGA to determine its position in this high profile area.

The conclusions of the Task and Finish Group are presented in this final report.

The scale of demographic change over the next 25 years is dramatic and has never been seen on this scale before. There will be a 65 per cent increase in the number of over 65 year olds and for the first time in history older people will outnumber the number of children under five years old.

The financial challenges that this presents are huge and have been well rehearsed by various commentators. Government must ensure that the funding of social care and health is put on a proper footing for the future.

Less well known and understood are huge opportunities for local government and local communities.

- Older people can be net contributors to the country's economy, if local government has the financial sustainability, freedoms and flexibilities to support them. There is even

the opportunity for councils to harness this demographic change for local economic benefit. However, not addressing ageing collectively now and strategically will store up problems for future years and place further strain on social care funding and provision.

- Preparing for an ageing society is a place shaping opportunity that councils should be financially and legislatively empowered to address. Enabling councils to apply an 'ageing lens' to their local functions will help them to understand what needs to be done to improve the quality of life of this growing segment of the population.
- Older people make a huge contribution to society and are therefore part of the solution.
- Through their democratic mandate, councils have the opportunity to exert significant leadership and change. Working in partnership with voluntary, community and private sector partners, they have the potential to lead a radical change in how we think about old age and how services and other initiatives are configured to respond. By leading the promotion of a positive narrative about this time of life, councils are in a position to generate better outcomes for all.
- Through local engagement of older people systematically and regularly, and through co-production and co-design in the production of local policies and services, councils are in a position to underpin this more positive outlook on ageing, ensuring that older people are regarded as full citizens, rather than objects of charity or pity.

- The impact of an ageing society extends well beyond social care and health, embracing all areas that affect older people's lives, including transport, housing, culture and leisure, built environment, etc.
- Health and social care services become even more important as society ages. Government must fund them properly and integrate them so councils can ensure they meet the needs of older people and that users experience a seamless and coordinated response.
- Government must itself address the ageing of society in a strategic and coordinated way.

### **About the author**

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This report aims to set out a vision for the role of councils in response to an ageing society.

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# Chapter 1: Why is ageing an issue for local government

## Changing demographics

Our population is ageing. The number of people aged 65 or over in England will increase by 65 per cent in the next 25 years.<sup>6</sup> In 2012, 9 million UK residents, or 16 per cent of the UK population were aged 65 years and over; by 2037 this is expected to increase to 15 million, representing 24 per cent of the population.<sup>6</sup>

Within this, the 'oldest old' is the fastest-growing age group in the population. In 2013 it was estimated that there were over 475,000 people aged 90 and over in the UK, of whom 13,780 people were aged over 100 and 710 were aged 105 or older. By 2035, it is expected that there will be nearly 1.5 million people aged 90+ in the UK, of whom nearly 100,000 will be centenarians.<sup>6</sup>

Looking forward, the scale of the expected change is dramatic. Since the beginning of recorded history, young children have

outnumbered their elders. In about five years time, the number of people aged 65 or older will outnumber children under the age of 5.<sup>6</sup> Driven by falling fertility rates and remarkable increases in life expectancy, population ageing will continue, even accelerate.

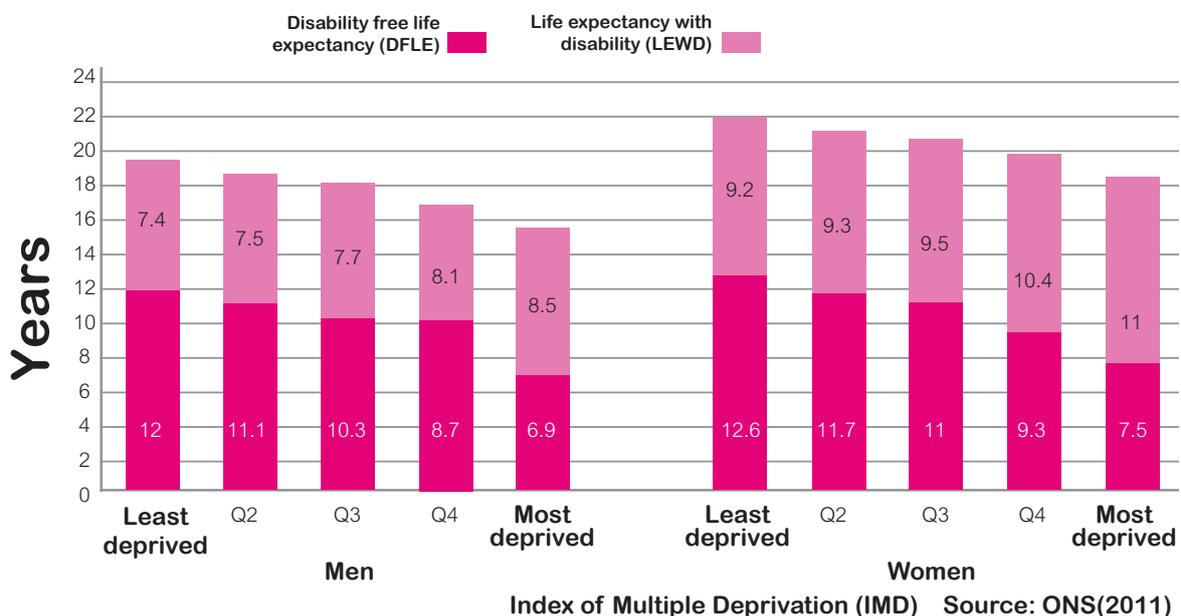
### Diversity and inequality

Older people are as diverse a group of people as any other section of the population and within the overall numbers of older people quoted above lie significant differences in terms of characteristics, living arrangements, experiences and health outcomes.

### Inequality

Socio-economic factors have a major impact on the experience of later life, resulting in very significant inequalities in life expectancy, and even greater inequalities in the length of time during which people can expect to live in good health. Prevalence of disability within older age groups also varies widely, depending on socio economic factors.

**Life expectancy with disability (LEWD) and disability free life expectancy (DFLE) for men and women at age 65, by index of multiple deprivation quintile**



## Ethnicity

Over the next two decades the older population is also likely to become increasingly diverse as the cohorts of people who have migrated to the UK since the 1960s enter retirement. It is estimated<sup>7</sup> that by 2051 the total Black and Minority Ethnic (BME) population in England and Wales will have grown to 25 million, comprising 36 per cent of the total population. There are some particular challenges facing many older people from BME communities:

- BME older people are likely to have lower levels of income than white people<sup>8</sup> and this financial background is likely to have a big impact on the decisions that older people from BME communities make about their transition into retirement.
- The pattern of caring in later life has some differences for BME communities. Studies suggest that multi-generational households may still be the norm for many BME communities, but this should not lead to stereotyped assumptions about intergenerational sources of support and care for BME older people. It is also worth noting that the lack of support for isolated BME carers is often exacerbated by language difficulties.<sup>8</sup>
- There is a higher incidence of ill health amongst minority ethnic communities. Overall the data shows that older people from BME communities are more likely to report poor health 'over the last year', and also that an illness or injury has restricted their activity in the last two weeks.<sup>8</sup>

## Sexuality

As society ages there will be a greater number of older lesbian, gay and bisexual people. There are a number of important factors about this population that councils will need to take account of in their planning. Lesbian, gay and bisexual (LGBT) people over 55 are more likely to be single, more likely to live alone, less likely to have children and less likely to be in regular touch with their family<sup>9</sup>. Getting older can therefore be much more complex for lesbian, gay and bisexual people as they are more likely to face the prospect of ageing alone or without as

much personal support as their heterosexual counterparts.<sup>9</sup> As a result, many lesbian, gay and bisexual people over 55 experience an increased sense of vulnerability and are more anxious about ageing.

## Living situations

Changing family structures and living arrangements within society (eg number of people living alone and number of women who are childless) will also influence the availability of informal carers to provide support to people with care and health needs.

## Implications

These differences are important, and will have a strong influence on the nature of councils' response to ageing locally – one size will not fit all.

## Challenge for local government

This huge demographic shift is one of the major strategic challenges facing society as a whole. It also presents some major challenges for local government, especially in the current context of austerity and further declining budgets, which are already having an impact on the delivery of front line and essential services. In particular, population ageing generates huge concerns about the rising demand for health and care services. Indeed, the combined pressures of insufficient funding, growing demand, escalating costs and a 40 per cent cut to local government budgets since 2010, mean that councils are facing tough decisions about the care services they can provide. In response, the LGA is urgently calling for social care funding to be put on a proper footing, into the long term.

## Opportunity for local government

“The older population makes an enormous and positive contribution - this should be celebrated” – South East England Forum on Ageing

“We often feel we are viewed as a problem to society... the use of language such as ‘frail elderly’ impacts very negatively on those categorised as such.” – South East England Forum on Ageing

Too often, population ageing is presented within a negative, doom-laden narrative, focusing on the perceived ‘burdens’ that these demographic trends will bring for councils and their partners. Instead, older people should be seen as part of the solution to the many challenges which face us, as a society, and in local government. The ageing of our society presents a number of opportunities for local government.

Older people can be net contributors to the country’s economy, if local government has the financial sustainability, freedoms and flexibilities to support them. There is even the opportunity for councils to harness this demographic change for local economic benefit. However, not addressing ageing collectively now and strategically will store up problems for future years and place further strain on social care funding and provision.

Preparing for an ageing society is a place shaping opportunity that councils should be financially and legislatively empowered to address. Enabling councils to apply an ‘ageing lens’ to their local functions will help them to understand what needs to be done to improve the quality of life of this growing segment of the population.

- Through their democratic mandate, councils have the opportunity to exert significant leadership and change. Working in partnership with voluntary, community and private sector partners, they have the potential to lead a radical change in how we think about old age and how services and other initiatives are configured to respond. By leading the promotion of a positive narrative about this time of life, councils are in a position to generate better outcomes for all.

Through local engagement of older people systematically and regularly, and through co-production and co-design in the production of local policies and services,

councils are in a position to underpin this more positive outlook on ageing, ensuring that older people are regarded as full citizens, rather than objects of charity or pity.

## What this means for local government

“In order to respond effectively to the opportunities and challenges of an ageing society, the leadership role of local government should be strengthened across all stakeholders in the community... at all tiers of local government.” – South East England Forum on Ageing.

There are five key reasons why the ageing agenda is important for councils:

1. It is increasingly being recognised that **older people make a huge contribution to the life of their local areas** through providing unpaid care, involvement in civic organisations and other forms of volunteering. Leading councils are recognising the importance of nurturing and supporting this kind of input.
2. There is an opportunity to **mitigate future growing demand** on council services – most obviously social care and health. This requires a coordinated programme that combines the input of public health, transport, housing, leisure and culture, economic development, civic engagement, the NHS, etc. All of these areas have a role to play in improving the health and wellbeing of an ageing population and thereby reducing the demand for expensive reactive, emergency or institutional services.
3. An **ageing society presents some significant potential economic benefits**, from the spending and taxable employment of older people, which councils and their partners are well placed to maximize.
4. With the transfer of public health back to local government and the establishment of health and wellbeing boards, councils are best placed **to improve the health and wellbeing of their local population as a whole and to reduce health inequalities.**

5. The **Equality Act (2010)** provides a legal imperative and statutory incentive to remove barriers, prevent discrimination and advance equality of opportunity to unlock the potential of older people and foster good relations across the generations.

## What this means for central government

“The UK population is ageing rapidly, but we have concluded that the Government and our society are woefully underprepared. Longer lives can be a great benefit, but there has been a collective failure to address the implications and without urgent action this great boon could turn into a series of miserable crises.” House of Lords<sup>10</sup>

The LGA Task and Finish Group on Ageing recommends that Government recognise councils’ unique, democratically mandated, community leadership and place shaping role to make this paradigm shift a reality. To enable local government to make the most of population ageing, the Group recommends that Government:

- **Develop a national ‘Ageing Well’ Strategy**, in recognition of the scale of the opportunity that needs to be seized. This should:
  - be a **cross-government responsibility**, led at ministerial level
  - be rooted in an **assertively positive vision** of the opportunities created through population ageing, as well as the very real challenges
  - facilitate the key role of **local government** through the provision of sustainable funding, the devolution of power, local freedoms and flexibilities
  - **tackle age discrimination** and negative attitudes towards older people across society and in the media.

- **Continue to enable the devolution process to local government.**
  - central government can trust local government to fulfil its potential to be a real **agent of change** in relation to ageing and to work constructively with its local partners and citizens to make this happen.
- **This means central government giving up control over many areas of responsibility** – in order to enable local government, in turn, to cede power to local older citizens.
- Devolution should be for all councils, including core cities, unitary authorities and two-tier areas of local government.
- **Agree a new, improved financial settlement for local government.**
  - There is widespread agreement that the financing of social care is completely inadequate and that there is also a need for further resources for the NHS. A new and integrated financial settlement in these areas is crucial with an ageing population.
  - The principles underpinning The Care Act are consistent with a strengths-based approach, focusing on personalisation, a self-determined definition of individual wellbeing, and integrated care and support. However, unless councils are **properly funded to do their work, including implementing The Care Act**, these laudable principles will remain only ideals; and councils will not have the scope to be truly creative and empowering with communities, beyond their statutory responsibilities.
  - The long term prize would be to enable councils to deliver a transformation in the way they (and their local partners, including health services) work with older people, delivering services in completely new ways.

# Chapter 2: Towards an age friendly approach

The next 10 to 15 years will bring about a radical change in the demographic structure of society. The need for local government to be enabled to deliver an age friendly approach is stronger than ever.

## A holistic, age friendly approach

The World Health Organisation (WHO) defines an 'age friendly'<sup>11</sup> community as:

“a community... that encourages active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age.”

Responding to the widespread international recognition accorded to this approach, this report is structured around the WHO's 'age friendly' framework.<sup>11</sup> The following groupings provide a comprehensive framework for councils who wish to plan holistically to address the issues presented by an ageing society.



It is clear that councils at all levels of local government are well placed to nurture and promote older people's contribution across all of these areas.

## Applying an 'ageing lens' to policy and practice

Becoming 'age friendly' is about adopting a particular 'lens' through which to view policies and services. It is a way of focussing attention on the issues of particular relevance to older people. Given the huge demographic shift that is taking place and the other changes within this group, it is appropriate to consider their needs, assets and circumstances in quite some detail. That is what adopting an 'ageing lens' allows councils to do. As with any lens, it provides a much clearer and more detailed picture.

### Citizenship

“Local government should listen to us, because many older people have a great deal of talent to offer, and we can suggest money saving ideas.” – Older Person, National Older People's Survey conducted by South East England Forum on Ageing, December 2014.

Local government is well placed to shift the focus from delivering services that 'look after' older people, to valuing their contribution and supporting their civic rights. The WHO model is based upon a citizenship perspective, illustrated in the following table.

|                                 | Citizen-based policy approach                    |  |
|---------------------------------|--|--|
| Medical                         | Care   | Citizenship                                |
| Patient                         | Customer   | Citizen                                    |
| Focus on individual             | Focus on individual family and informal networks | Focus on neighbourhood and city            |
| Clinical intervention           | Care interventions                               | Promoting social capital and participation |
| Commission for 'frail elderly'  | Commission for vulnerable people                 | Age-proofing universal services            |
| Prevention of entry to hospital | Prevention to delay entry to care system         | Reducing social exclusion                  |
| Health (and care system)        | Whole system                                     | Changing social structure and attitude     |

**Source: Paul McGarry**

Complementing this focus on active citizenship is a growing understanding of the benefit of an 'asset' or 'strengths-based' approach.<sup>12</sup> It is an approach that concentrates on looking at the expertise and capacity that people have within themselves and their communities, and exploring how that can be supported or maximised to improve their quality of life, alongside removing barriers to participation and inclusion.

"I want to feel recognised, valued and that I can still make an important contribution to the

people around me." – Older Person's Forum Contributor, LGA Ageing Task and Finish Group, January 2015.

An asset-based approach asks questions such as "What does a good life look like for you?" "What would you like to do around here to make things better?"<sup>13</sup> These are alongside questions such as "What are your needs?" "What are the problems in this community?" The difference between the two approaches is illustrated in the table below.<sup>14</sup>

| Deficit approach                         | Asset approach  |
|--|---|
| Starts with deficiencies and needs       | Starts with <b>assets</b> in the community                            |
| Responds to problems                     | Identifies <b>opportunities and strengths</b>                         |
| Provides services to users               | Invests in <b>people as citizens</b>                                  |
| Emphasises role of agencies              | Emphasises the <b>role of civil society</b>                           |
| Focuses on individuals                   | Focus on <b>communities and neighbourhoods</b>                        |
| Sees people as clients and service users | Sees people as citizens and co-producers as <b>something to offer</b> |
| Treats people as passive and 'done to'   | <b>Helps people to take control</b> of their lives                    |
| 'Fixes people'                           | Supports people to <b>develop their potential</b>                     |

The process of uncovering and maximising the capacity within individuals and communities has been described as ‘an act of revelation’<sup>13</sup>, transforming communities’ capacity to provide mutual support, and truly recognising and valuing older people’s contribution to local economies.

Leading councils are taking action now, working with partners across their local economies – both voluntary and community organisations, commercial partners, and others – to make the most of this current and future economic and community benefit.

## Case study

### **Croydon Asset Based Community Development ‘ABCD’ Pilot Project**

In the autumn of 2012, Croydon Council and local strategic (including voluntary sector) partners commissioned a targeted ABCD pilot project in three local wards, with support and guidance from national experts Nurture Development. The aim of the project was to adopt a community sensitive ‘stepping stone’ approach to build up communities in these wards – some of the most deprived in the borough, and significantly affected by the riots of 2011. The ABCD approach focused on facilitating the empowerment of citizens, including older people, by helping them identify and share their strengths and co-create their own social innovations.

Three ‘Introduction to ABCD’ one day workshops were held, initially, one in each of the three wards. These ignited a passion for ABCD among community development practitioners, health workers, council officers, police officers, and a highly diverse range of local people and voluntary associations. The partners also held ‘Ideas Fairs’ enabling new connections to be made, engaging people in new ideas, and eliciting generous offers of help from a diverse range of local people.

Many local projects resulted from this work, many involving older people. For example, in Thornton Heath, the ‘Trip Down Memory Lane Project’ brings young people and older people with dementia together. Another project, ‘Blast from the Past’, involved the Older People’s Network meeting with a group of teenage girls for a joint cooking session, and sharing their history and experiences with them. Many older people were involved in other projects, not necessarily as ‘older people’ per se, but alongside other citizens of all ages and backgrounds. The ABCD experience has shown that community isolation and fragmentation can be successfully challenged by shifting the focus from what’s missing, to strengthening what’s already there in neighbourhoods and communities.

Reference: “A glass half full” Authors: Jane Foot and Trevor Hopkins. Improvement and Development Agency (IDeA), 2010.

At local government level there is significant scope for action to promote an age friendly perspective. The approach adopted by councils who are part of the UK Age Friendly Cities Network include the following characteristics:

- **Strategic** – the recognition that this is a longer term issue which requires a longer term vision and horizon.
- **Holistic** – addresses the full range of life areas that are important to older people, beyond social care. All aspects can be made to work together in a more effective virtual cycle if well considered.
- **Undertaken in partnership** – the contribution of stakeholders is cultivated given the pressure on resources.
- **Demonstrate leadership and influence** – they build on their democratic mandate to develop a narrative for the locality about this agenda in order to influence the behaviours of other key stakeholders such as the voluntary and community sectors (including faith groups).

- **Customer focused** – they have well developed structures for the involving and co-producing with older people.
- **Citizenship and Asset based approach**– they recognise the civic rights of older

people and value the contribution they make. These types of actions provide the strongest foundation upon which to build a strategy to prepare for an ageing society.

## Case study

### Strategic Approach to Ageing – Manchester

A good example of what a strategic approach to ageing would look like can be seen in Manchester's approach. The age-friendly strategy in Manchester focuses on five key areas, which among many other activities, include the following:<sup>2</sup>

- **Age-friendly neighbourhoods** – improving age friendly locality plans, working with key partners; supporting locality networks; supporting projects that increase social participation; promoting a range of volunteering opportunities.
- **Age-friendly services** – applying an 'ageing lens' to city plans; leading Health and Wellbeing Strategy work on ageing; expanding cultural offer; supporting intergenerational projects.
- **Research and innovation** – developing Manchester as a centre of research excellence; publishing a Research and Evaluation Framework; collaborating with international research and policy projects.
- **Communication and engagement** – developing the Older People's Forum; supporting older people to inform decisions about their areas and services; improving online resources; promoting Age-Friendly Manchester through a campaign for people to sign up to a 'pledge'.
- **Governance (older people's involvement)** – supporting a multi-agency Senior Strategy group to lead and promote the programme; reporting to Health and Wellbeing Board and Communities Oversight and Scrutiny Committee; publishing an Action plan and annual progress statement.

There is no simple formula for implementation but experience in Manchester suggests a number key success factors for a strategic approach to ageing:<sup>15</sup>

- strong and consistent political leadership and support
- a team of people supporting age-friendly initiatives and partnerships
- a local narrative that inspires and engages local citizens and other agencies
- the mainstreaming of an 'ageing lens' approach to policy and practice
- the promotion of a 'citizenship' perspective rather than a 'deficit' model
- involving older people as actors in setting the age-friendly agenda

- supporting a partnership strategy (involving research, policy, practice) with multiple agencies.

In Wales, the Welsh Assembly have fully funded every council to have:<sup>16</sup>

- a member within cabinet with a lead responsibility for the ageing agenda
- an officer with a corporate responsibility for ageing
- a regular process of engagement with older people
- an action plan on ageing addressing all the key areas of interest to older people.

## Case study

Some authorities have strategies that are clearly targeted at the wellbeing of their older populations. Lincolnshire's 'Excellent Ageing' Work Programme is an example of a targeted programme of tangible activities with a simple 'traffic lights' system to indicate clearly whether objectives are being achieved.

## Case study

### Ageing Well in Leeds

Leeds has developed a programme – 'The Time of Our Lives' – a framework of principles for organisations that work with older people in Leeds. By producing this holistic framework, it is argued that consistency can be achieved between all the different organisations. This then enables organisations to work together effectively to deliver care and improve outcomes. It also brings older people to the forefront of the agenda in Leeds and directs focus towards the different ways of addressing their needs.

By signing up to the framework, organisations pledge to:

- value older people and the knowledge, skills and experience that they can contribute to Leeds
- work to promote positive images of ageing and ensure that older people are always treated with dignity and respect
- empower older people to have control over their life and over any support that they may require
- promote active citizenship by providing different opportunities for older people to become involved in their communities and contribute to society for as long as they wish, for example through working, intergenerational work, lifelong learning or volunteering
- address health inequalities in Leeds to ensure that the health needs of all older people are being met
- work to promote health and wellbeing among older people through appropriate housing, social inclusion and encouraging healthy lifestyle choices
- promote ways that older people can gain and retain friendships in Leeds and highlight the networks of support available in their local communities
- hear the voices of older people and work in partnership with them to develop accessible services which will meet their needs and address any disabling barriers they may face
- provide up-to-date, easy to understand and accessible information on the different services and options available for older people in Leeds; enabling older people to choose and access the support or services that would most benefit them.

The approach has led to specific priorities and a work plan being co-produced with members of the Health and Wellbeing Board, Older People and the Third Sector. It also means that the wellbeing of older people is agreed as a cross council and partners' priority with the work programme being overseen by a multi-agency Ageing Well Board.

## Involvement and engagement of older people

A consultation with older people conducted as part of this report highlighted the importance of involving and engaging older people.

The responses<sup>17</sup> indicated that “older people are keen to be consulted and want to engage with their local authority and they feel that they have something to contribute. However, a number of respondents felt that there was a lack of consultation and even where consultation had taken place it had been “tokenistic”.

‘Effective engagement and consultation means better decision making. Local government should avoid consultations which appear to be tokenistic. Effective engagement needs to be properly structured and resourced.’ – SEEFA Report, December 2014.

Engagement is most likely to be most successful when:

- careful consideration and planning is given to overcome potential barriers to engagement for older people and organisations
- all possible efforts are made to include those not normally included in consultations – those least likely to be heard or to participate
- the process is genuine and cyclical in nature, meaning that the results of engagement are actually used to influence the organisation’s future actions and direction, while participants are informed about the impact of their contributions.

## Summary of good practice from leading councils:

- recognising the ageing of the local population as a key strategic priority in the development of their local strategies – developing them in partnership with other key stakeholders to address the full range of issues relevant to older people
- putting in place the leadership arrangements to ensure effective corporate governance of this agenda
- taking a positive and comprehensive approach to engaging directly with older people in their communities
- adopting an asset-based and citizenship philosophy when considering policy and service responses to an ageing society.

# Chapter 3: Economic activity and civic engagement

Do councils and their partners support and maximise the economic and voluntary contributions that older people make to their local communities?

Older people can contribute to and participate in society in many different ways, whether through employment, volunteering, spending patterns, or the taking on of citizenship roles in various community organisations. Supporting the economic and civic participation of older people as producers, consumers and investors is a key dimension of trying to address ageing strategically, particularly in the context of unprecedented austerity. New approaches can create significant opportunities for an ageing society to become a critical driver of local economic development.

## What older people contribute

“I am still very active in my local community and nationally. That is very important to me.”  
– Older Person’s Forum Contributor, LGA Ageing Task and Finish Group, January 2015.

There are many ways in which the growing numbers of older people contribute to the economic wellbeing of the country:

- through productivity in the workplace by those who remain in employment beyond traditional retirement age
- tax contributions from the above
- consumption of goods and services
- housing wealth and demand for mainstream and specialist provision
- informal caring for older people and disabled people, and childcare (which amongst other things enables younger adults to be economically active)
- volunteering and other forms of engagement in civil society
- financial donations and transfers of assets to family members or charities.

## Economics

Estimates have been made about the scale of some of these benefits. After taking account of all the costs associated with an ageing population (especially social care, health and pensions) and then factoring in the positive financial contributions that older people make, it is calculated that **older people made a net positive contribution of £40 billion to the economy in 2010.**<sup>18</sup> Furthermore, as the overall number of people over 65 increases and people remain healthier for longer, **by 2030, the positive net contribution of over 65’s is projected to rise to an estimated £77 billion.**<sup>18</sup>

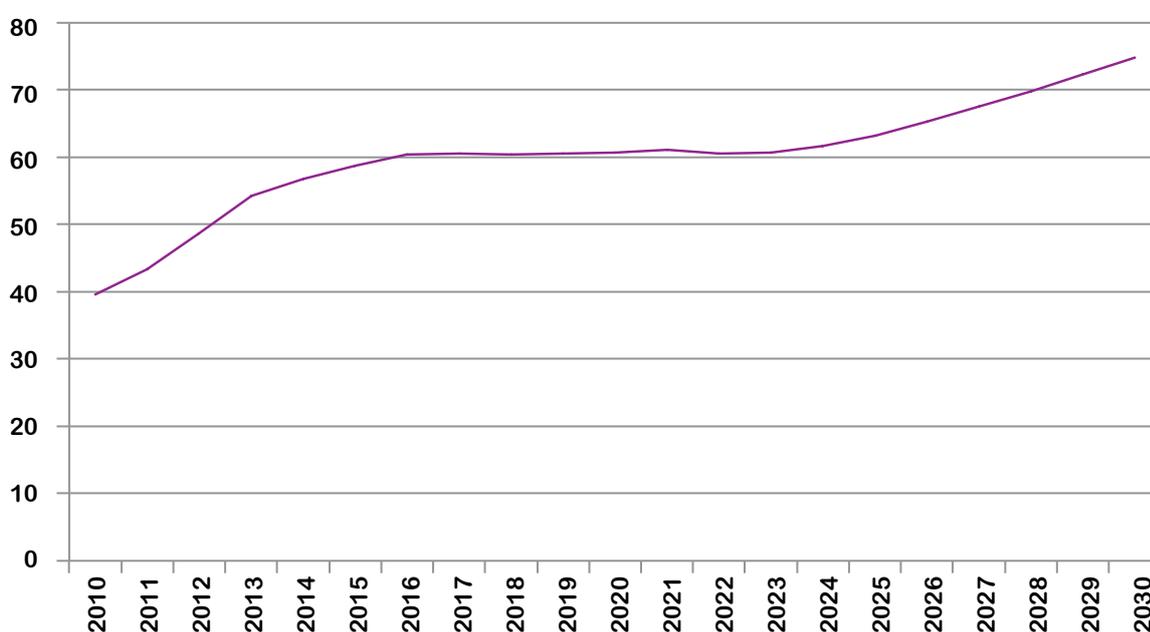
This huge benefit to the economy comprises the following elements (at 2010):

- **£45 billion in Tax** (£15 billion Income Tax, £7 billion Council Tax, and £15 billion VAT)
- **£76 billion spending power** – ‘the grey pound’
- **£34 billion informal care** including childcare
- **£10 billion community capacity** (volunteering and involvement in civic society).

We have set out below a ‘**Graph of hope**’, created in 2011, which visually outlines the net contribution that older people provide to society – and by implication the potential for economic regeneration that this demographic trend represents. The aim is to provide a counter-narrative to the negative, doom-laden messages that focus on the perceived ‘burdens’ that population ageing will bring for councils and their partners. However, to realise this benefit to society the wider economy, councils need the local flexibilities and funding to enable them to strategically support their ageing population.

The LGA’s ‘Future funding outlook’ shows how an increasing proportion of council spending is being consumed by adult social care now, and escalating in the near future if nothing is done to address public funding. Without a radical change in government funding of local public services this scenario is very real. By putting adult social care funding on a sustainable footing, councils will be in the best position to harness the positive contribution older people can make to wider society.

### **Net economic contribution by older people (£bns)**



Source: SQW<sup>19</sup>

### **Maximising the economic contribution**

The analysis above paints a positive picture for society and the economy as a whole, where the opportunities an ageing population can offer to stimulate economic growth have been strategically grasped.

#### **Strategic approach**

Councils are in a position, with their Local Enterprise Partnerships (LEPs), to develop a strategic approach to maximise the economic benefit of ageing. A possible framework (produced by IPPR North)<sup>20</sup> could include:

- **Analysis:** understanding of the specific demographic drivers affecting the area. Segmentation of the older population including health, skills, ethnicity and spatial distribution.
- **Skills:** developing a focus on continuous training and lifelong learning tailored for the over 50s.
- **Business support:** working with local businesses to understand and explore the opportunities from employing older people and from developing goods and services which are attractive to the ‘grey pound’.

- **Older entrepreneurship:** ensuring that sources of tailored business support and advice are available to enable older entrepreneurs to establish and grow their businesses.
- **Innovation and investment:** working with universities to identify areas of innovation and commercialisation of research around issues of ageing.
- **Active labour market programmes:** working with local partners to develop active labour market programmes with a specific emphasis on the employment challenges facing the over 50s, not least those dealing with involuntary redundancy.
- **Integration:** ensuring that employment support and health and care systems are better joined up. One example of good practice is Manchester's Fit for Work Service through which, after a personal assessment, people are prescribed with any of (or a combination of) fast tracked physiotherapy sessions, debt and relationship support, and assistance with brokering changes in the workplace with employers once the person is ready to return to work.

## Extending working lives

Councils and their LEPs are well placed to support those in their 50's and 60's who want to continue to participate actively in the labour market. LGA-commissioned analysis by the Centre for Economic and Social Inclusion has shone a light on the workplace benefits of an ageing population.

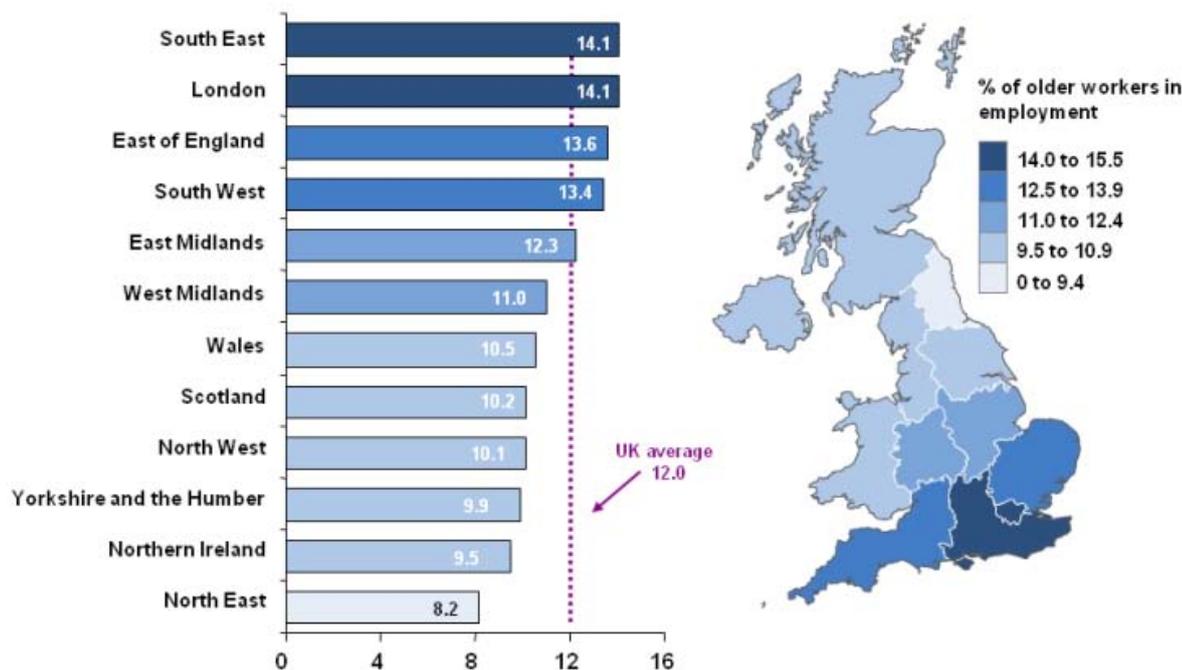
It revealed that the number of people aged between 50 and 64 in employment in the UK has increased by nearly 2 million over the past 15 years to 7.7 million. Another 1.1 million are aged 65 or over. Overall it is estimated that the proportion of over-50s in the workforce will be a third of all workers by 2020. Currently the average 'working age' person is now just tipping over 40, and by 2017 it will be 41 and will continue to steadily increase until 2037 when it will be over 44. **This means, as a country, we will be more reliant on our adult workforce to deliver the economic growth we need. It will primarily be adults' skills and capabilities that will either deliver or constrain growth**<sup>146</sup>. The DWP estimates that adding an additional year to average working lives could increase the size of the UK economy by around 1 per cent (estimated at £15 billion in 2008).<sup>22</sup>

### Key facts 65+ employment



## Employment rates also vary across the regions, as the following figure shows:

Older worker employment rates by UK region, 2010/2011



Source: Office for National Statistics<sup>21</sup>

### Views of older people

In 2010 the Equality and Human Rights Commission surveyed<sup>22</sup> a large number of people aged 50-75 and found that:

- the majority of workers over 50 (62 per cent of women and 59 per cent of men) say they would like to keep on working beyond State Pension Age
- 40 per cent would like to stay in their current jobs, but with greater flexibility in hours or days worked
- financial necessity is the most important reason for staying in employment for about half of people aged 50-59
- just 9 per cent of people aged 50-55 say enjoyment is the main reason for working, but this rises to 27 per cent of people aged 65 plus.

### Misconceptions

Some commentators claim that older people should not be encouraged to work longer as they “keep younger people out of a job”. However, analysis<sup>23</sup> of employment rates across the European Union (EU) for

15-24 year olds and older workers have consistently shown that economies with higher employment rates of older workers have **higher** employment rates of younger people as well. Similar results were found by research in France and Canada.<sup>24</sup> Furthermore, the US National Bureau of Economic Research could not find any evidence of older workers taking jobs away from younger ones.<sup>25</sup>

### Employer action

An increasing number of people show a desire to work beyond 65. A number of employers are adopting proactive ‘age management’ policies. These are defined<sup>26</sup> as “measures that combat age barriers and/or promote age diversity”. Some councils are adopting a similar approach in relation to their own workforce. Good practice in age management encompasses a number of dimensions:<sup>26</sup>

- **Recruitment:** ensuring that older workers have either equal access or special access to the available jobs and that potential applicants are not discriminated against.

- **Training and lifelong learning:** ensuring that older workers are not neglected in training and career development, that opportunities for learning are offered throughout working life, and that training is appropriate for older workers.
- **Career development:** providing older workers with opportunities to progress (not necessarily hierarchically) and to maintain and enlarge their skills and knowledge.
- **Flexible working time practices:** giving older workers greater flexibility in their hours of work or in the timing and nature of their retirement.
- **Health protection and promotion and workplace design:** optimising work processes and the organisation of work to enable employees to perform well and to ensure their health and capacity to work.
- **Redeployment:** coordinating the demands of the workplace with the capacity of older workers, with a presupposition towards the quality of work for the employees affected.
- **Employment exit and the transition to retirement:** basing any redundancy decision on objective job related criteria and ensuring that retirement schemes offer a choice of options.
- **Comprehensive approaches:** approaches which see the ageing issue as a litmus test for the quality of the whole range of HR policy measures.

### Unemployment

Unemployment amongst those who are 50 or over can be particularly serious as it can be extremely difficult for them to get back into the jobs market again. Older workers are more likely to lose their jobs and less likely to find another one if they are made redundant compared to other age groups.<sup>27</sup>

LGA-commissioned research by the Centre for Economic and Social Inclusion indicates that there are 734,000 people over 55 claiming out of work benefits. This is 12.1 per cent of the over 55 population. Most (77 per cent) are on Employment Support Allowance (ESA) or Incapacity Benefit (IB).

Only 49 per cent of over-55s who say they are unemployed claim Job Seekers Allowance (JSA) – 165,000 are looking for work but receive no financial or other support.<sup>147</sup>

There are currently over 1 million people aged 50 to State Pension age who are not working because of sickness or disability which represents 45 per cent of all ESA/IB claimant.<sup>147</sup>

Premature departure from the workforce can lead to poverty and ill health, with obvious potential pressures on social care and health services. However there is no national programme dedicated to older claimants. The over-50s have the worst performance on the Work Programme – they are 10 per cent below the Work Programme average<sup>147</sup>. This demonstrates that special provision is needed to support this section of society to enable them to retain and regain jobs.

### Entrepreneurs

Senior entrepreneurship is at its highest level ever with approximately 600,000 individuals over 50 engaged in early stage entrepreneurial activity<sup>29</sup> Older entrepreneurs also tend to be more successful in terms of start-up survival rates: 70 per cent of start-ups founded by older people were found to last longer than three years in contrast to only 28 per cent of those created by younger entrepreneurs.<sup>30</sup>

## Case study

### Supporting Older People's Employment – Barnet

Barnet takes supporting older people's employment seriously through a range of initiatives:

- Funding 'Trading Times' in its early days to develop alternative ways of employing older people who either wanted to work full or part-time or have a complete career change. The website acts as a sort of dating agency for employers and potential employees, and has gone from strength to strength.
- Start-up funding to the Princes Trust to set up Prince's Initiative for Mature Enterprise (PRIME) in the borough to support people aged 55 to set up their own companies.
- Identified people aged over 55 as the next target group for apprenticeships, recognising that older people often want or need to take a different career path and require different supports (including financial reward) to enable them to take advantage of this.
- Have signed up to key employment actions as part of the 'Rethink, Rework and Act' project proposals underpinning 'The Age of No Retirement' social movement.
- Plan to establish a programme to support the transition to retirement in a way that enables older residents to both live a full and active life and also make an ongoing contribution to the success of the borough.

## Consumption of goods and services

There are huge potential market opportunities arising from the vast wealth owned and controlled by older people (although 15 per cent of pensioners live in poverty,<sup>31</sup> with many more living just on the edge of it). The scale of resources controlled by older people as a group is enormous:

Over 50 per cent of the UK's personal wealth is now held by the over-55's, who are responsible for 40 per cent of consumer spending (spending £200 billion per year).<sup>32</sup>

Unmortgaged home equity owned by older generations was estimated to be worth £774 billion.<sup>18</sup>

The 18-59 year old group segment of the market is only forecast to grow by 7 per cent, in comparison the older market is forecast to grow by 81 per cent from 2005 to 2030.

### Market failure

"Just because I'm over 60 nobody wants to sell me anything anymore"  
(Germaine Greer).

While many older people have a lot of money to spend it appears as if the private sector has not yet woken up to and embraced these opportunities. There is a sense in which older people's needs for goods and services are not well catered for.<sup>33</sup>

### Maximising spend

Councils and their LEP partners are in a position to engage with local businesses about the economic opportunity of older people and stimulate new activity. Enabling older people to spend more of their resources locally could have a very significant beneficial impact on the local economy. There are opportunities to stimulate the development of appropriate products and services for this market, particularly in relation to:

- health, wellbeing and independence – people want to live healthier and more independent lives
- information and communication technology
- nutrition
- finance
- leisure and tourism.

## Community capacity

Older people also make a huge 'non-financial' contribution to society through volunteering, caring activities within the family and other forms of civic engagement.

- **Volunteering – key facts**

In 2012 nearly 4.9 million people aged 65 or over (58 per cent of that age group) took part in volunteering or civic engagement.<sup>34</sup> It is estimated that people over 65 are contributing an annual average of between 54.5 and 104.6 hours of informal volunteering per person. **This is estimated to give a total value worth over £10 billion per annum.** It is estimated<sup>18</sup> that the value of this volunteering will grow by just under £15 billion to give a total of £25 billion by 2020.

- **Childcare – key facts**

Older people contribute hugely through childcare. It is estimated that 43 per cent of children aged under five whose parents are both working are looked after by grandparents; 42 per cent of children aged between five and ten, and 18 per cent of 11 to 16-year-olds.<sup>35</sup> **The value of this childcare has been estimated at £3.9 billion.**<sup>36</sup>

- **Social Care – key facts**

The scale of informal caring provided by older people is also very significant. Research has estimated that older carers (aged over 60) **are providing somewhere between £30 to £50 billion in unpaid family care.**<sup>37</sup> Data from the 2001 Census indicates that people over the age of 65 accounted for around one third of carers who provide more than 50 hours of care per week.<sup>38</sup>

### Health and wellbeing

All the evidence shows that there are significant positive benefits for older people from volunteering themselves. For example, a recent study<sup>39</sup> involving over 5,000 older people was able to conclude – “there is strong evidence supportive of a causal interpretation of the relationship between volunteering and wellbeing in later life.”

A number of key points in the study are worth noting:

- The strength of the wellbeing effect increases with the volume of volunteering undertaken, ie there is a 'dose effect'.
- Improvement in wellbeing is only present where people feel appreciated for the efforts they put into volunteering.

## Case study

### OPERA (Older Persons Enabling Resource & Action) – Sefton

Sefton OPERA are a registered charity delivering a wide range of health and wellbeing activities for Older and Vulnerable People in Sefton. They also work with young people to provide work placement opportunities, volunteering and accreditation. They work locally with youth clubs and schools to develop intergenerational projects that help build a better understanding between young and old in local communities. The aim of OPERA is to empower older people to make their own choices with regard to their own health and wellbeing. They do that by delivering a wide variety of activities, information days, eg Falls Prevention Awareness Day, Services Available to Older People Day etc. Training is also provided to give people confidence, build self-esteem and reduce the isolation of many older people. Key initiatives:

- Improving health and wellbeing – providing a wide range of health and wellbeing activities including, arts and craft, computer training, zumba, learn to swim, drop in pamper sessions, complimentary therapies, tai chi & meditation, stress awareness programmes.
- Volunteering development – offering a range of training for young and older volunteers. Training and empowerment of older people.
- Intergenerational work – breaking down barriers between young and older people in local communities.

## Summary of good practice from leading councils:

- acting as good employers themselves, supporting those employees who wish to work longer by enabling flexible working arrangements, and helping people to plan for a phased retirement, if that is what they wish
- recognising the potential economic benefits from an ageing population and devising a strategic approach to maximising the potential advantage for the area
- exploring asset-based approaches to build on the talents of older citizens and enable older people to be part of mutually supportive communities.

# Chapter 4: Housing and neighbourhood

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

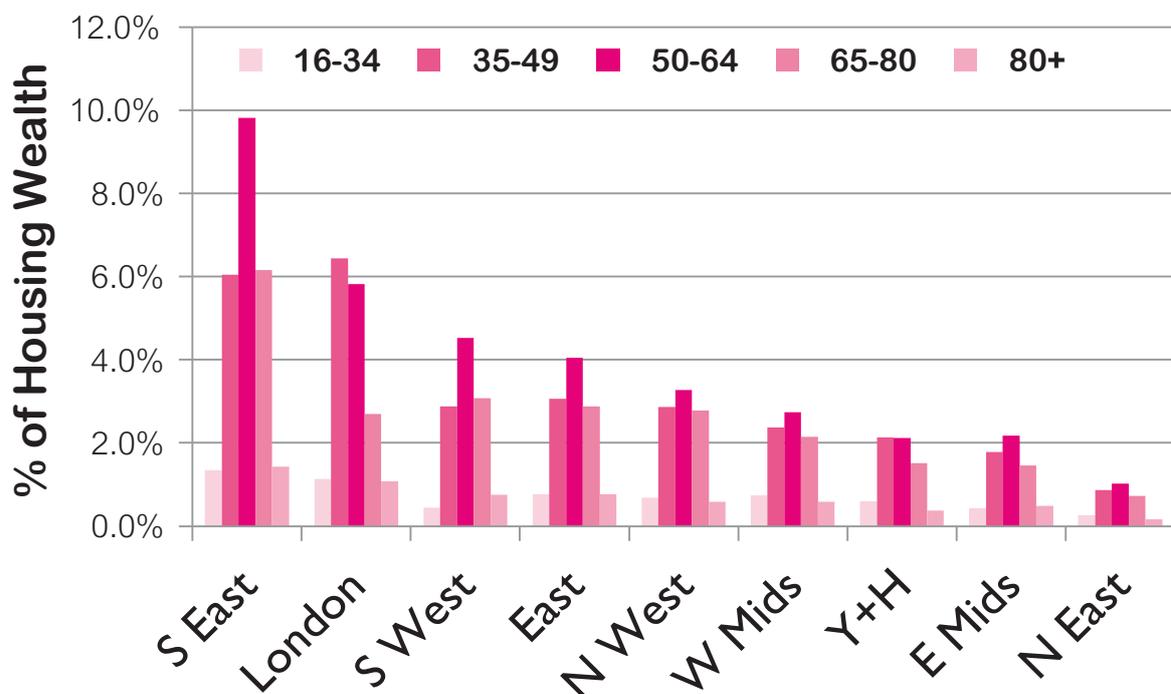
Housing is important to the health and wellbeing of older people, particularly given the meaning that attaches to 'home' in later years. Not only are people's houses of critical importance, but so too are the neighbourhoods within which they live. This is especially true for older people as they tend to spend more time in their local areas as they age. Aspects such as feeling safe and secure and getting out and about to local amenities are very important.

## What older people contribute

In aggregate, older people own a huge amount of housing equity and this is a very significant dimension of the economy.

**There is an estimated £774 billion of equity in older people's housing.** However, this is very unevenly spread geographically and the wealth is concentrated depending on characteristics such as socio-economic group, gender and ethnicity.

**Housing wealth distribution in England, by region and age bracket, 2011**



Source: Searle<sup>40</sup>

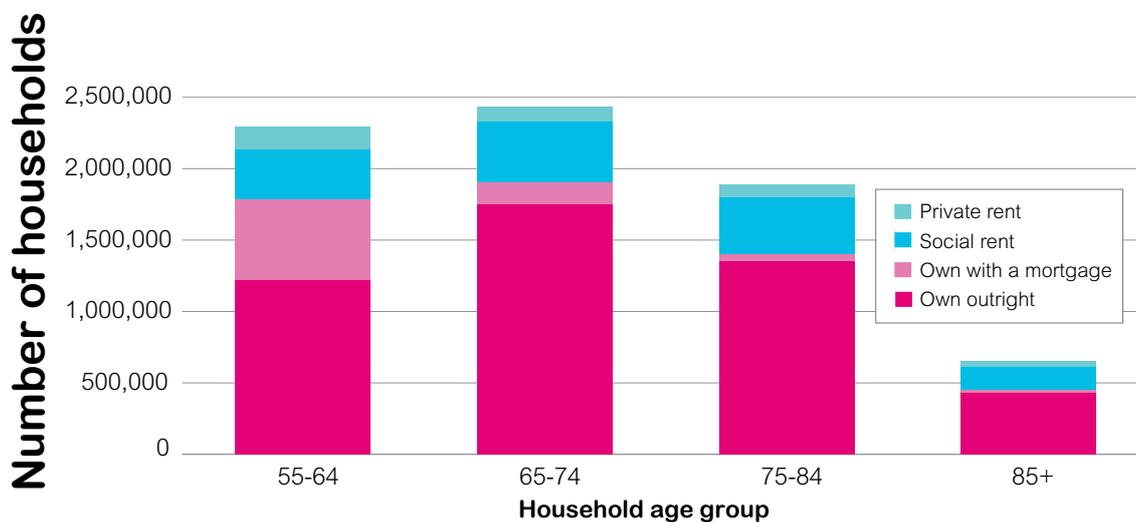
This accumulation of housing wealth has the potential to stimulate significant economic activity in local areas. For example, there may be a significant untapped market for well-designed attractive new housing that would appeal to ‘younger old’ people, who may be interested in downsizing or relocating.<sup>41</sup> There is also the potential for significant growth from the development and marketing of retirement communities, which have achieved much greater penetration in the US than in the UK.<sup>20</sup>

### Tenure and Type

There are 7 million households headed up by

an older person and they live in approximately a third of all homes. The overwhelming majority of older people (90 per cent) live in mainstream housing and would prefer to remain living in their own homes. Only 5 per cent of older people live in specialist housing and 5 per cent in institutional care, accounting for about 0.5 million specialist housing units.<sup>42</sup> In 2010, around 75 per cent of older people were ‘owner occupiers’ with only about 20 per cent in the social rented sector and 5 per cent in the private rented sector<sup>43</sup> – this profile could change significantly in the future with the increasing proportion of people living in the privately rented sector.

## Tenure of older households (England)



Source: NPI analysis of the English Housing Survey. Average for 2008–09 to 2009–10.

Source: Shelter<sup>44</sup>

## Health and wellbeing

“I love my house. I want to stay there for as long as I live.” – Older Person’s Forum Contributor, LGA Ageing Task and Finish Group, January 2015

Older people, especially those aged 75+/85+, tend to live in disproportionately worse conditions than the rest of the population.<sup>42</sup> Nearly 22 per cent of homes still fail to meet the ‘decent homes’ standard and low income older homeowners are over represented in non-decent homes. It is estimated that poor housing costs the NHS at least £1.3 billion a

year due to hazards in the home and medical problems associated with fuel poverty and energy inefficiency.<sup>45</sup> There is a strong causal link between poor housing and falls, chronic health conditions and early death.<sup>43</sup> Poor housing can be a contributory factor to poor health or health conditions, just as good housing may help to limit the effects or incidence of health conditions.<sup>46</sup>

It is very apparent that housing, health and social care sectors working together will promote the health and wellbeing of older people. To facilitate this, a Memorandum of Understanding (MoU)<sup>47</sup> has been established to support joint action on improving health

through the home. This has been signed by the Association of the Directors of Adult Social Services (ADASS), the Association of Directors of Public Health (ADPH), Care & Repair England, the Chartered Institute of Environmental Health (CIEH), the Chartered Institute of Housing (CIH), the Department for Communities and Local Government (DCLG), the Department of Health (DH), the Foundation Trust Network (FTN), Foundations, Homeless Link, the Homes and Communities Agency (HCA), the Housing Associations' Charitable Trust (HACT), the Housing Learning and Improvement Network (Housing LIN), the Local Government Association (LGA), the National Housing Federation (NHF), NHS England, NHS Property Services (PropCo), Public Health England (PHE), Skills for Care and Sitra. The MoU states that the right home environment is essential to health and wellbeing in later life. Older people live in a third of all homes, and councils should be enabled to plan housing and wider neighbourhoods that mean older people can age well, thereby reducing health and care costs. Having mainstream and specialist housing that is well-designed for ageing, alongside provision for the repair and adaptation of the existing stock across tenures, are key concerns for councils. With 75 per cent of older people now owning their homes there is an opportunity for a market that provides more attractive options for later lives, delivering significant economic benefits to the local economy.

Through working together the MoU aims to:

- establish and support national and local dialogue, information exchange
- decision-making across government, health, social care and housing sectors
- coordinate health, social care, housing policy
- enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of homes and services
- promote the housing sector contribution to: addressing the wider determinants of

health; health equity; improvements to patient experience and outcomes; 'making every contact count'; and safeguarding

- develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify suitable solutions to improve outcomes.

This MoU represents a step change in terms of collaboration between housing, health and social care organisations and will also support the principles and aims of the Care and Support Specialised Housing (CSSH) fund. The CSSH fund's primary aim of this fund is to support and accelerate the development of the specialised housing market, particularly at a time when macroeconomic factors may place limitations on the growth of the market. It aims to stimulate the market, for both affordable and private homes, primarily by providing financial incentives to the affordable housing sector in order to increase supply.

## House building

Meeting the housing needs of the ageing population is a key concern for councils. As part of the General Housing Needs Assessment, councils are required to set out an evidence base for the need for housing in their area, including numbers and type. This informs Local Plan policies which can include policies and advice to developers on ensuring sufficient supply of homes that are flexible to meet changing needs, designing development in a way that provides access to facilities and services for older people, meeting needs for care homes and homes for older people.

So far, around 20 per cent of councils have developed planning policies that specifically address the housing needs of older people. Given financial constraints on councils' and resources for planning and the cost involved with in-depth evidence gathering and assessments, there is a need to build capacity to help councils consider older people and find the evidence to back up the need for increased housing for older people.

The housing market is not currently delivering the volume of housing needed for everyone. With regards to older people, it is forecast<sup>48</sup> that there will be a shortfall of 240,000 units of specialist housing across all tenures by 2030. The House of Lords Select Committee on Public Service and Demographic Change has stated that central and local government, housing associations and house builders need urgently to plan how to ensure that the housing needs of the older population are better prioritised and addressed.<sup>10</sup>

Councils play a leadership role in shaping a vision for housing development in their areas, identifying and unlocking land suitable for development and encouraging more businesses into house building. Many are developing long term plans for investment in housing using their own assets and in partnership with private investors. However, achieving the step change in delivery will require greater flexibility for councils to borrow against their own housing assets; and support capacity building to find new financing mechanisms and work in partnership with businesses to shape local housing markets and unlock housing opportunities.

There are opportunities for more efficient use of public land to unlock the type of housing needed locally including specialist housing for older people. Market analysis<sup>49</sup> suggests that the public sector controls between a quarter and a third of potential housing land – much of it in brownfield or central locations. A more joined-up approach to the use of surplus land owned by different public sector land owners would increase councils' ability to facilitate the development of housing, including housing for older people.

### **Housing design standards**

To date, many plans have included housing standards designed to ensure new homes are accessible and flexible to changing needs. This could be achieved by building to a higher level of accessibility, where needed, to the standard now defined as 'Category 2', formerly known as 'Lifetime Homes Standards'. These are a set of simple home features that make housing more functional for

everyone including families, disabled people and older people. They include future proofing features that enable simpler and cheaper adaptations to be made.

The recent Government review of Housing Standards will replace local standards with a national framework of housing standards. This will include two optional requirements that set out alternative provisions for accessibility and adaptability to help meet the needs of older and disabled people. In order to adopt an enhanced accessibility and adaptability standard the local authority will need to consider the outcome of its housing needs assessment and taking into account other relevant factors and issues. One of those is 'accessibility and adaptability of existing housing stock'. While this information may be available for social housing stock, there are concerns that the cost of gathering this evidence for the whole area's existing housing stock would be disproportionate.

## **Supporting independence**

While new build is important, most older people will continue to live in the existing housing stock. Enabling older people to remain living in their own homes could be aided significantly through the provision of relatively simple practical support. Ideally, older people should have choice and realistic alternatives on offer, including the support required to enable them to remain in their own homes should they wish to. The provision of home improvement agencies or handypersons services to undertake aids and adaptations and/or the installation of new technology such as community alarms and tele care to enhance more preventive community-based services is vital to this. Reduced budgets mean that it can be challenging to offer this kind of universal service.

Addressing accessibility of the existing stock is a significant challenge. It is estimated that 1.5 million individuals report having a medical condition or disability that requires specially adapted accommodation.

According to Leonard Cheshire Disability:<sup>51</sup>

- only 4 per cent of homes have four basic access standards – level access, flush threshold, wide doors and circulation space, WC at entrance level<sup>43</sup>
- only 5 per cent of homes can be visited by someone using a wheelchair<sup>52</sup>
- 80 per cent of people report that they live in a home without an accessible front door
- 50 per cent say they do not have stairs big enough for a stair lift to be fitted.

Councils have little leverage over the accessibility of existing privately rented or owner-occupied homes, but the kind of practical services provided by care and repair schemes will continue to be very necessary given the requirements of an ageing population. According to DCLG, these services are very cost effective and

produce savings, particularly for social care. However, these services will be increasingly difficult to provide given the financial pressures councils face.

“This evaluation of the DCLG Handyperson Programme has shown that handyperson services are assisting large numbers of older, disabled and vulnerable people to live independently in their own homes for longer in greater levels of comfort and security. They offer an important safety net for older people, and they also enhance the effectiveness of health and social care provision through the delivery of often very simple and very low cost interventions. As the population ages there will be greater demand for such services, and a greater imperative to assist older people to live independently. This evaluation has demonstrated that handyperson services provide value for money...” DCLG<sup>53</sup>

## Case study

### Sheltered Scheme Remodelling – Ashford Borough Council

Work is currently underway on site building a sheltered housing scheme at Farrow Court in Ashford that will see the existing facility increase from 45 rather poor quality units (poor space standards, poor natural light, poor disabled facilities) to one of 104 care-ready units including, among other aspects, 12 apartments specifically for adults with learning disabilities; eight recuperative care apartments; and a new elder care day centre operating seven days a week with a particular focus on support for clients with dementia at weekends. All of this has been designed around the best current practice (HAPPI/HAPPI2) in terms of light, space standards, dementia friendly design etc and work has been undertaken with partners in health and social care at every stage of the design and commission of this project.

## Home ownership

Older people who own their own home can become ‘asset-rich’ but ‘income poor’, resulting in poverty in later life. A significant minority of people entering older age are doing so with substantial mortgage debts.<sup>54</sup> one in five households headed by someone over 50 have outstanding mortgage borrowing, and the mean average owed is £62,200.<sup>55</sup>

## Cold homes and winter deaths

In 2001 the Government published a strategy to ensure that no one lived in fuel poverty by 2016, however, latest estimates suggest that this target will be missed and that there are likely to be around 2.6 to 3 million households still in fuel poverty by then.<sup>56</sup>

Councils have taken the lead on action to tackle fuel poverty and have delivered over half of all energy efficiency programmes

in the country. These efforts have had a lasting effect in helping to raise the energy efficiency of social housing stock and keep people warm. Examples of action and council-led achievements are set out in the LGA publication 'Tackling fuel poverty through local leadership'. With budget constraints making it more challenging for councils to maintain past levels of investment and support, it is essential that all available resources for energy efficiency and reducing energy costs is used in the most effective and efficient way. The LGA work sets out proposals for how the main sources of funding through the Energy Company Obligation and Green Deal could be targeted more effectively.

With the incidence of poor heating facilities and/or the difficulties in meeting fuel expenses,<sup>57</sup> there is a close correlation between winter temperatures and the death rates among older people.<sup>43</sup> While the number of winter deaths in 2013/14 was the lowest since records began, there were nevertheless an estimated 18,200 excess winter deaths in England and Wales. In other words, 11.6 per cent more people died in the winter months compared with the warmer months in 2013/14. The majority of deaths occurred among those aged 75 and over.

The excess winter mortality index was highest in the West Midlands and lowest in the North East.

Councils play a crucial role in preparing for and responding to periods of severe winter weather. This includes ensuring that roads are kept clear of snow and ice, providing assistance with emergency household repairs, delivering hot meals and portable heaters, and checking on elderly and vulnerable residents.

The National Institute for Health and Care Excellence (NICE) have produced guidance on 'Excess winter deaths and morbidity and the health risks associated with cold homes'. The recommended actions include:

- the inclusion of the health consequences of living in a cold home in health and wellbeing boards' joint strategic needs assessment process and subsequent strategies

- ensuring that a referral and coordination service is commissioned to help vulnerable people who live in cold homes
- identifying people at risk of ill health from living in a cold home
- health and social care professionals 'making every contact count' by assessing the heating needs of vulnerable people who use their service
- ensuring vulnerable hospital patients are not discharged to a cold home
- raising awareness and training professionals to help people whose homes may be too cold for their health and wellbeing.

## Moving home

Older person households are much less likely to move than other households.

In the UK almost 90 per cent of people stay in their own homes until they may have to leave because of illness or bereavement.<sup>58</sup> Nevertheless around 2 million older person households have moved at least once within the last 10 years and this suggests that around 200,000 older person households move home each year, or around 3 per cent of all older person households.<sup>59</sup>

Many older people are living in larger homes, and in moving, would free up much-needed homes for the benefit of families. Older people may need to be supported to make their own choices about whether to move (possibly to downsize), or not; indeed, many older people may have no interest in doing this. However, the number of people interested in downsizing might increase if there were more attractive housing options and if they had good information, advice and support to help them to consider what is best for them. Research suggests that in the UK there may be an additional 10 per cent of older people who would consider moving if they had a choice of attractive homes in the right location.<sup>58</sup> However, the concept of moving home is very challenging for many older people, and advice and support services should recognise this.

## Case study

### Innovative Housing Options – Barnet

Barnet have agreed planning permission for the first women's co-housing for 25 homes in the north of the borough – in fact this was the first co-housing development for older people in London and remains the only women's provision. Co-housing communities operate on a semi-communal model, with residents supporting each other in all aspects of life. Alongside re-providing some sheltered accommodation as specialist extra care built to HAPPI standards for older people, Barnet are also commissioning a range of different models of housing including pepper-potting suitable accommodation in regeneration areas with a social care hub to enable people with social care needs to remain living in a mixed environment.

### Information and advice

Although it is important for older people to have access to impartial information to enable them to make appropriate choices about their future housing options,<sup>42</sup> the overall conclusions from a number of research studies<sup>60</sup> into housing advice services is that general housing-related advice services (both statutory and voluntary) are currently underused by older people.

For these reasons, the Government has invested in FirstStop Advice. Managed by EAC (Elderly Accommodation Counsel), FirstStop Advice and their local partners offer independent, impartial and free service to help older people get the help or care they need at home to live as independently and comfortably as possible.

When considering the role of housing options and other forms of advice, there are links to the new requirements for information and advice under The Care Act. This topic will be explored further in Chapter 7.

## Neighbourhood

"I love my neighbourhood... it's like my favourite coat." – Respondent to SEEFA-led English Survey of Older People, January 2015.

Housing is not just about houses, it is also about neighbourhoods; and this becomes increasingly important as people age. "As we grow older, the neighbourhood becomes an increasingly important factor in the quality of everyday life. When local shops, local services, or the local park are leisure centre are inaccessible or even dangerous, older people can literally be trapped in

their own homes without the confidence or opportunity to get out, make friends or get the help they need."<sup>50</sup> Developing 'age friendly neighbourhoods' will be more important as the population ages. There is no single definition, but an age friendly neighbourhood will aim:<sup>50</sup>

- to be accessible and inclusive
- to be aesthetically pleasing and safe (in terms of both traffic and crime), and easy and pleasant to access
- to be a community that offers plenty of services, facilities and open space
- to foster a strong social and civic fabric, including volunteering, informal networks, and a culture of consultation and user empowerment amongst decision makers
- to foster a strong local identity of place.

## Summary of good practice from leading councils:

- developing a strategy to address the housing needs of older people, undertaken jointly with health and social care, and as part of that, encouraging and facilitating the development of more specialist housing options for older people
- in so far as budget pressures allow, commissioning the kind of practical services provided by care and repair schemes
- assessing the opportunities to create neighbourhoods which are more age friendly, particularly where significant numbers of older people live.

# Chapter 5: Outdoors spaces and buildings

Can councils and their partners demonstrate that their ageing populations are supported to be healthier through the design and configuration of public spaces and buildings?

As the WHO notes,<sup>11</sup> the outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to ‘age in place.’<sup>61</sup> Research has established the clear physical and mental health advantages arising from the ability of older people to get out and about easily and from spending time in public and open spaces.<sup>62</sup> Those living within 10 minutes’ walk of a local open space are twice as likely to be satisfied with life compared to those whose local open space is further away.<sup>63</sup>

“Research suggests that those neighbourhoods that are designed to make it easy and enjoyable to go outdoors is a significant factor as to whether people attain recommended levels of physical activity through walking (regardless of sensory of mobility impairment) and is, more generally, a significant predictor of health and life satisfaction.” S. Handler<sup>61</sup>

There is also growing evidence of the benefit of green spaces and parks for older people’s wellbeing. Research has shown for example that even the mere distribution of trees within a given neighbourhood has a direct correlation with older people’s wellbeing.<sup>63</sup>

## What older people contribute

Older people are major users of public spaces. They provide much of the vibrancy and diversity that make towns and cities interesting places to live. They are also major

users and financial supporters of green and open spaces. Through their voluntary involvement in organisations they contribute to maintaining much of the civic heritage and open spaces.

## Key issues for older people

‘Uneven and bumpy pavements cause falls and discomfort to older people who use wheelchairs.’ – Older respondent to English Older People’s Survey, led by SEEFA, December 2014.

The age-friendliness of outdoor spaces and buildings can be judged according to the degree to which they support or obstruct people’s ability to get out and about. Environments can impose barriers, such as high kerbs or pavements crowded with obstructions or they can disable older people by what is absent – for example toilets and seating.

### Barriers

The pedestrian experience is vitally important to older people, who are most often on foot when out and about.<sup>64</sup> Poor design and little provision or upkeep of neighbourhood features, especially footways, can make it difficult for many to get around. Research by Inclusive Design for Getting Outdoors (I'DGO) showed that the key issues for older people included a lack of wide, car-free paths, seating and toilets, attractive trees and waterscapes, or the poor design and maintenance of amenities that did exist.<sup>64</sup>

### Health

There are significant opportunities for councils to support the health and wellbeing of older people through public spaces and

buildings. As noted above, well-designed outdoor space can facilitate social interaction, provide for physical activity and enable continued learning. However, a key risk for older people in poorly designed and maintained environments are falls. Studies<sup>61</sup> have suggested that older people are at a heightened risk of falls wherever:

- there is inadequate distribution of public seating
- the physical environment is poorly maintained (uneven, badly-maintained paving along a streetscape, for instance)
- new, unfamiliar or confusing design features are introduced.

### **Design features**

The research consortium I'DGO have called for the introduction of certain design features as standard to enable barrier-free movement at all levels. These include:

- wide and flat tarmac footways
- easy transition at level changes
- unobstructed navigation
- controlled crossing points
- clear, simple, easily visible and understandable signage
- frequent, warm, supportive seating
- sufficient bus stops with weather protection and seating
- sufficient, well maintained, safe and open toilets.

### **Seating**

Public seating is essential to enable older people to get out and about. One very visible indicator of an age friendly environment is the number, location and quality of the seating provided in public places.

### **Toilets**

“Public lavatories provide a vital service for older people.” – Older Respondent, English Older People’s Survey, led by SEEFA, December 2014.

Access to toilet facilities is an extremely important factor in enabling older people to get out and about.

“Twelve per cent of older people (1.2 million) feel trapped in their own home, 13 per cent of older people (1.26 million) do not go out more than once a week and about 100,000 never go out. Our evidence suggests that lack of public toilets is a significant contributory factor in the isolation of older people, and the situation will worsen as toilet provision continues to decline” Help the Aged.<sup>65</sup>

By way of contrast, other research<sup>63</sup> found that good facilities, including the existence of toilets, predicted the amount of time participants spent outdoors either walking or pursuing other activities. In other words, toilet facilities, perhaps in combination with other facilities, made it more likely that respondents would spend longer out of doors.

### **Community toilet schemes**

The development of ‘community toilet schemes’ has provided a low cost alternative for councils in many areas. These schemes provide a means by which councils, working in partnership with local businesses, can transform public access to toilets in their areas. The scheme allows the public to use toilet facilities in participating businesses, which receive an annual payment in return to cover their costs.

## **Open spaces**

Good quality open spaces provide important spaces for older people. Key elements of a good open space include:

- cafes and toilets
- dense trees and plants
- light traffic on the way to the park
- wildlife to watch
- well-maintained, clean, safe and welcoming open space
- good paths (easy to walk on and enjoyable) for accessing the open space.

## Summary of good practice from leading councils

- committing to the provision of enabling, inclusive and inviting urban and rural environments for older people
- actively involving older people in the planning processes and regeneration programmes, as well as in the maintenance and improvement of the local environment

# Chapter 6: Transport

Can councils and their partners demonstrate that the needs of older people are taken into account when planning and commissioning transport services?

Good transport is vital to enabling older people to live active and healthy lives in later life. It is about more than just getting from A to B – it is about the ability to maintain independence and remain connected to the rest of the community.

## What older people contribute

Accessible, reliable and affordable transport is vital to support the huge amount of activity that older people contribute to society.

Transport is vital to supporting:

- older people remaining in the workforce for longer
- the caring responsibilities that older people fulfill for disabled people and children
- voluntary work and engagement in civic society.

Public transport is vital to older people – approximately 25 per cent to 30 per cent of older people use public transport at least every week, although this varies significantly among different age groups.<sup>66</sup>

## Bus travel

“Bus cuts are a major source of irritation. Buses are a vital service for older people.” – Older Person Respondent, English Survey of Older People, led by SEEFA, December 2014.

Bus provision is crucial to the wellbeing and quality of life of most older people. The statutory English National Concessionary Travel Scheme (ENCTS) allows for free travel for older and disabled people on local bus services anywhere in England, between 0930 and 2300 during weekdays and anytime at weekends and bank holidays.

According to research,<sup>71</sup> there is overwhelming public support for the scheme, with 95 per cent of passengers agreeing that older and disabled people should be entitled to a free bus pass.

### Usage

There were around 9.8 million concessionary passes in England in 2011/12 (92 per cent of them were for older people). London accounted for around 12 per cent of passes. There is very high take up of the scheme. In 2012, 79 per cent of eligible older people had a pass (82 per cent of females and 74 per cent of males).<sup>68</sup> There is considerable variation between area types with take-up ranging from 66 per cent in rural areas to 88 per cent in London in 2012. Outside London, there was an average of 89 concessionary journeys per pass per year. In London, there were 250 journeys per pass per year.

### Expenditure

Outside London, Travel Concession Authorities (councils) spent £810 million on concessionary travel in 2011/12; London’s expenditure on concessionary travel was around £299 million.<sup>72</sup> The actual reimbursement of bus operators amounts to around £912 million<sup>72</sup> per annum. The average reimbursement cost per journey is estimated at 85p per journey in 2012/13.

## Cuts

Government funding for the national concessionary fares scheme has been reduced from £668 million to £407 million since 2010, a cut of 39 per cent.<sup>73</sup> As a result, the scheme is not fully funded and there are examples where councils have had to scale back discretionary bus schemes including free peak time travel and community transport services.<sup>73</sup> 70 per cent of councils had to make cuts to bus provision in 2011/12.<sup>67</sup>

## Bus Service Operators Grant

Bus Service Operators Grant (BSOG) is a grant paid to operators of eligible local bus services and community transport organisations to help them recover some of their fuel costs and is designed to keep fares down and potentially unprofitable routes operational. The amount each bus company receives is based on their annual fuel consumption. The grant is demand led and the Government reduced BSOG by 20 per cent in the 2010 spending review. The grant is paid out on a flat and undifferentiated basis and there is currently a debate about whether the grant can be used in a more targeted way to achieve better outcomes.

## Debate

Government funding for concessionary bus travel has been significantly cut and councils as a result have to fund much of the scheme from other dwindling sources. The LGA is asking that the Government fully fund the scheme.

There are very powerful arguments in favour of retaining the scheme. The freedom to travel has a wide range of multi-faceted and quantifiable social, economic and environmental benefits, including that older people:<sup>74</sup>

- can contribute more actively as volunteers
- are more physically active, resulting in improved health and wellbeing with knock on benefits for health services
- make fewer journeys by car, meaning our air is cleaner and our roads are safer and less congested
- feel less lonely and isolated, something

crucial to good mental health and well-being, with significant benefits for health services – research has shown that loneliness is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for older people's health and wellbeing than obesity and physical inactivity

- are more able to look after children and care for others – older people overall provide estimated benefits of £34 billion in social care and £2.7 billion in child care every year
- shop more on their high streets, increasing retail and commercial activity – overall the value of spending by older people is estimated at over £76 billion per year
- can travel independently, saving on patient, social care and community transport.

Research by KPMG<sup>74</sup> indicates that every £1 spent on free bus travel for older and disabled people generates over £2.87 of benefits for society and the wider economy. Half of the benefits accrue directly and immediately to concessionary travellers themselves, around 20 per cent of the benefits to other bus passengers and other road users from transport network improvements, and the rest to the wider community from wider economic and social impacts and in particular from improvements in health and wellbeing.

## Other modes of transport

### Mobility scooters

Mobility scooters have become increasingly popular amongst older and disabled people and can provide a huge sense of independence. Department for Transport (DfT) estimates that there are around 250,000 to 300,000 on the road across the UK, four times the total five years ago, with around 60-70,000 scooters being sold each year.

Government has undertaken some consultation on the use of mobility scooters but little action has been taken as a result. Government says<sup>77</sup> that it is considering issues regarding insurance and use of specialist training providers.

## Cycling

While cycling accounts for 23 per cent of all journeys for people aged 65 and older in the Netherlands, 15 per cent in Denmark and 9 per cent in Germany, it represents only 1 per cent of all journeys in the UK among older people.<sup>78</sup>

Apart from the environmental benefits, cycling has been shown to have significant health benefits for older people. Recent research<sup>79</sup> found that older people (aged 49 -79) who had cycled in the preceding month performed significantly better on measures of decision time and response time than those who had not, and those who cycled at least an hour a week showed significant improvements in balance and single-leg standing, making them less at risk of falls.

With additional powers there are a number of things that councils could do to improve the attractiveness of cycling as a travel option. For example, the LGA have lobbied for Part 6 of the Traffic Management Act to be commenced which would allow councils to enforce moving traffic violations – this would help ensure the free-flowing of cycle lanes and box junctions, etc.

There is currently a general absence in understanding as to how the built environment and technology could be designed to support older people's cycling needs and experiences. However, projects to improve cycle infrastructure, coupled with the growth in availability of assistive technologies such as electric bicycles ('e-bikes'), could have a significant role in creating opportunities for older people to return to cycling or prevent them from giving up.

## Walking

Physical exercise such as walking is crucial to healthy ageing and the nature of a local neighbourhood can greatly influence the extent to which older people will engage in this kind of activity.

## Walkability

The term 'walkability' has begun to be used to reflect the built environments' convenience for walking and is expressed as an index based on three key components; street connectivity, residential density and land use mix diversity. Environments characterized by many interconnected streets, a high residential density and a mixture of different land uses (eg residential, commercial, institutional) are considered highly walkable.

Research<sup>76</sup> suggests that a highly walkable neighbourhood generates higher walking rates. Interesting destinations and pedestrian-friendly facilities in the close vicinity of where older people live, particularly in more deprived areas, so that short trips can be made by foot, can make walking easy to integrate into older people's daily routine.

Walkability has wider benefits as well. Creating a barrier free built environment has possibilities for improved connectivity, enhancing opportunities for social contacts and physical activity levels for all. An age-friendly environment supports people of all ages to use their local neighbourhood.

## Key facts and issues

The ability to move around and remain mobile changes in old age in a number of ways:<sup>61</sup>

- they tend to make shorter journeys
- a larger fraction of their time is spent indoors (up to 80 per cent according to some studies)
- increasingly sedentary lifestyles (70 per cent of the day can be spent sitting or lying)
- mobility is increasingly focused within a local neighbourhood (60 per cent of all trips being undertaken locally).

These changes clearly have the potential to undermine older people's health and wellbeing and general quality of life. Most importantly, this level of reduced mobility can induce or exacerbate significant levels of loneliness or isolation. It can also alter feelings

of self-reliance and independence and have quite a profound impact on people's sense of self in later life.<sup>67</sup>

### **Disability**

Access to transport becomes more important when mobility is impaired through some form of disability. The proportion of adults with mobility difficulties increases greatly with age. In 2012, 39 per cent of individuals aged 70+ had problems walking or using a bus, compared with 4 per cent of those aged 16-49.<sup>68</sup> Among people aged 16-69, those with mobility difficulties make around 30 per cent fewer trips than those without difficulties. This difference increases to 41 per cent among people aged 70+.

### **Rural issues**

"I live in the countryside, and we don't have a bus service any more. If you don't drive, you are stranded." – Older Person's Forum Contributor, LGA Ageing Task and Finish Group, January 2015.

There are particular challenges facing rural councils in supporting older people living in their areas:<sup>69</sup>

- infrequent, inaccessible, unreliable and inconvenient bus services
- for many, lack of affordability of taxis and private hire as an alternative option
- issues around the accessibility and practicality of relying on informal transport arrangements
- low user awareness and take up of bookable car and minibus services and of the cost of these.

## **Examples of good practice from leading councils:**

- acknowledging the value of specialist transport such as dial a ride and other forms of community transport
- successfully accommodating personal mobility (eg mobility scooters)
- promoting walkable neighbourhoods
- making provision for modes of transport not stereotypically associated with older people (eg cycling)
- facilitating transport at a community level to ensure that older people can easily access local amenities and health and other services.

Research suggests that a community-based, user-led approach to transport planning is likely to deliver an inclusive transport system that older people would like to use.<sup>70</sup>

Does the council and its partners ensure the provision of easily accessible, consistent and current information to enable older people to plan for later life and be able to access specialist support if needed?

The ability to prepare and plan for later life is fundamental to promoting the health and wellbeing of the local community. Access to good quality information and advice is crucial now and will grow in importance as society ages.

# Chapter 7: Information and advice

“Information is power. With good information, people can be aware of available care and support services and make informed choices. They will know what they should expect and challenge when things go wrong. Good information helps people to take control of their lives – it is at the very heart of personalised care.” Source: Sutcliffe<sup>80</sup>

## What older people contribute

Older people undertake a huge amount of voluntary activity in the community. One area where they operate particularly effectively is in the provision of information and advice. There are numerous examples across the country of highly-trained older volunteers, signposting people to the information they need on issues such as day care, footcare, computer training, company at meal times, transport for shopping and medical appointments, finding reputable tradespeople and help around the home. Volunteers, many of whom are older themselves, can be a mine of information - helping to make life easier and enabling older people to remain self-reliant in their own communities. Their primary role is to enable older people to live independently, for as long as possible, at home.

## Key issues for older people

“I want to be able to make choices about my own life.” – Older Person’s Forum Contributor, LGA Ageing Task and Finish Group, January 2015

Good quality information and communication is important on so many levels. It provides

older people with the necessary resources to make informed decisions, secure rights, and act in their own best interests.<sup>61</sup>

Lack of access to information and advice when needed can be extremely problematic, even increasing the risk of long term problems and social exclusion. In a major study of social care users, 14 per cent of those who said information and advice was very difficult to find said their quality of life was ‘very bad’ or ‘so bad it could not get worse’. This compares to only two per cent of those who found it very easy or fairly easy to find information and advice.<sup>8</sup>

### Scope

Information needs are not just about social care – older people require information across the full range of domains which are relevant to their quality of life. A truly ‘age friendly’ approach to the provision of information and advice goes well beyond the narrow confines of social care support.

### Personal contact

There is overwhelming evidence<sup>82</sup> that older people prefer face-to-face interactions when seeking information and advice. The next most-preferred mode of interaction is the telephone, although many older people prefer not to use call centres as they find it difficult to conduct lengthy and complex telephone calls.

There are numerous examples across the country of volunteer-delivered ‘village agent’ or ‘care navigator’ type services, as well as all the locally based Age UK’s, which provide this kind of service.

## Case study

### Dorset Wayfinders

The role of the Wayfinders is to provide signposting and support to older people who may require information or activities to support health promotion and independence. There is Wayfinder coverage across each of the Dorset POPP 33 clusters and each Wayfinder works 9 hours a week. They can tell people where the local lunch clubs are, how to get toenails cut, where to go for a local yoga class, how to sign up for a course and lots more. Managed by a voluntary organization 'Help and Care', Wayfinders work flexibly, managing their own diary to suit what's happening in their local communities. They base themselves in convenient locations such as libraries, GP surgeries, community pharmacies or supermarkets, so that people can find them easily and ask help.

### Library services

"I am a volunteer at my local library. We have given it a new lease of life as a community hub." – Older Person's Forum Contributor, LGA Ageing Task and Finish Group, January 2015.

Libraries have the potential to offer information and advice services for older people. The growth in new technology, combined with the unprecedented reductions in resources for local government, have required some radical rethinking about the role and function of library services.

### Digital Services

The digital 'revolution' has provided us with instance access to information and services and has transformed the way many personal and economic transactions take place. It is also allowing new ways to monitor and care for people, keep family and friends informed, and keep older people connected to each other, carers, and social networks.

Access to the infrastructure that supports internet access, particularly superfast

broadband, is not universal across the country, leading to unequal access to the services internet access can provide. In particular, some rural communities have not benefited from the roll out, and older people in these communities are unable to benefit from cheaper online deals, free social software such as Skype and Facebook, and instant contact and information from their local public services. In some rural areas, mobile phone coverage has still not been established, which would help older people in the most isolated rural areas, particularly farmers for instance, to stay in contact.

'Digital exclusion' can also be a particular issue for older people. Access to computer technology is increasing amongst older people, however, the frequency of internet usage amongst the current older generation is very low.<sup>83</sup> There are examples of where councils are supporting and encouraging older people to get online, particularly through digital champions.

## Case study

### Get IT Together in Leeds

In Leeds, the City Council, BT and Citizens Online are working together to deliver the Get IT Together Programme, a community development approach to digital inclusion, helping people in Leeds to benefit from gaining online skills. The service was particularly valued by older people, who made up the largest group of learners.

BT and Citizens Online conducted research that forecasts the social value of the project as being £3 for every £1 invested by stakeholders (including users themselves). This comes from users having more confidence, making financial savings online, new job seeking skills and a reduction in social isolation.

At the same time, those older people who cannot, or do not want to go online, should be able to access services and support in ways that suit them. While there are financial advantages to delivering information and advice over to lower cost digital channels, many still need offline 'assisted digital' to remain in place. 'Digital Exclusion' can lead to discrimination and can have an adverse impact on health and wellbeing.<sup>4</sup>

### Care Act

The Care Act requires councils to provide information on:

- how to raise safeguarding concerns about any adult who may be at risk
- the care and support system locally, including the process for getting support
- how to complain or formally appeal
- when independent advocacy will be provided
- paying for care and support (including charging arrangements)
- the choice and types of support, and the choice of care providers available locally
- how to access independent financial advice on matters relating to care and support.

Building on the above requirements, councils are also in a position to provide or facilitate access to information on:

- housing and housing-related support options
- treatment and support for health conditions
- preventative services (eg practical support, befriending, handypersons)
- intermediate care services (eg aids and adaptations)
- benefits advice
- employment support
- transition from children's services
- carers services and benefits
- sources of independent information, advice and advocacy
- planning for future care costs.

### Implementation

The Care Act requires local authorities to **“establish and maintain a service for providing people in its area with information and advice relating to care and support for adults, and support for carers”**. The local authority is not expected to provide all the elements itself, but is required to **“understand, coordinate and make use of”** the resources available across the community.

Source: Think Local Act Personal<sup>84</sup>



Think Local Act Personal (TLAP) have produced guidance on the implementation of effective information and advice services.<sup>85</sup>

## Case study

### **Dudley Community Information and Dementia Gateways**

**Dudley Community Information Directory.** Dudley community information directory (DCID) has grown out of an existing, universal online directory managed by Dudley Libraries but is now far more finely tuned to provide information in areas where people might have previously asked social care for help. For example, there is now a care and support category which includes sub categories for: equipment and home aids; help at home; care homes and respite care. As a universal service, the directory is equally relevant for people who need information to help them to lead healthy, active and fulfilled lives. The 'health and wellbeing'; 'sport and leisure' and 'learning' categories offer hundreds of possibilities including social clubs, classes to learn new skills or self help and support groups.

**Dementia Gateways and libraries:** Dudley Libraries have worked with adult social care on developing Halesowen as a dementia friendly community and specifically designating Halesowen Library as a dementia friendly venue. The Dementia Corner in Halesowen library has an area for dementia support, which carers can visit or use to get together. They can utilise the information on dementia and community resources to help them to support people with dementia. A dementia friendly app has been developed designed to be easy to use and to provide accessible and essential information. The app provides links to other organisations that could provide support including the DCID.

## Case study

### **Stockport FLAG**

FLAG provides an independent, free and confidential 'assisted signposting' service for people with health and social care needs. It particularly targets people with low to moderate need, and people who are not eligible for state funding. Its focus is on helping people to find non-traditional solutions, with the ultimate aim of reducing take-up of expensive and statutory services. FLAG is currently overseen by a consortium of 15 voluntary sector organisations called Synergy. It also has a formal partnership with Healthwatch and delivers the information and advice aspects of that organisation's work. People can access the service by phone, website or face-to-face at the town centre office. The service also provides extensive outreach; its advisors visit visible locations (such as supermarkets) but also go to venues that are used by priority target groups, such as health centres; the magistrates court; community centres in socially deprived areas; women's groups; ethnic minority groups; stroke support groups, etc. The service is characterised by its holistic approach; it can deal with a very wide range of issues and typically people have several of their queries addressed at the same time. Initial contact with a FLAG worker involves 'triaging' to identify the full range of needs and to find out if any advocacy support is needed. Referrals are then made to a wide range of specialist organisations (with only four per cent of all customers being referred to the council). There is a strong emphasis on linking people to informal (including peer support) networks, rather than to traditional services. Unusually, all referrals receive a follow up call to make sure that people have not got lost in the system, that they have secured the right support, and that their need/s have been met. One of FLAG's roles is to identify recurring problems and gather feedback from service users to help shape existing and future services in Stockport.

## Summary of good practice from leading councils:

- engaging with older people when planning and reviewing their information and communications strategy
- in meeting their Care Act 2015 requirements regarding the provision of information, leading councils are aiming to include other forms of information that are important to older people
- supporting older people to learn how to use new forms of communication such as digital technology
- making non-digital sources of information available in order to avoid digital exclusion.

# Chapter 8: Social participation

Does the council use its influence with partners to stimulate and support the kind of social dynamics and relationships which make up the everyday lives of older people?

“Social participation is a basic aspect of life. Having and maintaining social relations, feeling part of a network of family, friends and community, being involved in social activities that are meaningful, productive, stimulating, having people you can rely on to talk about things that matter to you – these are all a basic aspect of life. They help promote self-worth, provide a sense of purpose and link individuals to the affairs of others, the community and the wider world.”

Source: Handler <sup>61</sup>

## What older people contribute

“Without older people, my community would grind to a halt.” - Older Person’s Forum Contributor, LGA Ageing Task and Finish Group, January 2015.

Older people provide substantial benefits to their communities and neighbourhoods through their support for community based organisations and by being active members of the place where they live. Older people are a powerful force for cohesion within their communities in a number of ways:<sup>18</sup>

- **Pillars of the community:** through their involvement in local clubs, societies and faith groups. Also through their participation in democratic institutions such as parish and local councils and boards of school governors.
- **Drive and leadership:** often providing the driving force for local community based organisations.

- **Community safety:** through participation in schemes such as Neighbourhood Watch.
- **Active neighbours:** taking part in activities such as ‘looking out’ for vulnerable neighbours – 65 per cent of older people regularly help out elderly neighbours and are the most likely of all age groups to do so.<sup>86</sup>
- **Skills and experience:** older people often have particular and specific organizational skills and or technical expertise in areas such as leadership, legal matters, financial management, etc.
- **Advocacy:** providing advocacy and guidance, including to children and young people.
- **Underpinning the viability of local services:** older people often have an above average propensity to be active users of community based facilities such as local shops, post offices, libraries, pubs and GP surgeries.

## Key issues for older people

### Loneliness

As people get older, their risk of social isolation increases. This has been exacerbated by the social trend of children moving to live far away from their parents. Other social trends have tended to weaken community bonds and social interaction. In addition, the older a person gets, the more likely that many of their oldest friends and acquaintances may themselves have died. The number and variety of social interactions tends to decline in later life even as the need for social support and participation increases.<sup>61</sup> Compared with the general population social networks tend to be relatively small in older age.

“Loneliness is a bigger problem than simply an emotional experience. Research shows that loneliness and social isolation are harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity.”

Source: Campaign to End Loneliness<sup>87</sup>

### **Benefits**

The benefits of social participation are significant. Those with rich social networks have been shown to be more likely to be happier with their lives<sup>88</sup>, less likely to report poor health or depression<sup>89</sup>, and experience fewer heart attacks.<sup>90</sup> According to a meta-analysis of data across 308,849 individuals, followed for an average of 7.5 years<sup>91</sup>, people with adequate social relationships have a 50 per cent greater likelihood of survival compared to those with poor or insufficient social relationships.

Guidance produced by the Campaign to End Loneliness<sup>92</sup> suggests a structured approach for prioritising social participation strategically. Firstly there are a range of **‘foundation services’** which are designed to address three key challenges:

- reaching lonely individuals
- understanding the nature of an individual’s loneliness and developing a personalised response
- supporting lonely individuals to access appropriate services.

Then there are a range of **‘direct interventions’** which address the main causes of loneliness. These services:

- support and maintain existing relationships
- foster and enable new connections
- help people to change their thinking about their social connections.

These interventions can be delivered in a variety of ways:

- group based services
- one to one
- psychological approaches.

Then there are **‘gateway services’** which play a critical role in directly rekindling or improving the quality of existing relationships:

- transport
- technology.

Finally, there are a range of approaches which aim to create the right environment for loneliness to be reduced. These are characterised as **‘structural enablers’** and include:

- neighbourhood approaches
- asset based community development
- volunteering
- positive ageing – approaches which start from an understanding of ageing and later life as a time of opportunity.

## Case study

### A comprehensive strategy to address loneliness – Bristol Ageing Better

Bristol was successful in bidding for the Big Lottery's Ageing Better Programme. The bid comprises a comprehensive approach to addressing loneliness in older people.



#### Creating the conditions

- Age friendly City
- Public information (animation & life stories)
- Asset Based training

#### Working with communities

- LinkAge
- Schools for all ages
- Community Chest Fund
- Community Researchers

#### Identifying and informing

- GP case finding and social prescribing
- Community Navigators
- Community Case Finding
- First Contact Checklist

#### Supporting individuals

- Wellbeing Service
- Group work and peer Support
- Combining Personalisation and Community Empowerment

Some examples of the 16 elements of the strategy include:

**Public understanding:** Aardman Animations (of Wallace and Gromit fame) to work with older people to co-produce an animation and BBC will collect life stories – aiming to change general attitudes about loneliness.

**Asset based philosophy:** A programme of training in asset based practice to bring about a significant culture change in staff working with older people in Bristol.

**GP case finding:** Proactive scanning of patient lists (especially those 85 plus) with follow up to identify those at risk of loneliness or isolation.

**Social prescribing:** A pathway to refer isolated older people to support from within the community in order to promote their wellbeing and encourage social inclusion and self-care.

**Community navigators:** Volunteers trained and supported to undertake holistic assessments and signpost people to appropriate support.

**Schools for all ages:** An intergenerational programme with local schools to make them hubs of intergenerational activity, with a focus on involving isolated older people who live locally.

**Community chest fund:** A fund for community groups who have an idea for challenging and changing the causes of isolation and loneliness to apply to for **'pump priming' resources**.

**Community researchers:** Train and support a group of older people to become competent in qualitative research. They would undertake community audits and evaluation.

**Combining Personalisation with Community Empowerment (CPCE):** To institute a new way of working for people assessed as eligible for adult social care whereby isolated older people receive additional volunteer support from the local LinkAge (community development) hub.

## Case study

### Leeds Neighbourhood Networks

The Neighbourhood Network are community based, locally led organisations that enable older people to live independently and pro-actively participate within their own communities by providing services that reduce social isolation, provide opportunities for volunteering, act as a 'gateway' to advice/information/services promote health and wellbeing and thus improve the quality of life for the individual.

There are 37 Neighbourhood Networks and they support nearly 22,000 older people across the city and receive around 24,600 requests for assistance each year. Local older people are very involved. The number of volunteers working with the scheme stands at around 1,910. It is estimated that the work done by the Neighbourhood Networks has prevented 1,450 older people from going into hospital and supported 617 being discharged from hospital this year. Intensive support in the home is also currently being provided for 540 older people and 5,540 older people are being provided with one-to-one support. This includes befriending or escorting on shopping trips and outings.

## Cultural and leisure

Much local cultural and arts activity is led by talented, active older artists and performers. However, research<sup>93</sup> suggests that older people's engagement with cultural activities generally falls off after retirement, particularly amongst those older people living on low incomes and living with long-term, limiting health conditions.

At the same time, evidence suggests that the arts can have a positive impact on the physical and mental well-being of older people, including those living with dementia. For example, a review<sup>94</sup> of older people's involvement in participatory arts concluded that the following benefits were achievable:

- increased confidence and self-esteem for participants
- counterbalance low mood and anxiety after loss
- for people living with dementia the arts can improve cognitive functioning, communication, self-esteem, enjoyment of life, memory and creative thinking
- particular art forms may lend themselves more than others to significant physical health improvements (such as cardio – vascular, joint mobility and breathing control) including dance, singing and playing musical instruments

- involvement in participatory arts can also lead to a consequent increase in general daily activity.

The arts are also effective at connecting isolated and lonely older people with the wider community, including different generations.

### Manchester – implementation in practice

Manchester has fully embraced the idea of developing a cultural offer for older people. When the Manchester Valuing Older People (VOP) programme, now known as 'Age-Friendly Manchester' (AFM), started it was clear that many older people in Manchester, particularly those from some of the more disadvantaged neighbourhoods, did not consider the city's arts and cultural offer as something for them. The Cultural Offer for Older People programme set out to target these areas of the city and to connect older residents with the city's museums, theatres and galleries in such a way that is meaningful and affordable to them, enhances their quality of life and encourages the development of new social networks, or the re-establishment of old ones. Manchester is the first city in the UK – and probably internationally – to take this public health-led collaborative approach with the cultural sector in order to develop a citywide, strategic approach to re-engaging older people with creative activity.<sup>95</sup>

## Case study

### Manchester Culture Champions

'Culture Champions' is a community ambassador scheme working with older people. The scheme aims to:

- inform older people's networks and communities within Manchester about the variety of cultural events taking place in the city throughout the year
- encourage older people's networks and communities within Manchester to attend and try out a variety of cultural events taking place in the city throughout the year.

Culture Champions receive the quarterly AFM Culture Bulletin reporting news, events and developments; invitations to cultural tours giving an insight into the offer at a range of cultural organisations; an invitation to an annual Culture Champions Celebration; a range of offers for cultural events; and opportunities to contribute to projects run by cultural organisations.

## Sport and physical activity

Participation in formal sport declines with age. Participation in at least one activity (excluding walking) during the previous four weeks among 60-69 year olds is half that of 30-44 year olds (27 per cent compared to 54 per cent respectively).<sup>96</sup> At the same time, integrating physical activity into daily routines, for example walking and gardening, is an important way for older people to keep active.

Engagement in sport and physical activity is a key way to promote healthy ageing and prevent older people from becoming unwell or unable to live independently. There are good reasons why increasing the engagement of older people in sporting and physical activity are a priority for local government.

"Drawing from recent systematic reviews of the literature, encompassing both experimental and observational research, the evidence is strong that physically active adults aged 65 years and over have higher levels of cardio-respiratory fitness and physical function, improved disease risk factor profiles and lower incidence of numerous chronic non-communicable diseases than those who are inactive. Engaging in physical activity carries very low health and safety risks for most older adults. In contrast, the risks of poor health as a result of inactivity are very high."

**Source: Chief Medical Officers<sup>97</sup>**

### Implementation

A number of key interventions have been found<sup>96</sup> to be likely to trigger interest and ultimately future participation:

- activities aimed specifically for older people
- 'taster' sessions
- expert advice, including advice via GP's
- emphasis of the social component, fun and enjoyment
- a clear message that exercise is different and better than being generally active
- avoid using the word 'sport'
- make opportunities inexpensive and good value for money
- stress that the exercises are suitable for older people and for people who haven't exercised for some time
- use local community venues
- provide single sex options for women – with assurance of privacy
- exercise that can be done in usual (modest) clothes.

### Intergenerational cohesion

The ageing of society and changes in attitudes and lifestyles has had a significant impact on the nature of the interaction between generations. The size of families is decreasing, and the role of extended families is diminishing.

Over the last few decades, inter-generational interaction has diminished and positive contact reduced as children and older adults alike are encouraged to live and spend time in age-segregated spaces. Apart from relationships with grandparents there is very little regular connection between the young and the old.<sup>98</sup> If left unaddressed there is a risk of greater generational segregation and growing tensions. Improving intergenerational solidarity is critical to improving the health and wellbeing of older people, and indeed, of society as a whole.

## Intergenerational practice

Intergenerational practice can be defined as:

“Intergenerational practice aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that the young and old have to offer each other and those around them.”

Source: Beth Johnson Foundation, 2009

The main categories of intergenerational practice are:<sup>99</sup>

- intergenerational volunteering, within which mentoring, skill sharing and coaching are the main sub-categories
- programmes to promote community relationships and promote community safety and address fear of crime
- programmes to promote Active Ageing and improved health and wellbeing
- programmes to support young people and families through both older family members and volunteer support.

### **‘All-age’ friendly communities**

The development of ‘all-age’ friendly communities can be one of the most effective ways of integrating different generations. This is an approach which specifically pays attention to the needs of different generations

across a number of different spheres of life and seeks to ensure that these needs are catered for. Older adults, children and young people have much in common. Both age groups want access to safe public spaces and report higher levels of fear of crime. Other shared concerns include access to public transport and the provision of public space to socialize.

“The challenge is to imagine a city that is capable – in its infrastructure, services and spaces – to act as a platform for the creation of relationships and networks that can address these needs in common and allow these talents to be realised in action. This, we want to suggest, would constitute an ‘All-Age-Friendly City’.”

Source: Future Cities Catapult<sup>100</sup>

The key features of the all-age friendly approach include:

- ensuring the views of older and younger people are listened to and valued
- promoting ‘inclusive design’ in urban and other developments, which meet the needs of young and old
- designing public spaces to allow people of different generations to gather and enjoy green spaces together
- planning of the physical environment that concentrates on facilitating contact and mutual support between the generations
- ensuring that cultural and other activities attract all generations by accommodating age specific needs and preferences
- encouraging schools to provide opportunities to learn about ageing and older people and involve older people in school activities
- action by local organisations to strengthen the bonds between social groups and foster exchanges between different generations
- supporting volunteering which involves groups of different ages.

## Shared facilities

The development of shared facilities is an important aspect of an all age approach.

Children, young people and older adults, have many common needs, for which shared services and infrastructure can be developed. With many services being reduced or facing

closure, councils have to look at different ways of doing things. Sharing sites can be a win-win – protecting local services from closure and bringing local communities closer together. With local leadership and community support, ‘centres for all ages’ could be an important part of the future.<sup>101</sup>

## Case study

### The Acacia Intergenerational Centre, Merton

The centre provides a range of shared services and facilities under one roof for older people, children and young people across the borough. It gives Merton an opportunity to explore and demonstrate the effectiveness of intergenerational work with families, extended families and all age groups, coming together to learn play and interact. A range of spaces is available to the public for intergenerational activities:

- indoor and outdoor spaces
- horticulture / garden areas
- a Children’s Centre
- a staffed adventure playground with indoor and outdoor play spaces.

Services on offer at the centre focus on three key themes:

- family support
- healthy lifestyles
- mentoring and intergenerational mediation.

## Case study

### Magic Me

Magic Me is the UK’s leading provider of intergenerational arts projects. The organisation runs creative projects which bring together young people aged nine plus and older people, 55 plus, for mutual benefit, learning and enjoyment.

Based in Tower Hamlets, East London since 1989, Magic Me have worked with individual older people and with groups over 50’s in clubs and resource centres, nursing homes, day centres and community or cultural organisations. Local school students and young people participating in their own time are partnered with the older adults, and the mixed groups come together regularly, usually on a weekly basis. Participants are encouraged and supported to work together, so that real relationships can develop.

The activities are designed to stimulate both age groups, fostering conversations and an exchange of ideas. Projects are led by a team of freelance creative artists: musicians, dancers, photographers, printmakers, writers and drama specialists. They design activities to stimulate conversation and an exchange of ideas. Participants are often diverse in culture and faith as well as age group.

## Lifetime learning

Many people nowadays will spend up to a third of their lives in 'retirement'. It is becoming increasingly urgent to support older people to continue their personal development and learning in order to maintain their health and well-being and contribution to society.

Although engagement in many activities, including sports, leisure and learning, tends to decline with age, for many older people participation in learning is an essential social activity. People's passion for a subject, pleasure in the act of learning and the opportunity to develop as a person are all powerful incentives for older people to engage in learning. Learning can also empower older people to make an enormously positive contribution, through passing on their knowledge and being active as volunteers and in the community.

### Health benefits

Lifelong learning helps older people stay in good physical and psychological health and

continue living active and independent lives. This may reduce demand on health and social care services. Analysis of the evidence on the benefits of learning shows that learning helps older people to remain socially engaged and maintain their health.<sup>102</sup> Research also shows that taking part in learning at an older age improves wellbeing and could offset a gradual decline in health as people continue to age.<sup>103</sup>

### Care settings

Happier older people make care homes and care settings better places for residents, people attending, relatives and care staff alike. Sitting alongside a general programme of activities, a programme of active learning enables older people to keep in touch with the wider world as well as their local community. Learning activities foment a culture of lifelong learning which has an impact on families, friends and staff. Councils as commissioners and providers have a vital role to play in helping integrate active programmes of learning into care home settings.

## Case study

### Learning for the Fourth Age

Learning for the Fourth Age (L4A) is a not-for-profit organisation providing one-to-one learning opportunities for older people receiving care. L4A offers older people personal learning mentors who spend time with them each week sharing ideas, information, materials and audio visual resources. The activities are designed to suit each individual's needs and interests, and the one-to-one sessions are backed up with materials to enjoy in between sessions. To date activities have included history, music, theology, arts and crafts, film making, computer skills, languages and intergenerational skills sharing with older people passing on their skills to younger learning mentors, and vice versa. In order to provide an affordable and sustainable offer, L4A services are delivered through a network of volunteers. Learners are given ownership of their individual learning and their self-perception often changes from that of 'cared for' to a much more empowered 'learner'.

## Summary of good practice from leading councils

- taking a strategic approach to addressing loneliness and including it as a priority within the Health and Wellbeing Strategy
- encouraging local cultural organisations (eg theatres, orchestras, art galleries etc) to come up with ideas for making events accessible and attractive to older people
- supporting intergenerational volunteering and active citizenship initiatives
- developing a strategic plan for access to learning and leisure services for older people (including, for example, monitoring participation levels by older learners)
- making the most of what older artists, performers, musicians and athletes or sports enthusiasts can offer to the delivery of their local offer.

# Chapter 9: Respect and social inclusion

Can councils and their partners demonstrate that concerted action is taken to tackle ageist attitudes and to promote a positive narrative about older people and ageing instead?

Tackling ageist attitudes and behaviours towards older people is a key aspect of any strategy to develop an age friendly community. Ageism is not trivial and can have a significant disabling impact on the health and wellbeing of older people.

This section focuses on the importance of affecting a shift in attitudes, behaviours, policy and organisational culture in order to lessen the marginalisation of older people.

## What older people contribute

The fact that older people contribute hugely to society is such an important message to get across in order to counter the distorted messages that are portrayed in the media and elsewhere. It is the prevalent negative narrative about older people which does so much to undermine respect for them and their contribution to society.

As already noted elsewhere in this report, older people make a massive contribution to the economy.<sup>18</sup> More than any other group in society, older people are the ‘social glue’ of most communities<sup>18</sup>. Older people can also provide very important role models for younger people. Projects such as the CSV Grandmentors project<sup>104</sup> for example harness the energy and experience of volunteers over 50 years old to support young people in how to find work, stay on in education, or take up training.

## Key issues for older people

Britain has one of the worst records in Europe on age discrimination, with nearly two out of five people claiming to have been shown a lack of respect because of how old they are. In the UK, 64 per cent of people believe ageism is a serious problem, compared with 44 per cent for Europe as a whole<sup>105</sup>.

Ageism often manifests as a subtle prejudice, such as a lack of respect, rather than blatant insults and abuse. Being on the receiving end of this behaviour has a corrosive effect and it is not surprising that many older people feel disempowered and not taken seriously, which has consequences for their self-esteem and well-being.

Research published in 2002 by Becca Levy in America<sup>106</sup> revealed a strong causal link between the negative attitudes that people held towards their own ageing process and their subsequently reduced lifespan. The research showed that those with a negative outlook towards their own ageing died, on average, 7.5 years earlier than people with a more positive view. From this we can infer that negative beliefs about ageing could reduce how long people live, perhaps even more so than being obese, a smoker, or having high cholesterol or high blood pressure – all of which are estimated to shorten life by about four years.

“Unlike other forms of social prejudice, negative attitudes towards older people (in western societies at least) are still ‘widespread’, ‘overlooked’ and commonly ‘accepted’”. T. Nelson<sup>107</sup>

## Councils: Taking a positive perspective

'We'd like to see local government celebrating people living longer... local government should adopt a new narrative and vocabulary about life course planning and the ageing pathway.'  
– SEEFA Report, December 2014.

Council-led age-friendly approaches to address these issues could include:<sup>61</sup>

- developing and supporting initiatives that emphasise future potential in later life
- thinking beyond the health and social care model of older people as patients or customers but as citizens
- ensuring that local policies do not reactively subscribe to the 'moral panic' around ageing.

### Equality legislation

The Equality Act 2010 outlaws discrimination on the basis of age and extends the duty of

public bodies (including councils) and private individuals carrying out public functions (including GPs), to ensure their decisions and policies are fair and equal. For the first time, the Public Sector Equality Duty covers older people. The duties they have include acting against discrimination, harassment and victimisation, and ensuring people with protected characteristics (including older people) have equal opportunities to others. It is potentially a very powerful lever and could be used positively and imaginatively.<sup>105</sup> There is also a need for strong political leadership if age equality is to be truly achieved.

### Staff training

Councils have the opportunity to promote respect for older people through staff training. Front line staff could be trained more systematically on the nature of ageism and how stereotypes about older people can impact on service delivery. With an ageing population this issue is clearly going to grow in importance.

## Case study

### Ageing Studies Certificate: Manchester<sup>1</sup>

Developing age awareness and practice capabilities for front line staff who work with older people could be an important aspect of preparations for an ageing society. A pilot course was developed and run successfully in Manchester. The approach drew on contemporary theories, research and messages for practice. A key emphasis was on promoting positive change in practice with older people and in organisational cultures. Learning objectives included that, for example, a student would be able to:

- understand the concept of the life course and its application to practice and promoting well-being for people as they age
- apply in practice an approach which celebrates diversity in older age and is committed to challenge age based discrimination
- become familiar with some key contemporary research
- develop skills to improve personal practice with older people
- develop leadership skills to transform organisational cultures towards promoting positive lives for people as they age.

## Summary of good practice from leading councils:

- committing to monitoring and challenging ageist attitudes in policy making
- promoting a positive narrative and images of older people and ageing
- devising age awareness training programmes for frontline staff and managers which challenge ingrained stereotypes and ageist practices
- having a structured means of maintaining active engagement with older people.

# Chapter 10: Health and wellbeing

Do the council's plans for promoting the health and wellbeing of its local population address the specific requirements of older people?

Promoting the health and wellbeing of older people is a key priority for councils. Older people have many of the same needs and interests as the rest of the population. However, they also face particular barriers and challenges which require a targeted response.

An older person is not an alien species – simply our (former) selves grown older. Older people value today what they valued yesterday – that is: independence; life roles; connections with family, friends and communities; fun; challenges etc., etc. What needs to be recognised is not the 'oldness' of a person but their individuality.

**Source: National Voices**<sup>108</sup>

## Health and wellbeing boards

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's

services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. Each health and wellbeing board has to undertake a Joint Strategic Needs Assessment to identify the current and future health and social care needs of the local community, which informs their Joint Health and Wellbeing Strategy (JHWS), setting out joint priorities for local commissioning. Local authority and Clinical Commissioning Groups (CCGs) commissioning plans are then informed by these documents. Health and wellbeing boards are also the drivers of health and care integration, and are responsible for local Better Care Fund plans, a £5.3 billion pot to support transformation and integration of health and social care services to ensure local people receive better care.

This provides an ideal opportunity for councils to address the local strategic needs of older people, as set out in this report, through the health and care system, and to make better links between the two to improve the experience of users of these services and to be more cost-effective. Health and wellbeing boards bring together the roles and responsibilities of councils, including housing, public health, etc, with the clinical commissioning responsibilities of CCGs, providing an opportunity for more joined-up, strategic, thinking and action to support an ageing population – an ideal opportunity to apply the 'ageing lens'.

## Case study

### Ways to Wellness – Newcastle

Ways to Wellness is a project which aims to improve the quality of life of people with long term conditions in Newcastle West by giving them access to social prescribing. It will reduce the cost to the Newcastle West CCG of supporting these patients. The project will use a social impact investment solution, to enable up to 5,000 patients per year to access social prescribing. Funding has been secured from the Social Enterprise Investment Fund, to undertake the necessary development work to put in place the framework to massively scale up existing work. Social prescribing is the use of non-medical interventions to achieve sustained healthy behaviour change and improved self-care. Social prescribing supplements the support a patient gets from their health care professional. A doctor or health care professional can prescribe an intervention, as they would medicine/drugs. Typically, the interventions include physical activity, healthy eating/cooking, developing social networks, welfare rights advice and support with positive relationships.

## Public health

People are living longer than their parents. Diseases that would have killed children and adults in the 1930s, 1940s and 1950s have been all but wiped out. The average life expectancy in England has been increasing. In 1981 it was 70.9 years for men and 76.9 years for women. In 2014, it is expected to be 79.4 years for men and 83.3 years for women.

There are wide variations in life expectancy between different populations. For women, the difference between the regions with the highest and the lowest life expectancy is 2.3 years. Across local authorities that difference is 7.1 years. Within a single local authority the variation based on deprivation can be as much as 8.6 years.

However, many of the illnesses experienced in later life are affected by lifestyle factors and are therefore potentially amenable to influence and change by local government policies and services. The transfer of public health responsibilities back to local government presents a number of opportunities for supporting people to age well.

## Older people's public health issues

There are a number of issues which leading councils are addressing as part of their wider

public health initiatives to promote the health and wellbeing of older people:<sup>111</sup>

- **Physical activity:** The Department of Health recommends that those aged 65 or over should complete 150 minutes of moderate intensity exercise or 75 minutes of vigorous intensity exercise per week. They should also undertake activities designed to improve muscle strength on at least two days.<sup>112</sup> However, the British Heart Foundation says that, according to self-reported activity levels, only 16 percent of men and 12 percent of women aged over 65 meet these targets.<sup>111</sup>
- **Nutrition:** One million people aged over 65 in the United Kingdom are malnourished and 93 percent of them live in the community (as opposed to residential care or hospital).<sup>113</sup> Symptoms include tiredness, increased susceptibility to infections, difficulty keeping warm and depression.
- **Road safety:** Older people are a group particularly vulnerable to the effects of poor road safety. In the UK, older people represent 22.8 per cent of the population and 19 per cent of all trips and miles walked, yet account for 43.6 per cent of all pedestrians killed.<sup>114</sup> Effectively addressing road safety involves tackling a wide range of areas including quality and upkeep of road infrastructure, speed limits and road user training.

- **Housing:** Older people are at an increased risk of the health ramifications of poor housing- research has shown that 51 per cent of the care home population have moved there after hospitalisation because a return to home is not practical, and 15 per cent are admitted because of serious housing problems.<sup>115</sup> Older people are also twice as likely to be unable to afford fuel in winter, while at the same time being more vulnerable to cold weather.<sup>116</sup>
- **Falls:** Falls and fractures in people aged 65 and over account for 4 million hospital bed days each year in England, cost the NHS around three quarter of a billion pounds, and are the leading cause of accident-related mortality in older people. After a fall, an older person has a 50 per cent probability of having their mobility seriously impaired and a 10 per cent probability of dying within a year. Falls not only result in physical injury, they can also lead to a loss of confidence, increased isolation and the reduction of independence, with around one in 10 older people who fall becoming afraid to leave their homes in case they fall again.<sup>111</sup> Those at risk of falling can be easily identified through simple tests such as the 'timed up and go test'. If everyone who struggled with a timed up and go test was referred to a physiotherapist it is estimated that the number of falls in England would reduce by 200,000 with a saving of £275 million.<sup>117</sup>
- **Immunisation:** Vaccination has been hugely successful in reducing the likelihood of early mortality, however around 600 people still die each year in the UK from a complication of seasonal flu. This can rise to 13,000 during an epidemic. Older adults are particularly susceptible as their immune systems have weakened with age<sup>111</sup>
- **Dementia:** there is growing evidence indicating that certain medical conditions, such as high blood pressure, diabetes and obesity, can increase the risk of dementia. In addition to improving the health and wellbeing of local people in the medium term, action to promote healthy lifestyles may also provide a long term benefit by reducing the number of people with dementia.<sup>118</sup>
- **Loneliness:** Loneliness is associated with poor mental, physical and emotional health, including increased rates of cardiovascular disease, hypertension, cognitive decline and dementia. Positive and supportive relationships with close family members contribute significantly to older people's wellbeing, but they are the least likely group to have these networks, especially when over 75.
- **Sexual relationships:** These can provide a range of benefits for people regardless of their age, in terms of physical, mental and emotional health, and the achievement of sexual wellbeing can play an important part in older people's relationships. Although older people do not generally have to consider their contraceptive needs as part of sexual activity they will still need to take into account the risk of sexually transmitted infections (STIs), particularly when embarking on new relationships, which is now increasingly common in older age groups. Diagnoses of chlamydia, gonorrhoea and herpes, in those aged over-65, have all increased over recent years.
- **Fire prevention:** Although not commonly thought of as a 'public health' issue, the prevention of fires is an important part of any comprehensive strategy to promote health and wellbeing in older people. Older people are at greater risk from fire. Almost twice as many people over the age of 50 die in house fires compared to those under 50. People over 80 are 10 times more likely to die in a fire than someone under 30, and this comes with a cost beyond the tragedy of lives lost: fires affecting over 65s cost the wider economy an estimated £2.3 billion in 2011/12.<sup>119</sup> The Chief Fire Officers Association (CFOA) has created a strategy<sup>120</sup> which supports fire and rescue services to think and plan far beyond their traditional role as an emergency response service.

## Case study

### The LGA's public health publications

The LGA has produced a series of publications to share information and good practice amongst councils. These include:

Reducing harm from cold weather:

[www.local.gov.uk/documents/10180/11463/Reducing+harm+from+cold+weather+-+local+government's+new+public+health+role/209cdb68-4107-4a15-aff0-1909ba720a24](http://www.local.gov.uk/documents/10180/11463/Reducing+harm+from+cold+weather+-+local+government's+new+public+health+role/209cdb68-4107-4a15-aff0-1909ba720a24)

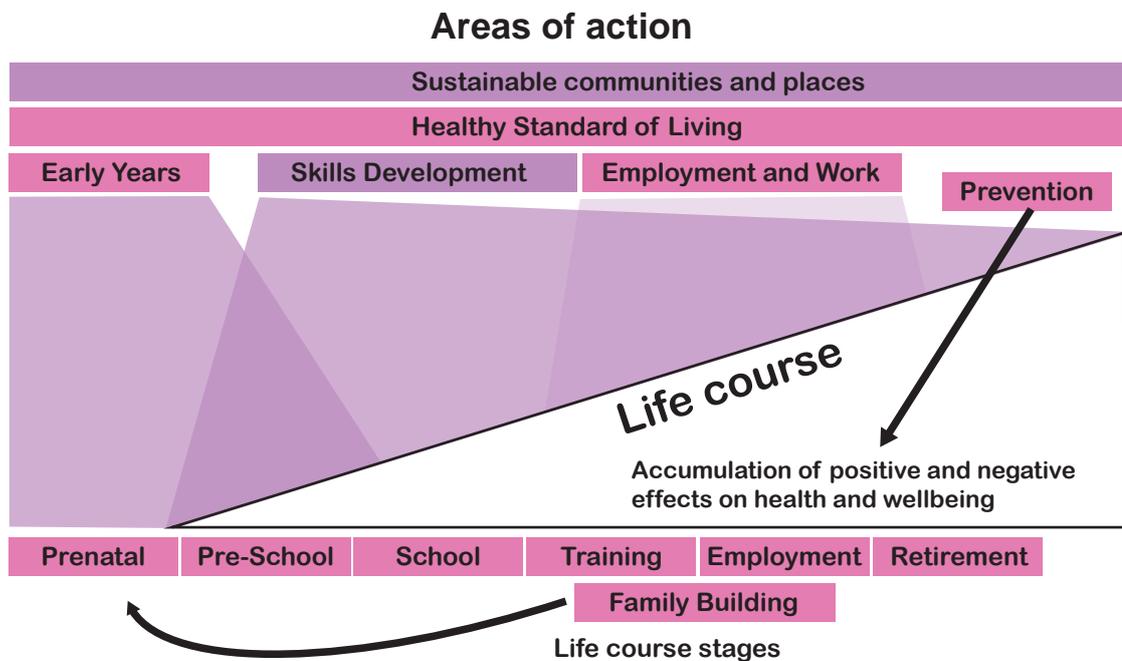
Making every contact count:

[/www.local.gov.uk/documents/10180/5854661/Making+every+contact+count+-+taking+every+opportunity+to+improve+health+and+wellbeing/c23149f0-e2d9-4967-b45c-fc69c86b5424](http://www.local.gov.uk/documents/10180/5854661/Making+every+contact+count+-+taking+every+opportunity+to+improve+health+and+wellbeing/c23149f0-e2d9-4967-b45c-fc69c86b5424)

### Life course approach

In taking forward their public health responsibilities, some leading councils are adopting a life course approach. This seeks to

address the health issues that older people face by targeting lifestyle choices in earlier years.



Source: Rashbrook<sup>121</sup>

The benefits of a life course approach include that it:<sup>121</sup>

- facilitates a wide perspective of action across the range of determinants
- ensures action is not concentrated on one age group only

- acknowledges that older people are not a homogenous group and age alone is not necessarily the determinant of health and wellbeing.

## Case study

### Life Course Approach – Northumbria

Fulfilment of the Connected Northumberland vision of ‘A better start, a better middle and a better end’ for every citizen within strong, safe, attuned communities focusses on establishing good relationships early in life so that as they grow individuals are more likely to be able to be compassionate, do well at school and in relationships, get and keep jobs and cope with stress. In turn they pass this on to others and to their own children through the experiences they provide. The vision is that by having a ‘better middle’ they contribute to ‘a better start’ and ‘a better end’. The ultimate aim is for people to live happier, healthier and longer lives connected to family and community and cared for with love and compassion into old age. Resulting in a ‘better end’ but also contributing to ‘a better start’ and ‘a better middle’ for the younger people around them. It is hoped that this will be true for an ever increasing number of older adults in Northumberland.

### Dementia friendly communities

Dementia is no longer regarded as simply a clinical or care issue – it is also part of the public health agenda.

Creating dementia friendly communities can play an important role in supporting people with dementia to live well in the community. In these communities: people will be aware of and understand more about dementia; people with dementia and their carers will be encouraged to seek help and support; and people with dementia will feel included in their community, be more independent and have more choice and control over their lives.

A dementia friendly community is one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them. To achieve this, communities working to become dementia friendly are focussing on the following 10 key elements:<sup>122</sup>

- involving people with dementia
- challenging stigma and build understanding
- provide accessible community activities
- acknowledging the potential of people with dementia

- ensuring an early diagnosis
- providing practical support to enable engagement in community life
- providing community-based solutions:
- ensuring consistent and reliable travel options are available
- designing easy to navigate environments
- promoting respectful and responsive businesses and services.

### Five ways to wellbeing

Wellbeing is about more than just physical health. Emotional and mental health are of equal importance. There is a strong evidence base around the components of good emotional and mental health which is very relevant to promoting the health and wellbeing of people in later life. The ‘Five ways to wellbeing’ were developed from evidence gathered in the UK Government’s Foresight Project on Mental Capital and Wellbeing.<sup>110</sup> The report<sup>110</sup> drew on state-of-the-art research about mental wellbeing through life and concluded that incorporating the following five actions into day-to-day lives is important for well-being:

|   |
|---|
| <p><b>Connect</b></p> <p>With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstone of your life and invest time in developing them. Building these connections will support and enrich you everyday</p>  |
| <p><b>Be active</b></p> <p>Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly discover a physical activity that you enjoy and that suits your level mobility and fitness.</p>  |
| <p><b>Take notice</b></p> <p>Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.</p> |
| <p><b>Keep learning</b></p> <p>Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play a new instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.</p>        |
| <p><b>Give</b></p> <p>Do something nice for friend or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and creates connections with the people around you.</p>   |

**Social care**

Social care services are under severe pressure from the combination of reducing resources and increasing demand. There is little doubt that an ageing population will require more social care, but it will also require these services to be designed more specifically to meet the needs of older people given that they are by far the largest consumers of these services.

**What older people contribute**

Older people already make a huge contribution to supporting themselves and other older or disabled people. It is estimated<sup>18</sup> that the caring undertaken by older people for people with health conditions or physical impairments amounts to about £34 billion per annum. This is a huge capacity can be nurtured and supported through policies and services which address the lives of carers.

**Increasing demand**

There is no question that demand for social care will increase as the population ages.

**Financial crisis**

Councils' capacity to take action to meet the rising demand is affected by the straightened financial circumstances in which they currently find themselves. As has been observed across this report, this creates severe challenges for the capacity of councils to deliver services and work with partners across their whole remit.

It is widely accepted by most commentators that the funding of social care is in crisis and must be addressed urgently.

Due to the extreme financial pressures on adult social care, over the last four years spending has been kept under control through a mix of: departmental budget savings of 26 per cent (the equivalent of £3.53 billion); the NHS transfer; and at least £900 million 'cross-subsidy' savings from other council services in 2014/15. This cross-subsidy figure is expected to increase by a further £1.1 billion in 2015/16.

Councils have been doing all they can to protect adult social care and the service accounts for an increasing proportion of council spending – now 35 per cent (2014/15) compared to 30 per cent (2010/11).

Despite this, and against the backdrop of rising demand, as a result of the pressures outlined above it has been calculated that in real terms, spending on social care has fallen by around £770 million since 2010<sup>125</sup>; and 35 per cent fewer older people received publicly-funded care in 2012/13 compared to 2005/06.<sup>126</sup>

Henceforth, the scope for further savings is now much reduced and at the same time there is new uncertainty and additional pressure caused by concerns about the affordability of The Care Act and changes to Deprivation of Liberty Safeguards (DoLS). The LGA estimates that The Care Act may be underfunded by as much as £50 million in 2015/16, and there is solid evidence that DoLS changes have created an in-year and on-going cost burden of £98 million.

As a result of these pressures, and reduced resources, the LGA estimates that the funding gap for adult social care will stand at £4.3 billion by 2019/20.

Mirroring these concerns, there is also widespread recognition of the need for additional resources for the NHS. The Stevens Five Year Forward Plan indicates that the scale of additional investment required is in the region of £2 billion per annum over the next five years. Indeed, the financial issues facing health and social care are intimately connected; it is clear that the proper funding of social care is vital to the effective functioning of the NHS.

## Case study

### Five High Impact Solutions – Essex

In recognition of the approaching financial crisis in health and social care Essex established a think tank of leading stakeholders in the public sector – a hospital chair; the chair of Essex's main community charity; the chief executive of a disability charity; a GP and chair of a new health organisations; and the chair of an academic health institute who was formerly chief executive of a cancer charity. Their instructions from elected representatives were to be unfettered, creative and focussed in considering how to sustain and improve health and social care in Essex. In particular they were asked to create the conditions that would allow for one system of care from cradle to grave; to help prevent people needing crisis care by spotting needs earlier; and finally, to understand how everyone in Essex could look out for themselves and help to support those who need help most. They came up with five high impact solutions to prevent a future crisis in health and social care in Essex:

- agree a new understanding between the public sector and the people of Essex
- prevent unnecessary crises in care
- mobilise community resources
- use data and technology to the advantage of the people of Essex
- ensure clear leadership, vision and accountability.

## The Care Act

The Care Act introduces major changes to the way that care for older people and other adults with care needs is provided and paid for. It forms part of wider efforts to reform both social care and health and improve the way all parts of the system work together.

Some parts of The Care Act bring in approaches that are already standard practice in many councils. Other aspects represent real change. Key new requirements for councils include:

- a duty to promote people's wellbeing and to prevent care and support needs
- a duty to provide (or to ensure the provision of) information and advice about care and support
- a requirement to carry out an assessment of both individuals and carers wherever they have needs, including so-called 'self-funders', or people who are meeting their own care costs
- a duty to meet a carer's needs for support, on a similar basis to those needing care
- a duty to facilitate a vibrant, diverse and sustainable market of care and support services and to meet people's needs if a provider of care fails
- a national minimum eligibility threshold for support.

All of these requirements came into force on 1 April 2015. They present an opportunity to improve the way that older people are supported – however the LGA Care Act Stocktake reports<sup>148</sup> show that the biggest risk to implementation is a lack of funding. The second phase of the Care Act reforms – chiefly the cap on the cost of care – is due to be implemented from April 2016.

## Personalisation

A key principle underpinning the Act, alongside the duty to promote well-being and to support prevention, is personalisation. Older people, however, have tended to be among the most reluctant to incur the responsibilities that go hand-in-hand with managing a direct payment. This reluctance appears to be for a number of reasons<sup>127</sup>, the most significant of which relates to the circumstances within which older people come into contact with and use social care. Older people tend to access social care at a time of crisis; their needs tend to fluctuate rapidly; and they tend to have very modest budgets which are focused primarily on meeting personal care needs. Leading councils are complementing direct payment strategies with improved availability of managed options which offer authentic choice and control to older people in ways that are acceptable to them.<sup>127</sup>

These and other factors have led some to question how social work needs to change in order to provide an excellent service for older people. The College of Social Work for example proposes<sup>129</sup> that social work with older people should be recognised by employers, commissioners and the wider social work profession as a specialist area of practice. Others<sup>128</sup> argue that there is a need to "reinvigorate and re-establish gerontological social work".

## Case study

### Help to Live at Home Service – Wiltshire

Wiltshire Council has developed a new 'Help to Live at Home Service' for older people and others who require help to remain at home. The approach is one that has focused on the outcomes that older people wish to gain from social care. It has involved a complete overhaul of the social care system from the role of the social worker working alongside the customer to determine the required outcomes to the role of the providers of the service who must deliver these outcomes and receive payment based on that delivery.<sup>3</sup>

## Case study

### Supporting Lives Connecting Communities

The Suffolk County Council Adult and Community Services model of work is based on a three tiered approach. Everyone contacting the service has a holistic asset based conversation with a local social services practitioner, focusing on what can be strengthened in their lives and what short term interventions might be needed before offering any long term support. All practitioners are undergoing solution focused skills training and are having regular networking sessions with community and voluntary sector groups on their patch to enable them to contact people to local neighbourhood supports and services.

## Building community capacity

It is increasingly acknowledged that harnessing capacity within local communities is a vital part of the mix in securing some of social care's outcomes.

“Councils which recognise how older people are part of the solution to the challenges arising from an ageing society are much more likely to be able to create places which are good to grow old in. Supporting individual carers and local communities is one of the most important ways that councils will be able to weather the medium to longer term.”

**Source: Ward**<sup>130</sup>

There is a strong commissioning case for investment in building community capacity. Some studies have calculated that the cost benefit for councils from investing in community development is very significant. Research undertaken by the New Economics Foundation<sup>131</sup> found that investing £1 in community development delivers £3 of social value. Another study<sup>132</sup> calculated that Timebanks cost less than £450 per year but

could result in savings and other economic pay-offs of more than £1,300 per member.

New forms of community capacity building are emerging in a number of areas. Three examples are:

### Combining Personalisation and Community Empowerment (CPCE)

This is a new model currently being piloted in Leeds, Belfast, Havering, Medway, Bristol and Sandwell. As the title suggests it is an approach which combines the standard personalised approach to the provision of support from social care, with the capacity and resilience within local communities.

### Local Area Coordination

Local Area Coordination is a model which has been in existence in Australia for a number of years.<sup>133</sup> It is currently being implemented in Derby, Cumbria, Middlesbrough and Stroud and across nearly the whole of Scotland. The Local Area Coordinator supports 50-65 individuals and their families who live in a defined local area. They provide a local, accessible and single point of contact for people of all ages who may be vulnerable due to age, disability or mental illness. They are

the 'front end' of the service system and work by helping people to identify their own vision for a good life and ways to achieve it.

### **Mutuality and reciprocity**

'Mutuality and reciprocity' refers to arrangements designed to enable those involved to give and receive support, as opposed to those where someone receives services provided by another person or

organisation. These arrangements may be formal or informal, and highly organised or fairly fluid.<sup>134</sup> Examples of mutuality and reciprocity include mutually supportive relationships between friends and neighbours, co-housing developments, homeshare schemes involving the offer of housing in return for help in the home, shared lives, time banking and circles of support.

## Case study

### **Time and Care Banking Scheme – Essex**

As part of its commitment to supporting innovation, Essex is rolling out a new Time and Care Banking Scheme, where those who undertake community volunteering (including caring) can 'bank' time as credit which can later be used for skills exchange, or donated to others in need.

## Case study

### **Stronger Communities – North Yorkshire**

The county council firmly believes that it has a positive role in enabling its population to play a full part in its own community and is currently investing significantly into a wide programme of activities entitled 'Stronger Communities'. The authority is working with local communities to encourage them to deliver a range of formal and informal local services – it has set a target of 100 such services that can be provided by community groups by 2020. Health and Adult Services (HAS) contribution to the Stronger Communities programme includes:

- Public health advice on population data and identification of vulnerable households (anonymous) and on effectiveness of different interventions.
- Collaboration from HAS managers to identify people currently using NYCC services who might benefit from Stronger Communities programme activities.
- HAS managers and staff contributions to work in specific towns and villages to help identify what community assets and resources exist and which gaps might need to be addressed. For example, there is an opportunity to link Stronger Communities activities with Extra Care Housing.
- Practical advice and support for volunteering, work placement and employment opportunities for people with disabilities and mental health issues, through the Supported Employment Service.
- Use of Extra Care facilities as community hubs and bases, incubator units for new care businesses and social venues for the town or village, etc.
- Locally linked Targeted Prevention services, which will be able to work with people who might need additional support to that which the Stronger Communities programme can offer to them (for example, because they are on the cusp of needing care services).

In line with Case Study from other counties (Lancashire, Cumbria etc), the creation of a North Yorkshire prevention 'brand', linked to the 2020 Customer theme, which will make it easy for people to find the support they need.

## Carers

As the population ages the role of informal carers becomes even more important. Becoming a carer is a very common occurrence in later life. More than 20 per cent of people aged 50-59, and 11.5 per cent of people over 65 are providing some form of unpaid care.<sup>135</sup> The number of carers over the age of 65 is increasing more rapidly than the general carer population. Research has shown that while the total number of carers increased by 9 per cent from 2001-2011, the number of carers over 65 increased by 15 per cent in this period.<sup>136</sup>

Becoming a carer can have a huge impact on people's lives:

- **Loss of income.** Caring often means that people are unable to continue working and therefore suffer a drop in income. Research<sup>137</sup> indicates that 62 per cent worry about their finances and 53 per cent believed this had an effect on their health.
- **Poor health.** Caring can take a toll on carers' physical and mental health. A survey by Carers UK indicated that 83 per cent of carers say that caring has had a negative effect on their physical health, including injuries as a result of manual handling; and 87 per cent say that caring has had a negative impact on their mental health, including stress and depression.
- **Relationship breakdown and isolation.** When asked in a survey<sup>138</sup> about the impact of caring on their relationships with friends and family, 66 per cent said that their caring responsibilities had a negative effect on their friendships. A further 58 per cent said that caring had also had a negative effect on their relationships with other members of their family.

It is not all however a negative experience. For many carers<sup>139</sup> there are positive aspects of caring and in some research<sup>140</sup> the overwhelming majority (84 per cent) of carers indicated that they received a great deal of satisfaction from caring.

## Supporting carers

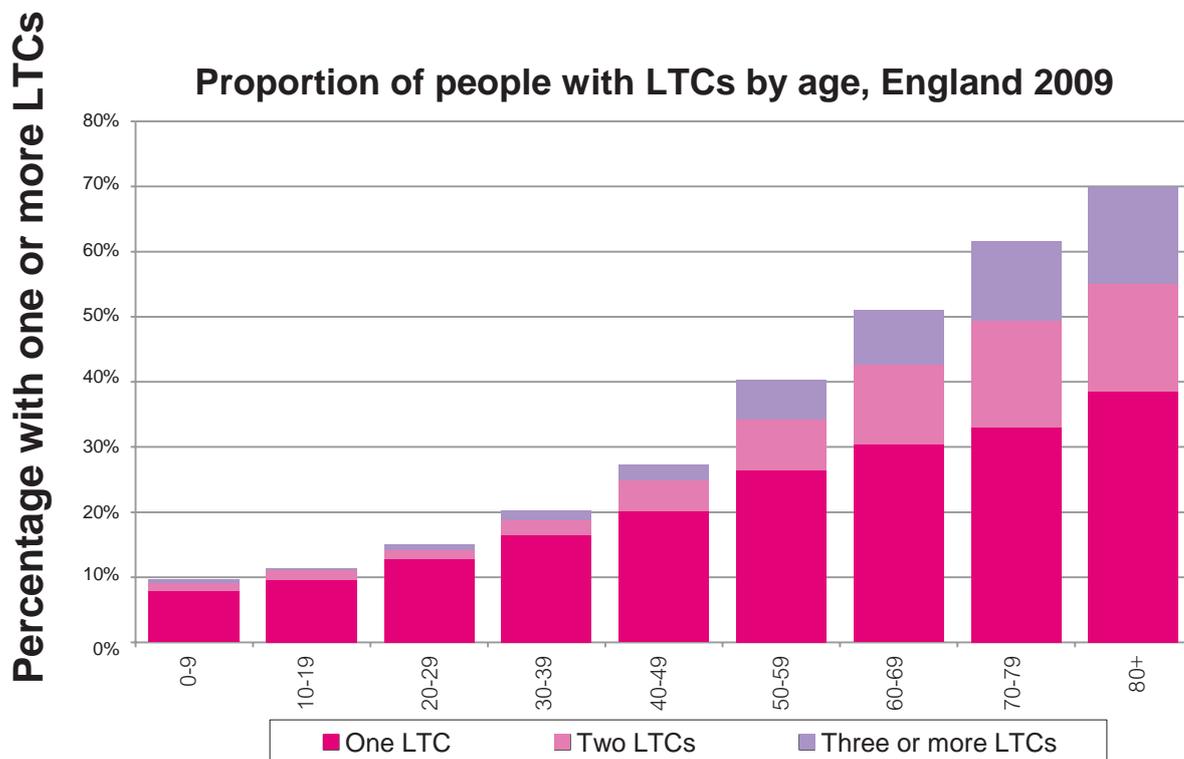
A lot of national work has been undertaken as part of the Carers Strategy to increase the provision of assessments, information and carers breaks. However, there are concerns about the level of support for carers. For example, although most of the carers who were caring for at least 50 hours a week in a Carers UK survey had a GP who knew of their caring responsibilities (84 per cent), of these carers, most (71 per cent) said that their GP didn't do anything differently to accommodate them. Very few had a GP who gave regular carers health checks or did home or telephone appointments.<sup>138</sup> In the same survey, 37 per cent of carers providing substantial levels of care said that they cared without any support from services or from family or friends, and a further 29 per cent cared with support from family and friends, but not with any support from services. This meant that four in 10 carers said they had not had a full day off from caring in over a year and half and had not had a holiday away from home in the last five years.

Government figures would appear to substantiate this picture. A government study<sup>141</sup> indicates that of the estimated 1 million carers who are over 65 in England, just 93,000 of these received any carer specific support.

## Health service

There is widespread consensus that alongside social care, the NHS also needs to change in order to accommodate the needs of an ageing population. Long term health conditions are now the principal health issue for older people and services need to be reconfigured to address this major change. The incidence of long term health conditions increase exponentially with age.

The Department of Health<sup>142</sup> estimates that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising.



Source: Department of Health<sup>142</sup>

#### Inequalities

There is a strong socioeconomic bias to the prevalence of long term conditions. Most individual long-term conditions are more common in people from lower socio-economic groups – with people in this group having a 60 per cent higher prevalence than those in the richest social class.<sup>142</sup> The severity of their condition also tends to be greater.

#### Financial pressures

There is recognition of a need for additional resources for the NHS. The Stevens Five Year Forward Plan indicates that the scale of additional investment required is in the region of £2 billion per annum over the next five years. It is also increasingly recognised that the proper funding of social care is vital to the proper functioning of the NHS.

#### Older person's service

The NHS is predominantly an older person's service. Two thirds of patients admitted to hospital are over 65 and more than a quarter

of hospital inpatients have dementia.<sup>143</sup>

Older people typically have multiple health conditions whereas the NHS is designed around hospital medical specialties for single organ diseases. Primary care consultations and payment systems do not lend themselves to treating patients with multiple and complex conditions, which is what most older people require.<sup>144</sup>

“Transforming services for older people requires a fundamental shift towards care that is co-ordinated around the full range of an individual's needs (rather than care based around single diseases) and care that truly prioritises prevention and support for maintaining independence. Achieving this will require much more integrated working to ensure that the right mix of services is available in the right place at the right time.”

Source: The Kings Fund<sup>144</sup>

The Kings Fund have produced a strong evidenced based programme for a health transformed system fit for an ageing population. These are<sup>144</sup>:

- healthy, active ageing and supporting independence
- living well with simple of stable long term conditions
- living well with complex co-morbidities, dementia and frailty
- rapid support close to home in times of crisis
- good acute hospital care when needed
- good discharge planning and reablement after acute illness or injury
- high quality nursing and residential care for those who need it
- choice, control and support towards end of life
- integration to provide person-centred coordinated care.

The NHS Five Year Forward Plan provides a strong framework that could be used to make the NHS much more configured to the needs of older people.

## Health and social care integration

In later life people's needs most frequently span both health and social care services. The organisational separation which governs these services can cause significant problems for older people and their carers.

This is clearly demonstrated in the experience of Barbara Pointon MBE (Alzheimer's Society ambassador), a carer of someone with dementia. She describes her and her husband's journey of weaving their way through 17 different services and getting lost with no one named professional designated as their advisor/ guide or point of contact.

From their perspective, a more integrated approach would provide a simpler pathway that would give better, more personalized care and support for the person with dementia because there would be easier sharing of information and growth of mutual trust between the professional, client and carer.

### Case study

#### One Hackney

One Hackney is an innovative way of working across health and social care based at GP practice level. The new model of working will initially support priority groups of patients, focusing mainly on over 75s with complex needs who need a special type of rapid response when their condition deteriorates to enable them to remain supported in the community, including people at the end of life. It will also provide support to other adults with complex needs.

Conditions such as dementia highlight the absurdities of a fragmented health and social care system. There is a very strong case for much closer integration and the wider roll

out of programmes such as the Better Care Fund, the Integrated Personal Commissioning Programme, and the vanguard sites for the New Care Models programme.

## Case study

### Gateshead Care Homes Initiative

This is an innovative service, partnering mental and physical healthcare, primary and secondary care to improve healthcare provision to all those in 24 hour care placements in the borough. It has resulted in reduced hospital admissions and more holistic healthcare for residents. The initiative offers support for nursing homes and ensures that all nursing residents are regularly seen by a GP, it has helped to link up services, reducing the number of GP practices involved with residents making it more efficient for the home, GP and resident. The link nurse offers regular support and advice to staff and can give referral guidance about other services offered by teams in the borough.

## Case study

### Age UK's Integrated Care Programme

The Integrated Care pathway brings together voluntary, health and care organisations in local areas to help older people who are living with long-term conditions and are at risk of recurring hospital admissions. Work is undertaken to co-design and co-produce an innovative combination of medical and non-medical support that draws out the goals that the older person identifies as most important to them. Through the programme, Age UK staff and volunteers become members of primary care led multi-disciplinary teams, providing care and support in and through the local community. Risk stratification is used to identify a specific cohort of older people with multiple long-term conditions who are vulnerable to unplanned admission to hospital. Using a 'guided conversation', an Age UK worker draws out the goals that the older person identifies as most important to them. Volunteers are assigned to help the older person achieve their goals. Together, they create a care plan which brings together services from across the health, social care and voluntary sectors that are appropriate for the older person's need. Effectively, the services 'wrap around' the older person. The aim of co-ordinated care like this is to increase independence and reverse the cycle of dependency.

Piloting in Cornwall has demonstrated 23 per cent improvements in wellbeing for more than 100 people with complex conditions. There are encouraging indications that the increase in wellbeing from the pilot is being replicated amongst a further 600 people in the second tranche.<sup>4</sup>

## Summary of good practice from leading councils

- public health services are paying systematic attention to older people's issues especially loneliness, cold homes, fuel poverty, winter deaths, nutrition, physical activity, fires, falls and immunization

working with health partners to address the health inequalities experienced by some groups of older people

- working with health colleagues to integrate health and social care services in ways that

are most effective for meeting the needs of the growing number of older people

- maximising the opportunity offered by the implementation of The Care Act to promote health and wellbeing of older people, and supporting older people with health and care needs to have better outcomes
- taking action to support the capacity within local communities to promote their own wellbeing
- prioritising support for informal carers in their caring role.

# Appendix A

## Process

The process of developing the report drew on a number of activities.

A **Task and Finish Group** made up of lead members, drawn from Boards across the LGA and representatives from key organisations – whose role was to oversee the project as a whole and to review emerging themes, conclusions and recommendations. This group met through a series of four round table discussions, where external experts were asked to present evidence to the group for them to review.

The composition of the Task and Finish Group was as follows:

- Cllr Izzi Seccombe (Chair) - Chair, Community Wellbeing Board, LGA
- Cllr Katie Hall (Vice Chair) - Community Wellbeing Board, LGA
- Cllr Ken Meeson - People and Places Board, LGA
- Cllr Flick Rea - Culture, Tourism and Sport Board, LGA
- Cllr Michael Payne - Safer Communities Board, LGA
- Cllr Helen Holland - City Regions Board, LGA
- Cllr Adrian Naylor - Economy, Environment, Housing and Transport Board, LGA
- Caroline Abrahams - Charity Director, Age UK
- Baroness Sally Greengross - Director, ILC - UK
- Emily Holzhausen - Head of Policy, Carers UK
- David Montague - Chief Executive, London and Quadrant Housing Association
- Mike Cooke - Chief Executive, Camden Council
- Debbie Ward - Chief Executive, Dorset County Council
- Paul McGarry - Senior Strategy Manager, Age Friendly Manchester, Manchester City Council
- Cheryl Coppell - Chief Executive, Havering Council; Non-Executive Director, Centre for Ageing Better
- Jabeer Butt - Race Equality Foundation
- Christabel Shawcross - ADASS representative - Deputy Managing Director and Strategic Director, Adult and Community Services Directorate, The Royal Borough of Windsor and Maidenhead
- Tim Pethick - Marketing Director, Saga
- Mick Ward - Head of Commissioning, Leeds City Council
- A focused **literature review** of the evidence in this area, provided by the University of Southampton particularly looking at the implications from a local government perspective.
- A **call for evidence**, organised and collated by the Centre for Policy on Ageing, of the positive work that local councils are currently engaged in in this area.
- An exercise to ensure the direct and indirect **involvement of a network of older people** in the work. This ensured that older people's views and insights were captured through the exercise.

- **Presentations** by a range of experts in their field:
  - Deborah Cohen - Cambridgeshire and Peterborough Foundation Trust
  - Andrew Webster - Local Government Association
  - Chris Sawyer - Innovate UK
  - Barbara Pointon MBE - carer and campaigner
  - Mick Ward - Leeds City Council
  - Simon Bottery - Independent Age
  - Sue Adams - Care and Repair England
  - Emma Barrett- Kent County Council
  - Jeremy Porteus - Housing LIN
  - Gilly Crosby - Centre for Policy on Ageing
  - Marjory Broughton - South East Forum on Ageing
  - Peter Dale - South East Forum on Ageing
  - David Birkbeck - Design for Homes
  - David Sinclair - ILC UK
  - Claire Turner - Joseph Rowntree Foundation
  - Paul McGarry - Manchester City Council
  - Adrian Phillips - Birmingham Public Health
  - Professor Jane Falkingham - Southampton University
  - Elaine Rashbrook - Public Health England
  - Mike Cooke - Chief Executive - London Borough of Camden
  - Catherine Wilton and Marjory Broughton - Making the Connections
  - Emma Barret, Kent County Council
  - Marjory Broughton and Peter Dale - South East England Forum on Ageing
  - Claire Turner - Joseph Rowntree Foundation
  - Lord Geoff Filkin - Centre for Ageing Better
  - Cormac Russell - Nurture Development
  - Guy Robertson - Positive Ageing Associates

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