Don't stop me now

Preparing for an ageing population

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The Audit Commission is an independent watchdog, driving economy, efficiency and effectiveness in local public services to deliver better outcomes for everyone.

Our work across local government, health, housing, community safety and fire and rescue services means that we have a unique perspective. We promote value for money for taxpayers, covering the £180 billion spent by 11,000 local public bodies.

As a force for improvement, we work in partnership to assess local public services and make practical recommendations for promoting a better quality of life for local people.

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Summary

England's population is ageing

- Councils have a local area leadership role to ensure that older people can live independently and actively, with a good quality of life, for as long as possible.

- As the population ages, the challenges and opportunities differ between areas; each council must lead an appropriate local response.

- The ageing population will be increasingly diverse: stereotypes about older people are misleading, so councils need information about the diversity of their local people.

- Older people - as citizens, volunteers, and service users - are an important resource for local action to tackle social isolation and support independent living.

Most councils should do more to create an environment in which people thrive as they age

- Central government's Opportunity Age initiative to improve the quality of life of all older people has had limited impact.

- Only a third of councils are well prepared for an ageing population, though a further third are making progress.

- The vigour of local action by councils is often not determined by the extent of local need.

- Older people experience councils as organisations that view them in terms of care needs, with little focus on diversity and opportunities.

- All councils need to understand their older communities and shape both universal and targeted services accordingly.

- Increased awareness, better engagement and innovation could help many older people without significant expenditure.

All councils should work with older people to age-proof mainstream services

- Councils need to engage with older people in commissioning, designing, and delivering both mainstream and targeted services.

- Older people's champions and representative boards can play an important role in assessing and evaluating the effect of local services on older people's lives.

- Councils can deliver significant benefits from age-proofing mainstream services, often at low cost.

- Age-proofed mainstream services provide benefits for other members of the local community, including people with disabilities and parents with young children.

- Marketing and promoting existing services to older people can increase take-up and support independent lives.

- The best councils innovate to adapt mainstream services for older people and work with public and private sector partners to drive improvements.

Councils should target services to tackle social isolation and support independent living

- Targeted services should focus on the underlying causes of dependency in later life.

- Councils should lead local statutory agencies and the community and voluntary sector in making the most effective use of local resources.

- There are many older people ready and willing to contribute to community life: local authorities and their partners should mobilise this resource.

Recommendations

1 Local councils should:

- review their local demographic profiles and reassess their approach to the ageing population;

- identify how they can work with older people and local partners to make more efficient use of public and community resources;

- link local demographic profiles and community needs in age-proofing mainstream services and designing targeted services;

- tackle stereotypes and myths that prevent older people being fully engaged in the community and receiving appropriate services;

- target spending to have the most impact and improve evaluation; and

- use this study to support a management review, or councillor scrutiny, of support for well-being in later life.

2 Central government should:

- use the experience of Every Child Matters to review and strengthen the approach of Opportunity Age, working with councils to design a clear outcome-focused framework; and

- formulate and monitor policy by using appropriate third sector organisations as a voice for older people.

3 Audit Commission will:

- work with other inspectorates to use the lessons from this study in Comprehensive Area Assessment methodologies; and

- work with key partners, including the Department for Work and Pensions (DWP), the Local Government Association, Improvement and Development Agency (IDeA), Age Concern, and Help the Aged to disseminate the good practice highlighted in this study.

Introduction

4   England's population is ageing and the trend is accelerating. This is a significant demographic change that has not been seen before. The change brings both opportunities and challenges and there is a need for councils to make an independent life an option to as many people as possible, for as long as possible. Councils need to start planning for an ageing population to ensure that the risks are minimised and that opportunities are maximised.

5   This study focuses on people aged 50 and over; specifically people who are living independently and do not have a need for social care services.

6   The years between 50 and 65 are a transitional period for many people, with numerous life-changing events. Many of these changes are positive and bring with them new or renewed opportunities. Other changes are less positive and can reduce choice and independence. Local services need to have a focus on this transitional period in life, as well as on older age groups, to ensure that appropriate services and interventions are in place for those who need them.

7   This study aims to help local public services adapt to the needs of an older and more diverse society. It identifies solutions that can be implemented quickly and explores how councils should plan strategically for the wider challenges ahead.

8   Research for this study took place in autumn 2007 and winter of 2007/08. The Audit Commission interviewed 235 people in ten❚ local authorities, four older people mystery shopped 49 councils, and 175 older people took part in 15 focus groups. Details of the study methodology can be found in Appendix 1.

9   The key messages from the study are:

- the population is ageing and the older population is becoming more diverse;

- few councils are well prepared for the additional diversity in their populations;

- central government's Opportunity Age initiative has had limited impact;

- councils have a local leadership role to create an environment in which people can maintain a good quality of life as they age;

- all councils need to understand their older communities and shape both universal and targeted services accordingly; and

- increased awareness, better engagement and innovation could help many older people without significant expenditure.

❚ The ten councils selected represented a range of performance, council type, area type (rural and urban) and proportion of older people (now and projected).

Introduction

10 This report has six chapters:

- Chapter 1 - a diverse ageing population;
- Chapter 2 - policy and performance;
- Chapter 3 - understanding and engaging the older community;
- Chapter 4 - age-proofing mainstream services;
- Chapter 5 - targeted services that promote independence
- Chapter 6 - looking forward.

11 Practical advice is available to download from the Audit Commission website that includes:

- animated maps that illustrate population change across England between 2009 and 2029;
- checklists for councils;
- a tool to help councils use information more effectively when designing services for an older population;
- a mystery shopper survey methodology; and
- case studies.

1 | A diverse ageing population

The ageing population

12 England's population is ageing and the trend is accelerating. The number of older people will increase rapidly in the next 20 years (Figure 1). In 2009 around 17.7 million will be aged 50 or over. By 2029, this figure will have increased by more than a quarter to 22.9 million people.

Figure 1 The ageing population

The number of people over 50 will increase rapidly in the next 20 years

Mid-year population estimates
2006-based population projections
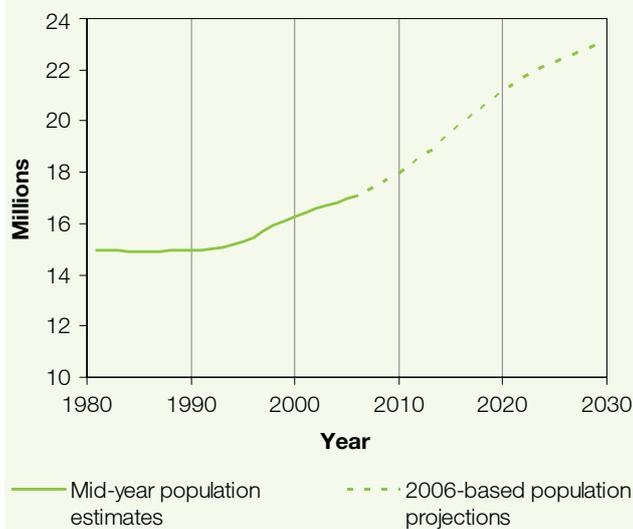
Source: Audit Commission/ONS/Government Actuary's Department, 2008

13 The proportion of the population that is 50 or over is also increasing (Figure 2). In 2009, 34 per cent of people living in England will be aged 50 or over. This will increase to 39 per cent by 2029.

Figure 2 The proportion of people over 50 is increasing

By 2029 nearly 40% of people living in England will be 50 or over

Mid-year population estimates
2006-based population projections

Source: Audit Commission/ONS/Government Actuary's Department, 2008

14 Between 2009 and 2029 all councils will be affected by demographic change (Figures 3, 4 and 5).

- In 2009, West Somerset Council will have the highest proportion of people aged 50 or more (53 per cent), while the London Borough of Tower Hamlets will have the smallest proportion (16 per cent). In 2019, the proportion of people aged 50 or more in Tower Hamlets will still be low at just 17 per cent; and the proportion of older people in West Somerset will have grown to 60 per cent. By 2029, the proportion of people aged 50 or more in Tower Hamlets will still be low at 20 per cent, while the proportion in West Somerset will continue to be one of the highest at 63 per cent.

A diverse ageing population

- The older population of most areas will increase between 2009 and 2019, but the rate of change will vary. For example, the biggest increase will be in South Staffordshire Council. The area's proportion of people aged 50 or more will grow by 7 per cent from 42 per cent to 49 per cent. The rate of growth will slow between 2019 and 2029, when the proportion of people aged 50 or more will have grown to 51 per cent.

- The City of Bristol's population will have the smallest change between 2009 and 2029. The area's proportion of people aged 50 or more will be around 28 per cent in 2009, and is set to remain at less than 30 per cent by 2029.

15 The anticipated increase in the number of older people will affect councils in different ways.

- Councils in large, highly populated areas already have high numbers of older people. They will see a further increase in the numbers of the older population, even though the proportion of the population that is 50 or over will remain low. For example, in 2009 around 281,200 (28 per cent) of the population of Birmingham will be aged 50 or over. By 2029 this will have increased to 319,700 (30 per cent).

- Sparsely populated rural or coastal areas that are already home to a large proportion of older people will see further increases. For example, in 2009 around 42 per cent or 56,400 people living in the Borough of Poole will be aged 50 or over. This figure is set to increase to 47 per cent or 66,400 by 2029.

- Councils that currently have large populations aged 35-50 and/or are undergoing regeneration will face a marked increase in their older populations over the next 20 years. For example, around one third of the population (32,200) of South Derbyshire District Council will be aged 50 or over in 2009. The older population is set to increase by almost 50 per cent to 48,200 in the next 20 years.

- The proportion of older people living in more highly populated coastal or rural council areas is already high. Such areas also tend to be home to large numbers of working people aged 30 and over who are likely to remain once they have retired. For example, in 2009 the proportion and number of older people living in Breckland Council will be high (42 per cent or 55,400). The number of older people is projected to grow by around 40 per cent to around 77,700 by 2029.

Figure 3 The proportion of people aged 50 or more in 2009

In 2009 34% of the population will be aged 50 or over
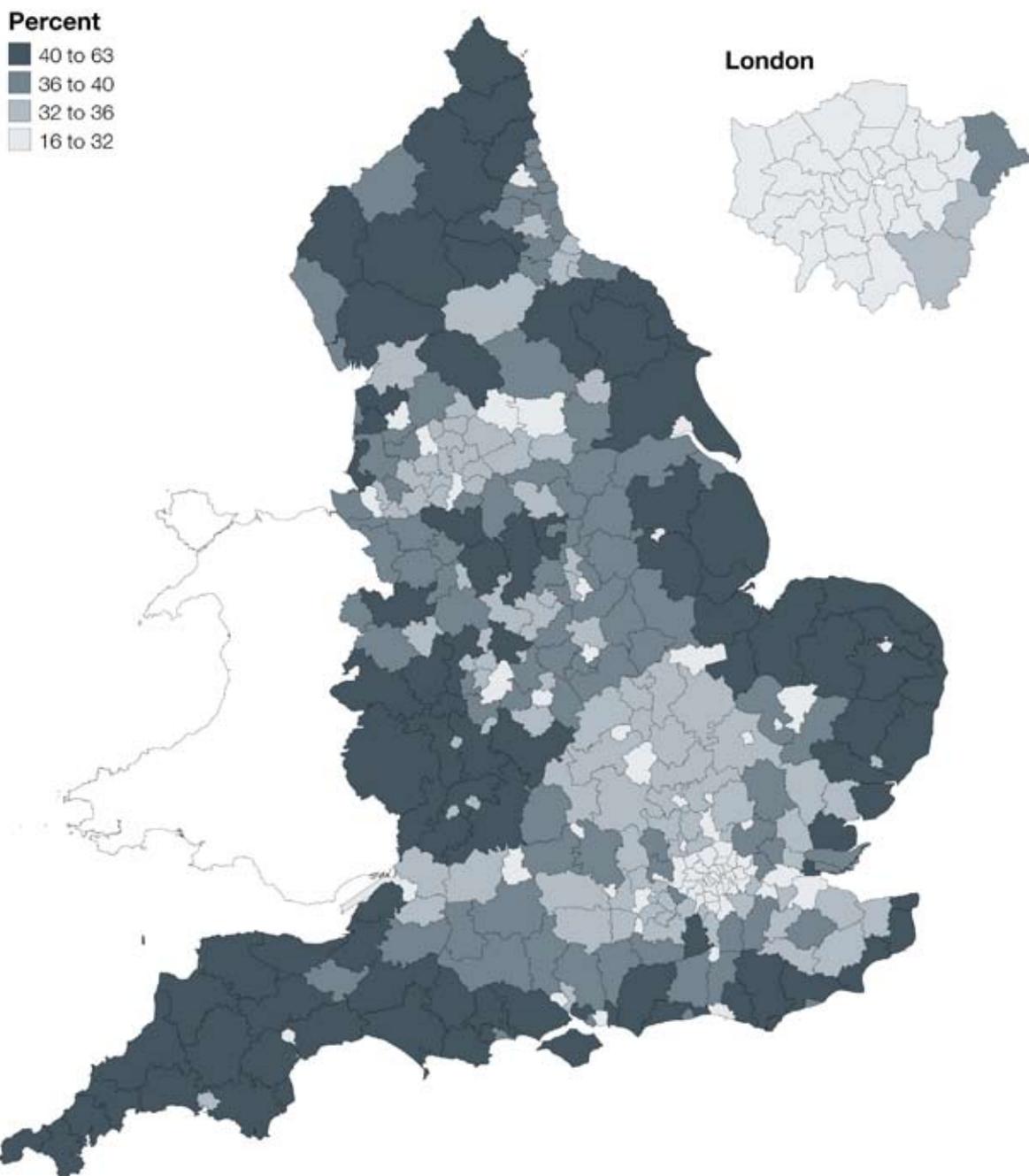
Percent
- 40 to 63
- 36 to 40
- 32 to 36
- 16 to 32

London

A diverse ageing population

Figure 4 The proportion of people aged 50 or more in 2019
In 2019 38% of the population will be aged 50 or over
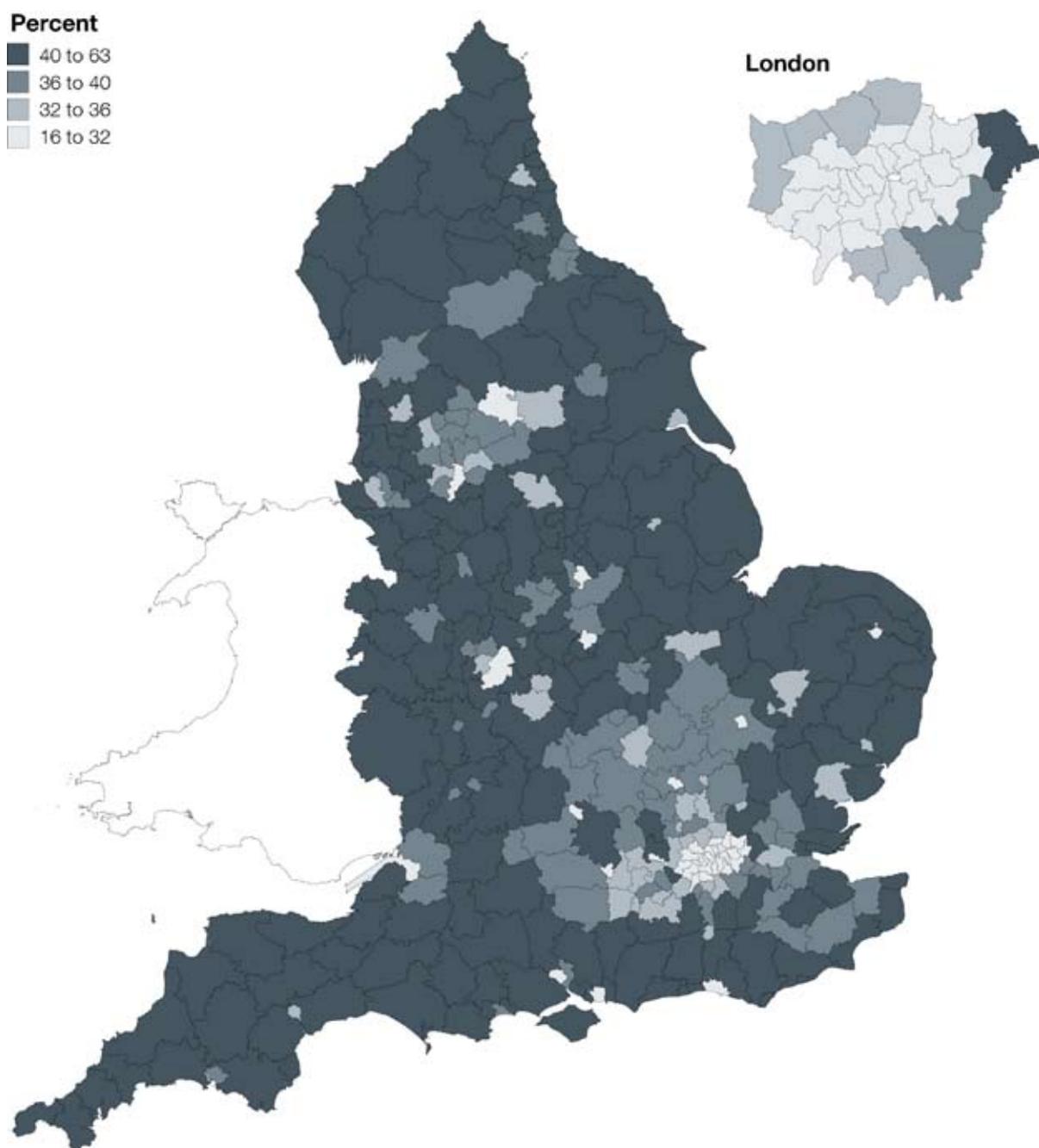
Percent
- 40 to 63
- 36 to 40
- 32 to 36
- 16 to 32

London

Figure 5 The proportion of people aged 50 or more in 2029
In 2029 40% of the population will be aged 50 or over
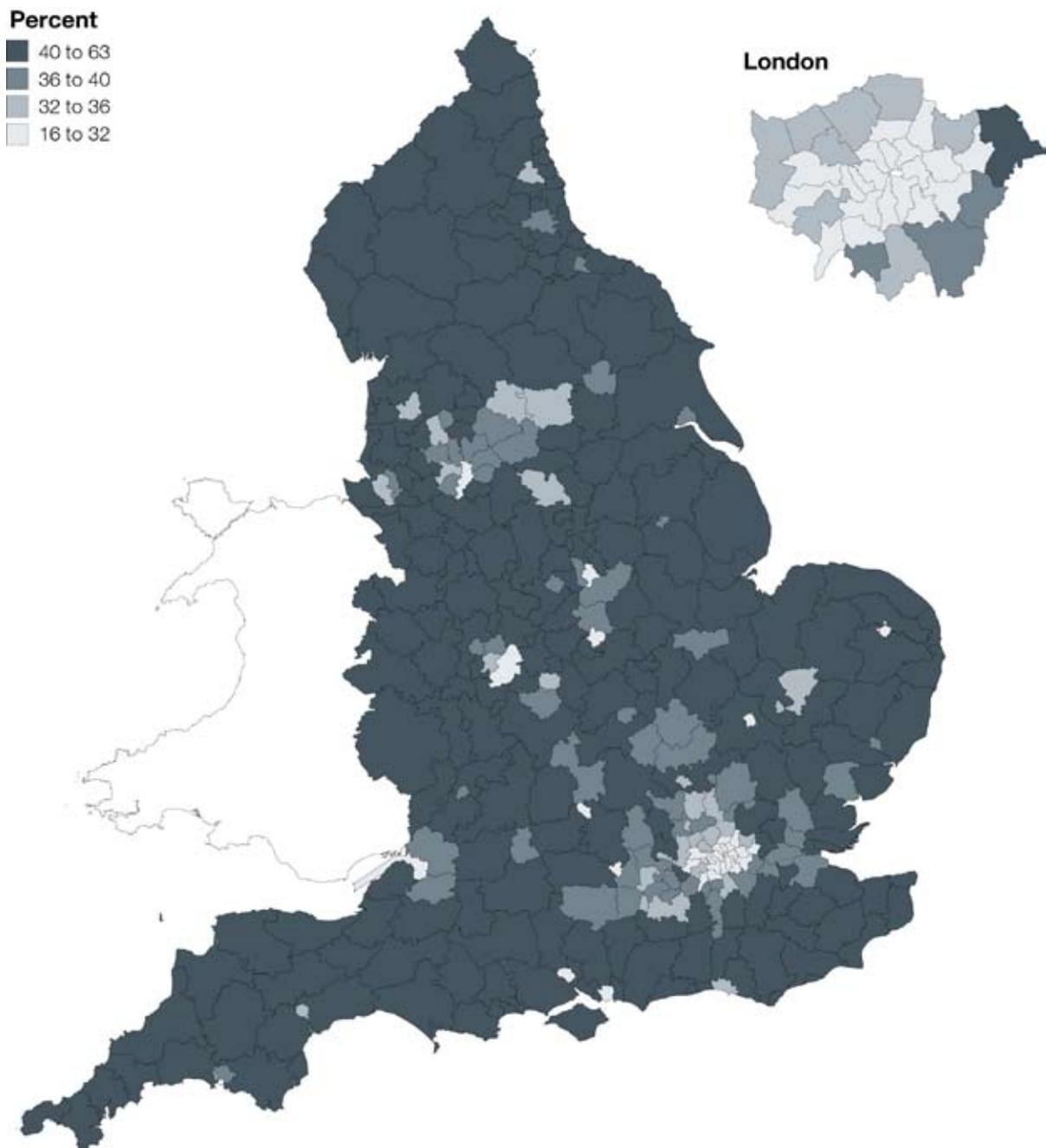
Percent
- 40 to 63
- 36 to 40
- 32 to 36
- 16 to 32

London

A diverse ageing population

Increased diversity

16 The ageing population is becoming increasingly diverse. This brings a range of new challenges for local public bodies. Councils will need to provide services that respond to a different range of needs.

- The number of people aged 80 and over is growing rapidly. In 2009, there will be 2.4 million people aged 80 and over. By 2029 this will have increased to 4.3 million. Centenarians are a particularly fast growing section of the population. In 2009 there will be 10,200 people aged 100 and over. There are likely to be 40,500 by 2028. It is unlikely that services appropriate for a 50 year old will continue to be appropriate when that person reaches the age of 80, and councils will need to make provision for the changes ahead.

- Councils will also need to make appropriate provision for ageing black and multi ethnic (BME) populations, which can have distinct needs.

'The ethnic balance is changing. Previously, we didn't know the prevalence of dementia in the over 80s and the impact of this in BME groups. For example, people who have been fluent in English can lose their second language and revert to speaking their first language as dementia develops. Also, as trauma happens people can again revert to their first language. This has an impact on how we deliver services.'   **Councillor**

- Some councils will see an outward migration of affluent people in their 50s and 60s who chose to leave the cities where they spent their working lives in order to retire to coastal or rural areas. This urban flight will impact significantly on the shape and nature of the remaining older population, which tends to be poorer, isolated, and more vulnerable, with a lower life expectancy and a need for acute interventions earlier in older age.

'Health and equalities was a driver for our older people agenda. Because of the low life expectancy… prevention of premature deaths was prioritised. Also, our understanding about population dynamics was an influence – particularly urban flight. We realised we needed to encourage the more affluent to stay in the city – making it a place they want to be.'

Manager

Overcoming stereotyping

17 The period of life between 50 and 65 is a transitional one for many people; with numerous life-changing events (Figure 6). While many of the changes are positive, some are less so. For some people this can be a time when choice and independence start to reduce. However, there is no single point at which a person becomes old. Ageing affects people in different ways and at different times.

Figure 6 The diversity of the 50+ population

Ageing affects people in different ways, presenting opportunities or creating dependency

Changes in later life: often seen as opportunities

Children leaving home

Renewed interest in learning

More leisure time

Grandchildren

Voluntary work

Leaving paid employment

Moving to a smaller house

The 50+ age spectrum: different experiences for different people at different times

Changes that can lead to dependency

Falling income

Living alone

Lack of car ownership

Chronic health conditions

Benefit entitlements

Bereavement

Social care needs

Mental health needs

Source: Audit Commission 2008

18 Older people are not a homogeneous group that is easily categorised. People in later life have varied experiences, but assumptions are often made about them that do not reflect reality (Table 1). Some people live independently in the community into their 80s and beyond, whereas some younger older people need assistance relatively early in life.

A diverse ageing population

Table 1 Busting myths and stereotypes
Common misconceptions relating to older people

Myth	Fact
"50-65 year olds have good incomes, good social lives and are in good health…"	The unemployment rate of those aged 50 to state pension age is higher than the rest of the working population
	After age 50 annual average pay falls for the first time in working life
	Just over 25% of 50-64 year olds reported a long term illness or disability
	25% of all women aged 50-54 are currently providing unpaid care for a family member, friend or neighbour
"Over 65s are dependent, frail and disengaged…"	Only 15% of people over 65 receive social care
	Only 3% of people over 65, 18% of people over 80 and 28% of people over 90 live in residential care.
	Only 20% of people over 80 suffer from dementia
	75% of people aged over 65 voted in the 2005 General Election

Source: Audit Commission and additional sources, 2008

19 Age-based assumptions and categorisation of people by age can inadvertently influence public service planning and delivery. For example, younger, more vulnerable over 50s can slip through the net and miss out on assistance that could help them maintain their independence and well-being.

20 Conversely, opportunities to maximise the potential in the over 65 group can be missed. For example, in 2008, 27 per cent of over 65s participate in voluntary and community activities, leaving significant potential untapped (Ref 1). Sixty per cent of childcare provision in the UK is provided by grandparents, saving the UK economy £4 billion a year (Ref 2).

Opportunities and challenges

21 The unprecedented demographic change brings with it both opportunities and challenges. Councils and their partners need to start planning now for larger, more diverse older populations.

22 Local public services will need to change. A sole focus on the care needs of the most vulnerable in the community is no longer enough, and will not address the needs of the wider older community. Councils need to ensure that independent life is an option for as many older people as possible, for as long as possible.

23 Councils are uniquely placed to mobilise, influence and lead both their communities and partner organisations so that local areas become places where people can thrive and continue to enjoy a good quality of life as they age.

24 Shaping core and targeted services for an older population will enable people to remain independent and well for as long as possible. Local mainstream public services will need to be accessible to the growing older community; and older people will need well-planned, targeted interventions that support them when their independence is threatened.

25 The next chapter:

• assesses the preparedness of councils for the demographic change; and

• explores the impact of central government's ageing population strategy, Opportunity Age.

2 | Policy and performance

Opportunity Age

26 Opportunity Age (Ref 3) is a ten-year strategy, published in 2005, to improve the quality of life of all older people, including the most excluded, by creating a cycle of well-being through participation, leisure, education, improved health and ensuring that older people are valued in the workplace and communities. Opportunity Age has three key strands:

- work and income: ending the perception of older people as dependent;

- ageing: ensuring that longer life is healthy and fulfilling; and

- well-being and independence: ensuring older people are full participants in society.

27 Opportunity Age requires central government, local authorities and the voluntary sector to work together to:

- identify and tackle the issues that limit older people's ability to get the most out of life, including rooting out age discrimination and tackling poor housing and fear of crime;

- ensure that older people can be actively engaged locally in influencing decisions that affect their lives, such as planning and local transport;

- ensure that older people have access to opportunities locally, such as learning, leisure and volunteering; and

- promote healthy living at all ages: older people are better able to enjoy good health later in life if they looked after themselves when they were younger.

28 Central government gave a commitment in Opportunity Age to define priorities and outcomes. The responsibility for local leadership, planning and delivery was placed on councils. The intention was that the priorities and outcomes set by central government would flow directly into local authority strategies, which should reflect a much broader, joined-up approach to the ageing society that goes beyond health and social care services.

'Local authorities should take the lead in planning for the ageing of their communities. Mainstream services such as transport should reflect the changing nature of society just as much as services directed at old age. Central government will provide local authorities with the support they need to assume a leadership role.'

Opportunity Age

29 The remainder of this chapter explores the preparedness of councils for demographic change and analyses the impact of the Opportunity Age.

Local preparedness for an ageing population

30 In 2005, the Audit Commission introduced Comprehensive Performance Assessment, the harder test (CPA) (Ref 4). One of the shared priorities in the corporate assessment element of CPA is 'older people'. The key lines of enquiry (KLOE) for older people assess how well a council works with its partners to:

- develop a strategic approach to older people that goes beyond health and social care and covers the areas that older people say are most important;

- undertake meaningful engagement with older people and their representative groups on all aspects of the strategic approach and service provision; and

- deliver a comprehensive, coordinated range of services to older people.

31 A full guide to CPA corporate assessment KLOE can be found on the Audit Commission website.

32 Analysis of the older people shared priority in 111 Corporate Assessments published between September 2005 and May 2008 (Figure 7) revealed that more than two-thirds of councils needed to improve their services for older people.

- Twenty-eight per cent of councils were performing well and had meaningful engagement with the older community, well developed cross-cutting strategies and a coordinated range of services.

- Forty-five per cent of councils had started to make progress but were at an early stage of strategic development.

- Twenty-seven per cent of councils focused solely on social care and made no other provision for older people.

Figure 7 The majority of councils need to improve

The majority of councils had no older people's strategy, or were only in the early stages of implementing this strategy

Number of councils

- Strategic approach with outcomes
- In early stages of strategic approach
- No strategic approach

Source: Audit Commission 2008

Policy and performance

33 Preparedness for an ageing population varies across the country. There is no straightforward correlation between preparedness and/or the proportion or number of older people.

34 Many of the areas with the highest proportion of older people have the most improvements to make. The South West currently has a high percentage of the over 50 population, yet only two councils in this region performed well on the older people shared priority. Preparedness also varies by council type, with metropolitan boroughs being most prepared and unitary councils the least (Figure 8).

Figure 8 Variation in preparedness for an ageing population
Preparedness varies by council type and location
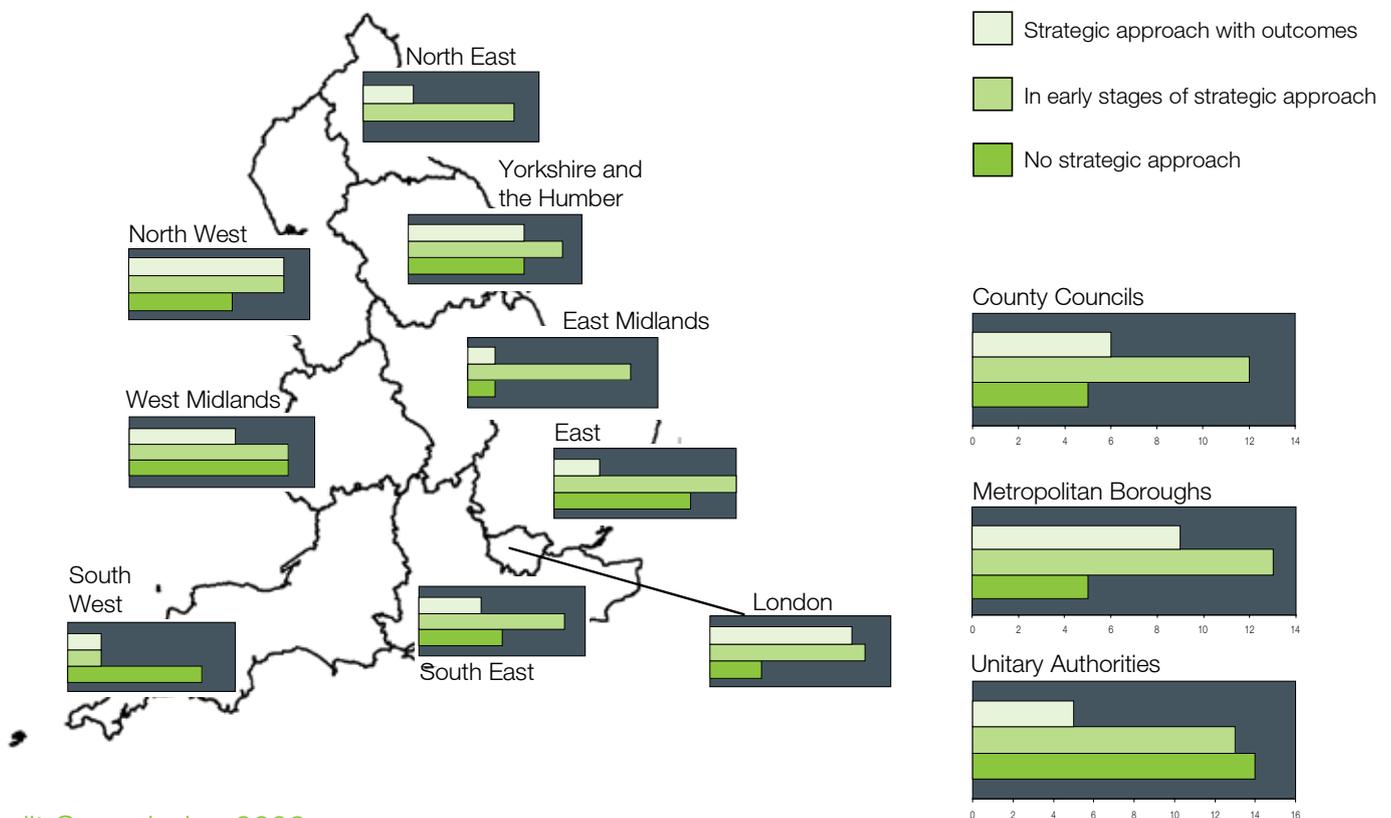
Strategic approach with outcomes

In early stages of strategic approach

No strategic approach

35 There is no clear link between preparedness for an older population and a council's overall performance. There is only a weak link between preparedness for an older population and spending or performance on adult social care.

36 Twenty-six per cent**I** of councils that performed well on the older people shared priority also scored 3 or 4 stars on their CPA assessment. However, a high CPA score is not a guarantee of good performance on the older people agenda. Twenty per cent of 3 or 4 star councils have the most improvements to make. The dynamic between preparedness for an ageing population and adult social care performance and spending is also complex (Table 2).

Table 2 Corporate Assessment: analysis of the high and low performers
Categorising good and poor is difficult

Highest performing councils on older people shared priority	Have a CPA score of 3 or 4 stars (29 out of 31)
	Perform well in Adult Social Care, scoring 2 or 3 stars in the CSCI assessments (29 out of 31)
	Spend more on average on social care for older people; 65+ (19 out of 31)**II**
	But: Two high performers are 2 star councils overall Twelve high performers have below average social care spend per head (65+)
Councils with the most improvements to make	Have a range of performance on CPA (21 scored 3 or 4 stars; 9 scored 2 stars)
	Have a range of performance on Adult Social Care (22 of 30 were 2 or 3 star and 8 were 2 star)
	Spend less per head than average on social care for older people (18 of 30)
	But: Eight low performers are 4 star councils overall 11 low performers have an above average social care spend per head

Source: Audit Commission/CSCI 2008

I Of the 111 councils assessed on the older people shared priority as part of corporate assessment

II Average is the mean cost per head from the range of 111 single tier and county councils assessed under the harder test from September 2005 to May 2008 (excluding Isles of Scilly as no cost data available). Source: Audit Commission VFM profiles 2007

Policy and performance

37 The Older People KLOE in corporate assessment covers single tier and county councils only. Fieldwork illustrated that the dynamic between districts and county councils is also complex. A district council with extensive engagement with older people and a comprehensive range of services for the older community said that:

- the good practice had not been picked up by surrounding districts; and

- the relationship with the county was patchy.

'We are the only older people forum that is established at present. I have been trying to get forums established in others districts in the county and one district hopes to start one in 2009. Part of the problem has been that these areas haven't had a passionate champion.'

Champion for older people

Experiences of older people

38 Older people researching the ability of councils to provide information on a range of mainstream services also concluded that most councils need to improve. In late 2007 four older researchers, acting as mystery shoppers, tested 49 councils**I**. The mystery shoppers used a common scenario ('I am an older person moving to your area in the next three months and I would like more information on…') to test four key areas:

- employment and volunteering opportunities;

- leisure and social activities;

- learning opportunities; and

- transport.

39 The mystery shoppers found:

- they were commonly referred to adult social care, despite having no care needs;

- they needed to probe for information in over 80 per cent of calls overall (Figure 9);

- more than two-thirds of councils referred them to a website without checking if they could access it; fewer than a third offered to send literature in the post**II**; and

- councils performed least well on linking them into information about employment and volunteering opportunities in the area.

40 Information and engagement are discussed in detail in Chapter 3.

I The 49 councils were selected on the basis that they would be assessed under Corporate Assessment after the publication of this report

II 71 per cent of people 65+ have never used the internet (Ref 7)

Figure 9 Mystery shopper experience

Information provided without the need to probe

- ■ Information provided spontaneously
- ■ Had to probe to get information
- ■ No information provided, even after probing
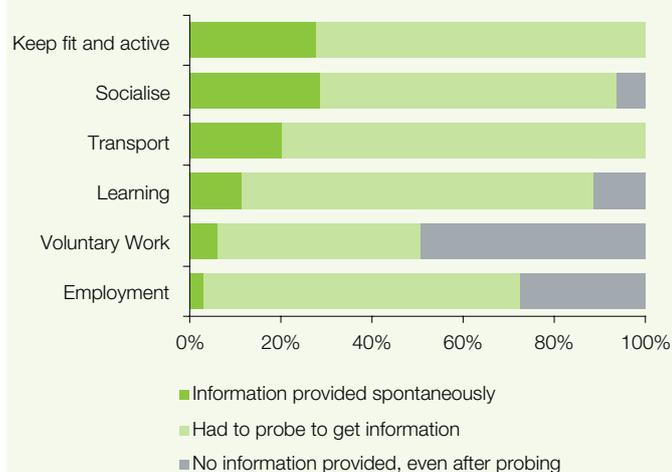
Source: Audit Commission 2008

Measuring spend and evaluating outcomes

41 Currently, most councils measure the cost of an ageing population in terms of social care spending. However, measuring the costs and savings associated with an ageing population is more complex than quantifying overall spend on adult social care.

42 Most councils recognise that spending on services that promote well-being in later life, other than social care, is likely to save money in the longer term. However, mechanisms for evaluation are poorly developed. Even councils with well-developed strategies for an ageing population struggled to link expenditure to outcomes, and demonstrate value for money (Table 3).

Policy and performance

Table 3 Linking expenditure and outcomes is a challenge
Councils need to improve

Council	Comment
Council B	You can't prove causality… We can show VFM [for preventative work] on a case-by-case basis. But we can't make the overall accountancy business case. **Director of Finance**
Council J	What could be better? It would have been useful if we had captured spend and benefits. We need better mechanisms to do this … we need some numerical assessment of impacts rather than a general feeling. We need some sort of performance assessment framework. We need to talk to the older people forum about how they would like to see their own success judged. And work with them to be clear about what they want to achieve. **Head of Finance**
Council H	It is difficult to measure this work. We have been doing this work for about 2 years – in this time we have been waiting for DWP to bring out a set of indicators … So far there has been no real pressure internally to show stronger value for money outcomes. **Service Manager**
Council I	There is a risk that people don't believe that it works. There is not enough evidence to show the cost/benefit. This is an issue – we can't demonstrate outcomes. In order to squeeze money out of the Primary Care Trust – they will want evidence. We need guidance on where to start. There have been no national studies that demonstrate the benefits of investment. **Service Director**

Source: Audit Commission 2008

43 There is also variable investment in the wider older people agenda. Some councils have developed a strategic approach and services using existing resources, whereas others have relied on pilot funding to develop a range of local initiatives.

44 Without an over-arching commitment from the council, pilot initiatives are unlikely to be sustainable in the longer term. This leads to raised expectations that cannot be realised (Table 4).

45 Councils that develop a cross-cutting strategy have more robust and sustainable approaches to their older communities.

'We have a genuine service user focus. Our structure is about benefits for the public and not the benefit of staff. And there was some opportunism. At the time [we developed our strategic approach] government was saying you need a directorate of children's services. It seemed logical to also look at the range of services for older adults. So we reduced the number of directorates and used this restructure to spread things across directorates. There is no extra money – there was an assumption that this would be done within existing resources.'

Chief Executive

46 Councils that have relied solely on pilot funding, without an over-arching strategic approach, struggle to sustain initiatives.

'The activities that happen now wouldn't have happened if it had not been for DWP and Neighbourhood Renewal Funding. All the activities and extra staff were funded from this. The linking up is great and gives us the capacity to encourage different ways of working to run services. It would be a disaster if no alternative funding is found. Especially in this area – expectations will have been raised just by virtue of having services that didn't exist before.'

Partner, Voluntary and Community Sector

Policy and performance

Table 4 A strategic approach is needed to sustain initiatives
A range of approaches and investment

Sustainability	Council	Focus of approach	Investment
Cross-cutting, embedded approach **Sustainable model**	Council J	Led by the older community Reducing social isolation Improving access to services	No pilot funding Older people forum seek external funding Low level funding from council for administrative support - £2,500
	Council F	Partnership approach Culture shift model Health and independence focus	No pilot funding Grant to Age Concern Senior leads for older people action groups - £48,000
Sustainable in medium term **Council developing second wave of strategic approach**	Council H	Corporate commitment Building a good city to grow old in Tackling health inequalities	£300,000 (NRF funding for specialist team) £2.6 million (DH pilot)
Limited sustainability **Council to support some pilot initiatives for a further 12 months (post pilot funding)**	Council I	Based on pilot funding No overall strategic direction Some effective pilot schemes, particularly focused on better use of information	£1.1 million (DWP pilot) £1 million (supplement to DWP funding, from social care)
	Council E	Based on pilot funding Majority of pilot and NRF funding has been used to fund 16 posts Some effective pilot schemes, particularly on social isolation and community cohesion	£936,599 (DWP pilot) £900,000 (supplement to DWP funding, from NRF funding)

Source: Audit Commission 2008

Impact of Opportunity Age on local strategies and performance

47 Although the strategic aspirations of Opportunity Age are clear, most councils are not prepared for an ageing population. One reason progress has been slow is because Opportunity Age has had limited impact on councils (Table 5). Opportunity Age:

- did not influence individual councils at all;

- helped councils understand demographic change, but did not help them plan for the change locally; or

- confirmed councils were doing the right thing, but did not provide guidance on how they could improve.

Table 5 The impact of Opportunity Age

Opportunity Age has had little or no impact on councils

Council	Impact
Council A	'I get confused by all the initiatives, which is the latest one? Opportunity Age feels like rhetoric. It needs to be joined up to a strategic approach. Probably some financial encouragement is needed. And some targets. Stick as well as carrot.' **Chief Executive**
Council C	'The DWP-produced strategy has not fed in through any structured way. The first I heard of it was six months ago. I heard about it from a colleague.' **Chief Executive**
Council D	'There is a huge volume of information about policy direction from central government. I don't remember seeing Opportunity Age.' **Chief Executive**
Council H	'The only impact was that it enabled [the] team to say that we are delivering what government wants.' **Manager**
Council J	'Government policy on demographic change has helped us to understand the issues… but it has not had an impact in terms of a policy that has worked for us.' **Chief Executive**

Source: Audit Commission 2008

Policy and performance

48 In particular, council staff drew comparisons between the impact of Every Child Matters (Ref 5) and the impact of Opportunity Age. Many focused on the clarity in Every Child Matters, which they felt Opportunity Age lacked. Every Child Matters provided clear guidance, processes and a legislative framework, as well as specifying the outcomes that councils needed to deliver (Table 6). Every Child Matters was also given a high profile and as a consequence its aims and objectives are well known. Central leadership is provided by the Children's Commissioner.

Table 6 Every Child Matters and Opportunity Age

Every Child Matters had clarity on outcomes, a legislative framework and guidance for councils

	Every Child Matters	Opportunity Age
Leadership by central government	Children's Commissioner: • Consultation for the Children's Act 2004 identified a need for a Children's Commissioner • Appointed in March 2005 • The Commissioner is independent of Government, with a remit to promote awareness of the views and interests of children	• Consultation for Opportunity Age identified a need for a 'Tsar' for older people • No Commissioner or Ministerial lead appointed • Ministers for specific issues affecting older people - care services and pension reform
Focus	• Supporting families and carers • Intervention before 'crisis point' • Tackling weak accountability and poor integration • Valuing, rewarding and training people working with children	• Work and income • Active ageing • Services to help independence

Table 6 Every Child Matters and Opportunity Age (continued)

|	Every Child Matters	Opportunity Age
Guidance for councils	• Legislation: The Children Act 2004 ('a legislative spine') • Post-consultation: Every Child Matters: Change for Children 2004 • Website: Comprehensive website 2004 – present; specific guidance published frequently and RSS feed	• Legislation: None as yet. • Indicators baseline report published 2006 • PSA17 introduced as part of CSR07 • Website: Indicators from PSAs published 2008; learning from LinkAge pilots to be published shortly
Local strategic approach	Strategic approach outlined, comprising: • Inter-agency governance • Integrated strategy • Integrated processes • Integrated frontline delivery • Outcomes for children and young people	No specific approach outlined, but: • Social Exclusion Unit suggested use of the Sure Start approach in 2006 • Link Age Plus pilots
Impact	Has impact as a result of: • appointment of Children's Commissioner • the high profile Every Child Matters 'brand' • the up-to-date website • a memorable five aims and outcomes framework • the strategic approach which helps to show who should be involved and where • bringing different professionals together under a common aim	Has limited impact as a result of: • no national lead • the low national profile • the limited website • the lack of strategic direction • little information about who should be involved at what level • a lack of focus on wider partnership

Source: Audit Commission 2008

Policy and performance

49 Overall Opportunity Age has had little impact on the performance of councils because:

- the strategy is clear, but it has a low profile. As a consequence the aims are not commonly known, nor has the strategy been successful in challenging stereotypes;

- the support promised by central government has not been delivered, other than through the pilot schemes run in ten councils;

- the outcomes that councils need to deliver are not defined; and

- there has been no assessment of progress, until now, and as a result good practice has not been shared.

50 The joint National Audit Office and Audit Commission report on public service delivery chains (Ref 6) highlights that a shared common goal and a clear operational plan are needed to build a successful delivery chain between central and local government. Opportunity Age lacked a clear shared objective and as such failed to engage councils.

'No delivery chain can be effective or efficient if those involved are not clear about what is required of them.' ▮

A broad role for an ageing population; community leadership and value for money services

51 Councils have traditionally seen their responsibility to older people solely in terms of social care provision, as discussed earlier. With the growing and changing older population this narrow focus needs to change.

52 The statutory duty to deliver social care is only one dimension of a much broader role (Figure 10). In addition to fulfilling their statutory responsibilities, councils need to:

- understand, engage and mobilise the community to maximise the opportunities in the older population;

- ensure that mainstream services are accessible to as many of the older population as possible, for as long as possible; and

- shape and deliver targeted services aimed at promoting independence and well-being in later life.

▮ National Audit Office and Audit Commission - Delivering Efficiently: Strengthening the Links in Public Service Delivery Chains, 2006, p. 17

Figure 10 Community leadership and council services
Councils have responsibilities beyond social care provision

For all →

Understanding, engaging and mobilising the community

NIL – LOW COST

Local authority with the community

For most

Age proofing mainstream services
Providing good information

NIL – LOW COST

Local authority with older people

For some

Services to promote independence

LOW – MEDIUM COST

Local authority and partners

For few

Social Care

HIGH COST

Local authority and partners
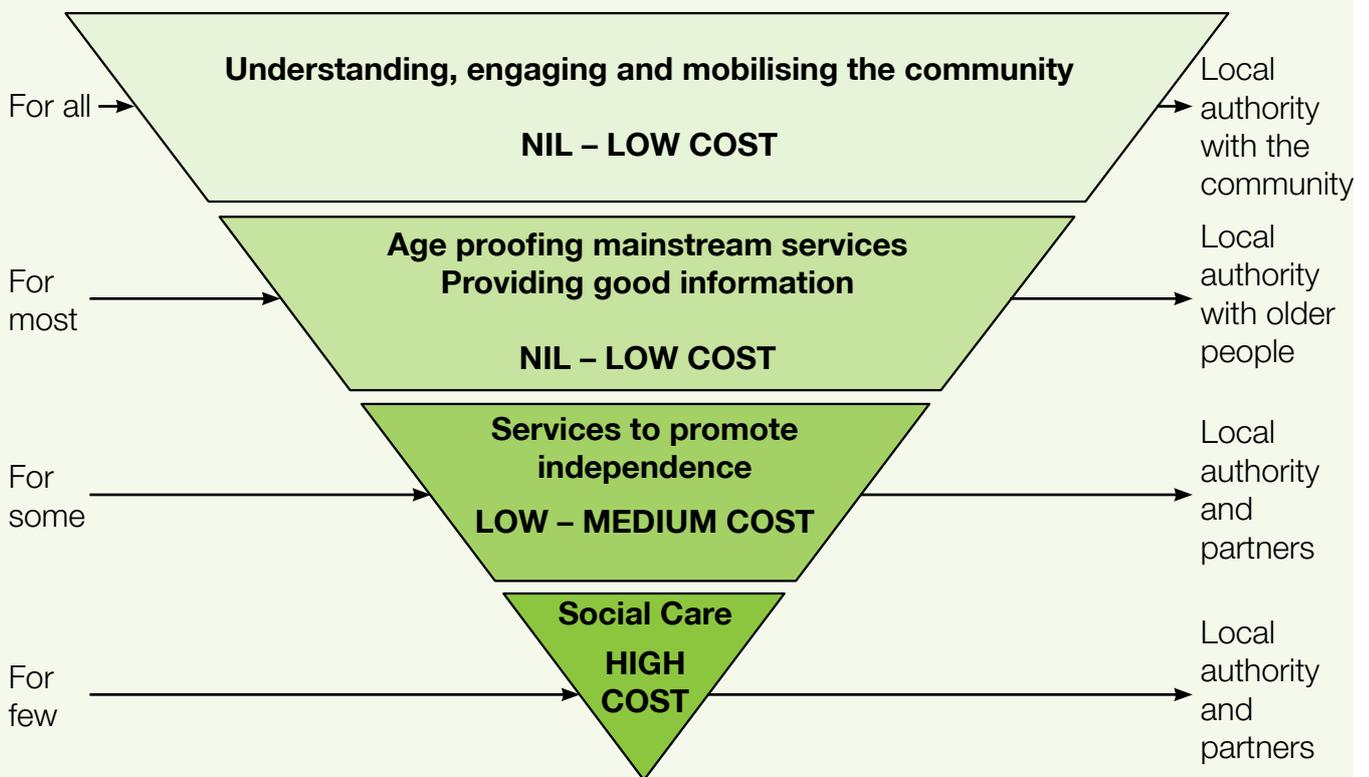
Source: Audit Commission 2008

Policy and performance

53 Delivering this broader role is complex. Community engagement and service delivery need to be underpinned by a sound strategic approach that is based upon:

- good local partnership working;

- strong community leadership;

- a change of culture that ensures a shared, cross-cutting approach, without sole responsibility resting within adult social care;

- a good understanding of the local older population; and

- an innovative approach to finding solutions.

54 Councils need to take a two-tier approach to understanding their expenditure on the wider older people agenda:

- delivering age-proofed universal services should be an essential part of core business in each directorate, to ensure equal access for all. As such it should not incur additional cost, or be quantified separately; and

- providing targeted services in addition to core mainstream services. These bring additional costs which need to be quantified and evaluated.

55 The following chapters will draw upon notable practice to outline approaches for effectively:

- understanding, engaging and mobilising the older communities (Chapter 3);

- age-proofing mainstream services (Chapter 4); and

- developing and delivering targeted services based on the needs of the older community (Chapter 5).

3 | Understanding and engaging the older community

Understanding the older community

56 Councils need to understand, engage and mobilise their older community. Without a means of understanding their community councils cannot:

- plan or deliver services tailored to the needs of their older population; or

- mobilise the potential in the wider community, giving scope for self help and volunteering opportunities.

57 This chapter explores:

- the different ways in which councils need to understand and engage with their older communities; and

- ways that councils have mobilised and empowered their older communities so that older residents can take the lead in helping themselves and others.

Better use of information

58 Councils need to make better use of information to understand their communities so that they can target resources where they will have the biggest impact (Table 7). This will include:

- understanding the local demographic profile and the projections for the future (age, ethnicity, gender, life expectancy, health inequalities, employment);

- engaging with the older community to understand the priorities for the area (explored in depth later in this chapter);

- using council information to target services at those who will benefit the most; and

- providing tailored information on local services.

Understanding and engaging the older community

Table 7 Better use of information
Councils need to use a range of information to understand and target communities

Understand demographic profile	Understand the demographic profile of your older community, including: • current age profile • ethnicity • age projections • gender • life expectancy • employment • health issues • lesbian, gay, bi-sexual and transsexual people
Engage with local community to understand local priorities	Work with older communities to understand: • barriers to accessing mainstream services • services needed in the area • how best to position and market the local approach
Use council information to target services effectively	Use own and partners data, including: • GP data • Pension Service data • A & E data • bereavement data • data from voluntary and community sector (eg local Age Concern) To target those older people most at risk❙: • aged 80+ • living alone • no access to car/never uses public transport • living in rented accommodation • Low income/benefits as main income • no access to telephone
Provide tailored information for older residents	Provide tailored information for an older community: • websites • booklets on services in the area

Source: Audit Commission 2008

❙ Social Exclusion Unit (ODPM) - Social Exclusion of Older People: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA), 2006

59 A good understanding of the local communities should underpin the strategic approach to an ageing population.

Case study 1
Understanding the older community in Dudley

The strategic approach in Dudley council is underpinned by a good understanding of the local community.

Demographic understanding

The strategy illustrates a sound understanding of the demographic profile in the area, including the age structure in the Borough (current and future), ethnicity by age, employment status in older age groups and marital status.

Older people setting the direction

Older people in Dudley helped to set the strategic direction for the Council and its partners. In 2004, the Older Peoples' Board described a vision for older people within the Borough of Dudley, which now sets the context for the strategic plan. The vision states:

'The area needs to:

- recognise the vital role that older people play in our society, and improve the participation and engagement of older people in policy and service issues;

- encourage healthy lifestyles for older people; break down the barriers to employment, and ensure they can access the general services provided for all of us – all with the aim of promoting independence;

- have a joined up partnership approach to how services are delivered and ensure integration of key services such as health, housing, social services, transport, leisure and lifelong learning, planning regeneration and the environment; and

- ensure specialist services are responsive, flexible, integrated and of high quality.'

Better use of information

One of the seven strategic priorities is 'information'. Each directorate in the council is working actively to improve the use of and access to information in the area.

Understanding and engaging the older community

Key characteristics of good engagement

60 A key element of understanding the community is good engagement. Different councils engage with their older populations in different ways and different approaches work for different areas. Councils need to design an engagement structure that works for them and their older community.

61 Although there are different ways to engage effectively with the older population, all successful engagement models share a number of key characteristics:

- a cross-cutting process, engaging the community, partners and all council services;

- an effective lead champion, supported by champions at all levels of the organisation;

- a focus on driving improvement;

- monitoring outcomes; and

- a process that evolves and improves.

Good engagement - a cross-cutting process

62 A successful engagement process will be community based and cross-cutting. It will be led by a representative cross-section of the older community. Key partners will be engaged in the process, as will all council directorates.

'Internally we are making sure that this doesn't slip back to adult social care. This needs to be a corporate agenda but it is hard to keep the corporate brief live. Recently the lead on community safety struggled with the concept that he might have to modify his own strategy because older people had views on this issue. His approach was "I know what older people need". He was resistant to the concept of change or the need to listen to the views of service users.'

Assistant Director

Case study 2
A structured, cross-cutting approach - The Magnificent Seven in Dudley

Older People Board & Themed Action Groups

- A board made up of senior officers from all directorates, and with representation from the Primary Care Trust and voluntary and community sector.

- The Board is supported by seven Themed Action Groups, each responsible for ensuring their directorate age-proofs services and promotes independence.

- The Board and Themed Action Groups are accountable to older people champions on progress and outcomes.

- The leads for each Themed Action Group perform this role as part of core duties; the only cost is staff resource.

Older People Champions

- Seven volunteer champions who are all older people from the local community - the Magnificent Seven.

- Champions identify issues and ensure progress is made.

- Each champion is linked to one of the seven themed action groups and acts as an expert, advising the Themed Action Group lead.

- Champions have influenced the delivery of tailored waste services, exercise and leisure programmes, support for carers, local transport services and the development of information packs.

'My job as a TAG lead is to make sure that older people are represented in our work programme, with a focus on action and outcomes. There is accountability to the champions. The champions are an external check and they challenge us.'

Head of Service and Themed Action Group lead

Understanding and engaging the older community

Good engagement - an effective lead champion for older people

63 Councils that have successfully engaged their older communities have appointed a champion who ensures that the voices of the older community are heard. The role of champion is a demanding one that requires:

- a willingness to challenge existing structures and cultures; and

- an ability to work across organisational boundaries and motivate key partners.

64 The role needs to be clearly defined, and have the support of chief executives, lead members and key partners. A lack of senior support and a poorly defined role can mean that the champion is unable to engage with the community or gather momentum.

'Does the champion have any real clout? No - he has a great deal of respect but I am not sure if he has a profile with older people.'

Chief Executive

'The Older People Board would like to see the councillor champion more often. She has an open invitation to see us. She should come more often.'

Older people board member

Case study 3
A champion leading change in West Cornwall

Penwith District Council has a councillor champion. The Champion chairs a regular forum of older people in the area. The forum is organised into themed groups which each have responsibility for priority areas. At each forum they feed back on progress and findings. When fresh issues are identified by forum members the Champion sets up a new themed group. The forum is positive and proactive with an emphasis on changing things for the better.

The Champion also sits on the Primary Care Trust Older People Partnership Board and has widespread formal and ad-hoc links within the community.

'The champion is high profile. He is powerful and committed. We, as a council, aren't allowed to rest until we have achieved the outcomes that are needed.'

Chief Executive

'This is a very positive and proactive forum. It is not a complainers' venue. We have been able to bring change. We are taken seriously. Achieving things has bred this culture… Having older people involved in services provided for older people is rewarding and helps you get it right. You give people a fuller life by keeping them involved. You can have a huge impact on the quality of people's lives by providing something quite simple. But you have to put thought and planning in to provide value. You cannot just be reactive.'

Champion for Older People

65 Champions that are a force for change are not always political champions. Motivated and inspired champions are needed at all levels of the organisation, and throughout the community. Older people, council staff and partners are needed to keep momentum and ensure that outcomes are delivered.

Understanding and engaging the older community

Case study 4

Champions at all levels in Camden and Manchester

Camden has champions for older people in all directorates. There are people at all levels of the organisation who work well with partners, drive change and challenge the status quo.

'There have been champions across the piece not just councillors as political champions. Older people in the community have also acted as champions. You have to have champions at staff level to make sure this is delivered. For example, a member of my staff has a role to get people living healthier lives. This person has worked with the PCT, trained resource centre staff and spoken at national conferences. Basically this is about being top down and bottom up.'

Assistant Director

Manchester has a Valuing Older People Team. The team is located in the Chief Executive's directorate. The team consists of four people, a principle programme manager, a programme manager, a research assistant and a project assistant. In the first three years (2004 - 2007) the focus of the team has been:

- mapping what is already available through both the statutory and voluntary sectors;

- building networks internally and externally;

- ensuring ageing and older people are appropriately reflected across all services;

- building and refining engagement models; and

- developing a range of communication tools.

'We have been fortunate in the Valuing Older People Team. They have carried us through. They give us tremendous encouragement.'

Older resident and board member

Good engagement - driving improvement

66 Good engagement should influence council behaviour. The purpose of engaging with the older community is to identify what needs to be improved and which services are missing. The outcomes from good engagement are better mainstreamed and targeted services (Chapters 4 and 5). Some solutions that derive from good engagement can be simple and nil cost, while others can be more fundamental.

Case study 5

Engagement driving change in Camden, Penwith and Hartlepool

Camden works with older people to help them address those issues that are important to them. This includes supporting local inter-generational work that tackles issues important to communities within the borough.

'Older people here think about what is an issue for the community and then attack it with gusto. For example the SHOPP project (Safe and Happy Older People and Parents with Pushchairs). This was a partnership project with the local Sure Start Nursery. The remit was to look at the accessibility of local businesses to older people and people with pushchairs. This included shops, halls and libraries. They looked at things like: Are there seats? Are staff friendly and willing to help? Now the group have an award scheme for local businesses. They have a logo and stickers for award winners. Local people see the sticker and frequent those shops and so on more often. They have just done a joint project with a group in Kentish Town to develop this scheme there. They have produced a tool kit for other places to get similar schemes off the ground.'

Officer

Older people in Penwith identified that waiting times for disabled facilities grants were two years or more. The issues they raised led to a partnership board tasked with improving the process and reducing the waiting times. Older people were represented on the partnership board and were instrumental in identifying that bureaucracy could be reduced. The disabled facility grants are now dealt with by the Accessible Homes Partnership. In 2005/06 the Accessible Homes Partnership doubled the number of assessments made for grants, and is continuing to make improvements.

'We were told that people were waiting two years or more to get their disabled facilities grants dealt with. It was a very bureaucratic process. And some people were dying while they waited. A partnership board was formed to look at the process. In 2004/05, 80 assessments a year were made. In 2005/06 we doubled the number of assessments. The Older People Panel was instrumental in getting this sorted. At the time everyone knew it was a problem but no one did anything. No one would come together to tackle this. The panel drove forward results.'

Older People Champion

Understanding and engaging the older community

Older people in Hartlepool have used their engagement process to raise road safety issues with the council. The engagement process led to extra time for pedestrians to cross the road at traffic lights. This simple improvement has reduced the potential for accidents and made older people feel safer crossing roads.

'There is a crossing in front of the civic hall. Older people complained about the time allowed for pedestrians to cross. They asked questions about extending the time. Initially the council just said "it meets the regulations". But the older people went back and highlighted that there is a maximum/minimum time in the regulations. The Council listened to us and looked at it - and the timing was changed. 10 seconds made a big difference to the safety of older people.'

Chair of Older People Forum

Good engagement - monitoring outcomes

67 Engagement models need to ensure that the process is effective and that objectives are being met. To achieve this there needs to be a mechanism for monitoring progress and measuring outcomes.

68 Most councils recognised that they need to be better at measuring the success of their engagement processes (Chapter 6).

Case study 6
Monitoring progress in Camden

Camden ensure outcomes are delivered through the Quality of Life Implementation Team. The implementation team is chaired by a senior officer. It has six work streams which reflect the six themes in the Quality of Life strategy, with a lead on each stream. The team reports annually to the executive and to a scrutiny panel. This group ensures that outcomes are delivered and has representation from the voluntary and community sector and from older people from the Borough.

'What is our biggest achievement in the past ten years? Our engagement with older people to establish what is important to them. I feel confident that Camden is engaging large numbers of older people and that we are delivering what they want and need.'

Head of Promoting Independence

Understanding and engaging the older community

Good engagement - a process that evolves and improves

69 Engagement processes should not stay static. Councils should have mechanisms that enable them to harness learning and adapt as issues arise. Engagement processes should also be flexible enough to adapt as communities, partners and council structures evolve.

Case study 7
An evolving Older People Board in Manchester

The Valuing Older People Board was initially made up of volunteers from the community. While the initial Board was a good start, its members identified that they did not represent all of the older community, which meant they lacked knowledge and expertise on some issues.

The members are now drawn from different sources. A third are elected from the wider Valuing Older People forum, the remaining members are appointed to ensure that all relevant groups and geographic areas from across the city are represented on the board.

Elected members of the forum sit for two years and there is an option to be re-elected for a second term. The Board sets its own priorities each year and produces its own action plan. The Board is also consulted by members and officers. New issues are raised through the Board.

'At first we needed an initial board in place - made up of volunteers. Once we were up and running the board realised we needed to be more representative. Now we have particular groups represented – they were appointed because of their expertise. Now we are more expert and representative.'

Valuing Older People Board Member

Mobilising the community

70 A good understanding of and meaningful engagement with the community will lead to opportunities to maximise the potential in the local older population. Older people living in the community are a key resource for councils.

71 The benefits of empowering and mobilising the community are two-fold:

- leading or volunteering community based initiatives has quality of life benefits for those involved; and

- mobilising the community so that they are able to help themselves maximises the economic potential in this group.

72 Volunteers can also play a key role in helping people with low level problems living in the community through befriending and networking schemes. Initiatives such as local radio stations in rural areas can help tackle social isolation.

Case study 8
Mobilising the community to provide support for people with mental health issues in Camden

Camden has used Department of Health pilot funding▌to target people with anxiety, depression, and low level dementia. One aspect of the scheme supports people in the community through volunteer networking that helps people access services in their area.

The Net-workers scheme costs £54,000 a year (cost of a coordinator, volunteer expenses, training, publications and overheads). The service has 130 volunteers and has reached approximately 1,000 people in the area.

'Net-workers is a service led by one coordinator. This is a network of trained older people. They help other people access low level services at an early stage. They can provide leaflets and other information. Generally net-workers are over 65, but there are also some younger older people and some from BME groups. Some net-workers have mental health issues themselves; this helps with advising on depression and other issues'

Manager

My life has changed. I'm taking part in activities, I'm not bored at home and I'm meeting other people. This is a happiness I don't get in other ways.

Service user

▌Partnerships for Older People Pilot (Department of Health). Camden received £1.5 million in 2006. Net-workers is one of 7 initiatives implemented as part of the POPPs pilot. The scheme is split into assistance for i) high level and ii) lower level needs. Net-workers caters for lower level needs.

Understanding and engaging the older community

A community radio station in West Cornwall

The older people forum in Penwith identified that they needed to find new ways of tackling social isolation. The rurality of the area meant that they needed to be more creative in how they reached those people starting to become isolated in their homes. In 2008, the forum:

- set up a small company with a board of directors to run the radio station; and

- sought external funding for set up costs. The forum secured £9070 for equipment and £1000 for training. Volunteers attended a 6 week media course and visited other community radio stations in preparation for the launch.

The radio station is:

- run by older people for older people; and

- broadcasts programmes that older people want to hear.

'As a result of an initiative by the Penwith Older People's Forum, and the culmination of a great deal of work, commitment and enthusiasm of a band of volunteers, and Council officers, I am pleased to announce that it is planned that the Penwith Community Radio station will launch its first podcast on Saturday 26 January. The Community Radio Project was initially started as a way to help address issues of loneliness and isolation for older people across the district. It has since snowballed to include training and participation of a number of volunteers, young and old. The project has linked with Marazion Forum Young Persons Radio Project and the Penzance Central Initiative.'

Chairman's launch announcement, January 2008

'Great programme…very professional … great to hear such talent in Cornwall.'

Listener, May 2008

73 The older community can also play a key role in developing better information about the services available in an area. Ensuring information is not solely web based is essential. In 2006 fewer than a third of people over 65 had used the internet (Ref 7). Older people have the potential to take the lead in ensuring:

- the right format is used;

- the right type of information is provided; and

- publications are marketed and distributed effectively.

Case study 10
Good information in Dudley

Older people in Dudley identified that they wanted a booklet where they could access all of the information they needed on core services in the area. Older people were involved in the development of the publication, including its content and layout.

In partnership with the Council and Age Concern, older people in Dudley have developed *Ageing Well in Dudley*. The booklet has phone numbers, addresses and websites for key partner organisations and service providers in the area.

The Dudley booklet includes information on:

- working in later life;

- financial information;

- physical and mental exercise;

- sexual health in later life;

- learning;

- transport;

- caring; and

- bereavement.

Older residents at a focus group in Dudley had copies of the Ageing Well publication and valued it highly.

74 Older people also have the potential to take the lead in providing those initiatives that older people in the area want to see.

Understanding and engaging the older community

Case study 11

Older people leading the way in leisure in Hartlepool

Leisure programmes in Hartlepool rely heavily on older volunteers

'For our walks programme we have a reliance on older volunteer walk leaders. We provide training, navigation skills, clothes and boots and then off they go. This was funded by the British Heart Foundation initially. Now it is self-sustaining without funding. We have 40 trained volunteers, all involved to varying degrees.'

Officer

Understanding, engaging and mobilising the community checklist

✓	Understand the demographic profile and projections for the area.
✓	Use own and partner information to target resources where they will have most effect.
✓	Design and provide information for people who do not have access to the internet.
✓	Design an engagement process that works for older people, council and partners.
✓	Appoint a lead champion with a clearly defined role who will challenge perceptions and work across boundaries.
✓	Ensure there are champions at all levels - councillors, officers and older people - who will take the lead and drive change on specific issues.
✓	Use engagement to drive improvement.
✓	Measure progress and outcomes.
✓	Develop mechanisms that allow the process to evolve and improve.
✓	Empower and mobilise the community to allow them to take the lead.

4 | Age-proofing mainstream services

Equal access for an older population

75 It is essential that the older community is able to access universal services. Improving access to core services is key to making independent life an option for as many older people as possible, for as long as possible. To achieve this, mainstream services will need to be designed and delivered with an older population in mind.

76 Meaningful engagement with the older community (explored in Chapter 3) will enable mainstream services provided by the council to be designed and delivered for an ageing population. Working in this way incurs little to no cost but it is essential in ensuring that the council is providing equal access for all.

77 Providing services that are accessible for older people is also beneficial for other groups. In particular, age-proofing will improve accessibility for disabled people in the community. Other groups, such as parents using pushchairs will also notice improvements.

78 This chapter explores good age-proofing in practice. It illustrates some of the most common problems experienced by older people and demonstrates the age-proofing solutions that some councils have utilised to address these issues:

- involving older people in planning from the outset;
- designing core services that older people can use;
- using existing resources wisely to improve access to services;
- tailoring mainstream services for older age groups; and
- innovative approaches to improving essential services delivered by others.

Involving older people in planning from the outset

79 Failing to involve older people in service design can lead to unforeseen negative impacts on their day-to-day lives. Errors in service design may be so fundamental that they are too expensive to rectify later on.

'Sometimes the council has consulted once a job is already done. I was told the new pavements were fine but they hadn't been checked out with older people. Consultation had not been made part of the planning process and in the end it was too late to put the problems right.'

Councillor

Age-proofing mainstream services

Case study 12

Age-proofing solution - asking for views at the right time

Involving older people in service design at the outset can save time and money in the longer term.

Age proofing the planning process in Manchester

Manchester City Council's architects and planners use representatives from the "Valuing Older People" Board in consultations on future development plans.

'Elders and architects got together to talk about housing issues for the city. This was an excellent way of bringing the generations together. At the meeting we took a 'speed dating' approach. The elders sat in chairs and the architects moved around talking to everyone to get their views. The architect in my group is going to contact me to talk through my views in more detail.'

Older resident

Designing core services that all older people can use

80 Understanding and listening to older people is fundamental to successful age-proofing. Their views need to be incorporated into design and decision making processes as a matter of course. Some core services are currently designed and delivered in such a way that older people are unable to use them.

'The council removed the recycling collection service from flats. They issued letters saying you can carry your recycling three roads down. This was not an option for the older residents. They no longer have any way to recycle. This illustrates that some parts of the council are not thinking about older people in a joined up way.'

Older resident

Case study 13

Age-proofing solution - designing waste services that older people can use

Age proofing waste services in Knowsley

Knowsley Older People Voice group is represented at local strategic partnership level and on several thematic partnerships. It has influenced a number of decisions at this level, such as having wheels fitted to containers so that older people are not denied an opportunity to make their contribution to recycling initiatives. The council also has an assisted collection service for people who cannot put their bins out.

Using existing resources wisely to improve access to services

81 Delivering accessible, mainstream services does not necessarily mean spending extra money to develop new initiatives. It can also mean using existing resources creatively. There are opportunities to use existing resources to improve the ways in which older people access information about core services in their areas.

Case study 14

Age-proofing solution - using existing resources wisely in North Somerset and Nottinghamshire

North Somerset has used its libraries as a first contact point from which older people can be directed to a range of services in the area: using existing staff resource and buildings more effectively.

'It is all about face to face contact. We have a network of libraries – a ready made network of information points. We have access points at every one of the libraries – including mobile libraries. We are branding these as gateways to council services. This is an initial point of contact and from there we can signpost to services. We answer queries then and there if we can. The vast majority of queries come from the 50+ population….It is not an expensive project, it is making efficient use of existing staff and infra-structure. There were some set up costs but since then it has been self-funding.'

Officer

Nottinghamshire has developed a First Contact scheme through a DWP pilot. It is based on a simple checklist used by statutory and voluntary service providers in the area:

- Nottinghamshire Fire & Rescue Service;
- handyperson schemes;
- falls prevention services;
- district or borough housing departments;

- Nottinghamshire County Council;
- energy efficiency advice centres;
- Registered Social Landlords;
- primary care trusts;
- crime reduction managers;
- The Pension Service;
- Nottinghamshire Welfare Rights Service; and
- community car schemes.

Age-proofing mainstream services

Using existing resources well in North Somerset and Nottinghamshire

If a staff member from any of the partner agencies goes into a home, such as a firefighter, police officer, or volunteer, they will complete a checklist to find out if the older person has any other particular needs for a:

- fire safety check;

- home security check;

- home repairs or mobility adaptations;

- energy saving improvements to keep warm and reduce energy bills;

- confidential advice on money entitlements;

- signposting to local voluntary and community groups and clubs; or

- advice on types of housing accommodation that may be available.

Responses to the checklist are fed back to one central point of contact where staff coordinate the responses of partner organisations. A representative from the organisation will then contact the older person to discuss what might be available.

'We are looking at mainstreaming First Contact without Link Age Plus money – if you have the right partnership colleagues then it is just about awareness and training. Just a bit of cost and extra time… spent in an older person's home. As long as the will is there this can be done fairly cheaply.'

Director

Adapting mainstream services for older age groups

82 Local councils have to balance the needs of different people for scarce resources. This means listening to all groups – including older people who often feel that some mainstream services are designed with a younger population in mind.

'Older people don't go to leisure centres. 'Ladies in lycra' put them off. They tend to cater for younger people.'

Older resident

'You can only go swimming if you get a taxi and pay £2.50; and the water is too cold. Access to warm swimming and hydrotherapy is a big thing.'

Older resident

Case study 15
Age-proofing solution - a range of ways to keep fit

Age proofing leisure services in Hartlepool

Hartlepool has worked closely with its older community to ensure that a wide range of leisure services are accessible to the over 50 population.

Access: An Active Leisure Card for the over 60s, provides concessionary rates for some. The Council has a well-established and successful GP referral scheme into leisure services. Leisure activities are provided both at leisure centres and in the community e.g.

in community centres, to ensure a wide range of people are reached.

Choice: The range of leisure services is varied and focused on the activities that the older community say they want, and include water based activities and low level exercise including chair aerobics, walks and dance.

Mobilising the community: The council also facilitates older people taking the lead on fitness initiatives (walks programme - Chapter 3)

Age-proofing mainstream services

Taking innovative approaches to improving essential services delivered by others

83 Public transport is a key concern for many older people. In rural areas older people say that there are not enough buses. In urban environments fear of anti-social behaviour and crime are the chief concerns. In all areas older people say that bus drivers are not mindful of their needs.

'The bus pass is fine if you have a bus! Transport is a very serious issue - people can't get to hospital or to GP appointments. And there are not enough bus shelters. Some buses don't turn up and we have lots of old buses.'

Older resident

84 Councils need to take a leadership role in addressing local issues such as transport problems. Solving transport problems requires partnership working between the council, transport providers and the older community.

Case study 16
Age-proofing solution - helping people get out and about

Age proofing the bus service in Camden

Older residents filmed their own poor experiences of local bus services with concealed cameras. The council used the films to influence Transport for London (TfL). TfL used the films to improve driver awareness of and sensitivity to the needs of older users.

'TfL is listening. But we need to keep checking with older people to make sure there have been genuine improvements. This has been a slow process but it's getting better – through talking, listening, going back to TfL again.'

Assistant Chief Executive

Age-proofing checklist

✔	Involve older people in planning at the outset.
✔	Design mainstream services that older people can use.
✔	Use existing resources wisely.
✔	Adapt mainstream services where appropriate.
✔	Be innovative in finding ways to improve mainstream services; and in how you work with partners to improve other essential services.
✔	Councils should work with transport providers to find solutions to complex transport problems.

5 | Targeted services that promote independence

Services tailored to the community

85 Well-planned, targeted services support independent later life. Typically they will include services aimed at tackling social isolation, helping build social networks, and providing low level support in the home. Targeted services play a crucial role in preventing the onset of social isolation and physical and mental deterioration.

86 Opportunities to provide low level interventions are often missed - and information is not always used effectively to target the right people at the right time.

'We need to be better at delaying dependency. We see people who have had the loss of lifelong partner, two years later they have a run down house, they have become more isolated and there has been physical and mental deterioration. You can trace the dependency back to the loss of the partner. We need to use our information better to target people and have the right services to refer them into at the right time.'

Director, Adults & Communities

87 Targeted services should be aimed at those in the older community who have not yet become dependent, but who have started to develop early signs of isolation or ill health. The purpose of these services is to help delay dependency and maintain independence for as long as possible. Services should be focused on those older people most at risk (Ref 8). People in several categories are at high risk of social exclusion:

- aged 80 or over; and/or
- living alone/no living children; and/or
- no access to private car and never uses public transport; and/or
- living in rented accommodation; and/or
- low income, benefits as main source of income; and/or
- no access to a telephone.

88 Councils should play a leadership role in delivering targeted services. Many low level interventions can be provided in the community, in partnership with social enterprises and through volunteer schemes.

89 Targeted services will be low to medium cost and should be delivered alongside mainstream services. Councils need to understand their community to be able to plan and design the particular additional services that will have most impact for the people they serve. The costs of these services should be quantified and their impact should be evaluated.

90 The remainder of this chapter explores some of the specific targeted services that councils have developed to tackle particular issues relevant to their local communities. The following sections cover:

- developing resource centres as community hubs;

- help with essential repairs and small jobs;

- working with health partners to delay dependency;

- mobilising the community to tackle social exclusion;

- making use of technology to keep people independent; and

- innovative solutions to improving essential services delivered by others.

Developing resource centres as community hubs

91 Local centres that traditionally provided day care for assessed clients can be developed to become a resource through which a broader range of initiatives can be delivered.

92 With the right planning, traditional day centres can become more widely accessed community hubs with the potential to appeal to a broader section of the community by delivering education, leisure services and opportunities for social networking.

Targeted services that promote independence

Developing open access resource centres in Camden

Camden has developed the six day centres in the Borough (two run by the council and four by the voluntary sector, with grants from the Council) into community based resource centres. The resource centres are open access and cater for all older people from the vulnerable to the more active. The users of Kingsgate Resource Centre in Kilburn are aged 49 - 97. The centre caters for a range of assessed and non assessed older people. A diverse activity programme is provided at the centres including:

- a range of educational classes each week, including craft, photography, pottery and gardening;

- exercise classes provided by Camden Active Health Team, including yoga, keep fit, tai chi and some women only classes (aimed at BME groups);

- IT classes and resources are available, including a special service for visually impaired people. There are 15 computers, as well as smart boards, laptops, voice activated software and specialised keyboards;

- multimedia activities with tools, many of which are used to develop innovative ways of helping people with dementia;

- inter-generational projects with local primary schools and also with the local Sure Start nursery; and

- a weekly rehabilitation class for people recovering from strokes.

'Day centres in other boroughs are closing through lack of referrals. They are struggling to get five people through the door - what is on offer in those areas? Are they providing enough fun and variety? Camden has been innovative in making the resource centres open access for the over 50s and not just for social care referrals. We have made the things on offer far more diverse. If you are not offering what people really want then you will not engage the public. Many people are very traditional and paternalistic. They can't envisage the wider stuff running alongside stuff for more acute needs. At Kingsgate we cater for both ends of the older people spectrum.'

Centre Manager

Case study 18

Resource centres for a diverse older community and user committees in Manchester

Since 2006 Manchester has worked to develop its six day centres into community resource centres. The aims are:

- to ensure that the community resource centre users have an important say in the running of each centre through user committees. This includes assisting in investigating and obtaining funding;

- to encourage under 65s and socially isolated older people to attend the community resource centres;

- to assist in increased use of community resource centres by community and voluntary groups;

- to ensure community resource centres are more user-friendly and appealing to older people; and

- to promote inter-generational work and projects.

Older residents make up Manchester user committees. The committees are democratically elected and independently audited. They have all raised revenue and are seen as a powerful tool for both the individual's personal development and user cohesion and influence. In 2006/7, the User Committee raised £52,873 for additional services, across the six centres.

The resource centre users have benefited from the funding streams obtained by the committee by attending subsidised outside activities such as trips to the theatre, museums, restaurants and park. There have also been picnics, strolls and canal boat rides. The funding also enables more and varied centre entertainment such as arts and crafts artists, magicians, musicians, meals and parties.

'This is business in the community. We have had tax inspectors in and they worked with the older people who use the centres to provide advice on how the user committees should be run. The users drive service provision now. For example there is a health club that will make decisions on the food people want at lunch. The user committee can get the events they want and the services.'

Development Manager

Help with essential repairs and small jobs

93 Older people who are starting to become more frail often need some basic support around the home. Offering assistance with small repairs can reduce health and safety hazards, keeping older people safe and well in their homes for as long as possible.

Targeted services that promote independence

Case study 19

Helping people stay safe in their homes in Blackpool

In the last financial year, Blackpool Care and Repair has offered assistance to around 16,000 older/disabled Blackpool residents. The service currently has 34 full-time staff, who are supported by volunteers.

The scope of the care and repair services ranges from tackling larger scale essential repairs to carrying out small jobs around the home to promote independent living. The scheme holds separate budgets for home repair assistance (grants and loans), Disabled Facilities Grants and repairs to Blackpool Coastal Homes.

In addition to the core home improvement service, Blackpool Care and Repair offers a Home Safety Scheme. The Home Safety Scheme has run since 2006. From 2008-2011 it will be funded through the primary care trust and the local area agreement. In 2007/08 the Home Safety Scheme cost £113,350, which covered four posts, vehicles, fuel, materials, training and administration.

The purpose of the Home Safety Check is to identify and remove environmental hazards that may lead to accidents or ill health, thereby reducing premature admission to hospital, residential care and GP visits. The scheme delivers a free Home Safety Check and a shopping basket of services to over 65s in all tenures.

Inspectors assess homes for potential risks to health and safety. Where a risk is identified, householders are eligible to take up the home improvement measures that are recommended and offered, the majority of which are free. Referrals are made from social services direct every month as well as from health and social services professionals, self-referrals from clients, community matrons and occupational therapists. All referrals into the scheme are contacted and offered the free home safety and security assessment. In 2007/08 the scheme delivered the following outcomes:

- over 850 visits to vulnerable households;
- over 530 security checks;
- over 1,200 handrails fitted;
- 225 faulty electric blankets swapped;
- over 260 properties brought out of disrepair; and
- over 200 'Healthy Homes Healthier Lives' presentations carried out to Health, Social Services and Voluntary sector professionals.

'A scheme in Blackpool that really works. Without the help I would find staying in my home difficult.'

Older resident

Working with health partners to deliver interventions

94 Partnerships are fundamental to effective local intervention. Local GPs can identify older people who have started to become socially isolated and need help to get back in touch with their communities and the services on offer. The GP is often the person that older people turn to for help and advice**I**.

I Audit Commission focus groups with older people; 2008

Targeted services that promote independence

Case study 20

Partnerships with GPs in Birmingham

Age Concern, local GPs, and Birmingham City Council run two schemes to build contacts with older people who need help, but had not sought assistance through existing routes. This is a £100,000 pilot funded by Birmingham City Council. A proportion of the funding has been used as consultancy fees to design the scheme and evaluation processes.

Scheme 1

- Targeted groups (75+, BME communities etc).
- Once a month afternoon group clinics.
- Awareness sessions on bereavement/specific health issues/exercise.
- Sessions have built social interaction.
- Age Concern makes referrals into a range of schemes available locally.
- Over 150 people regularly engaged who would otherwise not be.

Scheme 2

- Targeted at the over 65s, at risk of social isolation or deteriorating health.
- Older people offered an hour long one-to-one session with a support worker, the community matron, a podiatrist, and Age Concern.

- Age Concern refers attendees into local schemes appropriate to each older person (leisure services, befriending schemes and so on).
- All sessions are fully booked each week.

'The older people engage because they trust the GP – and think they should attend if the GP has asked them to. They say - "You sent for me so I thought I'd better turn up".'

Practice Manager

'A lot of the people have social needs or are showing early signs of depression – so a lot of referrals we make are about this. Some of the referrals have stopped minor physical health problems becoming more serious.'

Age Concern

'In the long term this is low cost – once the set up costs have been met.'

Consultant, GP pilot

95 Working jointly with other health partners in the community can also be key to providing essential preventative services - such as falls prevention programmes. Some falls prevention programmes are leading the way in partnership working and evaluation.

Case study 21
Comprehensive, community based falls prevention in Dudley

Dudley has a comprehensive falls prevention programme that is leading the way on partnership working and evaluation. In Dudley falls are the principle reason for attendance at the emergency department, hospital bed utilization and transfer to long term care. Dudley falls service was set up in 2003 and is a partnership agreement jointly funded by Dudley Primary Care Trust and Dudley council. The aim of the partnership is to:

- reduce emergency admissions and the risk of subsequent falls

- delay admission to care; and

- provide advice and assistance to people at risk of falls.

In 2006/7 the services cost £158,000 (£120,000 from the PCT and £38,000 from the council). This covered: salaries, aids, adaptations, postural stability instructors, transport and office stationery). The service has a manager, postural stability programme coordinator, three falls advisors, a handyperson and an administrative assistant (all part time posts).

- **Identifying risk** - the services takes referrals from GPs, hospital staff, social care professionals, Age Concern and directly from older people;

- **Assessing risk** - each person referred into the scheme is visited and personal recommendations are made on the course of action required

- **Falls prevention programme** - suitable people are referred into a 20 week (one to two hours per week) programme. The programme is based on postural stability and concentrates on strength and balance, specific muscle groups and coping strategies for getting up after a fall.

Since the programme was introduced the number of hip fractures have reduced year on year. The health and social care costs of a hip fracture are approximately £20,000. The reduction in falls in the area has resulted in a saving of approximately £3 million.

'Our outcomes have been a fall in the number of hip fractures. Given the increase in older people we would have been happy with a flat line position – but costs have gone down. A hip operation costs approximately £20,000 – we have costed a £3 million saving. Also the quality of life improvements are immeasurable.'

Falls prevention manager

Targeted services that promote independence

'The programme is very progressive and targeted at certain muscle groups. We focus on what it will help them to do. One person couldn't look up at all because she was completely bent over. After 12 weeks she was looking ahead when walking and could hang her coat up. Now the programme has a reputation for making this sort of difference.'

Falls prevention manager

Making use of technology

96 Some targeted services are more specialised and use technology to help people stay independent. Some areas have created social enterprises to deliver services to older people who need low-level help.

Case study 22

Targeted services solution - Using technology in Blackpool

Blackpool Vital-line was initially established with a £60,000 pilot. Vital-line is now a social enterprise providing a range of targeted services to maintain independence. The service includes an emergency pendant (high usage, low cost), basic telecare (1,000 users) and enhanced telecare (80 users).

'Our outcomes? We are delaying entry to residential care… We need to make emergency visits for less than one per cent of basic users [users of with emergency pendants]. The service increases confidence because they know they can get assistance if and when they want it… It makes people believe they can be more mobile and independent. People know it works and they get help if they fall, for example, if they fall in the garage we go out and get them up. Without this simple service people could easily have died. We have also been running a pilot for people with heart failure… This has seen an 86 per cent reduction in GP visits.'

Officer

Innovative solutions for complex problems

97 Innovative solutions need to be found to some complex problems for example providing comprehensive transport options for a diverse older population is a challenge that requires innovative approaches.

Targeted services that promote independence

Innovative transport solutions in Camden

More flexibility was needed for those residents who could no longer use public transport but wanted to remain independent.

A pool of 50 personal mobility vehicles, such as electric wheelchairs and scooters, is now used by over 320 residents who would otherwise be housebound. The scheme is jointly funded by the London Boroughs of Islington and Camden and TfL.

The scheme has recently been evaluated as a comparison with other door-to-door transport options in Camden and Islington. The evaluation has been used for an overall comparable assessment of value. The evaluation process used interviews, diaries and a mapping process that measured the full range of benefits for users. Users most valued the freedom and spontaneity that the scooters brought back into their lives. Not having to rely on council care services and carers yielded benefits to physical and mental health. Users report a number of benefits:

- being able to shop independently and have more choice in shopping options;

- visiting family and friends (being the visitor rather than the visited);

- resuming use of leisure and cultural facilities in the borough;

- resuming social contacts in the community, and contribute as a member of the community;

- the ability to travel independently to hospital and GP appointments; and

- reduced pressure on carers and family members.

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

Older resident

If I've got a scooter, I've got a life. Without it I haven't got a life.

Older resident

Targeted Services Checklist

	✔	Understand the community and local demographic profile to target services effectively.
	✔	Develop services that match high risk issues for the area (for example, low life expectancy, high rate of heart disease, isolated BME communities, rural isolation, and so on).
	✔	Target members of the community most at risk of isolation and ill health.
	✔	Quantify spend on targeted services.

6 | Looking forward

98 Councils are already seeing or will soon see an increase in the numbers of people aged 50 and over in their areas. And all councils will need to make provision for an ageing and increasingly diverse local population.

99 Councils are uniquely placed to lead the local change and can best achieve this by preparing effectively for local population change, by mobilising local communities and by creating strong local partnerships. In particular, councils and their partners need to engage and work closely with older people themselves.

100 The majority of older people will not require social care as they age; but all older people will have a continued need for other core local services, such as refuse collection, and some will need additional support to remain independent. Councils can meet the requirements of most of their ageing population by age-proofing core services; and by developing targeted services for older people who have developed early signs of isolation or ill health.

Understanding and engaging the community is essential

101 Councils can best prepare for an ageing population by making better use of information. Councils should:

- review their local demographic profiles in order to understand the pattern of population change in their areas;

- use local information to target spend and services effectively and to develop and deliver services in new and innovative ways.

- develop a choice of media, such as web pages and booklets that will inform older people about the services available in their area.

102 Councils should work alongside their partners and, most importantly, with older people to develop and deliver age-proofed universal and targeted services. Councils will need to develop appropriate ways of mobilising and engaging their partners and the local population. Successful approaches comprise clear leadership, involvement of the community, council and local partners, and mechanisms to improve services and to monitor and evaluate outcomes.

Councils need to improve evaluation

103 Councils need to improve their arrangements for evaluating whether the older community can access mainstream services. Regular evaluation of core services will enable councils to benchmark their own direction of travel. In particular, councils should introduce:

- local satisfaction and experience measures to assess whether their own universal services are age-proofed; and

- mechanisms for determining value for money.

104 Mystery shopping can be a quick and low cost method of capturing the experiences of older people. The mystery shopper survey conducted as part of this study could be replicated by councils. The survey captured the experiences of older people; and identified areas for improvement.

105 In addition, to benchmarking direction of travel on the accessibility of mainstream services, councils need to quantify spend on targeted services. They should also ensure that these services deliver value for money. Councils should:

- quantify overall spend for councils and partners;

- measure take-up in older community;

- measure satisfaction amongst older community;

- quantify associated health and social care savings; and

- identify scope for improvement.

106 The joint National Audit Office/Audit Commission publication *Delivering Efficiently: Strengthening the Links in Public Service Delivery Chains* includes a self-assessment tool that councils can use to test their local arrangements: http://www. audit-commission.gov.uk

Central government needs to provide clear guidance and set outcomes

107 The strategic aspirations of Opportunity Age are clear, but its impact on local councils has been limited and few are prepared for an ageing population. Central government could learn from the implementation of Every Child Matters to strengthen the approach of Opportunity Age. In particular, central government should introduce arrangements that provide national leadership and should work with local councils to enable local guidance and evaluation of progress.

The Audit Commission will provide tools and utilise the lessons from this study

108 The Audit Commission has developed animated maps that outline anticipated population change between 2004 and 2029 and checklists that outline the issues that councils need to consider when mobilising their local populations and when age-proofing universal services and developing targeted services.

109 The Audit Commission will continue to assess how councils are preparing and delivering services that meet the needs of older people by working with other inspectorates to use the lessons from this study in CAA methodologies. The Commission will also work with key partners, including the DWP, the Local Government Association, IDeA, Age Concern and Help the Aged to disseminate good practice.

Appendix 1
Methodology

1   The research for this study was conducted between July 2007 and February 2008. There were five main elements to the research:

- A literature review. An academic review was conducted, which was supplemented by an in-house review. The literature review covers policy context, policy drivers, current policy, minimising the economic risks of an ageing population, maximising the opportunities in an ageing population and local delivery mechanisms.

- An analysis of 111 Audit Commission Corporate Assessment reports, published between 2005 and 2008. The older people shared priority measures i) a strategic approach that extends beyond social care ii) meaningful engagement with the older community and iii) a coordinated range of services for older people.

- Interviews in and assessments of documentary evidence from, ten case study authorities. The case study authorities represent a range of types of authority, performance and current percentage of the over 50 population. Visits to each authority took place over three days. A total of 235 interviews were conducted. Interviews were held with key officers (including the chief executive and the finance director) and key elected members. The study team also discussed the evidence from these interviews with the Audit Commission's relationship manager for each authority. The commission thanks the ten councils who took part in the study

- A mystery shopper survey of 49 councils, conducted by four older researchers. The older researchers used a common scenario to test how well councils were able to direct older people to a range of services. The services tested were leisure and social opportunities, employment and volunteering, learning opportunities and transport options.

- Fifteen Focus Groups with 175 older people in 10 areas. Five of the focus groups were focused on five seldom heard groups. The seldom heard groups represented i) older carers ii) 50+ people on low incomes iii) 85+ people iv) 65+ people in work and v) older people with long-term physical or mental health problems.

2   Natalie Penrose, Kerry McCormick, Laura Holloway and Sarah Furlong undertook the research for this project. Stuart Atkins, Emma Belton, John Simmons, Rama Krishnan, Karen Price, Ruth Dudley and Susan Pepper provided additional support to the site visits. Les Gallop provided a review of academic literature. Michael Hughes was the project director. An external advisory group assisted with developing the research framework and the findings (see Appendix 2). Alec Ross and Diane Ponting designed the maps used in this report. Older people in Camden, Penwith, Manchester, Nottinghamshire, Blackpool, Tower Hamlets, Hartlepool, Birmingham, North Somerset and Dudley provided a valuable user perspective. The Commission thanks all those who were involved. However, the views expressed in this report are those of the Commission alone.

Appendix 2 – External Advisory Group

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Appendix 3 – References

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