The Case for Tomorrow
Facing the Beyond

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

directors of adass
adult social services

Preface

When ADASS launched *All Our Tomorrows: Inverting the Triangle of Care* with LGA in 2002 we found too much emphasis upon complex NHS and adult social care issues to the detriment of preventative services. *All Our Tomorrows* sought to readdress this by inverting the triangle of care. Change is occurring all around us again with resources and services being severely stretched. We therefore believe it is essential that we are clear about how we should combat these new circumstances.

Over the last decade, realising our ambition for more preventative care has not always proved easy, but councils have seen a shift towards greater prevention, the emergence of enablement and improved capacity in important areas like support to informal carers. Now in early 2012, we await the Government's view of the future for adult care. ADASS believes that with the possible reforms to funding the Dilnot proposal of a capped cost model offers the chance to create a system where minimising costs is in everyone's interest not least to achieve the outcomes desired of great care as close to home as possible.

Much of the last decade has been characterised by a debate on the spending needed to close the gap between demand and resources. ADASS is clear that this debate has to end given the state of public spending across the world. We think there is the potential to create a system that uses all its resources well – including the capacity of families and communities, the energy and commitment of carers and the contributions that come from working in ways that share service design and delivery.

We have comprehensively reviewed our progress over the last ten years and identified the new challenges which we believe should be addressed. We are now in a position to highlight what we have achieved as well as put forward our vision for the future when addressing the needs of older citizens in our society.

In partnership with The Institute of Public Care at Oxford Brookes University we have vigorously reviewed the vast array of research surrounding older citizens and following a number of sessions with directors of adult social services we have identified the challenges and how we think Government and partner agencies should address them. This document is therefore for further discussion, and I hope that we can use this policy statement as a platform to engage and generate some lively discussion about the future needs of older people.

I would like to thank The Institute of Public Care at Oxford Brookes University and Dwayne Johnson and Dawn Warwick our two co-chairs of the older people network for the work they have undertaken in preparing this timely and thoughtful document. ADASS hopes that their work will prove pivotal to the new debate on how we use current opportunities to meet our long held aim

Peter Hay
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The Case for Tomorrow: a joint discussion document on the future of services for older people

1 Introduction

This policy statement is one of two linked documents produced by the Association of Directors of Adult Social Services (ADASS) which together constitute a successor to *All Our Tomorrows: Inverting the Triangle of Care* produced by the Association of Directors of Social Services in 2002. The first document looks at the policy and practice changes that have occurred since *All Our Tomorrows*, while this document outlines the key areas for future development of policy and practice with regard to older people across public care.

Both documents draw on a review of evidence and policy, the experience of Directors of Adult Social Services in their day to day contact with service users, carers and providers across England, and consultation with colleagues in related disciplines. ADASS has been supported by the Institute of Public Care at Oxford Brookes University.

This paper begins with a brief review of progress since *All Our Tomorrows*, drawn from the first document, before then exploring future challenges and identifying what is needed to achieve better services for older people. Actions that Government and partners need to take to get there are offered, and these summarised in a final action list. This structure is outlined below.

2 Review of Progress

Overall the quality of life for older people has vastly improved since the introduction of the welfare state and it continues to improve. Older people live longer[1], are financially better off[2] and own more property[3] than ever before. An increasing number of people aged 65 and over remain in work, and

[1] Life expectancy in the UK has reached its highest level on record for both males and females, 78.1 years at birth for males and 82.1 years at birth for females (2008-2010). The number of centenarians in the UK in 2010 was estimated to be 12,640; a fivefold increase on the 1980 estimate of 2,500. Projecting Older People Population System www.poppi.org.uk.

[2] In the UK average gross pensioner incomes increased by 50 per cent in real terms between 1996/97 and 2009/10, ahead of the growth in average earnings. ONS (2011) Older Peoples Day last accessed 5th January 2012 at http://www.ons.gov.uk/ons/rel/mortality-ageing/focus-on-older-people/older-people-s-day-2011/index.html

[3] 76.10% of 65-74 year olds, 67.79% of 75-84 year olds and 61.42% of over 85's own their own property. Projecting Older People Population System www.poppi.org.uk.

despite the recession full-time employment rates for this group have continued to rise[4]. Older people also play a key role in society. They do more volunteering, charitable giving and other forms of civil engagements than other age groups[5]. It has been estimated that rather than being a burden they make a net financial contribution[6]. Many older people act as carers both of their partners and of their grandchildren[7]. They are also more likely to vote in elections than any other age group[8].

In *All Our Tomorrows* ADASS sought to recognise these changes and to encourage a shift of perspective about older peoples care and wellbeing needs. Most notably, it sought to 'invert the triangle of care', to drive a redistribution of resources from acute services to the promotion of wellbeing, enabling people to be supported in the community more safely and for longer. Since then significant progress has been made. Some of the key achievements, described in detail in Paper 1, are summarised below:

- There has been widespread acceptance of the vision of shifting the balance of services from acute care and the frailest elderly to promoting the wellbeing of all older people and reducing demand for these services.
- There is a common agreement about the need to broaden the approach to prevention, and progress has been made to achieving this in many parts of the country.
- Many more services are now in place to help older people who need social care support stay at home in their community, and these are often closely integrated with other health and wellbeing provision.
- Many local authorities and NHS organisations now work much more closely together to plan, commission and deliver services, and there are many good examples of effective, well managed integrated practice.
- The Law Commission and Dilnot Commission have completed their work and made recommendations about future legislation and funding.

- There have been significant positive changes in the law to help tackle age discrimination.
- Local authorities have delivered direct payments and personal budgets to large numbers of service users, and in doing so have brought greater choice and control for many.
- Local authorities and their partners have responded to new and changing demands including, for example, more people with dementia.

[4] Office for National Statistics (2011) New Release: More older people still at work after reaching 65. Last accessed 21 November 2011 at http://www.ons.gov.uk/

[5] Cox, A. (2011) Age of Opportunity: Older people, volunteering and the Big Society.

[6] It is estimated that in 2010 over 65's made a net contribution of £40 billion to the UK economy. WRVS (2011) Gold Age pensioners: Valuing the Socio-Economic Contribution of Older People in the UK.

[7] Of 3,000 older people questioned two thirds of people already retired said they were 'busy caring for other people'. Survey by OnePoll for Helping Hands in October 2010 lasted accessed 5th January 2012 at http://www.onepoll.com/press-archive/Sandwich-generation-carers.

However, we are now facing a period of unprecedented challenges for the health, care and wellbeing services which support older people. Local partners, supported by the Government will need to work closely to ensure we can secure the case for tomorrow.

3 Future Challenges

The profound challenges facing services as they try to respond effectively to older people's needs in the future include:

3.1 Demand

Demographic change will continue to challenge our capacity to support older people's care and wellbeing in future. For example across England we can expect a 146% increase in the number of people aged 90 and over in the next twenty years[9].

The impact of changes in the lifestyles of future older generations also need to be recognised as well as the impact of better survival rates for many conditions. This is likely to mean demand for different services for older people to address emerging conditions and needs, including increases in the numbers of older people with conditions caused by, for example, dementia[10], obesity and substance misuse.

[8] The highest proportion of the population voting was the 65 and over age group at 76%, followed by the 55-64 year old group at 73%. IPSOS-MORI (2010) How Britain voted in 2010.

[9] In 2011 there were an estimated 432,200 people aged 90 and over. By 2030 that is projected to rise to 1,063,000, an increase of 146%. Projecting Older People Population System www.poppi.org.uk.

[10] Whilst prevalence of dementia is not projected to change, the strong correlation with age will mean that the number of people with dementia will increase in line with the dramatically increasing older population. Projecting Older People Population System www.poppi.org.uk.

Changes in the structure of the modern family, work demands, population mobility, fewer older people with children[11], and an increase in the number of older people living alone[12] will also have an effect. The working age population as a share of the total population in the United Kingdom is expected to shrink from 66% in 2010 to 61% in 2030[13]. This is likely to mean a smaller proportion of the population paying income tax, and a reduction in the potential supply of younger people available to provide paid and unpaid care.

However, demand for intensive health and social care is also driven by a complex interplay of factors including the quality of community health care, the kinds and types of housing available, the effectiveness of wellbeing services supporting people in the community, and people's own perceptions of their needs. As *All Our Tomorrows* showed, without effective community-based provision, demand for acute and substitute care will continue to rise. 'Inverting the triangle of care' remains an urgent policy goal if overall demand for more intensive and expensive care is to be minimised.

3.2 Expectations

As many more people go into older age as healthy and active citizens, often with another generation of older parents still alive, we need to ensure that they can continue to contribute effectively to the wellbeing of their local communities. A challenge for local authorities and their partners will be to work effectively in partnership with active older people to encourage their engagement. We all have to recognise the limited resources of the state, and communities will increasingly need to look at what they can offer to promote wellbeing locally.

For those in need of social care the last few years have seen a significant change in the balance of choice and control over services. There is now a clear expectation that people needing care will have greater choice and control, and take on at least part of the responsibility for defining their needs and shaping the support required to meet those needs.

[11] The proportion of women remaining childless has been increasing since the end of the Second World War. Among women born in 1945, 10% remained childless; of those born in 1955, 16% are childless; of those born in 1964, 20% are childless. Data from Office for National Statistics last accessed 21st November 2011 at www.ons.gov.uk/ons/rel/fertility-analysis/cohort-fertilty--england-and-wales/2009/cohort-fertility.pdf

[12] Increasing numbers of people live alone. Between 2001 and 2010 there was a 31% increase in the number of people aged 45 to 64 living alone. Data from Office for National Statistics last accessed 21st November 2011 at http://www.ons.gov.uk/ons/rel/family-demography/families-and-households/2001-to-2010/families-and-households-in-the-uk--2001-to-2010.pdf

[13] OECD (2011) Help Wanted? Providing and paying for long-term care

However, the opportunities of personal social care budgets and direct payments have not been uniformly embraced by all those entitled to them. Whilst people are generally very positive about the impact of personal budgets on their lives[14], older adults report less satisfaction than other groups. More older people receive adult social care services than other age groups, but the numbers in receipt of personal budgets or direct payments are small. It is not certain that current arrangements are flexible enough to make this a reality for older people.

The legal responsibilities of the personal budget holder are also presenting some challenges. There is confusion in places about the obligations of personal budget holders as employers. When a service user directly employs a provider to deliver a service, issues of employment law, quality and safeguarding remain. There is a challenge for policy makers, local authorities and their partners to balance concerns about the impact of less well monitored systems on quality, reliability and safeguarding on one hand, and the bureaucracy and cost of additional monitoring on the other.

As the prospect of personal health budgets becomes a real possibility in the future for older people, it will be even more important to ensure that the mechanics of choice and control match the aspirations.

3.3 Resources

We are experiencing the most profound change in public sector finances and resources since the Second World War and the economic downturn is unlikely to end soon[15] [16]. Authorities and their partners expect to see continuing reductions in budgets for the foreseeable future[17]. The financial pressures on local authorities[18] and the NHS to control costs puts huge pressure on commissioners to minimise expenditure and the provision of decent quality of care is becoming more and more difficult[19].

Local authorities need to do more to gear their full range of services, beyond social care, to supporting older people to live active lives in their community and thus avoid the need for substitute or acute care. The NHS has not delivered sufficient services to support older people with chronic conditions in settings other than the acute or substitute care sector. Inadequate primary care[20] leads to increased demand for social care and emergency hospital admissions. It is estimated that money spent on help at home saves the NHS money[21] and, in 2009, the Use of Resources review asserted that the level of investment by PCTs in such areas had a significant impact on social care spending[22]. It can be argued that *“without a fair deal for the elderly, the NHS*

14 Hatton, C and Waters, J (2011) The National Personal Budget Survey. Last accessed 16th November 2011 at http://www.in-control.org.uk/media/92851/national%20personal%20budget%20survey%20report.pdf

15 BBC (2011) Bank of England sees 'worsened' economic outlook. Article dated 16 November 2011, last accessed 21 November 2011 at http://www.bbc.co.uk/news/business-15755835

16 Peston, R., (2011) UK's debts "biggest in the world". Article dated 21 November 2011, last accessed 21 November 2011 at http://www.bbc.co.uk/news/business-15820601

17 Government funding to councils will fall by a further 26% between 2011-15 and that income from fees and charges is likely to fall by a further 5%. Audit Commission (2011) Tough Times

18 The ADASS Budget Survey 2011 found that councils are reducing their budgets for adult social care by £991M, representing a 6.9% reduction (against a 10% reduction in overall spending by councils).

19 The report CQC (2011) Dignity and nutrition inspection programme: national overview, noted that “the best nurses and doctors can find themselves delivering care that falls below essential standards because they are overstretched”.

20 For example, insufficient, ineffective or inadequate dental services, podiatry, incontinence services, dehydration monitoring, falls prevention, stroke recovery.

21 Riddell, M (2011) Health reform: the economics of the madhouse, the care regime of the almshouse, estimates that every £1 spent on help at home saves the NHS £4. Last accessed 16 November 2011 at http://www.telegraph.co.uk/news/politics/8831715/Health-reform-the-economics-of-the-madhouse-the-care-regime-of-the-almshouse.html

22 Department of Health (2009) Use of Resources in Adult Social Care: A guide for local authorities

cannot ultimately survive"[23], as older people lacking the social care support needed to remain safe in their own homes, end up in nursing homes or hospital beds.

Different funding arrangements for services also present a challenge. The differential approach to health and social care funding has in many places led to unnecessary boundary issues and poor co-ordination, and services ultimately that are not cost effective. The *"duplication of record keeping and in some aspects of needs assessment has been a long-standing issue"*[24], and although initiatives[25] to improve the situation are being tested, structural and bureaucratic barriers remain at a time when resources are scarce.

The question of who should pay for the care and support of older people has formed a constant backdrop over the last decade to decisions about social care provision. Current funding arrangements, including the boundary between paying for health and social care, the need for many to use their own personal wealth to pay for residential and dementia care, and the variation between policies of different authorities, is seen by many as increasingly unfair and anachronistic.

3.4 Services and the Market

In many places services are struggling to respond to changing demand[26]. For example, the Alzheimer's Society presents evidence[27] that care for many older people with dementia needs a more radical response from the market[28]. They highlight a number of issues including:

- *"A personal budgets system that has not yet adapted to the needs of people with dementia and their carers, and is overly complex and burdensome.*
- *"Local markets that are not yet fully developed to deliver a range of different types of dementia services"*[29].

It is well recognised that a *"thriving social care market with a range of providers"*[30] is needed. However there are concerns across the sector about how this will be achieved[31]. With 79% of councils having frozen or reduced fees[32] in 2011-12, how services are best delivered within the

23 Riddell, M (2011) Health reform: the economics of the madhouse, the care regime of the almshouse. Last accessed 16 November 2011 at http://www.telegraph.co.uk/news/politics/8831715/Health-reform-the-economics-of-the-madhouse-the-care-regime-of-the-almshouse.html

24 David Behan "Questions and answers from webchat with David Behan and Imelda

Redmond, 18 October 2011: Caring for our future" last accessed 16th November 2011 at http://davidbehan.dh.gov.uk/files/2011/11/Q-and-A-from-webchat-with-David-Behan-and-Imelda-Redmond_F%E2%80%A6.pdf

25 Such as the Common Assessment Framework for Adults Programme.

26 The report CQC (2011) Dignity and nutrition inspection programme: national overview, noted that "the best nurses and doctors can find themselves delivering care that falls below essential standards because they are overstretched".

26 The report SCIE (2011) Keeping Personal Budgets Personal: Learning from the experiences of older people, people with mental health problems and their carers, found that "services are not keeping up with the changing needs and preferences of personal budget holders".

27 Alzheimer's Society (2011) Getting personal? Making personal budgets work for people with dementia

28 The Alzheimer's Society states that options "must include a managed budget or open discussion to ensure that people with dementia and carers understand the amount of money there is to spend on their services and are involved in care planning discussions".

29 Alzheimer's Society (2011) Getting personal? Making personal budgets work for people with dementia

30 David Behan "Questions and answers from webchat with David Behan and Imelda Redmond, 18 October 2011: Caring for our future" last accessed 16th November 2011 at http://davidbehan.dh.gov.uk/files/2011/11/Q-and-A-from-webchat-with-David-Behan-and-Imelda-Redmond_F%E2%80%A6.pdf

31 Wilkins Kennedy (2011) Press release: Number of care homes going bust doubles over last year note that the number of care home companies increased from 35 in 2009/10 to 73 in 2010/11. Last accessed on 16th November 2011 at http://www.wilkinskennedy.com/news-and-press/press-releases/number-of-care-homes-going-bust-doubles-over-last-year

32 ADASS (2011) ADASS Budget Survey 2011

limited resources available continues to be a cause for concern. Wages remain low for many direct care staff[33], and some residential or nursing services struggle to meet quality standards.

The collapse of Southern Cross is an example of the serious concerns about the capacity of the market to meet demand and deliver sustainable quality residential services. This has been matched by concern about the quality of home care services from the Equality and Human Rights Commission[34] which found that *"for too many this care delivered behind closed doors is not supporting the dignity, autonomy and family life which their human rights should guarantee"*. In health care, CQC found in 2011 that care in hospital for older people was often very poor, with a fifth of 100 hospitals inspected failing to meet minimum standards for dignity or nutrition[35]. Improvements in safeguarding and service quality will present profoundly important challenges for the sector over the next few years.

Finally, the capacity of technology to play a part in service delivery and have an impact on the health, care and wellbeing of older people is yet to be fully exploited. Assistive technology, communications and social networking[36] need to be recognised as destined to influence the nature of demand and service delivery significantly in future. Improvements in the design of housing, including extra care housing, have the potential to make a huge impact on the demand for substitute social care. These are challenges for the whole of the local authority and its partners.

3.5 Summary

Together, these challenges demand a shift in the landscape which will require new responses from service users, families, policy makers, managers and practitioners across the sector. The care and wellbeing system which has supported the country since the Second World War has relied on a certain balance between demand and resources, between formal and informal care, between prevention and acute care, and between the numbers of older people and those of working age. The challenges described above mean that this balance has to shift.

We think that the time is right for a fundamental rethink about the role of older people and the services which are there to help them to lead healthy independent lives into great old age. We need to build a better tomorrow together. The starting point for this rethink is what older people tell us they actually want from our services.

33 Low Pay Commission (2011) Low Pay Commission Report on National Minimum Wage 2011. Last accessed 21 November 2011 at http://www.lowpay.gov.uk/lowpay/report/pdf/Revised_Report_PDF_with_April_date.PDF

34 Equality and Human Rights Commission (2011) Close to Home

35 Care Quality Commission (2011) Dignity and Nutrition Inspection Programme Overview Report

36 Three quarters of adults live in a household with access to the internet, and this proportion is increasing, driven primarily by adults aged 55-64 (73% access in 2010 v 60% access in 2009). 72% of people aged 65 and over, and 79% of those aged 55-64 use the internet to "find out or learn things". Ofcom (2010) UK Adults' Media Literacy.

4 Achieving "the case for tomorrow"

ADASS members and their colleagues work every day with older people across the country to shape services to meet their needs better. Based on this, and the six areas identified by ADASS in its whole system response to reducing resources[37] we suggest the following inter-related areas[38] in which older people should expect effective local services in the future:

Effective prevention in supportive communities which promote good health, wellbeing and involvement.	**Community health and care services working together** to aid recovery and provide ongoing support to reduce the need for acute care.	**A range of different types of housing** which allows people to remain at home as long as they wish.
Good quality information and advice and straightforward access to health, care and support services.	**THE CASE FOR TOMORROW**	**Better recognition and support** for carers, particularly for older carers.
Safe, good quality services from reliable and skilled people.	**Real choice and control** over services which are fairly priced and affordable.	**Services which are effective, efficient and accessible** when and where needed.

Addressing these eight areas needs to be the focus of attention for the full range of care and wellbeing services, including the whole local authority, the NHS, RSLs and the private, not-for-profit and community organisations who work with older people. This will need to be complemented by a clearer expectation of individuals to better plan for their old age, to play a significant role in the communities of which they are a part, and to contribute fairly to the costs of care.

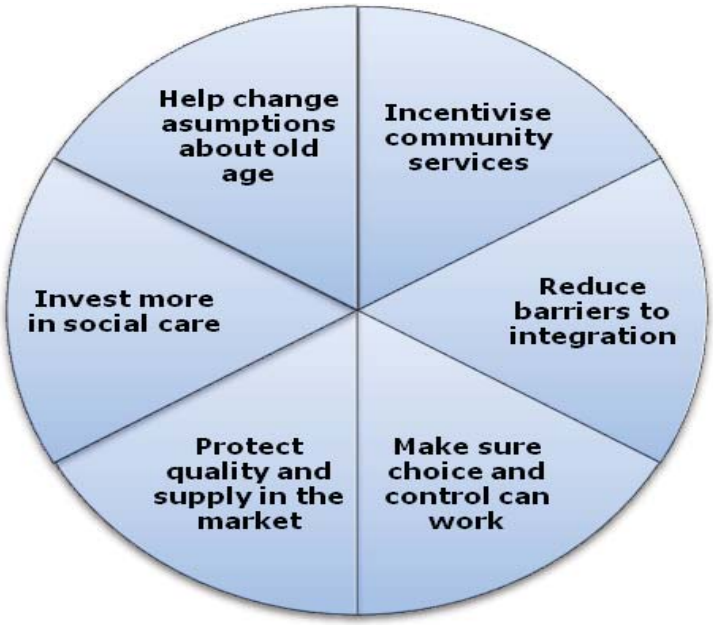
ADASS believes that many of the changes that are required to build better care and wellbeing services can be achieved by local authorities and their partners at a local level, and, as shown in the Appendix, are already being addressed across the country. However, they can only deliver if the Government is supportive of local agendas, delivers a funding and legislative framework that supports them and provides appropriate and sufficient incentives to promote successful change in the older people's population, the social care market and wider public care services.

5 What does the Government need to do?

There are six areas where the Government needs to work now with local partners to create the environment which will enable them to deliver the kind of services which older people want and need, and which will be sustainable in the long term.

[37] ADASS (2011) 'How to Make the best Use of Reducing Resources'.

[38] These eight areas are explored in more detail in the Appendix.



5.1 Help change assumptions about old age

Assumptions about the relationship between older people and their communities and about their relationship with the state, particularly health, wellbeing and social care, need to be redefined. The assumption that older people are by and large passive recipients of services defined and controlled by professionals is no longer relevant (if it ever was). As the population changes, and older people become ever more assertive about the services they want and the contribution they can make, we all need to rethink the expectations we have about old age, and the contribution and responsibilities we might ask older people to make to their own community and their own care. There are many stereotypes we all continue to carry about old age that need to be challenged, and a more positive approach to active citizenship for older people to be developed.

The Law Commission report has helpfully explored the changing nature of parts of the social contract between the state and older people. We think that the Government now needs to:

- Draw on the findings of the Law Commission to put in place legislation, supported by clear guidance and advice, about what older people can expect from the state, and what they will be expected to contribute to their communities and to their own health, care and wellbeing.
- Work with ADASS and its partners to promote active citizenship. Help people to understand the future state care and wellbeing offer to older people, and encourage them to ensure they prepare themselves to meet the potential health, care and wellbeing needs of their retirement.

5.2 Incentivise community based care and wellbeing services

Older people do not want and do not need to spend so much time in hospital. Investing in better quality community based health, care and wellbeing services for older people is the only cost-effective way in which we can reverse the recent findings concerning poor quality care and inadequate health services across the country. Evidence about what works in practice needs to drive change in the design and style of services to be offered to promote health, wellbeing and social care for older people.

Telehealth and telecare[39], a wider rehabilitation and reablement agenda, more community based health care interventions, together with a much wider choice of housing and accommodation options can reduce demand. These need to form the basis of future service change, along with significant improvements in the quality of hospital care, particularly those with dementia, for those who really do need it. The Government needs to work with ADASS and its partners to:

- Create locally based ring-fenced innovation funds designed to deliver a shift from acute care in hospitals, nursing and residential care and into community based provision. This will send very clear signals about where it expects care for older people to be focused in the future, and encourage Clinical Commissioning Groups and local authorities to reduce the reliance on the acute sector for many conditions of old age.

- Encourage Clinical Commissioning Groups to invest more in community based health and social care, including support for carers, and reduce the use of acute provision for older people, particularly those with dementia. This might include more community based geriatrician posts in order to drive forward excellence and provide a clinical lead to community based old age medicine.

- Put more resources into research and dissemination of best practice in delivering preventative services and in considering the role which citizens can play to support vulnerable people in our communities.

[39] See, for example, DH initiative 'Three Million Lives will Improve through Telehealth' (Jan 2012)

- Encourage the sheltered housing estate, predominately used by older people, to be refurbished and redeveloped to provide accessible housing offering a mix of properties for sale, lease and rent, and provide incentives to developers to develop Extra Care Housing.

- Achieve integrated working across a whole care pathway and the recognition of the role of social care staff and their critical role in supporting good quality end of life care. Strengthen the emphasis on social care support in allowing people to receive good quality end of life care through assessment interventions and social care support provided by domiciliary care agencies and in care homes.[40]

5.3 Make sure choice and control can work

Many believe that personal budgets and direct payments are not having sufficient impact on changing personal experiences and outcomes for older people. Some areas are struggling with arrangements to ensure service quality, safeguarding and cost effectiveness. In addition, there are concerns about consistency of approach across the country, equity of access to resources, and the transfer of service risk from councils to vulnerable individuals. The principles of choice, control and personalisation are sound, but if the vision is to succeed the Government needs to work with ADASS and its partners to:

- Review the implementation of personal budgets and direct payments with older people and identify how they can be overhauled to work more effectively in the future.

- Review the range of approaches which have been developed to support quality assurance and safeguarding of self-directed support services, and recommend a minimum set of standards.

- Improve the quality and availability of information about services available to older people to help them make well informed choices about services.

5.4 Protect quality and supply in the market

Over the next few years local authorities and their health partners will have a hugely important role in ensuring that the social care services do not further deteriorate in capacity or quality. The role of the authority in using good quality intelligence and a sound evidence base, facilitating the care home and home care markets, intervening where necessary and ensuring that older people have access to reliable, good quality care in their local area will be more important than ever. The social care workforce is a fundamental element in this agenda and there are dangers that market fragmentation will result in a failure to develop the right people with the right skills and ensure they are retained in the system. We think that the Government needs to work with ADASS and its partners to:

- Make it clear that there is a profoundly important market facilitation role needed from local authorities and their partners. New legislation needs to make the role of local government towards the market explicit.

- Ensure that there are clear expectations on commissioners in the NHS to work with local authorities on market intelligence and shaping. Complement this by developing a stronger

[40] See National End of Life Care Programme (2010) 'Supporting People to Live and Die Well.

national overview from the DH of governance, skills, quality and supply in the social care market, particularly in residential and domiciliary care.

- Work with those representing domiciliary care, micro-enterprises and personal assistants to build systems that appropriately safeguard service users across the domiciliary and personal assistant markets whilst maintaining service flexibility.

- Encourage all agencies concerned with the safeguarding of older people to have multi-agency arrangements in place which are effective and rigorous.

5.5 Reduce barriers to integration

The Coalition Agreement[41] pledged to *"break down barriers between health and social care funding to incentivise preventative action",* but practical barriers including funding, professional boundaries and organisational practices continue to make integrated service delivery difficult and time consuming.

We are not convinced that further top-down changes in the structure and organisation of the health and care and wellbeing services will achieve the aspiration for better working practice. This is an issue of better joined up commissioning and of practical arrangements in place at the point of delivery. Government now needs to commit itself to work with ADASS and its partners to:

- Identify and promote examples of emerging good integrated practice across health and social care.

- Examine how in practice barriers to commissioning integrated services can be further broken down, particularly in the area of continuing health care and how much simpler means can be developed to create simple fiscal integration so that the cost of health and care provision to an individual can be spent in alternative ways.

- Promote more effective joint commissioning of integrated care by local authorities, Clinical Commissioning Groups and Health and Wellbeing Boards, including better engagement with and a stronger voice for older people themselves.

- Ensure that training across health and social care proceeds on an integrated pathway that breaks down professional restrictive practice and develops a multi-skilled workforce that can deliver integrated health, care and housing services.

[41] HM Government (2010) The Coalition: our programme for government.

5.6 Invest more in social care

ADASS recognises that in the current funding climate, any additional financing for social care is going to be hard to find. However we believe that additional resources have to be secured if health, care and wellbeing needs are to be met satisfactorily, and greater demand on the acute sector is to be reduced. The Government needs to work with ADASS and its partners to:

- Introduce revised funding for social care to address the issues identified by the Dilnot Commission[42], and to ensure that the sector has sufficient resources to meet the needs of older people in the future.
- Explore how the market for personal social care insurance can be further developed.
- Explore how commissioners at national and local levels can pay for health and social care using measures of the outcomes achieved, rather than focusing on simply the cost of procedures and activity.
- Ensure that the NHS is able to provide or to pay for the full range of continuing health care support to which older people with dementia should be entitled.

[42] Fairer Care Funding (2011), The Report of the Commission on Funding of Care and Support (Dilnot Commission)

6 The Action List

In summary, we think the Government should work with ADASS and its partners to:

Help change assumptions about old age

Put in place legislation, supported by clear guidance and advice, about what older people can expect from the state, and what they will be expected to contribute to their communities and to their own health, care and wellbeing.

- Work with ADASS and its partners to promote active citizenship. Help people understand the future state care and wellbeing offer to older people, and encourage them to ensure they prepare themselves to meet the likely demands of their retirement.

Incentivise community based care and wellbeing services

- Create local innovation funds designed to deliver a shift from acute care in hospitals, nursing and residential care and into community based provision.
- Encourage Clinical Commissioning Groups to invest more in community based health and social care, including carers, and reduce the use of acute provision for older people, particularly those with dementia.
- Put more resources into research and dissemination of best practice in delivering preventative services and in considering the role which citizens can play to support vulnerable people in our communities.
- Encourage the sheltered housing estate to be refurbished and provide incentives to developers of Extra Care Housing.
- Recognise the role of social care staff and their critical role in supporting good quality end of life care.

Make sure choice and control can work

- Review the implementation of personal budgets and direct payments.
- Review the approaches which have developed to support quality assurance and safeguarding of self-directed support services, and recommend a minimum set of expectations for these arrangements.
- Improve information about services available to older people.

Protect quality and supply in the market

- Make it clear that there is a profoundly important market facilitation role needed from local authorities and their partners.
- Ensure that NHS commissioners work with older people, local authorities and their partners on market intelligence and shaping.
- Develop a stronger national overview from the Department of Health of governance, quality and supply in the social care market.
- Develop systems that appropriately safeguards service users across the domiciliary and personal assistant markets.
- Encourage all agencies concerned with the safeguarding of older people to have multi-agency arrangements in place which are effective and rigorous.

Reduce barriers to integration

- Promote examples of good integrated practice across health and social care.
- Examine how in practice barriers to commissioning integrated services can be further broken down.
- Promote more effective joint commissioning of integrated care by partners in Health and Wellbeing Boards.
- Ensure that training across health and social care breaks down professional restrictive practice and develops a multi skilled workforce.

Invest more in social care

- Introduce revised funding for social care to address the issues identified by the Dilnot Commission[43].
- Explore how the market for personal finance for social care can be developed with new savings, insurance and other products.
- Explore how commissioners at national and local levels can pay for health and social care using measures of the outcomes achieved.
- Ensure that the NHS is able to provide or to pay for the full range of continuing health care support to which older people with dementia should be entitled.

[43] Fairer Care Funding (2011), The Report of the Commission on Funding of Care and Support (Dilnot Commission)

7 Conclusion: The Case for Tomorrow

The next decade is going to be a difficult and challenging time for health, social care and wellbeing in England. We need to face these challenges, and address them realistically and sensibly. We think that the approach outlined in this policy paper will help all of the many partners involved to address their joint task of making this country a better place for people to grow old. It will only be through working together that we will achieve our aim of a better tomorrow, together, for older people.

8 Appendix: Ways Forward for Local Partners

Drawing on its continuous work with older people across the country, ADASS has identified the following key local challenges and examples of ways forward which local partners are already exploring to deliver the services that older people are looking for in future.

8.1 Effective prevention in supportive communities which promote good health, wellbeing and involvement

Challenges	Ways Forward
Key to the future of sustainable care services will be the development of more supportive communities. This is particularly important in areas where there will be a high density of older people. *Active and engaged citizens of all ages are needed to contribute to our communities and ensure that older people are not marginalised.* *There is a need to shift public expectations that care once provided will always be needed, to care and support being available as and when required.* *There is also a need to ensure that preventative community, often voluntary, provision does not become a first step on a pathway to more intensive care services but actively works to promote independence and well being.*	**Building** a much stronger community engagement and public health agenda for older people, which reduces the overall demand for acute and substitute care. **Working** in partnership with older people across the community to build a better understanding of how state and individual responsibility should be balanced. **Developing** new approaches and models which consider the role which citizens can play to support vulnerable people in our communities. **Investing** in local infrastructures which promote an active and healthy old age and sustains people in their community, including, for example, housing with care, telecare and telehealth services. **Ensuring** that all parts of the local authority work to develop and sustain communities which older people wish to remain in and can do so. This involves a diverse range of provision from good street lighting, level pavements and drop curbs through to community policing, local shops and health / care facilities. **Promoting** more housing suitable for older people into which health and care services can be delivered. Using responsive planning arrangements to encourage the private and voluntary sectors to invest in appropriate housing for older people. Planning guidance which reflects the extra space requirements that extra care housing requires over simple retirement housing.

8.2 Community health and care services working together to aid recovery and provide ongoing support to reduce the need for acute care

Ways Forward	Challenges
Many older people speak of receiving a plethora of services all from different agencies and individuals, which not only promotes confusion but increases costs and often means that provision is uncoordinated and fragmented. *Already 60% of all hospital beds are occupied by people aged 65 and over, 40% of whom have a dementia. The rate of admissions of older people to hospital in the last ten years has grown at nearly double the rate for the whole population.* *The impact of the health service on many old age conditions, such as dementia, falls, strokes and continence as a number of Royal College of Physician reports[44 45 46] have noted is markedly poor. Many older people are receiving poor quality care when they are in hospital[47 48].* *Health services not able to fully support people with dementia, both when people with dementia are in hospital and also in terms of continuing care funding in residential care and in the community.*	**Improving** the co-ordination of services, and reducing barriers to access due to different systems and professional practice, so that provision is more timely, personalised and cost-effective. **Improving** the quality of care co-ordination for those in hospital through better advice, clearer protocols and a wider range of 'step-down' provision. No individual asked to make a decision about their future care needs when ill. **Local** health and wellbeing boards ensuring that reablement provision is the responsibility of community-based services, not the acute sector. **Local** health and wellbeing boards focusing on outcomes in key conditions and monitoring total expenditure to evaluate the whole benefit to the combined public purse of different forms of provision. **Boards** making sure they have in place adequate plans and resources for supporting increasing numbers of older people with dementia. **Resources** drawn out of the acute and substitute care sectors and into community based preventative provision[49].

44 Royal College of Physicians (2011) Falling Standards, Broken Promises: Report of the national audit of falls and bone health in older people 2010.

45 Care Quality Commission (2011) Supporting life after stroke: A review of services for people who have had a stroke and their carers.

46 Healthcare Quality Improvement Partnership and Royal College of Physicians (2010) National Audit of Continence Care.

47 Royal College of Physicians (2010) National Audit of Dementia (Care in General Hospitals): Preliminary Findings of the Core Audit.

48 The Alzheimer's Society (2009) Counting the cost: Caring for people with dementia on hospital wards.

49 See ADASS (2011) 'How to Make the best Use of Reducing Resources'.

8.3 A range of different types of housing which allows people to remain at home as long as they wish

Challenges	Ways Forward
At the last census some 76% of 65-74 year old people were property owners, and nearly 50% of all housing equity is held by people aged 65 and over. *Yet despite this apparent wealth many older people are faced with limited accommodation choices if they need care and support.* *Options are limited in terms of design, aids and adaptations and investment.*	**Better** planning for the likely future demand for housing suitable for older people, including greater co-ordination between the planning authority and social and health care. **Health** and wellbeing boards with a better understanding of what good housing can deliver, and with access to planning specialists. **Strong** local commitment to accessible housing and good neighbourhood design that supports older people remaining within the community. **Local** authorities working with RSLs to review the local sheltered housing stock, and ensure that all provision over time can be fully accessible for the delivery of health and care services. **Specialist** housing for older people which can also support people with dementia. **Investing** in new designs and technology in aids and adaptations which support older people and carers to remain at home. **Establishing** local targets for private sector extra care housing proportionate to home ownership by older people.

8.4 Good quality information and advice and straightforward access to health, care and support services

Challenges	Ways Forward
Signposting to services and simply giving people information rarely leads to them acquiring the provision they need[50]. *Many older people say that they are unaware of how the care system operates, and self funders have said they were not aware of the alternatives that could have sustained them within the community.* *There is limited information from the health service about individual trusts performance in key conditions most likely to be suffered by older people.*	**Information** for current and potential consumers of health, care and support which is given in a way, and at a time, when it can best be used by its recipients. **Improved** reliability and quality of information about health and care services so that older people can make more realistic and effective choices based on their own specific needs. **Information** which is jargon free, and geared towards the key questions which users have about their care.

50 CSCI (2008) Cutting the cake fairly: CSCI review of eligibility criteria for social care.

8.5 Better recognition and support for carers, particularly for older carers

Challenges	Ways Forward
Many carers providing intensive support for older people with complex needs at home are not identified by support services. *Where they are identified, support is limited and does not always enable them to maintain sustainable home based care.*	**Further** investment in carer support services as a key preventative measure in keeping older people out of acute and substitute care. **Effective** information sharing between agencies to identify those carers who may need support and ensure they are offered help.

8.6 Safe, good quality services from reliable and skilled people

Challenges	Ways Forward
Many care homes are relatively closed institutions, and many community care services are delivered to isolated older people who have little access to relatives or other advocacy services. *Many people already use unregulated and informal care, or are supported by services run by volunteers or small enterprises.* *Wages in the sector are low, and it is difficult to recruit and retain people able to provide safe, high quality care.*	**Commissioners** with a clear perspective on the quality of services in their local market which cuts across social care, health and housing markets and report to health and wellbeing boards. **Commissioners** with capacity to support vulnerable providers. Help may be in the form of loans, guarantees of take up, help with marketing services, with putting together consortiums or business planning. **Systems** of advice and advocacy where consumers feel free to comment on the care they receive without fear of victimisation or reprisals. **Working** together with older people to raise expectations about the quality of health, care and wellbeing services, and ensure that services deliver on them. **Clear** and rigorous adult safeguarding arrangements which ensure that concerns are investigated and addressed wherever they originate. **Career** development, recruitment and retention practices which attract and keep the best people to do the jobs we need. **Arrangements** which ensure that there are adequate safeguards in place for unregulated services such as personal assistants.

8.7 Real choice and control over services which are fairly priced and affordable

Challenges	Ways Forward
ADASS continues to support greater choice and control for older people over the services they use. *However mechanisms such as personal budgets and direct payments are only part of the route to increasing choice and control. For many older people the choices they want are not so much about who provides, but what is available, when and whether they feel they have a rapport and relationship with that particular care worker. This is particularly important where personal care tasks such as washing and bathing are delivered.* *Older people need arrangements which they can use easily and which give them control over the things they are most concerned about.*	**Working** on better arrangements to support older people's choice and control over services, including personal budgets and direct payments, which are realistic and cost-effective. **Ensuring** that standards of care are based on what service users consider to be most important to them. **Funding** and charging arrangements which are fair and do not preclude older people from getting the care they need. **Working** within the 'Making it Real' framework to deliver better choice and control.[51]

8.8 Services which are effective, efficient and accessible when and where needed.

Challenges	Ways Forward
Too many health and care services are still based on a fixed model of care, offering too little flexibility or user control. *Too many services continue to be based on models of support or intervention which have a limited evidence base of success or effectiveness.* *Commissioners continue to fund or contract for services which have a limited record of successful outcomes for users.*	**Partners** taking an active role in facilitating a mature relationship between purchasers and providers to ensure that the needs of service users do not go unmet due to market failures. **Outcome** based contracts, care plans and services which focus on the impact on the service user rather than only the quantity of care provided. **Commissioners** driving harder to ensure that services are evidence based, and challenging them to deliver better outcomes for users.

[51] Think Local Act Personal (2011) Making it Real Programme 2011-12

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