

Public sector

National report

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**Better
Government**
FOR OLDER PEOPLE

Older people – a changing approach

Independence and well-being 1

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, housing, health, criminal justice and fire and rescue services.

As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, we provide practical recommendations and spread best practice. As an independent auditor, we monitor spending to ensure public services are good value for money.

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Introduction

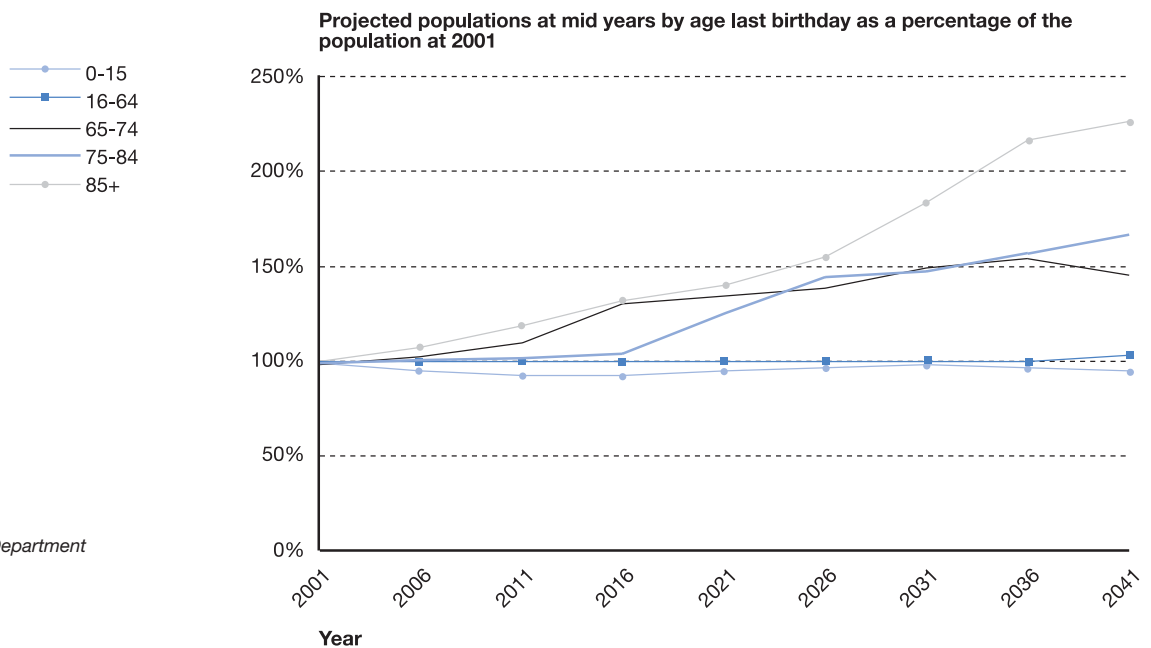
Either our countries will make decisions about adapting to our ageing societies, or these decisions will be made for us by the sheer force of demographics and economics. It becomes a question of whether we will manage change, or whether change will manage us (Ref. 1).¹

- 1 We live in an ageing society. In the UK, the 2001 census has shown that, for the first time, there are more people aged 60 and over than children under 16. Ethnic diversity is also increasing rapidly among older people, as the first generation immigrants of the 1950s enter retirement. With increased longevity, the balance of life is changing, with older people now experiencing and expecting many more years of healthy life after retirement than ever before. This shift is going to continue (**Exhibit 1**). According to the Government Actuary, over the next 40 years, the number of people aged below 65 will remain static, the number aged 65 to 84 will increase by about one-half and the number aged 85 and over will more than double. The implications for all of us as individuals, and for public services, are profound.

Exhibit 1

Population changes 2001 to 2041 by age band

Over the next 40 years, the number of people aged 85 and over will more than double.



Source: Government Actuary's Department

¹ The comments from older people in this document (*printed in italics*) were made in the Age Concern England focus groups, unless otherwise indicated.

- 2 As yet, there is no consensus about what the implications of our ageing society are, but we have an opportunity to shape things for the better. That is what this report is about. If we are to manage the change successfully, we need to provide an environment in which older people can thrive and live life to the full for as long as possible – contributing to society, rather than being dependent on it. We therefore need approaches that help older people to live independent lives – keeping people healthy, active and able to participate for as long as possible. For older people whose health has begun to fail, we need to find ways to ensure that they, too, can live life as fully as possible.
- 3 The ‘compression of morbidity’ theory suggests that frailty and illness will be concentrated into a relatively short period at the end of life. Emerging evidence seems to support this view, although it is not conclusive. The Wanless Report, commissioned by HM Treasury in March 2001 to review the long-term trends affecting the NHS, highlighted the fact that people make most intense use of services in the year leading up to death, irrespective of age (**Ref. 2**). It also concluded that while severe illness and frailty among older people is likely to decline, the number of minor health problems may increase as older people live longer. Health inequalities, however, continue to increase and there is a gap in life expectancy between people living in deprived neighbourhoods and their better-off peers (**Ref. 3**).
- 4 When asked, older people have strong views about the factors that make a difference to their lives and keep them independent. Themes such as good-quality housing, safe neighbourhoods, getting out and about and having useful, enjoyable ways of contributing to their communities are often mentioned. Adequate funds and access to good information are seen as essential. Being able to exercise choice and control over their lives and being able to help others are also seen as central to having an enjoyable life. None of these findings are new, as they echo messages from research and consultation that has been carried out over many years. Chapters 1 and 2 explore these issues in greater depth.

*At every stage of their lives, the baby boomers have been at the forefront of radical social, economic and political change... The way that members of this age group, the most influential generation in recent social history, choose to adapt to their changing circumstances will have a similarly dramatic impact in their later life (**Ref. 4**).*

- 5 At the same time, the expectations of older people are changing, as the young adults of the 1960s move towards retirement. They have very different attitudes towards independence, care and participation, and different expectations of public services from today’s older people, who grew up with a vision of a ‘cradle to grave’ welfare state (**Ref. 5**). The next generation will be more confident in demanding greater choice and control over the way that services are delivered.

...the choices more and more older people are making and the lives they are choosing to live, challenge fundamental preconceptions about how government and society at large, views them. Yet whilst older people are changing, the public services they are offered remain rooted in the old paternalistic welfare culture (Ref. 6).

- 6 However, because we often see older people as dependent and frail, rather than as citizens with a contribution to make, we often restrict our response to them. Services for older people are often focused on a narrow range of intensive services that support the most vulnerable in times of crisis. Older people are seen as an NHS and social care ‘problem’. In fact, evidence from the communities involved in this study shows that at any one time only about 15 per cent of older people are in touch with care services. All too often the 85 per cent majority receives little attention. The results of this imbalance are all too evident – older people who feel unheard and unsupported, rising pressure on acute services and tight eligibility criteria that restrict access as services struggle to cope with more people seeking to access them.
- 7 A fundamental shift is needed in the way that we think about older people, from dependency and deficit towards well-being and independence. Change will be necessary both in order to meet current demands and to ‘future-proof’ services against the new challenges of the next generation. This requires us to take full account of the whole range of issues that are important to older people, ensuring that policies on urban renewal, planning, transport, housing and leisure take their aspirations into account. Organisations need to work much better together, often in new partnerships and in new ways. Health and care services need to be seen as part of a much bigger picture in which older people take greater control and responsibility for their own health and care, albeit with advice and support. Most importantly, it requires us to listen to older people, from the fittest to the most frail, engaging with them as citizens with hopes for the future and with contributions to make to their communities.
- 8 This change of approach to older people is starting to take place both nationally, in the way that policy is formulated, and locally, in the way that services are delivered. Public services need to adopt a more enabling approach, while continuing to support those who cannot support themselves. The balance between the roles of the public, voluntary and private sectors will continue to shift.
- 9 Many current policies exist that provide opportunities to refocus services and to deliver the joined-up response that older people expect. Chapter 3 describes some of these. However, although a policy framework is emerging, implementation is still uneven, highlighting the need for better links between policy formulation, implementation, research and practice.

Box A

Impact of reduction in services

In 1994 in Canada a policy of cutting services to older people who received only low levels of support in the home was introduced. The policy was not implemented in all areas or in the same way, creating a natural 'control group'. The total costs of the hospital, physician, drugs, home nursing, rehabilitation, home support and adult daycare services used by the two groups (those whose services had been cut and those whose services continued at the same level as before) were compared in the year before the cuts and in the subsequent three years.

There was no significant difference in the use of services between the two groups in the first year after the cuts. However, in years two and three, the difference in costs increased significantly, with the older people whose services had been cut making much greater use of care services. A higher proportion of people whose services were cut also died.

Source: Ref. 7

- 10 Patterns of expenditure need to change, although it may not be necessary to increase total public expenditure significantly. The Wanless report suggests that a shift towards a better-informed public, taking more responsibility for their health, will deliver much better health outcomes, at lowest cost. The experience of the communities that are currently reshaping services suggests that a broader approach often involves using existing resources more effectively, rather than using extra resources. While some new investment may be required in the short term in order to 'pump prime' new developments, the need for high-cost crisis interventions should reduce over the longer term. Whether this reduction will off-set the new investment is not yet known, but preliminary indications are favourable (**Box A**).
- 11 The new approach recommended in this report should lead to better outcomes for people and for the wider system. It should help older people to feel more valued and more in control of their lives, while reducing the pressures on crisis services, as earlier intervention and greater engagement with others reduces the need for them. The shift in approach requires us to focus on the range of services and interventions that make the most difference to older people's well-being, planned and delivered in ways that offer maximum flexibility, choice and control. This citizen and user-centred approach lies at the heart of the government's vision for the modernisation of public services.

About this report

- 12 This report has been prepared in collaboration with Better Government for Older People (BGOP), the partnership that aims to change attitudes towards our ageing population and highlight the contribution that older people make to their communities. The Audit Commission and BGOP have also worked closely with the Association of Directors of Social Services (ADSS) and the Local Government Association (LGA) throughout the project. This paper complements a joint ADSS/LGA publication that reaches similar conclusions (**Ref. 8**). It:
 - discusses what independence means for older people (Chapter 1);
 - sets out the issues that older people themselves say have the greatest impact on their ability to live independent lives (Chapter 2);
 - summarises the national policy framework that can help communities to refocus their approach (Chapter 3); and
 - sets out what needs to happen next (Chapter 4).
- 13 It is intended to be of use to all who have a role in working with older people, including those who are formulating policy and those who plan or deliver services. It is aimed at those who deliver services or other opportunities to older people as part of a wider brief, as well as staff working in NHS and social care services. Equally importantly, the report is for older people themselves, who may find it a useful tool when arguing for a broader strategic approach at a local level.

- 14 This document is the first of a series of reports aimed at promoting independence and well-being. The reports look at the issues that affect *all* older people – the 85 per cent mentioned above, as well as the other 15 per cent. The series has been produced in partnership with a range of agencies and has used as a starting point the views of older people themselves. These reports look at:
- what older people say about the factors that help them to live independent lives and the policy background (this report);
 - the development of local strategies to promote independent living (report 2); and
 - a range of issues that relate to frail older people, including the role of assistive technology and how best to support carers (future reports).
- 15 Taken together, these reports make the case for accelerating the shift in focus that is taking place in our approach to older people, from responding to crises towards promoting well-being and independence. They include all older people, from those who are fit and active to the more frail, who have traditionally been the main concern of health and social care services.

1



What is independence?

Ideas about independence and older people are shifting from preventing dependency towards proactively promoting well-being. For older people, independence is less about doing things for oneself and more about choice and control. Older people also appreciate interdependence – being seen by others as a valued resource.

Independence is linked to having control over your life, making the decisions you want to make.

- 16 A very wide range of research exists on the concept and meaning of independence for older people. This section draws on:
- A series of focus group discussions with older people conducted on behalf of the Audit Commission and the Department for Work and Pensions (DWP) by Age Concern England. Eight discussion groups were held in inner city, urban and rural areas throughout England. The participants ranged from 59 to 96 years old. Some were from minority ethnic communities; others lived in sheltered accommodation and many had long-term health problems.
 - Information collected from the older people within the communities that took part in the study and whose experience forms the basis for the second report in this series.
 - A range of other research literature, including new findings emerging from the Growing Older Research Programme, funded by the Economic and Social Research Council and co-ordinated by the University of Sheffield.
 - A series of consultations with older people co-ordinated by the government in 1999.
- 17 This chapter describes how the concept of independence has developed. It highlights recent shifts in thinking and looks at what independence means for older people.

From prevention to well-being and successful ageing

- 18 Until quite recently, the focus of attention in both policy and practice was limited to the prevention of ill health and disability. Traditionally, public health services have addressed prevention at three levels:
- primary prevention, which involves changing the environment or behaviours to reduce the risk of poor health or disability occurring;
 - secondary prevention, which involves detecting and treating problems as early as possible; and
 - tertiary prevention, which involves reducing the disabilities and other harms that may result from a condition that is unlikely to be cured.
- 19 A broad definition of preventative services and interventions was developed in 1997 at a conference sponsored by the Department of Health, ADSS, Anchor Trust and the Nuffield Institute for Health. This definition had two elements:
- services that help to prevent or delay the need for more costly intensive services; and

- strategies and approaches that promote the quality of life of older people and their engagement with the wider community **(Ref. 9)**.
- 20 The focus of attention and resources in most communities has been on the first element, with broader approaches that promote well-being and quality of life only recently appearing in a number of areas. Over time, thinking on this agenda has developed further. Joint discussions between some of the partners involved in the 1997 work, as well as with the Audit Commission and BGOP, have identified some of the drivers for change, including:
- the changing policy environment (explored in more detail in Chapter 3), particularly:
 - the explicit role for local authorities to promote the health and well-being of their communities
 - the rise of urban renewal, community planning and the concept of sustainable communities
 - the Wanless Report, which highlighted the need to ensure that older people remain healthy and active for as long as possible **(Ref. 2)**
 - the growing role of the DWP in co-ordinating cross-government activity on older people and the development of an integrated Third Age Service (described in chapter 4);
 - the development of a broader view of ageing, promoted by many commentators and academics, away from a narrow focus on care services, towards a broader vision based on citizenship, participation and partnership; and
 - the increasing participation of older people in the debate about their priorities and their views of what constitutes independence and well-being (summarised in the next chapter) **(Ref. 11)**.
- 21 These factors have come together to shift thinking from preventing dependency to the much more proactive and positive promotion of well-being **(Ref. 12)**. International perspectives on older people share this new emphasis **(Ref. 13)**.

Independence means different things for different people

Most women seem able to cope with things that come along easier – men have more trouble. It's better now with men, older ones are not used to doing anything in the house, caring for themselves.

- 22 Independence is not absolute – it is subjective and it is relative. Different older people feel that different aspects of their lives help to promote and sustain their independence. In particular, men and women value different things. Many older men feel less independent when they are no longer able to drive.

Men find it most difficult to give up the car and give up things like doing the garden, decorating, that sort of thing.

23 In contrast, in some cultures and societies, being able to depend on the support of adult children and other family members can be a source of pride. These widely differing attitudes towards independence are also likely to characterise the increasingly culturally and ethnically diverse population in England today. Gender, ethnicity and other factors can therefore significantly influence the extent to which older people feel independent.

Independence is more than simply avoiding dependency

I totally lost my independence before, but after moving into sheltered accommodation I regained it... I now feel safe.

24 A common way of thinking about independence is to equate it with self-reliance and not having to depend on other people. Taken to extremes, this can mean avoiding asking for help, so as not to burden others:

There's a difficulty in asking...

(Being independent is)... Not being a burden to anyone.

Our generation has paid. We worked all our lives and put money into the NHS.

25 But dependency is not always viewed so negatively. Some older people in the Age Concern England groups saw help in later life as part of a reciprocal arrangement with the welfare state. They felt that they had contributed to the state all their working lives and, in return, should receive support when necessary.

26 Some felt that help from services increased and enhanced their independence. This particularly applied to older people who had moved into sheltered housing:

I didn't like it at first... but now there's a nice warm feeling. I feel at home and I don't feel any less independent.

27 Actively choosing to ask for help in some areas may allow some people to concentrate their energies on other areas of life that are more important to them (Ref. 14). They may seek help with chores, such as laundry or dressing, so that they have more energy to meet friends or family, or for a hobby. Choosing to rely on other people for help in some areas of life can therefore be a positive and pragmatic strategy for remaining independent in others. For most older people, independence 'has very little to do with health or social services, though the support they give is crucial in many situations' (Ref. 15).

Independence or interdependence?

There are a lot of older people in our road – we look after each other.
(Older person, during fieldwork in Kirkby)

- 28 Many older people point to the reality of interdependence with others that characterises their lives and helps them to maintain their morale and self esteem. Rather than simply having to depend on other people, many older people are themselves a valued resource, part of supportive networks made up of friends, neighbours and family:

Older people stress their reciprocal relationships with others, which involve offering support as well as receiving it (Ref. 16).

- 29 As a result, older people are becoming central to the development of effective communities. Increasingly, it is they who run the community initiatives, as younger people with families and busy careers have less time to spare.
- 30 The realities of interdependency and reciprocal help are increasingly important in the current, rapidly changing demographic context, where growing numbers of older people are themselves providing substantial amounts of care to other older people. Just over 30 per cent of all carers are aged over 60, amounting to around 2 million older people in the UK as a whole. Around one-third are providing support for a spouse, 20 per cent look after their own parents and 22 per cent are caring for friends or neighbours (Ref. 17).

The importance of choice and control

You want to have a say in what goes on in your life. You don't want other people to do everything, to think for you.

- 31 At the heart of older people's ability to live independent lives lies their capacity to:
- make choices;
 - seek personal fulfilment through activities and relationships; and
 - exercise control over their surroundings.

Independence is being able to make choices about what I do in my life and when I do it...

Independence is linked to having control over your life, making the decisions you want to make...

- 32 As shown above, independence does not necessarily mean being able to do everything without help. There is a distinction between being able to make decisions about life and being able to implement these without help. With the current emphasis on rehabilitation and intermediate care, care professionals tend to define independence in terms of an older person's ability to undertake 'activities of daily living' unaided. For older people themselves, this may be much less important to their sense of independence than the capacity to be in control and to make decisions about their lives (**Ref. 18**).
- 33 Many focus group participants echoed the feeling that choice and control are at the heart of independence; conversely, independence was threatened when they felt pressured by others to make a particular decision or when their capacity to make independent decisions was taken away altogether.
- 34 Being able to exercise choice and control depends on having access to information and advice on which to base individual decisions. It also highlights the crucial importance of involving older people at all stages in the decisions that directly affect their lives. It seems likely that for the next generation of older people, the importance of choice and control will become even more central.

The implications for public services

- 35 The challenge facing public services is to ensure that the change in thinking about older people is reflected in strategic approaches, in the range of services and activities available, in the way that these are delivered and in the way that older people are engaged in discussion about the services that they receive and the communities in which they live.

2



Dimensions of independence and well-being

A great deal of evidence exists about the factors that older people say have most impact on their lives. These include issues that relate to the home and neighbourhood, social activities, transport, income, information and health. Challenging ageism is also a priority.

(How I would like others to see me...) independent, not a liability, treated with respect, treated as an asset (Ref. 19).

36 This chapter summarises the things that older people themselves say enable them to live independent lives. It is based on the research carried out for the Audit Commission and the DWP by Age Concern England, supplemented by other recent studies on the same topic. The themes are not new – they echo many of the messages from previous national and local research and consultation (Refs 20, 21,22). Seven key themes were identified, considered in turn below:

- housing and the home;
- neighbourhood;
- social activities, social networks and keeping busy;
- getting out and about;
- income;
- information; and
- health and healthy living.

37 In addition, older people argue strongly for a change in the approach and attitudes to ageing, highlighting in particular the need to challenge ageism and to engage with older people in new ways. The need for services to work together is also a recurring theme. These points are addressed at the end of this chapter.

Housing and the home

(Home is..) a place to return to... a refuge, a place to hang on to memories and events which give a rich meaning to life (Ref. 23).

38 For many older people, their home and the surrounding area are the centre of their lives. Homes and neighbourhoods often hold decades of memories. Recent research on the housing decisions made by people aged 60 and over found that *'the design, quality and standard of housing is a critical factor in the way people live'* (Ref. 24).

39 The study found that older people wanted housing that:

- is designed to help them to manage, despite reduced mobility and disability;
- provides both safety and security *and* comfort and pleasure; and
- has sufficient flexible space.

40 Three groups of issues relating to housing and the home environment emerged from the focus groups and from other recent research:

- staying independent within the home – the key role of aids and adaptations;

I can't get into the bath now. Social services came and said I needed a bath lift. They brought one to the flat, which I live in with my daughter, but it was too heavy and my daughter can't lift it in and out of the bath when she wants to go in. So I haven't had a bath now for a couple of months. That's loss of independence.

- keeping the house and garden in good order: cleaning, household and garden maintenance and small scale help in the home; and
- having a home that meets the aspirations highlighted above, including, for some people, the availability of supported housing.

Staying independent within the home

- 41 The physical environment of the home can dramatically reduce older people's independence.
- 42 **What would help:** Small improvements can make all the difference. Examples include gadgets that help people to open the lids on jam jars, accessible kitchen cupboards, walk-in showers with space for a care assistant and halls and doorways that are wide enough to take a walking frame. Housing that is flexible enough to meet changing needs is also important. But in order to choose what they need older people need good information and advice about what is available and how much it costs. The fourth Audit Commission report in this series investigates the growing role that assistive technology can play in helping older people to live independent lives.

Keeping the house and garden in good order

- 43 Cleaning and household maintenance were crucially important to many of the focus group participants. This issue is far from new; research conducted for the Joseph Rowntree Foundation has also shown how:

being able to master that physical environment [of the home] despite any frailty is both empowering and confidence-building. For most of our older female participants, housework was closely linked with their self-esteem, well-being and public and private identity as competent adults (Ref. 25).

I know someone who waited two weeks to get the lightbulb changed. She was partially sighted. She struggled onto the kitchen table.

We need a good bodger!

- 44 Upkeep of the home and garden was also important in terms of personal security. Several older people commented that an untidy garden, faded paintwork and unwashed curtains marked their house out as the home of an older person and made it more vulnerable to crime. The focus group participants described themselves as between the set ups – not young any more, but not dependent. Help with small household repair and maintenance jobs was a widespread need.
- 45 People who were able to afford to pay for cleaning and other domestic tasks to be carried out felt that this helped them to stay independent:

I pay £10 a week and a lady comes and cleans all through from front to back. We're fortunate.

I feel fine about being helped. I look forward to them [paid cleaner and carers] coming; they help me feel more independent, not less.

In a village you know people but in the city you can get ripped off. People just come up the drive and say you need things done.

46 Older people who could afford to pay someone were willing to do so, but felt vulnerable when allowing workmen into their homes – at risk both personally and of being ‘ripped off’ by excessive charges for unnecessary work.

47 **What would help:** Services that can offer help with small tasks in the home and garden can be extremely useful. Tasks such as changing lightbulbs or washing curtains can pose particular problems for older people. Lists of reputable and reliable tradespeople are important in helping older people to feel less vulnerable. One sheltered housing complex had a noticeboard where residents pinned details of reputable electricians, plumbers and TV repair services; in another sheltered housing scheme, the manager provided this information:

The council could liaise so when you want the roof done or something, you don’t get ripped off.

I had the TV man out and he said he didn’t make a call-out charge for older people, so I said could I put his name on the notice board [in the sheltered housing scheme] so that other people could call him.

The right housing

I feel secure in my home. It is a warm, safe place to return to, where everything is familiar and arranged as I like it (Ref. 26).

48 Over 80 per cent of the people over 60 who participated in the study on housing decisions mentioned above wanted to stay in their own home for as long as possible. Three-quarters were completely satisfied with the internal and external condition of their homes. Issues identified by those who expressed concerns included inadequate space or storage, difficulty with stairs, security, inadequate or expensive heating.

49 The location of housing was also extremely important, in particular, proximity to shops and services, accessibility, attractiveness and safety of the neighbourhood and attachment to the area. The study highlighted a number of issues that echo the themes from the focus groups, notably the importance of feeling in control of the important decision of where to live and the need for trusted, independent advice and information to support them in making that decision.

- 50 A number of participants in the focus groups lived in supported housing, with a warden available at least during office hours and back-up support available in emergencies. Many had made the decision to seek sheltered housing following the death of a spouse. Initial anxieties that the move would lead to a loss of independence were common:

It was an awful thing to do at first, making the initial decision is hard, it feels like giving up your independence.

- 51 However, the opposite had in fact been the case. First, the security of the integrated housing complex and the availability of help lent a greater sense of freedom:

We are free to do what we want and when we want but have the safety of the scheme.

- 52 Secondly, supported housing meant an end to worries over maintaining a large house or garden:

I moved in as I couldn't manage the garden. It took a load of work off my mind.

- 53 Thirdly, it provided social activities that residents were able to join in if they chose. The freedom to choose constituted an important dimension of independence:

We have group meetings but I want to carry on outside things. I like to make the most of outside groups and friends while I can.

- 54 **What would help:** If older people are to exercise choice about where to live, they need a range of housing options from which to choose, as well as advice on what is likely to be most appropriate for them (**Ref. 27**). Local planning and housing strategies must allow for a range of flexible options, including support to allow older people to remain in their own homes, as well as sufficient supported housing, including extra care sheltered housing that meets older peoples' priorities in terms of space, design and location.

The neighbourhood

It's a big area, but it's like a village – we all know each other.

I don't like going out at night. It's too dark now and I'm frightened in case I get mugged.

- 55 Many older people who have lived in one place for a long time identify strongly with their neighbourhood. Even those in poor neighbourhoods, with many difficulties, could identify at least some aspects that they valued (**Ref. 28**), such as local shops and other amenities, and friends and neighbours. More than three-quarters of the older people in one study had at least one friend close by, and almost one-half shared a chat or some other activity with local friends on a daily basis. Recent regeneration of even the most deprived inner city neighbourhoods was also mentioned positively.
- 56 Many older people highlighted the poor state of many pavements. Several spoke about the difficulties caused by young people cycling on the pavement.
- 57 Many also reported anxieties about both personal and property crime. They reported being afraid to leave their homes after dark; and were concerned that some areas of the neighbourhood (for example, parks or cemeteries) were out of bounds for them, even during the day. Some commented on the anxiety they felt when collecting pensions from the local post office, because of fear of being targeted by muggers.
- 58 Crime is a very real fear for very poor older people living in deprived inner city areas. They may be unable to arrange a move to a different area or the costs of transport may prohibit visits to other areas. A study that compared the experiences of older people living in deprived urban neighbourhoods with average national figures found that 21 per cent had experienced a burglary recently, compared with only 3.4 per cent of households overall in England and Wales (**Ref. 29**).
- 59 Safe neighbourhoods also allow older people to participate actively in the life of the community, helping other older people to feel less isolated and contributing towards a better quality of life for all age groups (**Ref. 30**).
- 60 **What would help:** The design of towns, city streets and homes can make an enormous contribution to older people's ability to spend time safely and confidently both outside and inside the home. Policy, planning and local strategies on regeneration and crime need to take older people and their needs into account. Older people's role in helping to build cohesive communities needs to be acknowledged. It is important to ensure that all older people, including those living in residential settings, have a voice in these discussions.

Social activities, social networks and ‘keeping busy’

- 61 Activities that offer fun, enjoyment and personal fulfilment do more than contribute to a good quality of life. For frail, housebound and recently bereaved older people, friendships, social contact and ‘keeping busy’ improve mental health and help them to adjust after major life changes. Conversely, the costs of social isolation are high, in terms of both physical and mental health. Strong evidence exists of a connection between loneliness and poor mental health, in particular depression and anxiety (Ref. 31).

Social activities and social networks

- 62 Good relationships with family, friends and neighbours of all ages, and taking part in social and voluntary activities are high priorities for older people. Better relationships with others are among the factors that improve the quality of their lives still further (Ref. 32).
- 63 Older people whose first language is not English are at a particular disadvantage. One man felt his loss of independence was exacerbated by a lack of services for Asian elders. To maintain his social contacts, he spent a lot of time in the shop he used to own, which he had now handed over to his sons.
- 64 **What would help:** Leisure opportunities, clubs and societies all play a key role. Community networks and organisations, such as neighbourhood schemes, many of which involve older people as volunteers, can act as a focus for social activities and events. Opportunities for older people to contribute to the community and to form part of the solution, are particularly important. Intergenerational activities, which build understanding across the generations, also have a useful role to play.

New leisure and education opportunities

- 65 For many older women and men, retirement from paid work brings opportunities to pursue long-standing interests, to develop new interests and to learn new skills. Many older people therefore want opportunities to learn for its own sake, rather than for vocational purposes. Learning can also offer self-fulfilment and opportunities to meet others.
- 66 Older people feel that opportunities for learning encourage social inclusion and understanding of change and, for some, they help to safeguard their health (Ref. 33).
- 67 With increased opportunities to participate in a range of groups and fora that aim to involve older people in the development of public services, demand for training on local authority and NHS processes is also growing. One recent study provided university training on research methods for older people who then carried out interviews with other older people as part of a research project. Some participants found further work as interviewers, while others experienced a boost to their confidence:

Getting out amongst people is the best thing!

The telephone is my lifeline.

I find my independence by spending time with my grandchildren and seeing them grow.

I belong to lots of things. I've been a churchwarden for 25 years and I attend all the meetings, that's very helpful.

You need something – little classes, I go to adult education classes but I can't go to many as they're quite expensive.

Hobbies and projects on the go – that's why women survive better!

...rediscovered my intellectual confidence, re-established my feelings of self-worth. I was very much a beginner, but... my skills improved daily and with them, my choices (Ref. 34).

- 68 **What would help:** Older people often report that learning opportunities that focus on stimulation and enjoyment, and that take place in easily accessible venues in the community are very much appreciated.

Getting out and about

- 69 The focus groups included discussion about some of the difficulties involved in getting around, both among older people who own their own car and among those who relied on public transport.

Using private transport

- 70 Problems getting around outside the home were widespread and had major repercussions for older people's independence. Even among those who still drive, mobility can be restricted. Those who are not sufficiently impaired to qualify for a Disabled Parking Permit can still find that parking spaces are often not wide enough for them to open their car door fully to get in and out of their vehicle (another example of being 'between the set ups' described above):

People who are still just mobile are the most vulnerable. They don't get help and they need more consideration.

- 71 Lack of money limited the extent to which some older people could use their cars. Some reported using them only for the most essential journeys:

It's hard to keep a car on the road with just a pension coming in.

I don't go into town very often, it's the cost of running a car.

Relying on public transport

- 72 More serious problems were experienced by those older people without a car, constraining choices about where to live:

If you've got no car, you have to look carefully at where you go and not isolate yourself. We looked at several places to live and thought how near were the shops and the buses.

- 73 One person had to walk a mile or two to the nearest bus. However she had a bad knee and knew she would eventually be forced to move house – ‘I’ll be sorry to leave’.

Getting to shops and services

- 74 A number of factors together make it very difficult for many older people to go out shopping. The demise of local shops and the growth of out-of-town shopping centres mean it is often too far for them to walk back and forth to shops – particularly with heavy bags of shopping. Bus stops are often too far away and buses can be difficult to mount and to ride in:

In the city, buses are lower to the kerb, but here in the country there are no pavements and it makes it even harder.

You need a good service to get people to where they need – the weekly shop, the doctor, the hospital. Some things are at the other end of the village. Some local transport should be subsidised to help. You can still be independent if you can still get your own shopping.

- 75 Older people who did not qualify for hospital transport also found it difficult to get to GP surgeries and hospital outpatient appointments. Public transport routes were often not convenient, and taxis are expensive – and not always available:

I need to get a taxi to the doctor, but I can’t do it till after 9.30 as they’re all busy with the school run.

It’s very difficult getting to the [hospital]. You have to get two buses.

If someone takes you, you worry about them – are you holding them up? It’s a worry.

- 76 Many were exceedingly reluctant to ask family members for lifts, even to hospital or GP appointments. Unless some kind of reciprocal relationship was involved, they were averse to asking friends for a lift (**Ref. 35**).

- 77 Some older people were aware of local schemes that collected shopping for housebound older people. However, these schemes were not popular, for two reasons. First, they only covered a limited range of basic groceries, so people still needed to go shopping for such things as clothes, DIY items and other household goods. Secondly, they reduced the opportunity for much-valued social contact:

Going shopping, you get out, you meet people and have a social chat. You don’t get that when things are delivered.

- 78 There was widespread agreement, therefore, that specialised, door-to-door transport services, targeted specifically at the needs of older people, are essential to sustaining independence:

We need individual minibuses to go where you want.

It would help people to hold on to their independence. It would cost less than getting people into homes!

- 79 What would help:** Transport policies that take account of the needs of older people are required at all levels. There is a strong connection between the availability of transport and community safety, highlighting the importance of an integrated approach across these two issues. While free bus passes play a crucial role for those who have them, other forms of transport that are flexible, easy to use and affordable are important. Accredited, reliable taxi firms could play a role with:
- vehicles that are easy to get in and out of;
 - drivers who are trained to help older people; and
 - co-ordinated journeys so that several older people can share journeys to keep costs down.
- 80** Some areas are also experimenting with schemes that make better use of local authority vehicles that otherwise stand empty for much of the day, such as school transport. Others have piloted schemes to establish pools of electric buggies to lend to older people.
- 81** For older people who have their own private transport, lists of recommended service providers, suggested earlier for home repairs, could also include garages and mechanics who are reliable and affordable.

Income – the key to independence

No sodding money. No sodding power!

You need independent finances for true independence!

- 82** All the older people involved in the study considered an adequate and reliable income essential for independence. This made it possible to choose where, and how, older people live their daily lives:

I think the feeling of independence depends on your financial position, so you can make your own decisions about what you want to do.

My income is £91.00 a week and this includes £19 per month occupational pension. My rent is half of this!

- 83** One or two of the focus group participants said that their financial situation was so precarious that they had been unable to retire, or had had to depend on their children:

No matter how independent a person is, they always have to fall back on their children when they are getting a pension because the pension is not enough for two people to live comfortably.

The extra costs of growing older

- 84 Many older people found that age incurred new costs, as they now had to pay for small maintenance jobs around the home and garden:

I used to be able to put my hand to anything, but past a certain age you can't.

I used to have someone to do the cleaning but I had to stop that, I can't afford it. I have to watch everything I do.

I fell in my garden and I called and called but got no answer. We have to buy our own (alarm scheme) pendants and I couldn't afford one.

- 85 Even the older people living in sheltered housing found that they needed to rely on friends or pay for someone to do small jobs, like changing light bulbs or mending broken curtain rails. Several were unable to afford the subscription for an alarm scheme and there was widespread agreement that potentially life-saving services, such as alarms, should be free of charge.
- 86 The focus group participants were also acutely aware of the 'poverty trap'. Income from a small occupational pension lifted them just above eligibility for means-tested benefits, leaving them considerably worse off financially; and severely restricting their opportunities to exercise choice and control:

Sometimes you're just £1 over the limit so you don't get anything.

...and that stops you getting into the system for things like teeth and glasses.

- 87 Recent research by Help the Aged (**Ref. 36**) showed that while the poorest older people (those in receipt of income-related benefits) live throughout England and Wales, very high proportions of older people are living in the most disadvantaged wards on income-related benefits, creating areas of acute disadvantage.
- 88 **What would help:** Benefit take-up campaigns that are aimed at older people have had great success in increasing older people's income. In particular, campaigns that are linked with other interventions, such as flu vaccinations or bus pass renewal, can be particularly useful.

- 89 A recent study commissioned by the National Audit Office (NAO) (Ref. 37), of older people who had taken part in benefit take-up campaigns, showed the dramatic effects that increases in weekly incomes had on their well-being, quality of life and independence. Before the increase, they reported being unable to afford essential items, such as adequate heating, lighting or new bedding. They also described how poverty had increased their social isolation because they could not afford to go to local clubs and pubs, or even to attend major family events like weddings and funerals. Increasing their incomes through successful benefit claims meant that:
- Anxieties about managing financially were substantially reduced; they reported greater 'peace of mind' and 'feeling 'more comfortable'.
 - They were able to spend more each week on essentials – particularly food, which some older people admitted going without when a number of bills arrived at the same time.
 - Mobility and social contacts increased. Bus passes could be purchased and used; the occasional taxi afforded; or friends given petrol money in return for a lift. Housebound older people were able to make more use of the telephone to keep in touch with friends and family.
 - A wider range of goods and services could be purchased, particularly handymen, gardeners, cleaners, decorators and window cleaners, increasing social contact.
 - Respondents were able to save up for large items previously beyond their means, for example, a mobility scooter, a deposit on a car, a new carpet, repairs to the house or household goods. One man who had been unable to reach the top shelf of his fridge from his wheelchair was able to buy a new, accessible fridge and a new vacuum cleaner for his cleaner to use.
 - Finally, some 'personal' spending became possible. About one-third of the older people involved in the study were now able to afford to buy presents, particularly for their children and grandchildren. Others were able to purchase much-needed new clothes and to put money aside for a decent funeral.
- 90 Overall, the researchers concluded that having extra income resulted in:
- a greater level of physical independence;
 - an enhanced sense of autonomy;
 - greater social participation and engagement with their wider family and community;
 - a strengthened sense of identity; and
 - enhanced dignity.

Information – the key to choice

The need for information

- 91 Having an adequate income depends on being informed. Focus group participants felt ill-informed about welfare benefits and the range of services and equipment available from their local social services department. Although they acknowledged 'big improvements', information about services was still not getting through. Many older people simply did not know where to go or who to ask:

Social services will do things but you don't know what.

The biggest difficulty is if you don't know the system, if you don't know where to go and who to ask.

Information is more than just leaflets and forms

- 92 The way that information is provided was also considered important. Personal contact is particularly important when encouraging older people to use new services, such as a first attendance at a class or a resource centre. Some people also need personal advice on how to spend attendance allowance awards. Help with filling in benefit claim forms was considered essential:

It's such a rigmarole to make a claim, it puts you off.

- 93 Help to complete application forms was particularly important for older people whose first language was not English. Some Gujarati-speaking older people described how workers who specialised in providing information and advice had attended their day centre and explained the various benefits and services available and had helped them to make applications. But everyone, whether from an ethnic minority or not, said that application forms were complex and difficult. They needed help to understand the eligibility criteria for a particular service or benefit; and their relevance to their own circumstances. Poorer older people, with no previous experience of employing cleaners or home helps, needed encouragement to apply for the Attendance Allowance to pay a neighbour to help them.
- 94 **What would help:** Older people need advice from a source that they trust. They must see such a source as independent to help them to navigate their way to the benefits, service options and opportunities that can improve their lives. This role was also seen as important in the Audit Commission's earlier work on whole system approaches to care services for older people (Ref. 38). Older people do not want their lives to be organised for them, but they do need extra tools to help them to organise their own lives for themselves. At present the independence and well-being of many older people is being compromised because they do not know where to go to find out about the opportunities and services that might be available to them. Good-quality advice is central to older people's ability to have choices and control over their lives.

If your health goes, people offer to do things for you – this can lead to a loss of independence.

Health and healthy living

- 95 The older people involved in the focus groups saw good health – both for themselves and their relatives – as crucial to maintaining independence. The importance of access to services such as dentistry, chiropody and opticians is frequently emphasised. The 1999 government consultations with older people identified the need to take a proactive approach that enables older people to live independent lives (Ref. 39). The Health Development Agency’s work on health promotion interventions with people in midlife found that this transitional period provided a useful opportunity to review health and lifestyle options (Ref. 40).
- 96 Older people value the NHS highly, in particular, when they experience care that is focused on their needs and when they are treated with respect and courtesy. Some older people expressed anxiety about long waits and other access issues for some NHS services.
- 97 **What would help:** Older people are keen to improve access to timely health advice and early treatment. They also want advice about how to stay healthy and independent, how to find enjoyable ways to keep fit and active and how to overcome health difficulties (the subject of the third report in the Audit Commission’s series).

A change in focus

- 98 The list of things identified by older people that would help them to stay independent includes:
- advice on equipment that helps people around the home;
 - help with reputable and reliable tradesmen;
 - local housing and planning policies that allow for a range of flexible options;
 - policies that tackle accidents and crime;
 - opportunities for social interaction;
 - access to learning opportunities;
 - transport and mobility arrangements that take account of the special needs of older people;
 - improved income;
 - advice that helps older people to navigate benefits and gain access to other services; and
 - health and care support in the form of both services and advice.

- 99 This list is very wide-ranging. It requires a comprehensive approach on matters such as housing, planning, transport, leisure, community safety and health; and it also requires advice and information to be available on many topics, including equipment, reliable tradesmen, specific social and learning opportunities, benefits and other services. In addition, older people value health and social care services that are focused on their needs.
- 100 To deliver such a wide-ranging agenda will require major change. Firstly, changes need to be made to the way that older people's views are taken into account. Secondly, changes must be made to the way that services are planned and co-ordinated, at both national and local levels. These changes are considered below.

Older people are not respected in this country or this borough – if we're valued, our quality of life will improve drastically.

A changing approach – challenging ageism and involving older people

- 101 A series of government consultation meetings with older people in 1999 highlighted many concerns about ageism:

...fuelled by the negative image of older people, particularly in the light of a growing youth culture and the high value being placed on all things 'new' (Ref. 41).

- 102 Similarly, older people in the areas involved in the Audit Commission programme spoke about not feeling valued, of feeling displaced from familiar neighbourhoods by increasing numbers of fashionable bars and cafes and of their profound dislike of being described as 'bedblockers'.
- 103 Challenging negative stereotypes of older people was seen as key to changing these feelings. Older people saw themselves as having a central role in achieving this. Their full involvement in all decisions related to their concerns was seen as fundamental.

(It's) important to ensure the views and concerns of older people are involved in all levels of planning. How would you like it if others made decisions on your behalf that affect you, your health and your quality of life (Ref. 42)?

- 104 Older people in all the communities involved in the Commission's studies felt strongly that they have a right to be involved in all decisions that affect them, both in terms of the services that they receive as individuals and on a broader planning level.

Joining up services

There doesn't seem to be any connection between government services... you are saying the same thing to them over and over again (Ref. 43).

- 105 The 1999 consultations highlighted older people's view that better co-ordination of public services would improve their quality of life; a theme echoed in the research undertaken for the Audit Commission study. The seven themes highlighted by older people cut across the responsibilities of many different local and national government agencies. If good-quality services are to be delivered, these agencies need to work together.

Conclusion

- 106 In this chapter, we have drawn on the large amount of research that already exists on this topic, as well as on the focus groups commissioned by the Audit Commission and the DWP. A number of strong and consistent messages about the factors that make most difference to older people's well-being emerge from this information. However, the messages are not new; older people have been highlighting the importance of these issues for some time, but they are still not reflected in the approach that most communities have adopted, or in the range of services and opportunities that are available.
- 107 The shortfall between what older people say they need and what they get is significant. But some communities are beginning to bridge this gap, making use of a raft of new policy initiatives introduced by government over the last few years. These are outlined in the next chapter.

3



Promoting independence and well-being – the policy map

Independence and well-being are cross-government issues and a large number of policy initiatives involve this area. National policy already offers many opportunities to refocus local services, but stronger national co-ordination and leadership would be welcomed.

I've had 20 years training in defending my minister's patch – working in partnership is a new skill.

Civil servant

108 Over the past five years, a large number of policy initiatives have been introduced that have the potential to make a major impact on older people's lives. Some promote the independence and well-being of older people directly, such as the National Service Framework for Older People (**Box B**), or the development of the Third Age Service. Others influence the themes identified by older people in the previous chapter. A third group has a broader focus, helping to bring local services and organisations and older people together within an integrated local approach, such as local strategic partnerships.

109 Where local vision and commitment exist, national policy presents many opportunities to refocus services and make them committed to enhancing independence and well-being. The final report in this series describes in detail how some communities, including local authorities, the NHS and the voluntary sector, are working to achieve this. But many government departments have a stake in the independence agenda and policies do not always appear to connect well and create a coherent, over-arching vision. The NAO's recent review of policy on older people highlighted this issue:

There is an outstanding need to provide an overall framework for work across Government affecting older people because, despite progress in joining up policymaking, there remains a lack of co-ordination in some areas (Ref. 44).

110 The government is considering options for future development of strategies relating to older people and an ageing population. Our research indicates that clear national leadership in this area would be welcomed.

111 This chapter provides an overview of the complex policy landscape. It focuses on those policies that have been particularly useful to the communities that took part in the Audit Commission studies. The overview is not comprehensive, but it does include policy initiatives that help to develop a broad local approach to older people. Policy initiatives are related to the dimensions of independence identified in the previous chapter. Other reports in this series describe other areas of policy that relate to older people. Local examples are included, showing how communities have used policy to refocus services. In many cases, activity is at an early stage of development and this is reflected in the case study examples.

112 Policies that help agencies to address the two common issues highlighted at the end of the previous chapter are described first:

- changing attitudes and challenging ageism; and
- joining up services.

Policies that are more relevant to the seven themes are then described.

Box B

The National Service Framework for Older People

The National Service Framework (NSF) for Older People was published by the DH in March 2001. It has a strong health and social care focus, but it also contains much that can help local agencies to set a new direction that is more aligned to the concerns of older people expressed in the previous chapter, in particular through Standard 8. It consists of eight standards:

Person-centred care

- Standard 1 – tackling age discrimination
- Standard 2 – developing person-centred care

Whole system working (across care services)

- Standard 3 – developing intermediate care services

Timely access to specialist care

- Standard 4 – providing specialist hospital care
- Standard 5 – improving stroke services
- Standard 6 – improving falls services
- Standard 7 – improving mental health services

Promoting health and active life

- Standard 8 – promoting health and active life

Source: Department of Health

Changing the approach to older people

Tackling discrimination

- 113 NSF Standard 1 – tackling age discrimination (Box B)** aims to end age discrimination in policies and practice across the NHS and social care. **Fair Access to Care Services**, also produced by the DH, requires local authorities to use a single framework and set of criteria to determine eligibility for all their care services for adults. The **Race Relations Amendment Act 2000**, co-ordinated by the Home Office, reminds public bodies of their duty to eliminate race discrimination and to promote equality of opportunity in both employment and service delivery.
- 114** Together, these three initiatives offer a powerful set of imperatives for assessing the levels and quality of services for older people and for ensuring that they are not discriminated against on grounds of their age or race.

Tackling discrimination at work

- 115 The **EU Employment Directive on Equal Treatment**, due to be introduced by 2006, will prohibit age discrimination in employment and training. **Equality and Diversity**, the consultation paper on the UK response to the EU directive prepared by the Department for Trade and Industry, describes how the Directive would make it illegal to discriminate on grounds of age in employment matters, including recruitment and promotion, and would end the setting of a mandatory retirement age by employers. The **Age Positive Campaign** challenges ageism among employers and includes a Code of Practice that encourages employers to tackle age discrimination.
- 116 These developments should contribute towards a change in the climate, making age discrimination and the exclusion of older people increasingly unacceptable in any area of activity.

Involving older people

- 117 The **NSF for Older People** requires the NHS and local authorities to involve older people and carers in their Local Implementation Teams (LITs), which are responsible for overseeing the implementation of the NSF. In particular, Standard 2 requires the needs and wishes of older people to be central to the planning of services designed to meet their needs.
- 118 The involvement of older people at all stages of service planning is both a demonstration that older people are valued and a guarantee that older people's concerns are fully taken on board in the planning process. More than any other measure, this demonstrates a commitment to enhancing choice and control by older people over the types of services and opportunities that are developed.

'Joining up' services/focusing on well-being

Working together to promote health

- 119 The **NSF Standard 8 – promoting health and active life**, aims to ensure that organisations work together to promote health.
- 120 Standard 8 is the only NSF standard that requires activity right across the NHS, most of the local authority and many agencies in the voluntary sector. It therefore provides a useful focus for local strategies on independence and well-being that involve the whole community and, crucially, the wider local authority. Through NSF 8, it is possible to make connections with urban renewal, local strategic partnerships, and local government thinking on citizenship and engagement.

Examples include:

- Islington has presented its strategy for older people, *Live Long and Prosper*, as the delivery vehicle for NSF Standard 8.
- In Nottinghamshire, NHS support for, and engagement with, the best value review of services for older people who fall outside the scope of social services eligibility criteria has been strengthened by the connection with Standard 8.

121 Tackling Health Inequalities: A Programme for Action, was published by the DH. It aims to raise life expectancy in the most disadvantaged areas, in particular, by targeting people aged 50 and over to tackle poor diet, obesity, high blood pressure and lack of physical activity.

122 The health inequalities programme requires integrated action to improve health, particularly in the most deprived communities. It includes numerous references to older people throughout the document and connects well with NSF Standard 8.

Promoting local leadership

123 The **Local Government Act 2000**, co-ordinated by the Office of the Deputy Prime Minister (ODPM) gave local authorities new responsibilities of ‘community leadership’ and a new duty to promote the well-being of local communities. It also introduced the new scrutiny function of the NHS from 2003 and imposed a new duty on each local authority to prepare a community strategy in partnership with other bodies, detailing how they plan to improve the well-being of the local community.

124 This legislation signals a shift in the relationship between local authorities and their local population that is consistent with the growing citizenship agenda for older people and the imperative to modernise the way in which public services are delivered. The local authority duty of well-being offers a framework for taking a broad approach when considering services for older people. Similarly, the scrutiny function allows broad, cross-cutting reviews of local services. Scrutiny reviews can examine the appropriateness and effectiveness of current services and identify new strategic directions. While reviews can focus specifically on the services provided by local authorities and NHS organisations, they can also examine themes such as health improvement and well-being. Many early scrutiny reviews have taken this broader approach. A recent review by the Health Development Agency identified a number of reviews that took a cross-cutting approach to older people’s services (**Ref. 45**).

125 Local Strategic Partnerships (LSPs) bring together public sector organisations with the private, business and community sectors to tackle issues that require co-ordinated action from a range of partners. Such issues include deprivation and social exclusion. LSPs aim to streamline existing partnership arrangements, and to co-ordinate and oversee the implementation of community plans that attempt to improve the quality of life of local people.

- 126 LSPs potentially offer an ideal forum for implementing independence and well-being strategies for older people. Community plans can also provide a useful focus for work in this area, as wider commitment can be secured from the key partner agencies through the LSP. Experience from the communities involved in the Audit Commission/BGOP programme, however, showed that the level of LSPs' involvement in this agenda varied enormously, depending on their stage of development and on the importance placed on them by the local community. Previous Commission research on LSPs confirms that their effectiveness varies.
- 127 LSPs can drive improvement across the system by:
- acting as a forum for wide ownership and engagement at a neighbourhood level; and
 - ensuring that robust delivery mechanisms are in place (**Case study 1**).

Case study 1

Improving services in Speke through the Liverpool Partnership Group

The Liverpool Partnership Group (the local strategic partnership) examined what could be done at a neighbourhood level to improve the way that services were delivered for older people. They developed a pilot initiative in Speke – one of three Primary Care Trusts (PCTs) in the City. The aims were:

- to engage older people as partners in determining their own priorities for growing older in Speke; and
- to assess how housing, health and social care services (as well as the wider service network, including information, transport, education and life-long learning) could deliver more joined-up services in the area.

The City Council's housing stock had been transferred to South Liverpool Housing (SLH, a newly formed registered social landlord). SLH volunteered to lead the pilot.

Following two stakeholder events a programme of action was agreed, which included:

- Funding from the Housing Corporation to support older people to research the needs and aspirations of the older population.
- Recruiting a local co-ordinator financed from Neighbourhood Renewal Funding (NRF).
- Mapping services to identify gaps in provision.
- Identifying the resources that each agency expends on services, as a basis for reaching agreement on the best use of resources and on pooled budgets.
- Holding inter-agency and community lunches.
- Setting up structures to take the work forward, based around:
 - a steering group of all stakeholders that meets quarterly;
 - a smaller implementation group that met every six weeks – this has now been subsumed into the steering group after the initial phase;

- senior officers from the Liverpool Partnership Group, the local authority, the PCT and SLH who will act as unblockers and enablers for the initiative if progress gets stuck; and
- owners – other people on the steering group who will lead or co-ordinate particular initiatives.
- Taking forward an initial action plan based on nine themes identified by older people, which are:
 - supporting active ageing;
 - practical services;
 - income maximisation and benefits advice;
 - good neighbour role;
 - health promotion and prevention;
 - transport;
 - antisocial behaviour;
 - information; and
 - aids and adaptations and handyman services.

The housing and support agenda (for example, gardening, shopping, adaptations, handyman services) is built in to the wider agenda identified by older people.

The local implementation plan links to the city-wide accommodation and service strategy for older people, which is now being taken forward and covers areas such as: the future role of extra care housing and sheltered housing, housing-based models of intermediate care, housing and support for people with dementia and information and access to services at a city-wide level.

The funding for the initiative includes:

2002/2003

- £22,750 from NRF
- £9,500 from SLH

2003/2004

- £164,800 from NRF
- £61,000 from SLH
- £14,000 from the Housing Corporation
- £10,000 from the South Liverpool Cluster
- £30,000 from the South Liverpool PCT for the active age programme
- £250,000 Supporting People funding to SLH for a floating support scheme for older people

The key partners are also contributing by managing and developing the process, particularly SLH in its lead role.

Further pilots are now being developed in the other two PCTs in the city.

Recognising excellence

- 128 Beacon councils** are appointed by the ODPM. Local authorities that are performing well in particular themed areas are selected by the Improvement and Development Agency (IDeA) as Beacons. The approach aims to promote and spread good practice. Round five of selection to Beacon status includes older people as a theme, focused on strategic approaches that promote independence, choice and citizenship.
- 129** The IDeA is working with BGOP and the Audit Commission to explore ways in which learning from successful Beacons on older people can be shared widely, using a range of improvement and dissemination methods. This will build on the peer challenge programme on independent living for older people. The programme has brought together officers from local authorities who have experience of developing broad strategic approaches to older people, and national policy experts, to offer support and challenge to teams from communities seeking to strengthen their approach.

Self-evaluation

- 130 Best value**, introduced by the ODPM, aims to ensure that local authorities consider the appropriateness, quality and impact of the services that they provide or commission, as well as the costs of the services. Local people and service users must be involved in this process. Best value reviews (BVRs) must:
- **challenge** the purpose of services;
 - **compare** the authority's performance with that of others;
 - **consult** with the local community; and
 - open services to **competition**.
- 131** Although early BVRs tended to be narrowly focused on specific services, over time more authorities have taken a thematic, cross-cutting approach. This can work well when applied to the range of interventions and services that promote independence and well-being for older people, although this can be a complex process. While it can be difficult to involve partners outside the local authority, linking reviews to other imperatives, such as the implementation of NSF Standard 8, may help to secure wider involvement (**Case study 2**).

Case study 2

Nottinghamshire County Council's BVR

Nottinghamshire County Council had completed a BVR of services for older people who met their social services eligibility criteria. A cross-departmental group of senior officers then agreed to review services for the 26 per cent of older people in the county who did not need social services support, but who needed small amounts of help to allow them to live independent lives. The review contained a number of separate workstreams covering issues similar to those described in the previous chapter. One workstream aimed to explore the feasibility of developing a

Nottinghamshire strategy for older people, one of the first broad, county-wide strategies for older people in England.

Source: Audit Commission

External evaluation

- 132 Comprehensive performance assessment (CPA)** introduced by the ODPM, assesses the performance of local authorities in relation to their strategic role, as well as their commissioning and service provision. It focuses on issues such as leadership and organisational culture, as well as on the current performance of services and brings together information from other inspectorates and auditors, along with a corporate assessment of the council's ability to lead its community.
- 133** As CPA develops in the future, it will strengthen its focus on the relationships that local authorities have built with other key organisations and with their communities. The well-being of older people is one area under consideration as a pilot for this broader approach. Inclusion of the theme of older people and well-being in the next phase of CPA would offer a powerful catalyst for development in this area.

Policies that support the seven key themes

Housing and the home

- 134 Quality and Choice for Older People's Housing: A Strategic Framework (2001)** produced by ODPM, sets out priorities for improving the diversity, flexibility and quality of housing for older people and for improving the integration of these services. **Preparing Older People's Strategies: Linking Housing to Health and Social Care (2003)** produced jointly by the ODPM and the DH offers follow-up guidance on preparing local strategies that integrate housing with other relevant services. Highlights include:
- the need to plan for an increasingly diverse population of older people whose profile is changing rapidly;
 - the importance of tackling age discrimination; and
 - the need to involve older people in the development of local strategies.
- 135 Supporting People**, co-ordinated by the ODPM, aims to bring together a number of sources of housing-related support, including transitional housing benefit, the supported housing management grant, probation accommodation grant and housing-related elements of income support and job-seekers allowance. It allows greater flexibility in the funding of new strategic priorities.

Case study 3 Newcastle's Housing Strategy for Older People

Newcastle is producing a housing strategy for older people. The levers for the development of the strategy were:

- intermediate care and the single assessment process;
- Quality and Choice for Older People's Housing;
- the NSF for older people; and
- Supporting People.

The strategy aims to :

- improve quality and choice by carrying out research on current and future housing needs of older people in the city and influencing private sector developments to include provision for older people;
- promote independence by developing alternatives to residential care, promote community alarms, aids and adaptations and work with partners, such as health professionals (to tackle fuel poverty) and the community safety unit (to increase home security); and
- involve older people in developing and monitoring the strategy.

Source: Audit Commission

136 For the first time, a high proportion of older people have had the experience of owning rather than renting their homes; this will shape their expectations of being able to exercise choice over where and how they live in older age. The emphasis in all of these policy initiatives is on integrating housing within the broader context of services for older people. Supporting People also offers the possibility of developing new and flexible services of the type that older people say they need in order to live independent lives.

Neighbourhood

137 **Neighbourhood Renewal** (ODPM) focuses on improving key indices of deprivation and inequality, including crime, educational attainment and health in the most deprived areas. It supports the development of community networks and voluntary organisations to tackle social exclusion.

138 Neighbourhood renewal requires multi-agency responses to the problems of the most deprived areas and could significantly improve the quality of life of the older people who live there.

139 **Example:** Camden's Quality of Life Strategy for older people is under review to ensure that the right connections are made with other aspects of local activity. A key priority for year two of the strategy is to build links with local work on neighbourhood renewal.

Social activities, social networks and 'keeping busy'

140 **Learning to Succeed**, introduced in 1999 by the Department for Education and Skills (DFES), reviews opportunities for continuing learning beyond compulsory education, acknowledging the barriers experienced by older people. The emphasis is as much on learning new skills, developing individual potential and improving quality of life, as acquiring formal, work-related qualifications.

141 Forty-seven local Learning and Skills Councils (LSCs) have since been established under a national LSC. Local LSCs work in partnership with local stakeholders, including community organisations, to plan the funding and delivery of all post-16 learning and training (apart from universities), in order to make this provision more responsive to the needs of local people.

142 LSCs can also make links with local teams that are working to implement Standard 8 of the NSF for Older People, to develop education and leisure activities and opportunities to increase older peoples' involvement in their local communities. These are all ways to help to promote good health (**Ref. 46**).

143 This gives local authorities a key role in working with older people to identify learning opportunities and needs; and in commissioning new opportunities for lifelong learning for older people (**Case study 4**). Rising generations of older people have enjoyed wider education and leisure opportunities than their predecessors and retirement from paid work is increasingly seen as an opportunity for continuing self-development and fulfilment.

Case Study 4

Lewisham Older Women's Network

The Lewisham Older Women's Network has a strong focus on lifelong learning. Their model of working has been to identify local priorities, through their contacts with older people across the Borough. The women have then skilled themselves to carry out research projects on these priorities, the conclusions of which have been fed back to older people and to council and other public sector staff.

The Network has led a number of initiatives, working in partnership with the local authority's Community Education Department, as well as with other agencies. Their work has attracted international attention, with three women presenting to the UN on their experiences of acquiring new skills in IT. However, their work has also had an impact on services for older people locally, for example, recommendations in relation to housing have been integrated into the Council's service plans. The Network is now carrying out an initiative to explore the barriers that older people face to participating in local learning opportunities. The Network members led the design of the questionnaire, working with an academic partner, and also received training on interviewing. They interviewed older people at a local summer event and on the basis of this will produce a detailed questionnaire for completion and analysis. The findings of the initiative will feed into the work of agencies across the Borough to shape the future approach to older people by the local authority and its partners.

Source: Audit Commission

Getting out and about

- 144 **The Transport Act 2000** placed a duty on local authorities to prepare **comprehensive, integrated transport strategies** covering all forms of surface transport. Strategies must:
- widen travel choices;
 - integrate different modes of travel and routes; and
 - demonstrate that they are integrated with wider policies and local strategies.
- 145 The emphasis on integration with other local priorities offers the opportunity of connecting transport strategies with strategies on older people. For those older people without private transport, being able to get out to the shops, to see friends and visit leisure facilities is key to remaining independent; their transport needs should therefore be an important theme of any local transport strategy.

- 146 While we have not identified any specific work on using the transport strategy as a way of building a broader local approach to older people, we have seen an example of an innovative county-wide approach to increasing access to transport for older people. In Nottinghamshire, as part of the BVR, the authority plans to set up a transport brokerage scheme. This will match vehicles, including transport from the county council's own fleet, much of which is unused for most of the day, with groups of older people who want to travel to go shopping or to meet friends. The scheme is described in more detail in the second report of this series.

Income

- 147 **Simplicity, Security and Choice**, the Green paper on pensions from the DWP aims to simplify occupational and private pension saving, as well as promoting a more flexible approach to retirement. The aim of this simplification is to help people to choose how they plan for retirement, how much they save and how long they continue working.
- 148 **Pension Credit**, also from the DWP, is a new entitlement for people aged 60 and over from October 2003. It will not only provide a contribution towards a guaranteed income (like the minimum income guarantee, income support for people over 60, which it replaces) but will also reward people aged 65 and over who have made some provision for their retirement. Around 3 million pensioner households are expected to receive Pension Credit by 2006; 1.2 million more than get minimum income guarantee.
- 149 The Pensions Service places a strong emphasis on increasing the uptake of benefits to older people. The Third Age Service (see below) is an important delivery mechanism for achieving this. Tackling poverty among older people may therefore become a vehicle for delivering more integrated, holistic advice and information that looks at the range of older people's aspirations.

Information

- 150 **Care Direct and the Third Age Service** (DWP) offer an integrated information and advice service for older people, across a wide range of benefits, housing, health and social care services. It is currently being piloted in south west England. The government has a manifesto commitment to introduce a Third Age Service that will build on Care Direct. The Pensions Service is working with partners to join up at the local level and is setting up joint Pension Service and Social Services financial visiting teams, based on a model first developed in the south west. The experience of Care Direct is influencing the development of these teams, which will bring together pensions and other benefits, housing benefits and charges for social services.
- 151 The Care Direct pilots will end in 2004. The learning from the pilots and from the wider partnerships between the Pensions Service and local authorities are providing the basis for the development of a new Third Age Service that will provide an integrated, easily accessible information service for older people.

- 152 While the pilots all operated slightly differently, they all included a number of elements, such as a telephone helpdesk and the involvement of older volunteers and secondees from the Pensions Service. In addition, they all rested upon a commitment to building new partnerships. The Bournemouth pilot, described below, illustrates these points **(Case study 5)**.
- 153 The Care Direct pilots show how developing an integrated, frontline information service can help to refocus local services for older people and the ways in which these are delivered. The Third Age Service will build on this experience. It is likely to operate as a network of agencies, working in partnership to offer improved access to a range of more integrated services. It will provide older people, and those who work with them, with a single point of contact on the range of benefits and services that are available.

Case study 5

Bournemouth Pilot Site of Care Direct

The Bournemouth Pilot of Care Direct is managed by Help and Care, a voluntary organisation operating throughout Dorset, but with its main administrative centre and a significant proportion of its activity in Bournemouth. The management of Care Direct locally is contracted out to Help and Care by the Social Services Committee of Bournemouth Borough Council. The Bournemouth pilot is the only one not directly managed by a local authority.

Bournemouth Social Services Committee felt that the location of the management of Care Direct with Help and Care would have two benefits. First, it would allow the pilot access to a wider and better developed network of individuals and organisations; and second it would demonstrate a commitment to the values of participation and leadership by older people that are part of the ethos of Help and Care.

The vision advanced for the Care Direct pilots was that an integrated team would deliver a whole service for older people who experience a range of needs, that, from their perspective, do not divide into compartments to match the agencies who might potentially be available to help them.

The service recognised that issues about health, care and support, housing and incomes were often different aspects of the same situation. It recognised too that the level of help that people might want could be very varied: some needed just a little information to point them in the right direction, while others needed more intensive assistance to secure the help that they needed. ‘Connected, comprehensive, flexible’ are just some of the aspirations of the service. The offer made by the Care Direct pilots to people aged 60 and over in their areas was that whatever the question, Care Direct would provide them with an answer, or put them in touch with someone who could.

The service is made up of:

- A telephone helpdesk, staffed by advisers who are trained to screen requests. People on the desk either respond using their own knowledge and the database available to them, or pass them on to other members of the team, or on to other organisations or professionals. The helpdesk advisers themselves provide an important element in the total response of the team.
- Staff seconded from the Benefits Agency (now working for the Pensions Service) were trained on pensions issues and located with the helpdesk advisers. In addition to taking on a caseload from the helpdesk advisers they have been able to provide timely general information and support to colleagues on the helpdesk and to other members of the team. These staff are now located in the joint financial visiting team described above.
- A dedicated Care Management Team, seconded from Bournemouth Borough Social Services Department, led by a senior practitioner and supported by three trained social workers/care managers and three assistant care managers. Their role has been to respond to referrals, taking over the role formerly exercised by the duty team, to carry out assessments and to manage interim care arrangements.
- A team of advocacy and support workers who draw upon the well-established work of Help and Care in this field. Representing the clients in this process they provide a balance to the service delivery elements of the team.
- A team of older volunteers. This has been an important part of the pilot but one that was relatively slow to develop.
- Direct access to a dedicated element within the Handy-help handy-person scheme provided by Help and Care.

Source: Audit Commission

Health and healthy living

- 154 **The NSF for Older People** includes standards in eight areas with milestones for implementation. Standard 8, discussed earlier, has a broad focus while the other 7 Standards relate to NHS and social care services. Communities need to appoint champions to provide leadership and promote change within the NHS and local authorities. A major national review of implementation of the NSF is planned for 2004/05.
- 155 The NSF for Older People strengthens the focus on older people that first appeared in the NHS Plan. Although the standard on intermediate care has attracted most resources and performance monitoring, the strong theme of whole system solutions that underpins the document can provide an impetus for looking at broader ways of tackling pressures on the NHS, as described in the case study below (**Case study 6**). In addition, the review of implementation is being used by some communities as a way to maintain the momentum of implementation.

Case study 6

A whole system approach to addressing the pressure on the hospital/community interface in St Helens and Knowsley

The St Helens and Knowsley Whole Systems Group commissioned an assessment of need and commissioning strategy for older people. The catalyst for this was concerns about pressure on the acute hospital system around the level of emergency admissions and delayed transfers of care. However, the scope of the work was widened for four reasons.

Firstly, the commissioners were keen to move from short-term fire fighting and special initiatives with special funding – for example, initiatives using winter pressures funding – to more fundamental ‘whole system’ service redesign and use of resources. The aim was to build up a stronger pattern of primary and community-based services in order to reduce the level of hospital admissions and delayed transfers of care.

Secondly, there was recognition of the need to address the service culture and system changes needed to reduce emergency admissions and delayed transfers, and the use of institutional care. This meant examining the key interfaces – between the hospital and community; and across different services in the community.

Thirdly, the commission was seen as an opportunity to draw in a wider set of services beyond the immediate health and social care system. In particular this meant housing, who were members of the Steering Group. However, it also applied to the way that both boroughs and PCTs related to the wider population of older people – the majority of whom live in ordinary housing and who are not major users of health and social care services, as well as the minority with explicit health and social care needs. In the light of this, key goals of the work were to address the broader agenda around social inclusion, active ageing, independence and preventative approaches, thereby reducing the number of older people going into hospital and long-term care.

Fourthly, and linked to the above, there was agreement on the importance of adopting a citizen-led, not just a service-led approach, and to directly engaging older people in both boroughs in the work, and in building a vision about growing older in St Helens and Knowsley.

The strategy therefore encompassed eight building blocks for change:

1. Adopting an approach centred on older people

- Adopting a vision developed by older people themselves.
- Developing an service culture that moves from ‘risk averse’ to risk management.
- Involving older people and enabling them to have a voice.
- Establishing an integrated strategy for an ageing population across all dimensions of all older people’s lives, adopted by the LSP in each borough

2. A whole person/system planning framework

- Uses five levels of strategy and service planning to address all aspects of older people's lives, from active ageing to hospital care (**Ref. 47**).

3. Promoting active ageing and prevention

- Adopting an active ageing approach to cover all aspects of the lives of older people.
- Developing a programme of preventative activities.
- Promoting the role of the voluntary, community and business sectors in taking the agenda forward with older people.

4. Rebalancing the acute/community interface through four main areas of action

- Developing effective single assessment and care co-ordination.
- Managing emergency admissions.
- Developing a robust system of primary and community care.
- Including the housing service.

5. Older people and mental health services

- Improving service planning and commissioning.
- Improving access and equity of provision.
- Improving service delivery and care management

6. Developing a local approach

- Through piloting a local model of commissioning and delivering new approaches to active ageing, prevention and community-based services at a neighbourhood level and engaging older people as partners in the process.

7. A knowledge-based approach to commissioning

- Through better use of monitoring information and testing and developing a system for modelling different assumptions that can be translated into different commissioning strategies.

8. Developing a programme to manage and sequence change

Source: Peter Fletcher Associates

Increasing participation in sport and physical activity

- 156 A number of initiatives sponsored by the Department for Culture, Media and Sport (DCMS) aim to increase the participation of older people in physical activities. These include: **Game Plan**, a collaboration with the DH that prioritises older people's participation in sport and physical activity; **Local Exercise Action Pilots**, led by PCTs, that are testing different community approaches to increasing physical activity by older people (and others); and the **Volunteering in Sport** Project, which aims to recruit 8,000 older people as coaches, administrators and mentors between 2002 and 2004.

Box C

Five key aims of the Strategy for Older People in Wales

- Reflecting the UN principles for older people, to tackle discrimination wherever it occurs, promote positive images of ageing and give older people a stronger voice in society.
- To promote and develop older people's capacity to continue to work and learn for as long as they want, and to make an active contribution once they retire.
- To promote and improve the health and well-being of older people through integrated planning and service delivery frameworks and through more responsive diagnostic and support services.
- To promote the provision of high-quality services and support that enable older people to live as independently as possible in a suitable and safe environment and to ensure that services are organised around and responsive to their needs.
- To implement the Strategy for Older People in Wales with support funding to ensure that it is a catalyst for change and innovation across all sectors, that it improves services for older people and that it provides the basis for effective planning for an ageing population.

Source: Welsh Assembly Government

- 157 There is increasing evidence that appropriate exercise can sustain mobility, while the social contacts involved can promote good mental health. Both can contribute to the implementation of Standard 8 of the NSF for Older People.

Supporting frailer older people

- 158 The **GP Contract** offers incentives to GPs for improving their management of people with chronic diseases, such as heart disease or diabetes, in the community.
- 159 There is increasing evidence to show that a more proactive approach to chronic disease, that is based on giving people the information and skills they need to better manage their own health, can significantly reduce crises and the frequency of hospital stays. Early work in the UK, such as the pilot in Halton PCT has shown that intensive management of older people who have a range of health and social issues brings benefits to both the older person, in improved quality of life and to the whole system, in terms of a reduction in the use of hospital beds (**Ref. 48**). In addition, this approach is based on the aspirations of the older person and frequently involves putting them in contact with community networks and organisations, as well as improving their clinical care. A later paper in this series focuses in detail on the range of interventions that are available to support frailer older people in the community.

Limitations of the policy map

- 160 A range of policy initiatives exist that can be used to address the concerns of older people outlined in chapter 3. But gaps remain. For example, older people's wish for help with small tasks around the home, identified repeatedly over many years, is not well reflected in policy (although Supporting People may help). It has fallen to numerous small-scale initiatives, mostly in the voluntary sector, to plug the gap.
- 161 Also, although the direction of travel is consistent and many individual levers are in place that can be used to promote independence and well-being for older people, it is up to local agencies to piece them together. Stronger leadership and co-ordination at a national level could help to promote more integrated approaches to successful ageing locally.
- 162 In Wales, the Welsh Assembly recently published a national strategy that aims to tackle many of the priorities identified in the previous chapter (**Ref. 49**). It is intended to act as a high-level framework that sets out the vision and values within which other strategies, such as Community Strategies and the forthcoming Welsh National Service Framework for Older People should sit (**Box C**). Although it is not yet clear what approach the planned UK strategy for older people will adopt, this is one option for consideration.

4



Conclusions and next steps

A fundamental shift is needed in the approach to older people. Many people have argued for this for some time, but many factors are now coming together to make change more likely. New ways of working are needed at both national and local levels.

163 This report argues for a fundamental change in our approach to older people. There must also be changes to the way that policy is co-ordinated and implemented, and to the delivery of public services. But others, including older people, have been arguing for a change of approach for years. Turning it into a reality is altogether another matter. Hard-pressed local authorities and NHS agencies already have many priorities, with an enormous range of targets already competing for their attention and resources. Why should change start to happen now? There are several reasons:

- the numbers of older people are growing steadily and will continue to do so for the foreseeable future;
- attitudes are changing and expectations rising;
- the policy framework described in the previous chapter is continuing to build;
- new processes are being introduced which provide new opportunities locally – particularly community leadership by local authorities;
- new approaches to the management of frailer older people are being tested that promote their independence and give them greater control over their care; and
- regulation is starting to adopt a broader approach, with a stronger focus on partnerships and well-being.

164 However, making change happen will not be easy. It will need initiatives at all levels (summarised in this chapter):

- the overall approach to older people needs to change;
- policies need to become more integrated;
- agencies locally, led by local authorities, need to put in place the infrastructure of policies, approaches and services that older people want;
- new ways of working with older people are needed to provide advice and information that address the whole range of their aspirations;
- health and care services must reshape their approach and work within the new vision, supporting and promoting independence; and
- new ways to regulate these new initiatives are needed.

A change of approach

165 All too frequently, when we think of older people, we think in stereotypes of frailty, dependence and deficit, without acknowledging the limitations of this view and the increasingly important role that older people play in our communities. Media images of older people often reinforce ageist views. This deep-rooted perception can mean that older people are seen as an NHS and social services problem and that their wider aspirations for an active, full life are ignored.

166 For all of us, this means:

- ending stereotyping of older people as vulnerable and dependent, by focusing equally on positive images of older age and acknowledging the key contribution older people make to their communities; and

- engaging with older people in new ways, both about the services they receive and about the issues affecting the communities in which they live.

Policy needs to be better integrated

167 National policy promotes the shift towards well-being and independence. However, it needs to be better integrated. Options for the development of a national strategy are under consideration and developments in this area could act as a powerful lever for change. Experience in Wales could offer useful learning.

168 For government departments, this means:

- providing leadership and co-ordinating a vision to give momentum to the change; and
- developing national policy that is joined up across departments and supports the new direction.

The local infrastructure needs to be built

169 All of these imperatives demand greater coherence at the local level, and local authorities have new duties to provide community leadership. They must work with central government services, with local organisations (such as the NHS and the Pensions Service), with voluntary and community groups, and most importantly, with local older people. They need to agree the outcomes that they wish to achieve and then work together to make sure that they make a real difference for older people and their families. Older people must be at the heart of the process. The way that a number of authorities are approaching this issue is the subject of the fifth report in this series.

170 For local authorities and their partners, this means:

- involving older people in identifying local issues and solutions;
- building a picture of the local population of older people;
- developing a strategic approach with older people and partners that goes beyond care services to tackle all the dimensions of independence;
- identifying clear leadership for this work;
- working as a whole system;
- communicating the need for change to older people and staff; and
- monitoring progress.

The second paper in this series looks in detail at the role of local authorities and their partners.

New ways of providing information and advice need to be developed

- 171 Older people frequently say that they do not know how to find out about the opportunities or services are available to them. They would value an accessible, trusted source of information on the whole range of their interests and concerns – in particular, advice about income and benefits. This function may be carried out by the statutory sector, but other agencies also have a crucial role.
- 172 The development of Third Age Services will be key in taking this area forward. Case study 5 illustrates some of the principles that might underpin such a service.
- 173 **For local authorities and their partners this means:**
- working with older people and other partners to build Third Age Services that address the issues that are most important to older people.

Care services need to be placed in a broader context

- 174 There will of course be a continuing need for care services for older people who do become frail. However, care services also need to change their approach to ensure that the values of citizenship and engagement, that are so important to older people, underpin the way that they provide care. The range of services may also need to change, with more investment in services that provide more proactive ways of enhancing independence, as described in later reports in this series.
- 175 **For providers of care services this means:**
- viewing all the older people as citizens with views, aspirations and hopes for the future; and
 - working with older people to develop a genuinely person-centred approach to care.

The role of the Audit Commission

- 176 Although older people's aspirations have been clear for some time, communities have found it difficult to refocus services towards promoting well-being and independence, while still meeting targets and maintaining other services within fixed budgets. Change will be a long-term process that requires careful support and management. The Audit Commission aims to play its part in working with others to support the change process. The other reports in this series contain examples of authorities and trusts that are making a difference.
- 177 Regulation also needs to adjust to the new agenda. This means using a 'light touch' but it also means changing the focus to assess the extent to which the above cross-cutting agenda is being adopted.

178 For the Audit Commission this means:

- working with partners, such as the IDeA, to help to support communities that are adopting a broad strategic approach and to spread learning more widely;
- developing performance indicators that focus on well-being; and
- strengthening partnerships between regulators and developing streamlined approaches that look at cross-cutting issues.

Conclusions

- 179** This section has described an agenda for central government, local authorities and other agencies that will be challenging to implement. It will demand new ways of working, new ways of organising services and new ways of engaging with older people. But the improvements will be far-reaching in their impact, both in terms of better use of public money, but most importantly, better quality of life and well-being of older citizens.

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Forget Me Not – Mental Health Services for Older People (Update 2002). This update reviews progress made by trusts in the provision of mental health services for older people since the Commission's 2000 national report Forget Me Not.

Update, 2002, ISBN 186240 3414, Stock code HUP2681, £12

National Report, 2000, ISBN 186240 2035, Stock Code HNR1368, £20



Integrated Services for Older People – Building a Whole System Approach to Services in England. This report tackles the issue that care for older people is not well co-ordinated. It offers advice on how to work towards a more 'whole system' view of services for older people and draws on some good practice examples.

National Report, 2002, ISBN 186240 4038, Stock code GAR2880, £25



The Way to Go Home – Rehabilitation and Remedial Services for Older People. This report argues that a more strategic and whole systems approach is needed that looks at rehabilitation in the round and makes full use of new financial flexibilities. It proposes solutions for practitioners, local authorities and users who depend on these services.

National Report, 2000, ISBN 186240 2213, Stock code HNR1401, £20



United they Stand – Co-ordinating Care for Elderly Patients with Hip Fracture. This update outlines progress in the care of elderly patients with hip fracture since the publication of the Audit Commission's national report in 1995.

Update, 2000, ISBN 186240 1896, Stock code HUP1372, £5

National Report, 1995, ISBN 11886 4343, Stock code HNR1143, £10

This is the first in a series of five papers looking at ways to promote the independence and well-being of older people. A report summarising the series is also available.

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