

Financial implications for local authorities of an ageing population

Policy and literature review

Local government

October 2009

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

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1 Introduction

Outline

- 1 This literature review:
 - identifies the financial costs and benefits for local authorities of an increasingly older population;¹
 - summarises current policy, debate and data on those costs and benefits;
 - identifies gaps and questions in the literature and data; and
 - describes key elements in the background to the proposed Audit Commission national study on the financial implications for local councils of an ageing population.

Background to the review

- 2 England's population is ageing. Demographic change can have a far-reaching impact: many councils recognise it as an important issue in setting priorities and in planning future services. At the last corporate assessment, two-thirds of councils had at least considered a strategic approach to services for their ageing population, although only one-third had implemented it (Ref. 1, Ref. 2).

What this review covers

- 3 Each of the five sections in this review covers one area of policy where demographic change has financial implications. The policy areas are not separate, they are related, and value for money is not achievable unless councils see the connections.
 - Wider government policy
 - Social care
 - Housing
 - Transport
 - Other costs
- 4 This review does not cover costs to the NHS related to an ageing population, as the Wanless review (Ref. 3) has looked at this comprehensively.

¹ There is a lack of clarity across different policy areas as to what 'older people' means. Cross-cutting policy and literature such as Opportunity Age (Ref. 4) and Don't Stop Me Now (Ref. 1) define older as 50 and over, on the basis that in some areas, people in their 50s may have the same needs as people in their 70s in other areas. Fifty is also the age at which the average working person's income begins to decline, rather than increase, with age. However, social care literature defines 'older' as 65+, particularly in terms of the statistics presented from councils' personal social services reports to central government. In this literature review, 'older people' can refer to different age groups depending on the policy area considered and the sources of evidence.

2 Cross-cutting policy

Opportunity Age

- 5 *Opportunity Age* is a cross-cutting older people's strategy, published by the Department for Work and Pensions in 2005. It covers work and income, active ageing, and services, but there is little guidance about how local authorities should finance these areas (Ref. 4).
- 6 *Don't Stop Me Now*, the Audit Commission's 2008 report into older people's services, gave examples of notable practice in local strategic approaches to older people's services. It was clear, however, that even those councils funding innovative schemes had little experience of assessing costs and benefits, particularly those for prevention, or delayed need, for care services (Ref. 1).
- 7 The findings from *Don't Stop Me Now* contributed towards the July 2009 update of the *Opportunity Age* strategy, *Building a Society for All Ages*.² This new strategy focuses on helping people to plan for their old age, and providing 'better public services for later life' (Ref. 5). *Building a Society for All Ages* is a comprehensive policy document aimed at improving well-being for older people. The next step will be for local agencies to deliver its desired outcomes locally. The Audit Commission study that follows this literature review will provide guidance on the best use of resources to deliver these outcomes.

LinkAge Plus

- 8 Eight LinkAge Plus pilots accompanied the *Opportunity Age* strategy. These encouraged and financially supported local collaboration to deliver services meeting local older people's needs.
- 9 The different sites approached the pilots in different ways, with varying success. Three interim evaluation documents (Ref. 6, Ref. 7, Ref. 8), give specific examples of approaches councils could take, but are less clear on the financial benefits of these approaches. The final business case and LinkAge Plus end-of-project report give some cost cases for different approaches; the most solid case is for falls prevention, which has already shown to be cost effective in other studies (Ref. 9, Ref. 10). On average, in the five years following the first pilot investment, the LinkAge Plus pilots have saved £1.80 for every pound invested (Ref. 9).
- 10 It is too early to say whether pump-priming these projects will help or hinder councils' abilities to sustain them. In the pilots, the investment period was two years, and a year after this ended, most of the projects were breaking even, and many have secured continuing funding (Ref. 9).

² The Department for Work and Pensions asked the Audit Commission for input into the strategy. *Don't Stop Me Now* was referenced in the Department's interim consultation document *Preparing for our Ageing Society: A Discussion Paper*, 2008, and the strategy *Building a Society for All Ages*, 2009.

2 Cross-cutting policy

- 11 The Department of Health's Partnerships for Older People Projects (POPP) scheme has a 96 per cent continuation rate, with councils continuing to fund schemes after pump-priming has ended (Ref. 11). Other pump-priming projects such as those paid for by the Rural Bus Subsidy Grant or Rural Bus Challenge have needed funding to continue, rather than become self-sustaining (Ref. 12). A report on pilots for the Cabinet Office said that, 'a pilot that reveals policy to be flawed or ineffective should be viewed as a success rather than a failure, having potentially helped to avert a potentially larger political and/or financial embarrassment' (Ref. 13). Effective evaluation of pilots is essential in order to make decisions about future policy (Ref. 13). The evaluation documents on the LinkAge Plus pilots will enable policy-makers and practitioners to make decisions about funding future delivery of services to older people based on the outcomes, value for money, and sustainability of the approaches piloted.
- 12 The end-of-project report stopped short of recommending that all authorities take a LinkAge Plus approach, but *Building a Society for All Ages* contains a pledge from government to provide small amounts of funding to 'test new and innovative approaches to delivering services for older people' (Ref. 5, Ref. 9). It is unlikely that councils could take a LinkAge Plus approach without funding or diversion of resources towards setup costs. Councils would need to release cash and staff time from other areas to move forward on this, and need to weigh up the potential savings against the costs of doing this.

POPPs

- 13 The Department of Health has also run pilot projects, intended to support wider quality of life for older people. POPPs aim to save money through health promotion and prevention work. POPPs evaluation focuses on savings to the NHS (bed days) but not on social care or other council services (Ref. 11). Evaluation of the POPPs pilots found that 'for every £1 spent on POPPs, an average of £0.73 will be saved on the per-month cost of emergency hospital bed days' (Ref. 11).³ Pump funding has primed those councils involved to sustain funding through their own budget for the POPPs projects in most cases. Of 470 projects across the POPPs scheme, 455 have said that they will sustain their services after the pump funding from the Department of Health ends, representing a 96 per cent continuation rate (Ref. 11).

Conclusion

- 14 Many of these initiatives focus on improving individual service delivery for older people, rather than taking a cross-cutting, value-for-money approach. As *Don't Stop Me Now* noted, only one-third of single-tier and county councils had a strategic approach to older people's services at their last corporate assessment (Ref. 1).⁴

³ Presuming the cost of a bed-day to be £120 (Ref. 11)

⁴ Corporate Assessment was part of the Audit Commission's Comprehensive Performance Assessment inspection regime. For more information, or to view individual corporate assessments, please go to <http://www.audit-commission.gov.uk/cpa/>

- 15 The following sections reflect the evidence about spending and results that exists. There is little about strategy and much about particular services: social care dominates the debate. This presents a paradox: for councils the biggest financial implications of an ageing population concern social care costs, yet these costs relate to services for a minority of the older population.

3 Social care

The wider context

- 16 Many view social care as the biggest issue when it comes to the financial implications of an ageing population, simply because it is the biggest cost (Ref. 14, Ref. 15). *Don't Stop Me Now*, however, was clear that councils delivering the best outcomes for older people take a wider view. They see social care as part of the range of council services that older people use (Ref. 1).
- 17 Most of the policy and research about social care reviewed in this chapter focuses on financial costs. These discussions, often isolated from the wider context, can easily dominate the debate. Issues such as social interaction, appropriate transport, and housing, affect every older person's quality of life. They are key to a wider understanding of value for money in public spending on an ageing population.
- 18 Older people are not simply a social care cost. Older people make up much of the formal volunteer workforce, delivering many services to other older people (Ref. 16). They also provide most informal care to other older people (Ref. 17). Without their contributions, the social care costs discussed in the following chapter would be far higher than they are – informal carers' contributions are worth £87 billion a year (Ref. 18).

Older people's social care costs

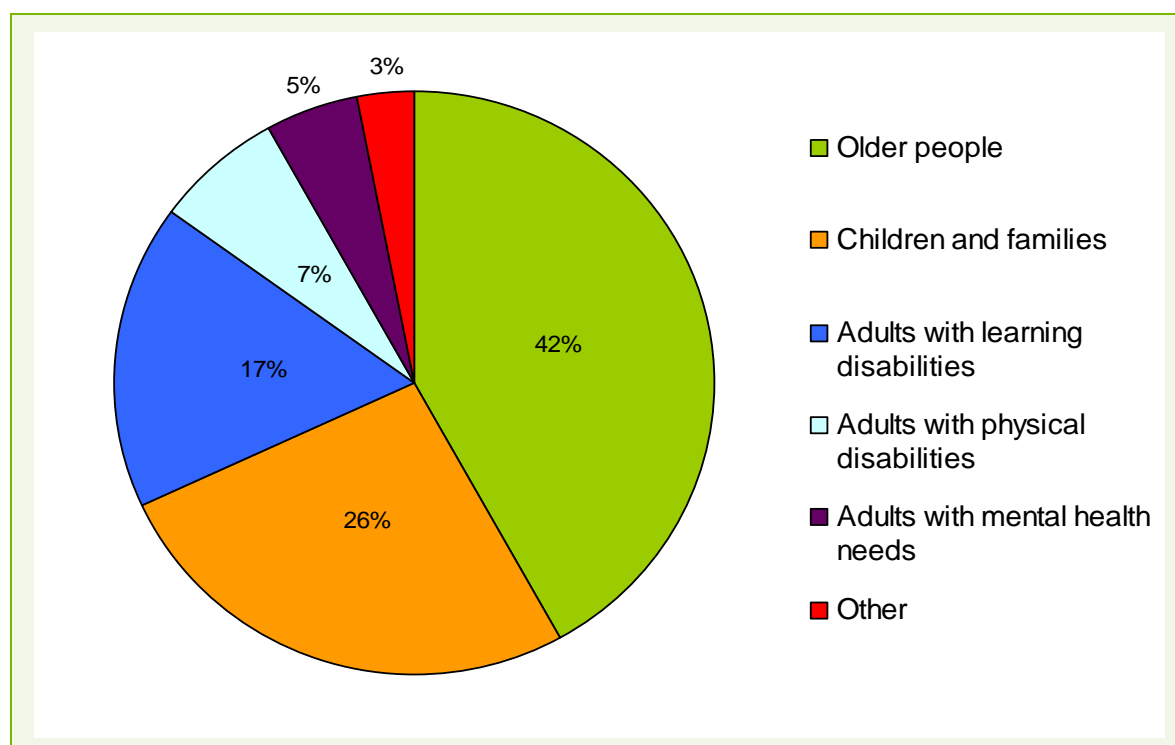
- 19 Social care costs are the biggest cost related to the ageing population for single-tier and county councils. Local authorities spent £8.8 billion on personal social care for older people in 2007/08.⁵ This is £148 million less⁶ than expenditure on the same client group in 2006/07 (Ref. 19). This money was spent on packages of care for 1.2 million people aged 65 and over (Ref. 18). These people make up just 7 per cent of the over-65 population in England (Ref. 20, Ref. 21).
- 20 Personal social care for older people accounts for 42 per cent of total personal social services expenditure (Figure 1 and Ref. 20), and 57 per cent of the total adult services spend (Ref. 20). Consequently, councils with social care responsibilities spend a lot of time and effort focusing on these costs rather than the cross-cutting and wider policy questions identified in the previous chapter (Ref. 1).

⁵ Latest year for which data is available.

⁶ In real monetary terms.

Figure 1 Spending on services for older people makes up nearly half of personal and social services spending

Personal and social services spending by user group, 2007/08



Source: NHS Information Centre, 2009

- 21 Older people receive 42 per cent of social care spending, but spend per person is lower than for other groups. Many older social care recipients do not need intensive services, but a combination of cheaper, less intensive community care services (Ref. 20).
- 22 Social care budgets cover different types of costs. Achieving maximum value for money requires looking at how these fit together. Social care costs for older people include community (home care, meals, day services) and residential (care home) services. Good outcomes for older people result from having the best balance of these services, to suit people's needs.
- 23 The costs of social care for older people vary widely depending on the area and the care mix. The extent of the difference between the highest spending councils and the lowest spending councils, however, suggests that further benchmarking could reveal opportunities for value-for-money improvements (Table 1).

3 Social care

Table 1 Weekly spending on social care for older people varies by a factor of five

Variation in amount spent on social care for older people⁷

Council area	Amount spent on older people's social care, per person 65+, per week 2007/08
England average	£980.19
Highest spend	£2409.53 (nearly two-and-a-half times the average)
Lowest spend	£561.71 (just over half the average)

Source: NHS Information Centre, Audit Commission, 2008

Central government social care funding

- 24 Most funding for social care is through the Revenue Support Grant with the remainder through specific grants. Most of the specific grants are now included in the Area Based Grant. The Revenue Support Grant allocation for each council is calculated through the Relative Needs Formula. This formula for older people's social care takes account of social structure, area costs, levels of deprivation and numbers of older people (particularly 'older old', aged 80 and over) in an area. (Ref. 22, Ref. 23).
- 25 The current formula prioritises deprivation and area costs: it gives less weight to numbers of older people (Ref. 22, Ref. 23). Until recently, a similarly weighted formula applied to the health grant for local areas; however, recent revisions have seen less weight given to deprivation in the needs element of the formula, and more weight given to numbers of older people (Ref. 24).
- 26 The Area Based Grant does not follow the same formula-based approach. Councils and their partners have more freedom in deciding how to spend the Area Based Grant than they have with specific grants.

Achieving value for money

- 27 The literature on improving value for money in adult social care services suggests:
 - removing waste – cutting down on process waste such as duplication of effort;
 - prevention – keeping as many people as possible at the lowest possible level of need;
 - tightening eligibility criteria – making sure that money is spent on care for those who need it most;

⁷ Figures are average weekly total spend given by the NHS Information Centre. The Information Centre is a data repository for national statistics relating to health and social care. The figures include council spending on in-house, outsourced, and joint services; and capital charges. All costs for all types of care are included.

- better commissioning – ensuring that service providers improve value for money; and
 - charging – moving the cost burden from the taxpayer to those service users who can afford to pay.
- 28 Value for money is not the same as simple cost-cutting. Councils have to take account of the well-being of service users and the quality of services, the impact of shifting costs from one budget to another and the impact of spending decisions on the local economy (Ref. 25).⁸
- 29 Research from the University of Bristol identified four types of improvement within better value for money in health and social care (Ref. 26), which map onto the enablers listed above (Table 2).

Table 2 There are multiple ways of improving value for money in older people's social care provision

Types of value-for-money improvement and the means to achieve them in adult social care

Type of value-for-money improvement	Means to achieve this improvement
Spending is no longer needed or is reduced	Prevention services, eligibility criteria, commissioning, removing waste, charging
Spending that would otherwise have been incurred is prevented	Prevention services
Waste (money spent with no useful outcome) is prevented	Commissioning, removing waste
Better outcomes are achieved for the same expenditure	Prevention services, commissioning, charging

Source: Department for Work and Pensions and University of Bristol, 2007

Prevention

- 30 The Wanless review (Ref. 40) identified four main causes of adults' social care needs:
- health, mobility, and rehabilitation problems;
 - a lack or breakdown of informal care – or stress on carers;
 - poor or inappropriate housing and environment; and
 - social reasons – loneliness, fear of crime, abuse and so on (Ref. 40, p. 15).

⁸ The study will not be exploring commissioning in depth, as this will be the subject of another, forthcoming Audit Commission study on joint financing between health and social care.

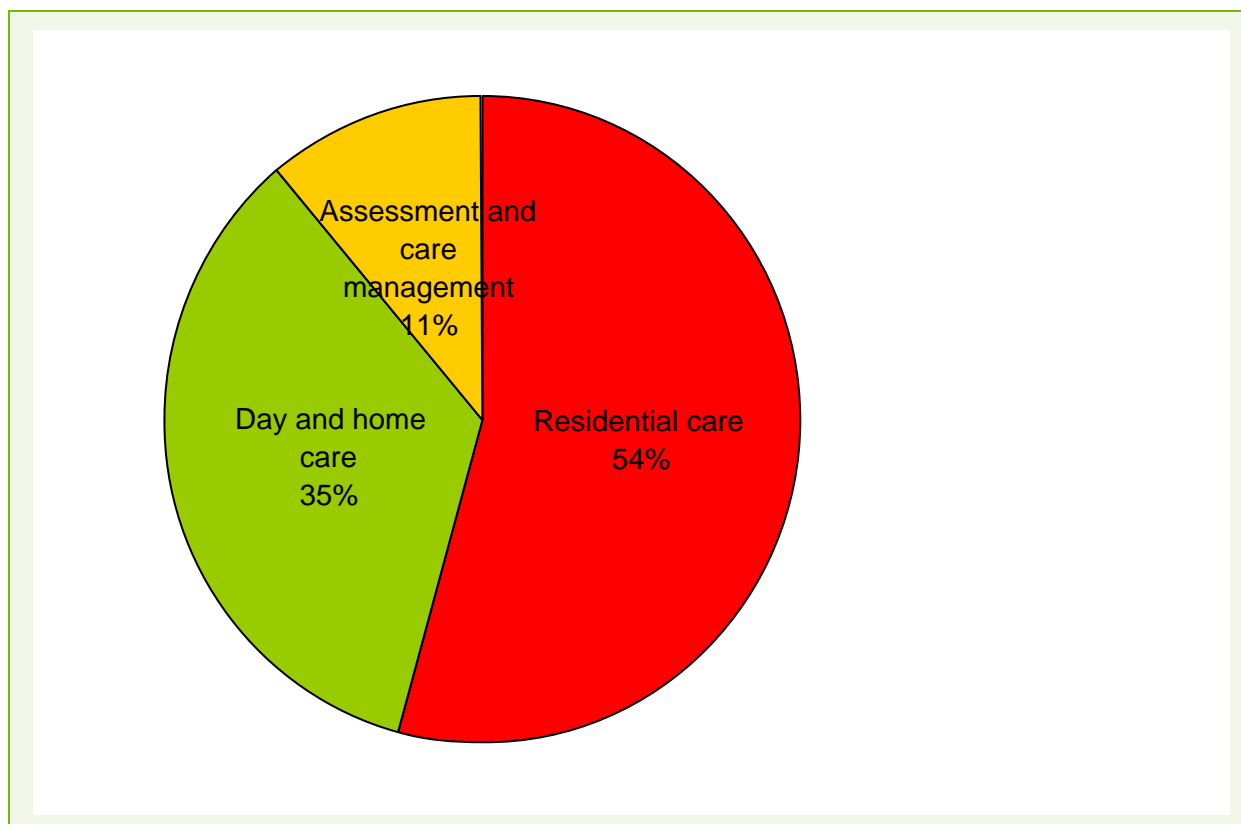
3 Social care

- 31** Effective prevention focuses on improving quality of life, resulting in delay or prevention of the need for social care. There is a clear financial case for falls prevention work,⁹ but for other types of prevention, the argument is that prevention ought to lead to savings – but there is little evidence of this (Ref. 27, Ref. 28). There is also a more general argument that a healthier population and a stronger local economy have a positive reciprocal relationship (Ref. 25). The financial case for prevention, and the tools to enable councils and their partners to make decisions based on evidence (Ref. 29) about prevention, will need further development.
- 32** The role of prevention as a policy objective has increased over the last decade. Policy critiques in the late 1990s focused on adult care's:
- unfairness towards homeowners and people with savings;
 - inconsistency, complexity, and lack of security;
 - bias towards care home use, encouraged by built-in incentives;
 - inadequate provision for all but those with acute needs; and
 - failures to recognise, support, and provide respite for carers (Ref. 30, Ref. 31, Ref. 32).
- 33** In 2009, commentators still question whether government has responded to these issues (Ref. 33, Ref. 34).
- 34** Government has, however:
- increased the role of prevention (Ref. 35, Ref. 36, Ref. 37);
 - promoted partnership working in social care (Ref. 38, pp. 58-66); and
 - recognised the role of carers (Ref. 32, Ref. 39).
- 35** More recent policy developments in social care policy, such as *Our Health, Our Care, Our Say* (Ref. 35) have clearly mentioned the prevention agenda.
- 36** Government has just released the Prevention package for older people, which draws together and updates existing guidance on prevention for older people, particularly focusing on falls prevention and foot care (Ref. 37).
- 37** Prevention has varying aims, from 'keeping out of institutional care those at its threshold' to 'help[ing] older people avoid emergency hospital visits and to live independently longer' (Ref. 40). However, evidence to prove savings in residential care admissions is lacking, when compared with evidence of savings in acute health care (Ref. 40, Ref. 6).
- 38** Around one in five social care clients aged over 65 is in residential care. That is 266,000 people (Ref. 20). Spending on residential care accounts for over half of the £8.8 billion older people's social care budget (Figure 2) (Ref. 19).

⁹ Fall prevention work involves teaching people who have fallen (or who are at risk of falling) simple ways to protect themselves from future falls.

Figure 2 Most social care spending on older people goes towards providing residential care

Proportion of total spending on older people's social care: total = £8.77 billion



Source: NHS Information Centre, 2009

39 The Wanless research team (Ref. 41) argued that:

‘spending on [community care] services ‘buys’ additional days for people in the community before an institutional care solution becomes the only choice for them.’

40 Their analysis of social care savings made by local authorities also led them to say that:

‘with a given budget and controlling for need, local authorities can substitute residential places with intensive home care packages at the same cost or slightly less’ (Ref. 41, p. 9).

41 Substituting home care for residential care (where possible) provides better value for money to councils. It also provides a better outcome for those older people who prefer to stay in their own homes and communities (Ref. 3, p. xxi).

3 Social care

Tightening the criteria and means testing

- 42 The proportion of older people in residential care or receiving home care is declining; while the number of people over 65 in England increased by around 100,000 between 2007 and 2008 (Ref. 21), around 10,000 fewer people over 65 received personal social services in 2007/08 compared to 2006/07 (Ref. 20). Councils focus on providing more hours of care to fewer people who are more in need (Ref. 34): the result of ‘an increasing rationing of resources’ (Ref. 3, p. 8).
- 43 Older people can suspect unfairness in decisions about care charges.¹⁰ Councils need to consider this when reviewing how they tackle rising social care costs for older people. Councils should calculate the points at which their social care and other spending achieves the best possible welfare outcomes.

Commissioning

- 44 Councils need a competitively neutral approach to commissioning care services that focuses on local needs and desired outcomes. Service deliverers (whoever does it) need active management. The Personal Social Services Research Unit (PSSRU) highlights the effective use of independent or in-house provision as key to achieving value for money (Ref. 42, p. 3) in the social care market. The 2007 Audit Commission report *Healthy Competition* noted that ‘when used appropriately, competition and contestability have reduced service costs and improved service quality’ (Ref. 43).
- 45 The Audit Commission is undertaking a separate study into joint financing of social care services between primary care trusts and local councils to help local partners increase value for money.

Forecasting future costs

- 46 Councils can use existing tools to estimate future social care costs for older people.
- 47 The Wanless social care review (Ref. 3), published in conjunction with the King’s Fund, provides national cost estimates to 2026 (Table 3).

¹⁰ For a recent discussion of this argument, see Ref. 34.

Table 3 Projected costs of social care in 2026 are between £24 billion and £31.3 billion

Model	Cost of social care in 2002 (bn)	Projected cost of social care in 2026 (bn)
Current spending structure ¹¹	£10.1	£24
If spending provided the best quality care considering costs (best value)	£12.2	£29.5
Best value care also including wider social well-being outcomes	£13	£31.3

Source: Wanless review 2006

- 48 Councils can make local estimates using Projecting Older People's Population Information (POPPI) (Ref. 44). POPPI is a combination of existing data and population projections to project future levels of demand for social care services. Councils can use POPPI to plan and support the case for prevention and service transformation.
- 49 As well as calculating the number of people who will need social care in their area in the next few years, councils can look at numbers of unpaid carers. This will allow them to look at the potential costs of supporting these carers and providing respite care, and to calculate money saved through informal care. Demand for informal care is likely to outstrip supply soon (Ref. 45).

Savings in social care from other areas

- 50 Poor quality support from a local authority in services outside social care can affect social care costs (Ref. 18). This suggests the need for a strategic approach across council areas to predict future needs and set up prevention schemes.
- 51 A strategic approach could review:
- data from the Health Survey for England on the local risks from lifestyle-related illnesses and the options for targeted health prevention schemes; and
 - information on numbers living in non-decent homes and the options for home improvement schemes.
- 52 Wanless suggests exploring the distinction between housing and social care costs (Ref. 3, p. 285). Key questions can provide the information for identifying opportunities for better value for money.
- Does sheltered or extra care housing come under social care or housing?
 - Do home adaptations come under social care or housing?

¹¹ The Wanless review based its figures on 2002 data.

3 Social care

- What cross-referrals and joint working takes place?
- Can improving living conditions remove some social care costs?

Financial data analysis

53 The Personal Social Services statistics for 2006/07 provide unit costs per person per week for different types of older people's social services by local authority, and for England, to allow comparative analysis (Table 4).

Table 4 Variation in unit costs of older people's social care

Comparing the highest and lowest unit costs with the national average and PSSRU estimated unit costs

Service	Unit cost per older person (65+) per week			
	National average (£)	Council with highest cost (£)	Council with lowest cost (£)	PSSRU estimated unit cost ¹²
Residential and nursing care	446	672	198	N/A
Nursing care	451	765	164	N/A
Residential care (council provision)	704	2992	280	858
Residential care (other provision)	397	600	169	482
Home care	129	270	45	N/A
Direct payments	143	453	3	N/A
Day care	77	357	17	N/A
Meals	21	87	1	N/A

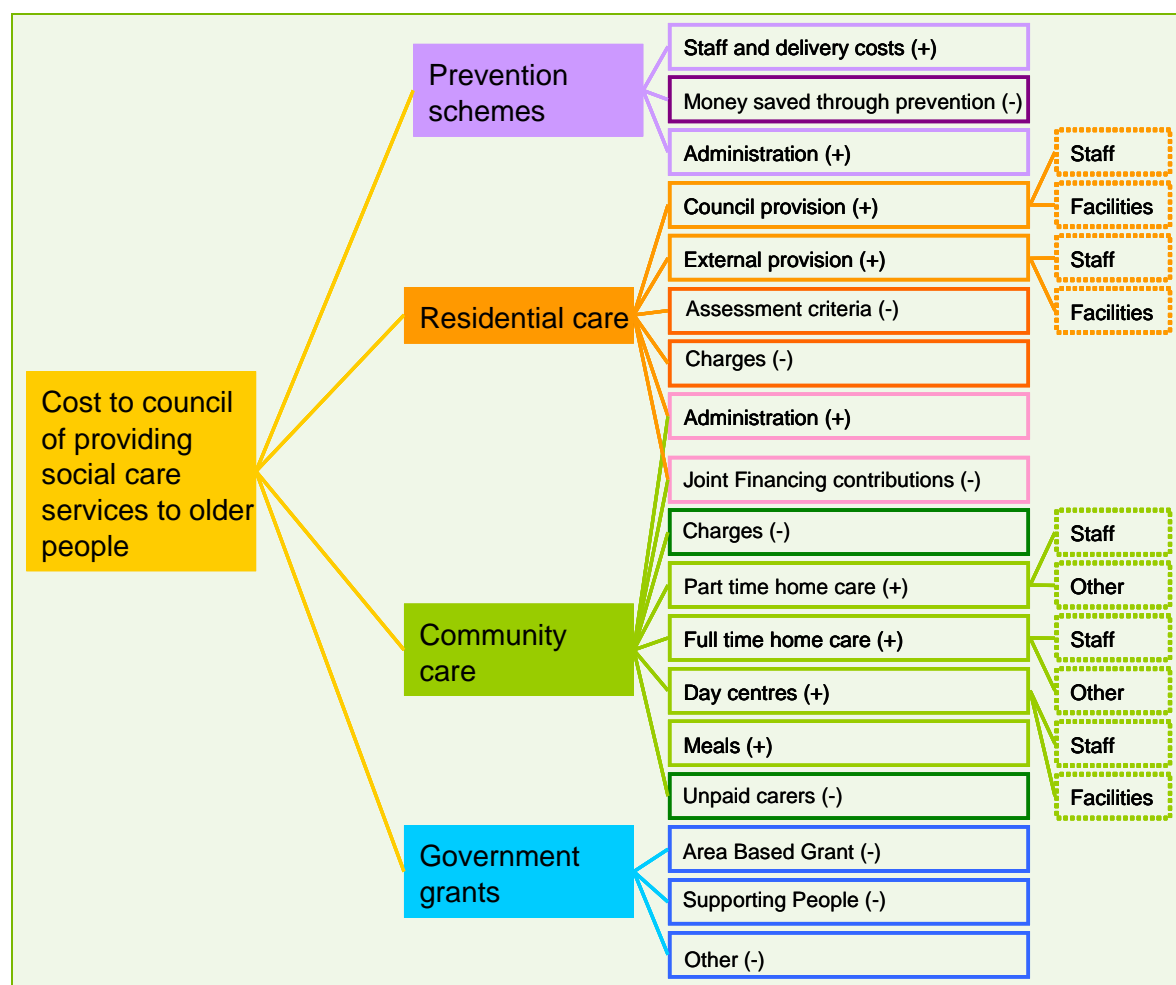
Sources: Audit Commission, NHS Information Centre, PSSRU, 2008

¹² Each year, the PSSRU publishes estimated average unit costs for different types of social services, the most up-to-date version being the 2008 version, used here. To estimate costs, the PSSRU looks at cost figures from the Personal Social Services EX1 returns for the previous year (in this case 2006/07). They then inflate them for the coming year using the PSS Pay and Prices inflator, which uses long-term data on pay and prices to project forwards (Ref. 41, Ref. 46).

- 54 There is a large variation among authorities.¹³ There is no significant correlation between Commission for Social Care Inspection (CSCI) adults' social services inspection ratings and level of spending.¹⁴ Councils that spent more didn't necessarily get better ratings. Nor does spending more in home care mean that authorities are spending less in residential care.

Conclusions

Figure 3 Many different elements make up the cost of older people's social care
Some add to councils' costs (+), but others reduce costs to councils (-)



Source: Audit Commission, 2009

- 55 Central government collects information on social care costs through the Personal Social Services Expenditure form (Ref. 46). Local Personal Social Services information on social care costs, with demographic data and sector comparisons, should be the basis of calculations of future social care costs.

¹³ The highest and lowest figures in Figure 3 are accompanied by proportionately large standard deviations from the mean for each type of care, across all councils with social services responsibilities.

¹⁴ CSCI has now been superseded by the Care Quality Commission.

3 Social care

- 56** It is more difficult for councils to identify areas where they can achieve better value for money in their spending on social care for older people. This involves thinking about what influences the costs identified in Figure 3, within and outside social care. An extra care housing scheme within the housing budget could reduce residential care costs by preventing an admission into a care home, but increase community care costs due to identification of previously unmet need. Councils should use information across traditional silos to assess the best welfare benefits for their communities.
- 57** Some degree of local variation in the cost and provision of social care is unavoidable. Labour costs, facilities costs, local labour supply, and funding criteria vary from place to place. The degree of variation, though, should be a matter of concern. This, and the large sums of money involved in the cost of older people's social care, means that it is likely to be of high interest to finance directors examining the financial implications of an ageing population. Isolating the different costs involved in social care (Figure 3) allows those financing social care services to think in terms of avoidable costs, which can be influenced, and unavoidable costs, which are beyond their control.
- 58** Local government must prepare for a future of spending restraints alongside a clearly ageing (but possibly healthier) population. The recently published government green paper on social care funding provides a number of options for the future of social care. The options presented for consultation centre around equality of state financial support and the individual's financial contributions (mandatory or otherwise) (Ref. 36). The green paper indicates that central funding of social care is unlikely to continue in its current form, but any changes will not remove the need to ensure best value for money in service planning and delivery.
- 59** The Audit Commission will be providing a response to the social care green paper consultation, and is currently developing a programme of work on various aspects of value for money in adult social care.

4 Housing

Introduction

- 60** The costs of providing housing suitable for older people are a significant area of local authority spending. *Lifetime Homes, Lifetime Neighbourhoods* (Ref. 47) places the housing needs of older people firmly in the frame of housing policy and strategy.
- 61** Much current discussion of older people's well-being centres on independence and personalisation, a cornerstone of which is allowing older people to stay living in their own home for as long as possible (Ref. 4). The next section sets out some of the cost implications of ensuring that housing meets older people's needs.
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Achieving value for money

Decent homes standards

- 62** Older people are more likely to live in non-decent housing (Ref. 42). Inadequate heating is the most common reason for older people's homes being non-decent (Ref. 47).¹⁵
- 63** Non-decent housing is a factor in the need for social care services, so reducing non-decent older people's homes may reduce social care costs.

Lifetime homes standards

- 64** Recent government policy on older people's housing has concentrated on quality of life outcomes without addressing costs. There is little research evidence on the costs of older people's housing needs: there is no comprehensive costing of the implications of an ageing population for housing.
- 65** Recent central government strategy has addressed the housing needs of older people. *Lifetime Homes, Lifetime Neighbourhoods* (2008), and its follow-up document on progress (Ref. 47, Ref. 49), include a commitment to measure delivery of the lifetime homes standard against the new delivery framework, expressed in the public service agreements and supported by the following National Indicators:
- 137 – healthy life expectancy at age 65;
 - 138 – satisfaction of people over 65 with both home and neighbourhood; and
 - 139 – the extent to which older people receive the support they need to live independently at home (Ref. 50).
- 66** The funding detailed in *Lifetime Homes* (the increase in disabled facilities grant, regional housing pot, Supporting People Grant and the £8 billion included in the housing budget) is not ringfenced. Councils can choose to spend it on other priorities (Ref. 47). *Lifetime Homes* provides little guidance on making the local spending case.
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¹⁵ The homes of one in five people over 60 who live alone fail to meet standards on thermal comfort (Ref. 48).

4 Housing

Helping people to continue living in their current homes

67 Allowing older people to stay in their own homes includes the cost of home adaptations, and overlaps with the cost of home care packages. Money spent on the areas above can save money in social care if it prevents admission into a residential care home.

Housing adaptations

68 Housing adaptations can be a key invest-to-save item in keeping people in their own homes and out of residential care.

69 *Lifetime Homes* (Ref. 47) discusses the role of housing adaptations in improving quality of life for older people in their homes, and allowing them to stay in their homes for longer. *Don't Stop Me Now* (Ref. 1) also gives examples of home adaptations and improvements as a cost-effective way to improve housing for older people. Local home improvement agencies usually do housing adaptations. The national body, Foundations, coordinates them. Fire and rescue services (smoke alarms) and community safety partnerships (security measures) do this work as well.

70 In the current economic and demographic climate, councils are unlikely to fulfil the need for older people's housing by building new units. Research needs to focus on the means and benefits of adapting existing buildings for older people's use.¹⁶ The Audit Commission recently published *Building Better Lives* (Ref. 51), which outlined ways in which councils should improve their strategic housing function. The report recommended that councils give a greater focus to improving the existing housing stock in their area, as opposed to focusing on building new houses.

71 Modelling of the costs of adapting existing housing for older people suggests that assistive technology produces savings – up to one-third of costs. Assistive technology-supported independence may mean a better quality of life for the older person, for a lower cost than residential care (Ref. 52, pp 9-11).

Sheltered and extra care housing

72 These types of housing provide an older person with a personal room or flat in a shared complex, monitored by a warden or individual care worker. This housing can be:

- extra care housing, or very sheltered housing: accommodation for older people with greatest need (Ref. 46, Ref. 53); or
- sheltered housing: warden-assisted housing with some shared facilities, housing the less frail who still want some extra security and services. Many sheltered housing schemes house a variety of needs.

73 In 2008, there were just over 420,000 supported housing units in England, comprising 10 per cent of all social housing stock (Figure 4). Housing associations manage three-quarters of these units; councils manage most of the rest (Ref. 54).¹⁷

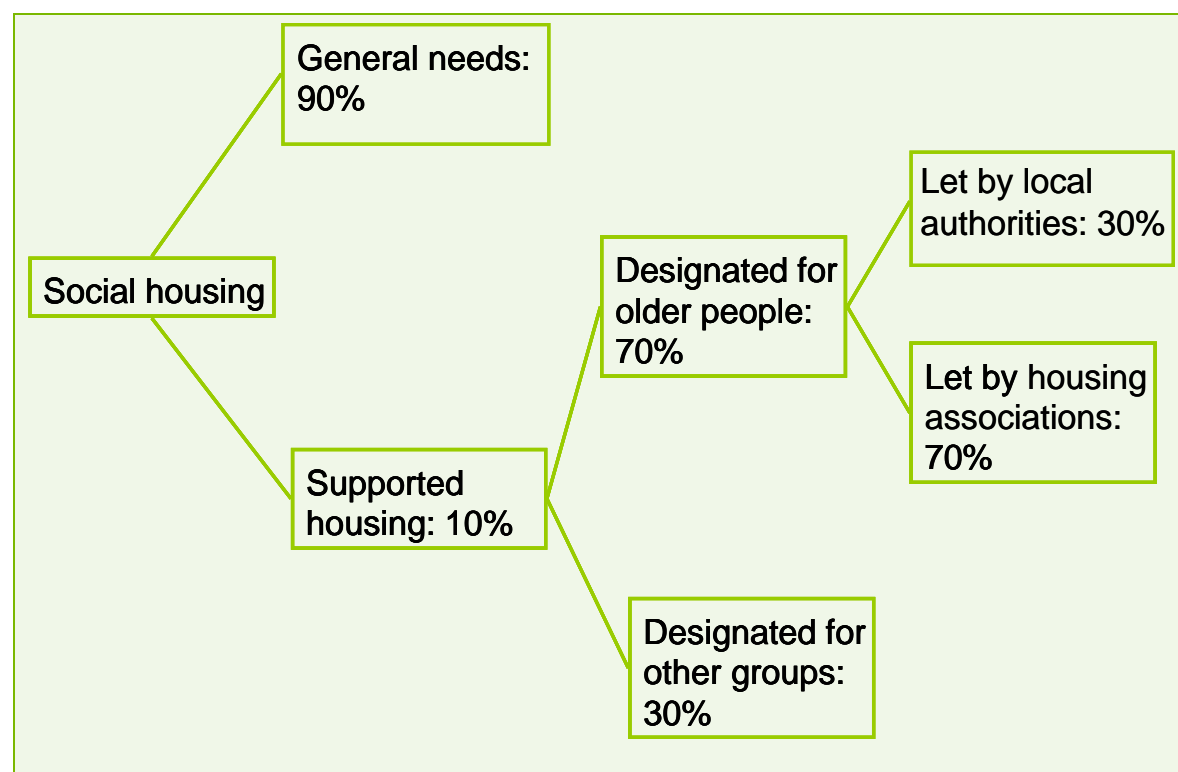
¹⁶ As first suggested in Ref. 43, p. 3.

¹⁷ COntinuous REcording system (CORE) is a new initiative set up by the Tenant Services Authority and Communities and Local Government to provide information on social housing tenants and their homes. The intention is to inform policy and practice.

74 As Figure 4 shows, nearly three-quarters of all units are for older people with support needs, but only one in ten social housing units is supported housing. Sheltered housing makes up a small but significant percentage of social housing, but there is a lack of information about how it fits into the larger housing picture.¹⁸ However, there is government investment in this area (Ref. 55), so its value as a cost component is growing.

Figure 4 Most supported housing is for older people

Estimated breakdown of social housing units, 2008



Sources: Communities and Local Government, CORE, Audit Commission, 2007/2008/2009

75 The Department of Health says that:

'Extra care housing should be able to provide most residents, if they so desire, with a home for the remainder their life, regardless of changes in their care need.' (Ref. 56)

76 In July 2008 the Department of Health announced that 25 councils would share £80 million funding from the Extra Care Housing Fund to build extra care housing for older people with dementia and other long-term health conditions. The government issued assessment criteria and milestones that sites must reach in order to receive each stage of funding in February 2008 (Ref. 54).

¹⁸ CORE acknowledges that data for Local Authority social housing is incomplete. Social housing units are the figures from Communities and Local Government social housing stock information, but it is unknown whether all supported housing units are included within this (Ref. 47, Ref. 54).

4 Housing

77 The PSSRU researched extra care housing in 2006, following two years of substantial investment by central government (£174 million), and housing associations (£93 million up to 2006 and a further £136 million for 2006-2008) (Ref. 57, p. 1). The PSSRU identified the barriers to development of extra care housing as:

- lack of sites for building new housing;
- lack of suitable stock for conversion;
- shortage of capital and revenue funding; and
- the high cost of land in London.

78 Key messages were that:

- there is still relatively little extra care housing;
- there has been little public or private partnership;
- government funding has been key to developments so far; and
- developments are including intermediate care.

79 Lack of sites for building new extra care housing is less of an obstacle. It is cheaper to adapt traditional sheltered housing schemes into new extra care housing schemes for older people than to build new units (Ref. 58, p. 43).

Under-occupancy

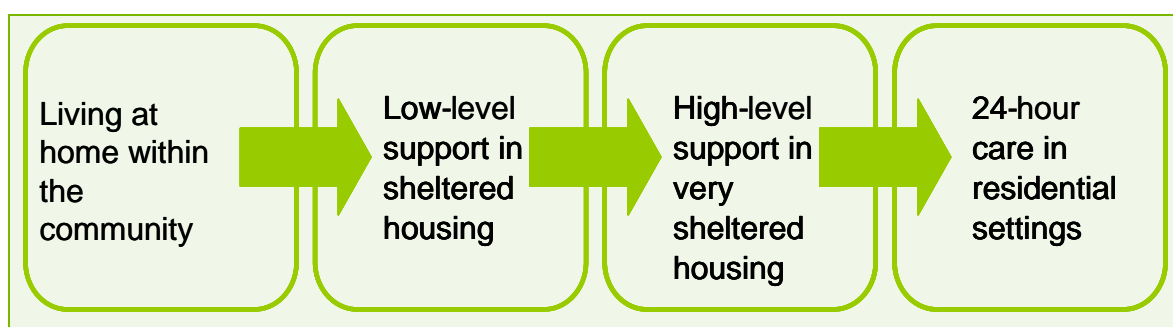
80 One sensitive issue in costing older people's housing – less explored in literature but evident through statistical analysis – is under-occupancy of housing (Ref. 59).

81 There are national housing indicators monitoring both under-occupancy and overcrowding, as both can prevent people in need having access to suitable housing. A better match between people and housing can release equity (Ref. 60), and ensure better access and lower heating costs (Ref. 61).

Incorporating the service user perspective

82 The Institute of Public Care notes that the simplicity of a linear model (Figure 5) hides complicated realities (Ref. 62, p. 3). Resources put into assessing older people's housing needs and providing a more suitable choice of options should lead to savings and to the best welfare benefit. Reablement services provide post-hospital care for people who have sustained injury. These services encourage people to re-learn tasks so they can return to the level of independence that they enjoyed before their referral (Ref. 63).

Figure 5 A linear model of housing need among older people's housing needs
A simplistic view of older people's housing



Source: Institute for Public Care, 2003

- 83** Where a person lives is a hugely personal issue. A Joseph Rowntree Foundation review of research found that service providers:
- assumed that the only choice was to stay put or move to sheltered housing;
 - failed to consider older people moving within general housing, for example to a more energy-efficient bungalow;
 - assumed that need for space decreases with age, although many older people's lifestyles need at least as much space as earlier in their lives;
 - ignored people's needs for easier access to post offices, shops, transport services, and doctor's surgeries; and
 - were only starting to engage older people.¹⁹
- 84** Recent housing research and policy emphasises the importance of user needs and aspirations; but there is less attention to the costs and benefits of different approaches. The Audit Commission's report on social housing procurement, however, illustrates how efficiency benefits can align with policy objectives – including tenant engagement and equalities (Ref. 65).

Older people living in council housing stock

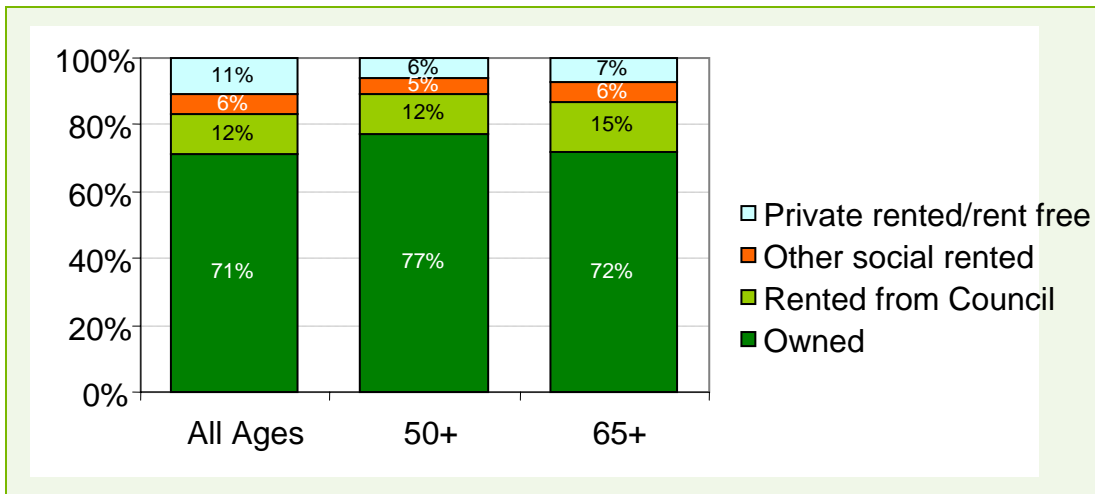
- 85** Most people over 50 own their own homes (Figure 6), but a significant minority rent properties from the council, and therefore the council finances the upkeep of these homes. There are slightly more homeowners, and slightly fewer private renters, in the older population than the general population.

¹⁹ All information from Ref. 57 and Ref. 64.

4 Housing

Figure 6 Variation in housing tenure across different age groups of the population

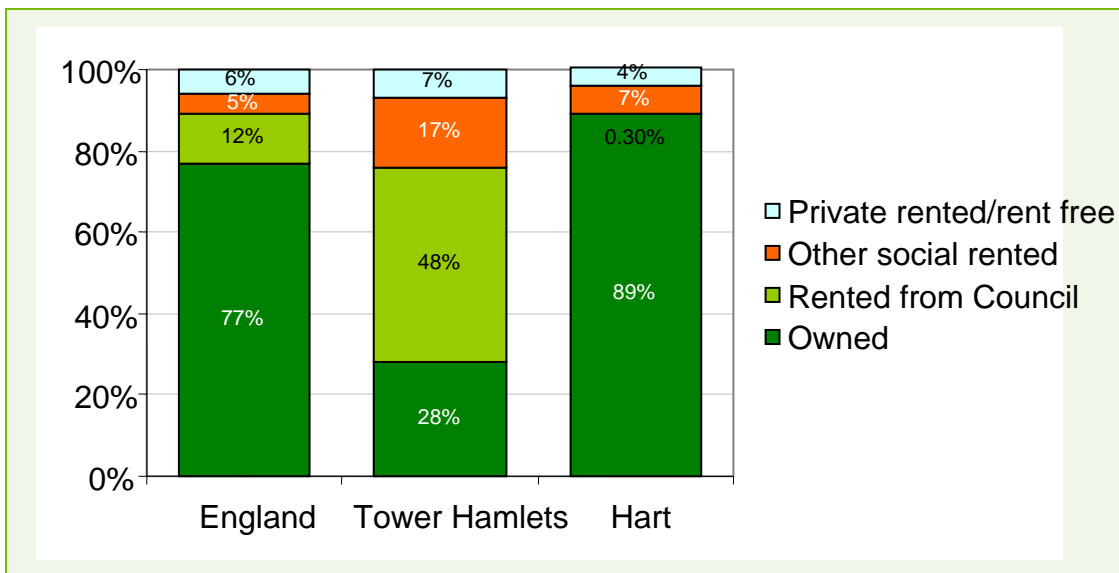
Percentage of the population occupying each housing tenure at all ages, 50+ and 65+.



Source: Audit Commission and Office for National Statistics, 2008

Figure 7 Variation by area in housing tenure of the 50+ population

Percentage of the 50+ population living in different tenures – across England and for councils at opposite ends of the spectrum (Tower Hamlets and Hart).



Source: Audit Commission and Office for National Statistics, 2008

- 86** Figure 7 shows the variation in housing tenure of people over 50 in different council areas. In four council areas, the most common type of housing tenure that people over 50 are living in is council rented accommodation (Ref. 64). In an additional 21 council areas, over 25 per cent of people over 50 are renting from the council (bearing in mind that the national average for England is 12 per cent in council rented housing) (Ref. 66). Housing is likely to be a significant issue around the ageing population in these areas and the council renter cost component is likely to be larger.

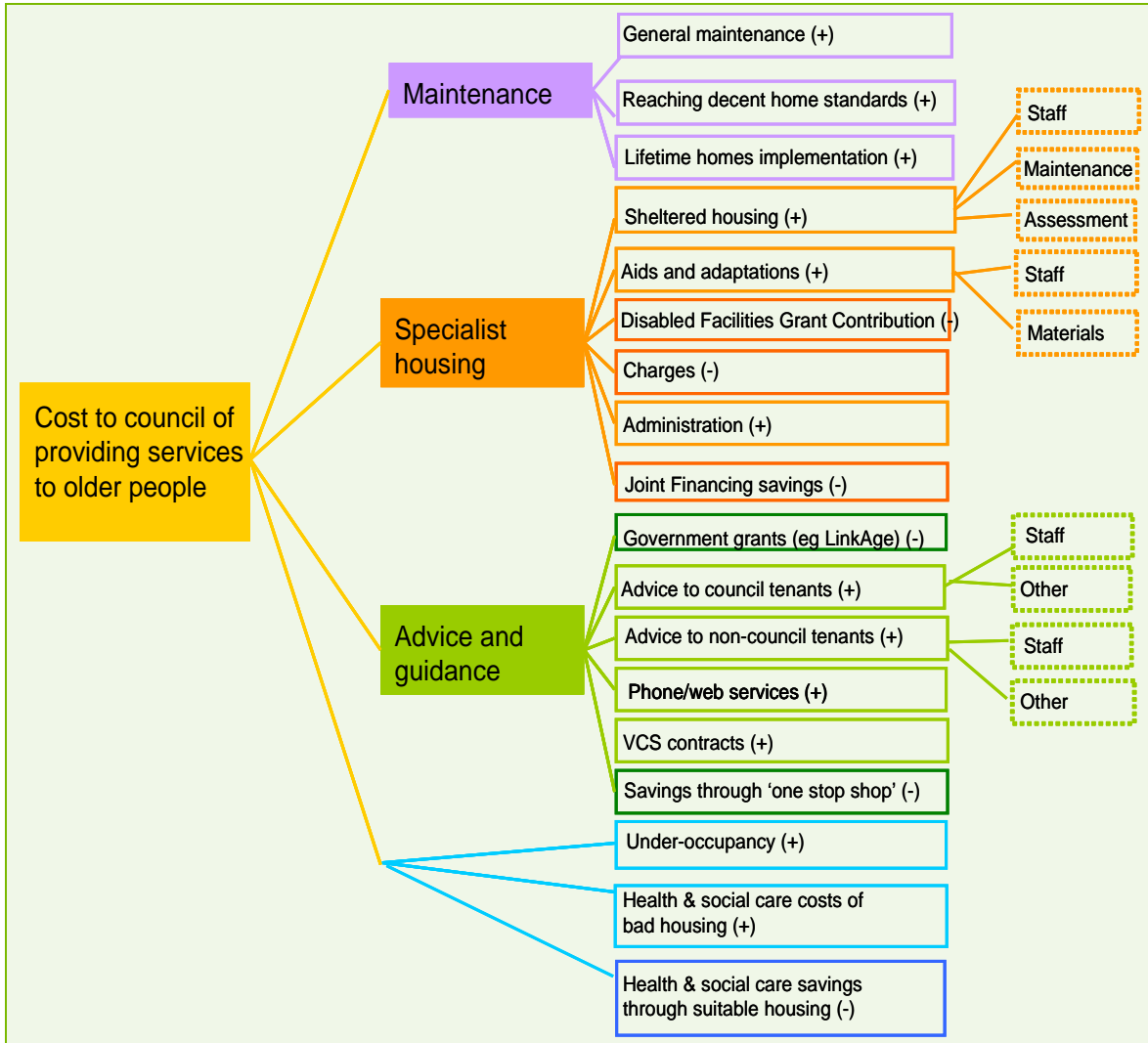
Cost components

- 87** Older people's housing is a complex area to cost, particularly as many older people do not require any costly changes to their accommodation. The analysis and literature reviewed above frames the need for robust costing of the impact of an ageing population on the housing sector.
- 88** Figure 8 identifies the costs of meeting older people's housing needs.

4 Housing

Figure 8 Financing the housing needs of older people involves looking at a number of different costs

Elements that add to the cost to councils are marked (+), those that reduce the cost are marked (-)



Source: Audit Commission, 2009

89 Figure 8 illustrates the complex relationships between housing and other services for older people and the overlaps between costs that specifically relate to older people and costs that relate to the maintenance and management of a housing service.

5 Transport

Introduction

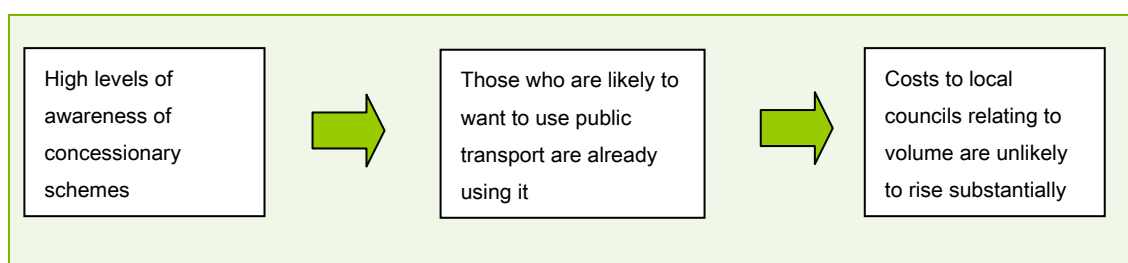
90 *Don't Stop Me Now* (Ref. 1) identified transport as a big concern among older people: in its availability, accessibility and quality. Providing transport for an ageing population has its own cost implications, particularly for district councils where social care and housing may not be the main costs. The section below covers the extent to which we can calculate the cost of older people's transport, and the issues surrounding this.

Recent policy

- 91 *Lifetime Homes, Lifetime Neighbourhoods* has its transport equivalent in *Understanding the Travel Needs, Behaviour and Aspirations of People in Later Life* (Ref. 67).
- 92 In terms of concessionary transport, the Department for Transport reported high levels of awareness of concessionary bus schemes (Figure 9).

Figure 9 If awareness is already high, costs due to increased journeys may not be an issue

Assumptions of costs increases to local councils relating to current high awareness of concessionary schemes.



Source: Audit Commission, 2008

93 However, awareness of other types of concessionary transport, such as Taxi Car and Dial-a-Ride was low, revealing potential untapped service need (Ref. 67, p. 6). If councils were to encourage use of these services, costs might increase, but there might be positive outcomes for the older people involved. The cost of raising awareness of Taxi Car, Dial-a-Ride and similar schemes, and consequently subsidising increased usage, needs to be offset against the cost benefit of increased use of other facilities as a result of increased access granted by use of transport schemes. This is difficult to calculate, but would provide information about impacts on other services, and the local economy, from increased mobility.

5 Transport

Achieving value for money

- 94 Time limits on concessionary bus fares' availability cause problems for some older people, as they sometimes need (or want) to get to hospital appointments at peak times (Ref. 67, p. 6).²⁰ The current government scheme does not cover peak time travel – so councils have to fund it themselves. Alternatively, councils and primary care trusts could agree on sensitive approaches to booking appointments at convenient times, or negotiate alternative peak-time rules with transport suppliers.
- 95 Older people's mobility also depends on physical changes to public transport (raised kerbs, improved bus, tram, and train design) and improvements to the social environment (to reduce fear of crime) (Ref. 68, pp 100-101). Adaptations may add to costs for local authorities (some of which can be offset against grants), and require partnership working with transport providers. However, these investments are usually good value for money: relatively small investments can greatly improve older people's experience of using public transport, footpaths, and roads (Ref. 68).

Concessionary fare reimbursement

- 96 Some councils have concerns that government grants to reimburse bus companies don't cover the real costs (there is a similar issue about Sport England grants for free swimming).
- 97 The government's response was that there should not be a gap in funding, and that they had chosen the most popular option in their consultation (Ref. 69, Ref. 70). The government formula does not, however, appear to have allowed for opportunistic behaviour by some transport operators. The Department for Transport has announced consultation on some aspects of the concessionary travel scheme.²¹

Financial data sources available

- 98 Costs are only available for concessionary schemes as a whole, and not specifically for older people using concessionary schemes. Comparing spending by different councils on concessionary schemes, the data is patchy and many councils have recorded zero. It is unclear whether this represents the fact that their grant funding covers their concessionary scheme, or whether they have no data. However, there are no negative figures recorded so the latter seems more likely.
- 99 There is little data available on older people's travel patterns and this is a possible area for local authority research.

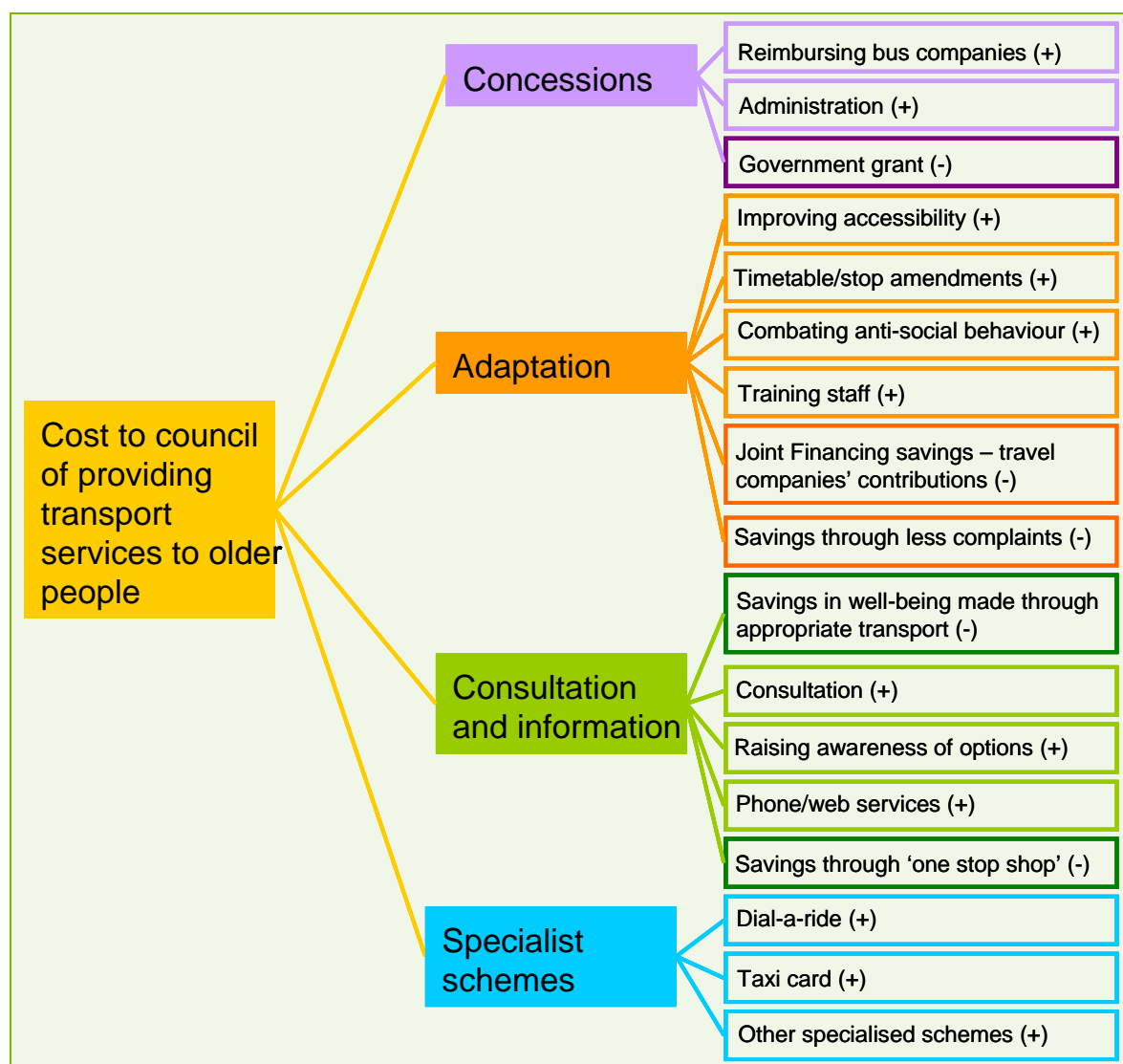
Cost components

- 100 Figure 10 outlines the costs components of older people's travel for local councils.

²⁰ This point was also mentioned in focus groups undertaken for the *Don't Stop Me Now* study.

²¹ The consultation is at www.dft.gov.uk/consultations/closed/concessionarytravel/. The Department for Transport plans to reform the organisation and administration of the grant scheme.

Figure 10 There are many facets of financing older people's transport needs
 Elements that add to the cost to councils are marked (+), those that reduce the cost are marked (-)



Source: Audit Commission, 2009

101 The affordability, availability, accessibility and quality of local transport has a huge effect on the quality of life of older people. Councils need to be aware of the changes they may need to make to their transport provision as their population ages, and the cost implications. Again, this may affect some areas more than others.

6 Other costs

Introduction

102 In addition to social care, housing and transport costs, there are other costs for local councils related to an ageing population.

Other components of the cost of an ageing population

The built environment

103 Promoting enabling environments allows older people to feel included in society and contributes to their wider well-being (Ref. 71).

104 The local environment is often unsuitable for older people. Changes made to provide a better living space for older people frequently benefit the community at large and are seldom included in regeneration plans. Value for money increases when money spent on older people's needs improves quality of life for the wider community (Ref. 1).

Benefits take-up

105 Most of the money gained by older people through claiming benefit entitlements is put back into the local economy. The most popular ways to spend the extra money are practical help at home, such as cleaning or gardening; extra heating; food; household repairs and decoration; care services, and home equipment and adaptations (Ref. 72, pp 12-18).

106 Benefit take-up has two different effects on councils' costs.

- Larger numbers of older people receiving benefits may reduce council income as, although central government largely reimburses local authorities for housing and council tax benefit, councils do bear some costs.
- Benefit maximisation increases the contribution older people can make to the local economy (Ref. 72), and has cost benefits in other areas, such as social care, that may outweigh initial revenue loss (Ref. 22, Ref. 60).

Leisure and learning

- 107** The Department for Business Innovation and Skills consulted on the future of adult learning in *Informal Adult Learning: Shaping the Way Ahead*, issued in 2008 (Ref. 73). The Department recognised the importance of *Opportunity Age*, including maximising older people's working opportunities and independence, which may prove to be a driver for investment in this area (Ref. 4). Following this, the government's adult learning white paper, *Learning Revolution*, encouraged councils to prioritise adult learning (particularly within the context of the recession), and launched a £20 million transformation fund, open to bids by projects which creatively re-engage adult learners (Ref. 74).
- 108** In 2008, the government encouraged councils to offer free swimming to under 16s and over 60s, as part of the 2012 Olympic legacy. £15 million a year for 2009/10 and 2010/11 is available for councils to introduce free swimming for the over 60s (Ref. 75). Most councils (nearly 300) have taken up this offer.
- 109** Government health policies may influence the amount local authorities spend on leisure for older people. Relevant health issues include obesity; coronary and circulatory conditions; and the relatively new work-to-use exercise in delaying or even preventing dementia (Ref. 76). Pooled and aligned funding arrangements between councils and the NHS can offset council costs for prevention schemes (Ref. 77).

Cost components

- 110** Other cost components of an ageing population could be:
- the cost of incorporating older people's needs into the built environment;
 - the cost of promoting benefits take-up;
 - loss of council tax revenue as a result of benefits take-up;
 - investment in later life learning schemes;
 - investment in community safety initiatives for older people;
 - investment in later life leisure and cultural services; and
 - the cost of engagement with older people.
- 111** Cost savings could be:
- made in social care and police time through incorporating older people's needs into regeneration projects;
 - investment in local services and community from older people with increased incomes due to benefits;
 - made in social care through better health (and mental health) because of increased exercise and reduced isolation through leisure and cultural activities; and
 - made in all areas through disinvestment in little used or unpopular services identified through engagement with older people.

6 Other costs

112 For most councils, these are relatively small in comparison with spending on social care, but they do allow for a more strategic approach that recognises the costs and benefits of an ageing population.

7 Conclusions

113 There is much recent policy, literature and analysis around the implications of an ageing population. However, there is a gap in terms of robust costing (excluding social care), and a cross-cutting approach to financial planning. The study on the financial implications of an ageing population for councils aims to strengthen our knowledge of costing and provide councils with a range of tools that will enable them to develop practical strategies for responding to the challenges of an ageing population.

Appendix 1 – Policy timeline

Table 1 Central government policy/strategy relating to older people
Timeline from 1998 to 2009

Year	Initiative	Sponsor
1998	Inter-ministerial coordinating group on older people	Across departments
	Better Government for Older People created	Cabinet Office
1999	Caring about carers – National Carer's Strategy	Department of Health
2000	Learning in Later Life campaign	Department for Education and Employment
	All Our Futures	Better Government for Older People
	Winning the Generation Game	Cabinet Office
	New Deal 50+	Department for Work and Pensions
	Older people: Their transport needs and requirements	Department for Transport
2001	Quality and choice for older people's housing: a strategic framework	Department of Environment Transport and the Regions and Department of Health
	NSF for older people	Department of Health
2001	1998 group replaced by Government sub-committee	Across departments
	Pension Service introduced	Department for Work and Pensions
2002	Care homes for older people: national minimum standards and the Care Homes Regulations	Department of Health
2003	Supporting People	Department of Health
	Delivering benefits and services to black and minority ethnic older people	Department for Work and Pensions

Appendix 1 – Policy timeline

Year	Initiative	Sponsor
2004	NHS Improvement Plan: Better health in old age	Department of Health
	LinkAge – creating networks of services for older people	Department for Work and Pensions/Local Government Association
2005	Opportunity Age	Department for Work and Pensions
	Partnerships for Older People pilots	Department of Health
	Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England	Department of Health
2006	A Sure Start to Later Life: Ending Inequalities for Older People	Office of the Deputy Prime Minister: Social Equalities Unit
	Our Health, our Care, our Say white paper	Department of Health
	Age discrimination legislation introduced	
	Security in retirement – pensions white paper	Department for Work and Pensions
2007	Homes for the future – Housing Green Paper	Communities and Local Government
	PSA Delivery Agreement 17: Tackle poverty and promote greater independence and wellbeing in later life	Treasury
	Understanding the travel needs, behaviour and aspirations of people in later life	Department for Transport
	Putting people first: a shared vision and commitment to the transformation of adult social care	Department of Health

Appendix 1 – Policy timeline

Year	Initiative	Sponsor
2008	Lifetime Homes, Lifetime Neighbourhoods	Communities and Local Government
	Informal Adult Learning: Shaping the Way Ahead	Department for Business Innovation and Skills
	Extra Care Housing Fund: bidding guidance 2008-10	Department of Health
	Equality Bill	
	National Concessionary Bus Scheme	Department for Transport
	Carers at the heart of 21st century families and communities	Department of Health
	Introduction of free swimming for the over 60s	Department of Culture, Media and Sport
	Disability and Care's Service: Annual Report and Accounts 2007/08	Department for Work and Pensions
	The Future Home Improvement Agency: Supporting choice and maintaining independence	Communities and Local Government
	Independent Review of Older People's Engagement with Government - John Elbourne	Department for Work and Pensions
	Preparing for our ageing society - a discussion paper	Department for Work and Pensions
	Practical Use of the Well-Being Power	Communities and Local Government
	Encouraging labour market activity among 60-64 year olds	Department for Work and Pensions
	Travel Training Discussion Document and Strategy Outline	Department for Transport
	English House Condition Survey – 2006 Annual Report	Communities and Local Government
	The NHS in England: The operating framework for 2009/10	Department of Health
	Delivering Lifetime Homes, Lifetime Neighbourhoods	Communities and Local Government
2009	Living well with dementia: A National Dementia Strategy	Department of Health

Appendix 1 – Policy timeline

Year	Initiative	Sponsor
	Empowering engagement: a stronger voice for older people	Department for Work and Pensions
	Handyperson services report	The Future Home Improvement Agency
	LinkAge Plus: Benefits for older people	Department for Work and Pensions
	Building a Society for All Ages	Department for Work and Pensions
	LinkAge Plus national evaluation: End of project report	Department for Work and Pensions
	The business case for LinkAge Plus (updated)	Department for Work and Pensions
	Shaping the Future of Care Together (social care green paper)	Department of Health
	Prevention package for older people	Department of Health

Source: Audit Commission, 2007, 2008 and 2009

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