This is not a questionnaire. The questions included are for guidance and to act as a prompt. It is not necessary to answer all of the questions or even to use this form to submit your evidence if you find it more convenient not to do so.

The role of local authorities in preparing for the opportunities and challenges of an ageing society.

The Centre for Policy on Ageing has been commissioned by the Local Government Association (LGA) to undertake a call for evidence on the role for Local Government in respect of an ageing society. A cross-cutting Task and Finish group has been established by LGA to consider the opportunities and challenges that an ageing society presents and how local authorities might prepare themselves in the immediate and longer term to respond to these. The intention is for this programme to be completed and it's report published by March 2015.

We would welcome your views on the contribution that Local Government can offer, and the changes Local Government should make, to adjust to their local ageing communities and to maximize the opportunities for local citizens and communities to age better. It would be helpful if you can cite examples where you are aware of good or innovatory practice

Section A

Person answering the call for evidence

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Response from Essex County Council
14th November 2014

Essex County Council is pleased to respond to the Centre for Policy on Ageing's call-for-evidence. Our submission sets out:

1. How we plan to re-engineer the health and social care system to improve quality and co-ordination of care for older people, as set out in our emerging draft Older People's Strategy 2015-2020
2. The particular challenges faces in a complex, two-tier health economy like Essex
3. Local initiatives that are underway to help tackle these challenges
4. The key national policy decisions we believe are needed take to put health and social care onto a sustainable footing for the next decade and beyond.

A. Introduction

Essex County Council is co-producing a new strategy for older people and their carers, 'A Vision for Older People's Lives in 2020'. The strategy has and will continue to be developed, implemented and monitored in partnership with older people, carers, front line staff, providers, care homes, Essex CCGs, District and Borough Councils, the private and voluntary sector. The work to date has drawn on feedback from face to face meetings, questionnaires and ethnographic studies with older people and their carers.

Our vision of the lives of older people living in Essex in 2010, which is continued to being consulted upon this winter is:

'By 2020 we envisage Essex as a place where older people and their carers live healthier longer lives while experiencing a personal sense of well-being and feeling in control. Older people feel informed, empowered and confident. People are able to lead life to their optimal level of health and independence.

Older people live in homes and neighbourhoods that are safe and comfortable and which enable them to lead fulfilling lives. They are actively participating and contributing as citizens, good neighbours, family members, volunteers and workers.

Older people living in Essex have access to high quality health and social care, rated as some of the best in the country, from a consistent workforce who treat them with dignity and respect. Older people receive multi agency, integrated support that works well, and they know who to contact when they need support.

At the right time they are involved in planning their end of life and are provided with this care in a place of their choice'.

B. Our Direction of Travel

- We see the Essex health and social care system operating significantly differently in the future. In five years' time the system will work in a more proactive way with older people. We will be identifying all people over the age of 75 and co-producing a holistic care plan which identifies preventative and enabling services which keep them well and active in the community for as long as possible. By taking this early intervention approach we anticipate a protracted delay in time before older people require more intensive health and social care interventions.

- This means the role of social care and community health care will shift from just supporting people when they deteriorate or at times of crisis. The role of integrated social and health care services will be much more preventative, confidence building, informative, enabling and educative.

- We recognise the individual is usually best placed to judge their well-being and actions needed to maintain their well-being. We will encourage greater self responsibility, and provide information and support to enable people to take greater control over their lives. We will develop a change programme around consumer behaviour which is more closely linked towards more self help.

- Those eligible for personal care budgets will have access to a more varied, vibrant market of providers able and willing to deliver care tailored to individual needs. We expect greater numbers of older people with direct payments, accessing personal assistants and developing bespoke packages of health and social care that suit their individual needs. This means the Council may not block purchase high volumes of standard care as it once did, and instead see growth in micro-commissioning. In the future we may commission support time, where the individual defines how that time is to be used and it may flex week to week.

- We will have mapped providers by locality, and encourage providers to work collaboratively to support needs and share capacity at a neighbourhood level. This means exploring a hub and spoke model.

- Through our early intervention programmes we will screen and offer older people a range of preventative services as a core offer. This package includes pathways to long term condition self-management courses, falls assessment, assistive technologies and reablement.

- Local communities will be supported to galvanise and offer local and innovative solutions to reduce isolation of older people.

- We want Essex communities to be dementia friendly and feel safer for all older people

- We want older people in Essex to access high quality services . We want to encourage involvement of families and friends in the monitoring of care homes. In five years' time we will have developed monitoring mechanisms which involve families and an 'independent third eye' e.g. peer spot checkers, VSC volunteers etc. We want to understand better whether there is always a cost to higher quality, and if so, how to make it affordable.

- We want to review our accommodation strategy for older people. Where possible move away from building high volume institutions and instead towards local provision e.g. smaller units of extra care in local neighbourhoods.

C. Our local challenge

We have increasing demand for services from an ageing chronically ill population, and increasing expectations of individuals. In order to prevent the system from becoming unsustainable both health and social care will need to work in a radically different way from the past.

One solution is for health and local government, in partnership with the communities they serve is to embrace and deliver the prevention agenda. This requires a fundamental shift from reactive services that address ill health and care needs to proactive services, that seek opportunities to intervene at the earliest possible stage and throughout the life course in order to empower individuals and communities to stay well for longer. It requires a shift from 'doing to' to 'doing with', and it involves holistic integration of what is often currently fragmented services around the individual.

The Care Act and Personalisation Agenda endorses our ambition to revolutionise care and support services. It puts the individual at the centre of the process, identifying their needs

and offers choices about how and when they are supported to live their lives. Essex County Council responded to the Personalisation Agenda by reorganising its care system around achieving seven Corporate Outcomes:

- Children in Essex get the best start in life
- People in Essex enjoy good health and wellbeing
- People have aspiration and achieve their ambitions through education, training and lifelong-learning
- People in Essex live in safe communities and are protected from harm
- Sustainable economic growth for Essex communities and businesses
- People in Essex experience a high quality and sustainable environment
- People in Essex can live independently and exercise control over their lives

The Older People Strategy cuts across all seven outcomes. The strategy aims to set out how we will move away from the current traditional service-led approach-which has often meant that older people have not received the right help at the right time and have been unable to shape the kind of support they need- into providing proactive care and putting people at the center of the process and taking greater self responsibility.

We will give older people much more choice and control over their lives. We will address the needs and aspirations of whole communities to ensure everyone has access to the right information, advice and advocacy to make good decisions about the support they need.

D. Complex delivery in a large two-tier health economy

Essex is a large and complex health economy. The county area covers a population of 1.4 million people, five clinical commissioning groups, 12 district councils, one county council and five acute trusts. Essex has a diverse voluntary and community sector comprising an estimated 10,000 voluntary organisations. Effective partnerships are crucial in meeting the population's needs. However with key strategic areas, such as housing and planning, sitting across 12 district councils, this makes long-term planning a complex and disparate process: remaining an arena of multiple arrangements and competing priorities.

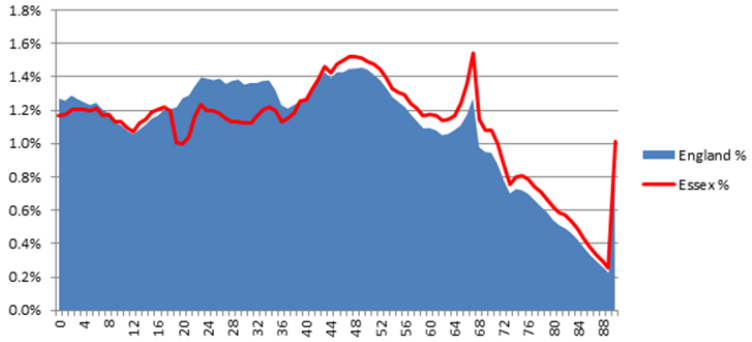
E. Population growth and changing demographics are putting services in Essex under increasing strain.

The UK population is set to grow by 15% by 2037[1], with the proportion of people over 65 growing disproportionately[2]. Nationally, it has been estimated that people with more than one long-term condition account for £7 of every £10 spent on health and social care[3];

therefore increasing numbers of older people with multiple conditions will accelerate the pressure on services.

In Essex this picture is exacerbated further; by 2033 the population of Essex is set to have already grown by 20% and people aged 65 or over will make up 28% of the total local population[4]. 20% of the Essex population is aged 65 and over compared to the national average of 16%. The number of people in Essex needing care and support is expected to grow from 35,000 to more than 137,500 by 2030; an increase of almost 300% within sixteen years.[5]

Figure 1: Essex has an older population than the national average – 2014 estimates[6]



A recent report by CCN highlighted that County Council's get an average of £496 per person aged over 75 whereas Inner London gets £1,957. Yet on average over 65's make up 20% of the population in county areas and only 11% of the population in Inner London.

Increasing numbers of working age adults with care needs

The numbers of working age adults with physical disabilities or sensory impairments are also increasing in Essex at rate that is above the national average[7]. Year on year this is putting even more pressure on services and is having a significant impact on costs.

Reductions in local government funding

Like the rest of local government, Essex CC has faced funding reductions of 30% over the last four years. ECC had to save over £300 million 2010-13 and has to save a further £237 million by 2017. The five CCGs across Essex have also identified a cumulative pressure of £84 million by 2018.

As the population requiring care grows, social care will absorb an increasing proportion of council resources.

F. System Barriers

Entrenched dichotomy between local government and the NHS

Adding to the complexity are the fundamental differences concerning the way social care and health care are separately funded and accessed. Health and social care have two different cultural and legal systems, compounded through oversight by two different government departments, as well as a historical distinction dating back to 1948 between the 'sick' and those needing 'care and attention'.[8]

Money and resources are seen as either belonging to health or to local government making it difficult to pool budgets and share risks and benefits. We welcome the Better Care Fund as the most radical mechanism in recent years to enable LAs and NHS commissioning bodies to pool resources and work together to develop joint commissioning plans for the holistic needs of individuals.

Additionally, different accounting rules and planning cycles between the NHS and local government and the inability of NHS organisations to carry forward resources all complicate pooling resources and long-term planning.

These legal and cultural differences can translate into competing priorities and mismatched agendas. The current health system remains largely incentivised by activity, not outcomes; while social care is increasingly becoming outcomes focussed.

Data sharing also remains a barrier to joint working. There are legitimate concerns over the public's perceptions of the risk and the willingness for data to be shared, highlighted sharply following NHS England's recall of its data sharing plan in early 2014[9]. The benefits of data sharing – underpinning a seamless service, allowing outcomes to be more effectively measured and holding providers to account – arguably outweigh the challenges.

G. Essex Developments

Essex believes local partnerships provide the bedrock to successfully deliver health and social care integration locally. In January 2013, Essex partners tasked an independent commission of five independent members to answer the question: how will we care for ourselves and our communities right now and in the future? The commissioners, under the chairmanship of Sir Thomas Hughes-Hallett, developed five high impact solutions in their September 2013 report ***Who Will Care*:**

1. Agree a new understanding between the public sector and the people clarifying the extent of the 'care offer' available.

2. Prevent unnecessary crises in care - a new approach to change the focus of care from treating disease and chronic conditions to supporting individuals earlier.

3. Mobilise community resources through maintaining and promoting voluntary schemes and commissioning longer-term contracts for services.

4. Use data and technology to the advantage of the people of Essex, by developing telecare and creating housing strategies with assistive technology.

5. Ensure clear leadership, vision and accountability.

The **Essex Health and Wellbeing Board** has recently added acute and mental health trust representation to secure wider input and representation across the sector, and Essex councillors are now represented on each of the five **Clinical Commissioning Groups (CCGs**) to enable local joint commissioning decision-making.

ECC and CCGs have jointly re-commissioned disability services for working age adults (making savings of £24.8 million), continuing health care, and redesigned integrated Child and Adolescent Mental Health Services (CAMHS).

As part of its commitment to supporting innovation, Essex is rolling out a new **Time and Care Banking Scheme**, where those who undertake community volunteering (including caring) can 'bank' time as credit which can later be used for skills exchange, or donated to others in need. A £1.4 million Community Resilience Fund has also been implemented to help local communities and organisations, families and individuals develop the skills and resources needed to look after themselves.

The Essex public sector is working with the local voluntary sector to deliver innovative projects such as The Community Agents Essex scheme which supports vulnerable older people and informal carers within their own communities. The **Community Agents** will help individuals to identify, source and implement solutions to the issues they face, helping them to find support from within their own natural and community networks. This could be help to address increasing frailty, loss of confidence, social isolation, mobility issues etc, enabling the individual to manage their own lives and remain independent in their own home for longer. There will be 36 Community Agents across Essex, supported by volunteers who are aiming to support around 6000 people in a year.

H. Measures that could be taken at national level

We are aware that some of the challenges cannot be overcome at county level alone. Although the Care Act 2014 began the process of streamlining legislation, Essex believes that Central Government can undertake further interventions to facilitate the move to fully integrated health and social care.

Essex County recently published a report, entitled '*A shock to the system: saving our health and social care',* which set out the key policy decisions we want the next government to pursue to put health and social care onto a sustainable footing. We recognise that these are not the answer but we believe that these five steps can help the next government to take a significant stride towards integrating health and social care and addressing the considerable pressures facing our health and social care systems. We believe they represent a focused programme of action for the next government.

Our five recommended actions are:

1. Extend and align a 10-year funding settlement for health and social care.

The next Government should outline a 10 year funding settlement for health and care, extending the principles of the Batter Care Fund. A long term funding settlement, aligned across both health and social care, would give more certainty and time to realise the benefits from investments in preventative services. The short-term nature of the Better Care Fund has not helped either the NHS or local government to fundamentally share risks and rewards. A 10 year funding settlement will help support progress towards real integration; the LGA and the NHS Confederation have made calls for longer funding settlements.[10] [11]

Longer term funding plans from Government are both possible and effective; Transport for London got a 10 year settlement in 2008 to enable the refurbishment of the London transport system (although it was later reduced to a 5 year settlement).[12] Additionally, Torbay (often cited as an example of the potential of health and social care integration) which developed over a 10-15 year time period shows the benefits that can be realised over a longer period of time,[13].

2. Empower health and wellbeing boards, chaired by a local Health and Care Commissioner.

Local health and wellbeing boards should be empowered to hold budgets and commission health and social care services. This would require changes to the funding and accountability arrangements of health and wellbeing boards to give them teeth. These could be chaired by

a new role of a Health and Care Commissioner with a clear job description to oversee local integration.

3. Establish an independent commission on the future of health and social care

The next government should establish an independent commission and hold a public conversation about the future of health and social care and how it should be accessed and paid for. This conversation would explore what is a universal service offer and consider future funding scenarios. It is important that any financial solution is sustainable, fair, incentivises positive change and investment in prevention.

Recent publications have questioned the sustainability of health and social care and are indicative of a growing appetite to conclusively tackle these issues in a public forum. Reports by the Kings Fund and Reform have highlighted a range of different funding options to generate the income necessary to cover costs.[14,15] and the funding of health services are constantly being reported in the both the local and national news as an issue[16,17.] Some senior MPs have also highlighted the need for an urgent cash injection.[18]. A recent Guardian/ICM poll (11-13 July 2014) found 48% of voters back tax-funded spending increases, while 21% would prefer charges for some services. Essex believes there is opportunity to look at the potential of a Care ISA, with tax incentives to help people save for their future care needs.

4. Review and reform the NHS tariff system

The next Government should review and reform the NHS tariff system to incentivise prevention and align financial incentives between providers and commissioners. This could reward achievement against outcomes, rather than activity. The Nuffield Trust has already set out clear arguments that the activity-based payments do little to incentivise shifting care to community and primary care[19].

5. Introduce a legal presumption to share data.

The Government should consider introducing a legal presumption to share data, with an individual right to opt out. The laws around data protection need modernising and clarifying. A legal presumption to share data, with the right safeguards, could build confidence in the system. The Law Commission has proposed that there should be a full law reform project to create a principled and clear legal structure for data sharing. This seems a sensible way forward. As previous experience as shown, however, any approach to data sharing will require careful consultation on what data could be shared and who with and by.

Scenario of the lives of older people in 2020:

'MARY'

Mary is 81 years old. She has been a housewife her whole life who got pleasure cooking for others. Her husband died two years ago and her children live in Hertfordshire. She lives alone in the family home in Castlepoint.

Mary thought she would never cook a meal again after being paralysed down her left side following a stroke, but a programme of rehabilitation at an excellent community rehabilitation hospital and then reablement at home completely changed her mind.

Her home is now filled with latest assistive devices. Working with occupational therapists, Mary tried different equipment specially designed for people with disabilities to see what worked best for her. Mary learned she could, after reablement and provision of equipment, for example, make tea with a hands-free kettle, prepare vegetables one-handed using a chopping board with prongs and open tins using an adapted can opener. 'I am amazed at all the equipment available for older people,' says Mary.

Using her personal budget she has a PA who goes food shopping with her or some weeks orders food on-line. Her children have purchased an iPad for her, so she can Skype her grandchildren. A local charity visited and trained her on how to use her computer with one hand.

Her named accountable professional reviews her health and social care needs annually. They have placed her on an on-line 'Life After Stroke' self management programme, where she can talk to others living with a stroke.

She misses her friends from Church. The PA accompanies her to Church twice a month. She uses her pension to pay for a wheelchair taxi service, approved by the Council ,so she can visit the High Street Tea House where she can meet her old friends. The Castlepoint Community Agent has visited and put her in touch with a Handy Person Service, who fixed her curtain rail and tidied her front garden. They also put her in touch a Health Trainer. She learnt how to cook healthy meals and was advised on how to live a healthier lifestyle. She keeps the number of the Community Agent on her fridge, her 'go to' number if she needs advice or support. 'My confidence has grown because I know I can do so much for myself now. I feel that now I'll be able to live in my own home again'.

All frail people will have their care coordinated, and can access timely reablement within 2 hours if required. Assistive technology will be screened for and telehealth monitors for people with long term conditions

We will have information, guidance and assistance to access personal budgets, and quality assured personal care providers by X date

Older people will have a named accountable professional to develop a holistic care plan which is reviewed .People with strokes will receive specialist stroke services and access to long term care and support in the community

We will have x number of Community Agents, and Health Trainers to help address social isolation and healthy living

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