

Please email your response to evidence@cpa.org.uk by **14th November 2014**.

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 its 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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Section B

The questions that follow 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 if you find it more convenient not to do so. We are also happy to receive local reports and evaluations where appropriate.

The call is particularly interested in looking beyond traditional 'care and support' services to strategies that improve older-age quality of life, provide an age-friendly environment and include 'prevention' measures that promote healthy ageing in place.

We would like to hear of any innovative and groundbreaking work that you are doing, or planning to do. Examples may come from any area including strategic planning, commissioning, service design and delivery or activities developed in partnership with local networks of older people and communities.

1. *What are the main benefits to your community with regard to an ageing society?*

From a personal perspective, there are huge benefits economically and socially to be gained from an ageing society. A huge proportion of volunteering nationally is done by people over 65. Caring roles and childcare support from grandparents to enable other adults to work, while this often goes unseen or unrecognized it adds to our economy as well as social wealth. In London the diversity of the population is benefited by older people who contribute culturally to a rich society, often having a greater connection to their culture and heritage than younger people. I don't have any direct evidence, however this comes from personal observation when working in community based social care settings. Much work based expertise is held by older people and their roles and assets in terms of skills and learning must be recognized across all sectors. I welcome the removal of the default retirement age and additional supports e.g. in Fuller working lives.

2. *What are the key issues for your community with regard to an ageing society?*

Many communities I'm familiar with are probably unaware of the older people there who may be isolated, or who are around and could be contributing. I am aware of the idea of pressure on social care and health systems and won't comment on these directly. However identifying people and drawing communities together, while there being a range of initiatives, is something that personally in my own area I am not aware of being considered.

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3. *In your opinion or from your perspective - are local authorities important as contributors to a society adjusting to an ageing population? In what ways can they contribute? What should they do?*

Local authorities are in the position of being able to contribute in a variety of ways:

Supporting Community Development opportunities e.g. funding and direct support to start up community groups which support older people/ intergenerational work/ asset based approaches
Engaging older people in planning e.g. developing commissioning strategies for local areas which are relevant to people who may need the support
Using their public health remit to both engage and plan for healthier local communities and preventative options.

Health and wellbeing boards can play an important linking role across agencies and in my view should include older people who can represent their views locally and inform change which will work for the local community.

The role of local authorities to **work in partnership health is welcome**, but in practice in my experience, very complex. Encouraging joint working and understanding of front line social care and health staff can generate local integration and support strategic integration from the bottom up, benefiting older people greatly. In my role in Skills for Care recently I lead a project which has recently come to an end to generate resources to support proactive integrated working at the individual level:

<http://www.skillsforcare.org.uk/Skills/End-of-life-care/Working-together-to-improve-end-of-life-care.aspx>

This had a particular focus on end of life care but can apply in any situation where an individual needs joined up care and support. These resources were supported by HE-NCEL and are being disseminated over that area via champion networks which includes older people, carers and professionals.

Engaging and including older people in decision making and local action. This can be in relation to planning for use of scarce resources, developing wider options for care and support provision, preventative approaches. In fact this should be core to all local planning if it is truly to reflect what older people say matters to them. Examples from Hampshire and Dorset are given below.

4. *If you are not part of a local authority - How might local authorities complement and support your work and what might you envision or what are your particular hopes for local government to achieve?*

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Prevention and personalisation

The Care Act has given a big focus on personalized approaches and care and support developed around and with a person which includes not only paid, but community and natural support. This is a positive aspiration which I hope will take priority with local authorities over upcoming years.

Current traditional services, in particular those for older people such as large care homes, more traditional style day centres and home care agencies have not widely invested in the skills in their staff to help older people have aspiration, develop outcomes and plan. These services are largely not linked or part of their local communities (there are exceptions with for instance Jewish care in North London being an example). NDTi's aims to increase older people's voice choice and control and connections to their communities could be greatly supported to move forward via local government, where we could offer support to change at both local government, provider and community levels. The recent POET survey shows that older people can benefit from self directed support- where the right support to plan and develop outcomes is provided. NDTi has skills and expertise in ways of working with older people to plan and achieve, which could support the implementation of the personalization aspects of the Care Act through local areas.

Market development

Alternative preventative and care and support provision is greatly needed in addition to traditional forms of care and support. NDTi's work with community catalysts (Funded by JRF) on widening support options; identifies a range of mutual, reciprocal and community based care and support options for older people.

<http://www.ndti.org.uk/who-were-concerned-with/ageing-and-older-people/widening-choices-for-older-people-with-high-support-needs1/>

<http://www.ndti.org.uk/publications/ndti-publications/widening-choices-for-older-people-with-high-support-needs/>

Local Authorities responsibilities for market development could be informed by this work as well as furthering the evidence of additional alternatives and how these can be developed at a greater scale to benefit older people making choices about their care and support. We plan to run some round table events to discuss these options in the new year and LGA/ local government input will be of paramount importance.

Democratic participation

We have been having conversations with a large care home and support provider to older people regarding encouraging democratic participation amongst older people in care- and in fact also the paid care staff who support them, who are often also older women who are disengaged from local and national politics. Could there be a role for local government encourage local members to engage with, seek views and encourage voting amongst part of the population who may easily miss out on the chance to vote? We have developed an approach to work with the provider in question, however they are currently seeking funding for this work, being a charity.

5. *How do local authorities need to adapt to enable older people to achieve their full potential?*

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- Involve older people- listen to those who are local to you and build actions with them to take forward together. (see Hampshire example below)
- Support community interventions, asset based approaches
- Develop creative approaches towards preventing the need for care and support (See Dorset example below)
- Ensure there is community based support in place to help older people with self directed support.
- Ensure there is a flexible approach to how personal budgets can be spent. NDTi with Helen Sanderson Associates is currently developing guidance on care and support planning – funded by TLAP. The case examples we are collecting have pointed to a wide range of local systems issues which lead to poor support to identifying outcomes and aspirations, and inflexible funding arrangements.

6. *What are the key challenges facing local government in respect of health and social care as a result of population ageing? What needs to change (structurally, culturally or financially) to enable local government to tackle these challenges in cooperation with health and other partner organisations?*

The Care Act brings with it a range of positive duties- Focus on Wellbeing, personalized approaches to care and support planning, better rights for Carers amongst other things. These present huge challenges for local authorities. Some structural issues which have been brought to my attention recently include:

The need for clear workforce planning to be able to provide the support to people related to all the new duties. This is both in relation to the skills but also the make-up of the workforce. I believe that working with local community and voluntary agencies e.g. for the support planning, community connecting, prevention and wellbeing parts of the work could greatly enhance older people's experiences. This is based on seeing examples of good practice e.g. in Greenwich and Doncaster.

IT, client management and finance systems ready for the numbers and flexible approaches needed for personalized approaches on a bigger scale than have been done up until now.

In my experience local authorities are hugely underfunded after a number of years of cuts. In many areas these have hit prevention services, and reduced personalized options instead of increasing them. These have fallen particularly hard on older people, especially those who would have benefitted from light touch interventions. Hopes for the Better Care Fund to address some of this could still be a stretch, but the commitment is there.

The integration pioneers have taken such a wide range of approaches around the country it may well be difficult to extract common learning, however they provide a rich source of examples and case materials which local government should capitalize on.

7. *How is an 'ageing' strategy being developed in your area? What are the personnel, structures and processes necessary to support that strategy? What are the means by which 'buy-in' and engagement with the strategy are achieved? How is the strategy informed by the needs and aspirations of older people and how is integration achieved between officers and members and local authorities and partner organisations in the health and voluntary sectors?*

Centre for Policy on Ageing



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[If a strategy document exists please attach it].

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8. *If you are within a local authority – What are the governance arrangements on ageing issues? Which officer leads on the implementation of your ageing strategy or leads on ageing issues (in the absence of a strategy). If possible please include contact details? Which elected member or board or committee deals with ageing issues?*

NA

9. *Which national policy levers and drivers assist you to prepare and respond for an ageing society locally? What has assisted you and what has been a hindrance? What would assist you to respond more actively or help you to undertake an appropriate role for your community?*

NA

10. *Do local authorities have a role in addressing digital exclusion or in helping their older populations deal with the national government's 'digital-by-default' strategy?*

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11. *How can or should local authorities support older workers and address the ageing of their own workforces?*

There are suggestions through work on career related transitions and also work by the Commission for the Voluntary Sector and Ageing, and Fuller working lives, that early planning, and the ability to gradually transition to retirement at a chosen age is a positive approach. Offering flexibility and support to carers is already something the public sector is good at, this needs only to continue, and a clear wellbeing offer of support to employees which benefits older as well as younger workers would be a positive move.

I believe that local authorities need to be in particular considering people in job roles which are manually difficult, and considering how people in these can where needed and wanted change roles so they can work later. There is plenty of evidence that health inequalities are rife, with those in lower paid jobs and lower socio-economic groups develop health conditions earlier. These are the people who will often need to leave work earlier than desired due to health issues, and therefore increase their financial difficulties and overall exacerbate inequalities in the locality.

There are some good examples of where multi-generational training for managers and teams enables positive outcomes. CIPD have done recent work on ageing workforce, people's attitudes and interventions to benefit from an ageing workforce.

Workforce planning is essential by Local Authorities to ensure they understand likely age related issues, required recruitment, and supportive work to ensure a positive age culture.

12. *We would like to hear of any services, activities or initiatives which you believe are good practice and innovative with regard to an ageing society – please note – please provide a short description. If there are any reports or evaluation documents please attach.*

Hampshire County Council

Hampshire worked with local older people with support from NDTi, to develop a vision and a commissioning strategy which would be relevant and right for the area. They have continued to engage with a wide range of groups of older people to take this forward within the spirit of co-production, and plan to involve them in review of progress of service provision. I can provide a contact should this be required.

LB Wandsworth

London Borough of Wandsworth funded asset based community development run by Vintage Communities, to set up a local neighbourhood network, driving contribution, skill sharing, social activities etc. This network continues to provide support, connections and social wellbeing to a wide range of people, including older people, in an area of the borough.

Dorset County Council

The Dorset POPP took a community development approach to prevention. It divided Dorset into 33 very local areas and recruits local older people to fill various roles within each of those areas. Roles are paid one day a week and include a Champion for older people's issues (leading on identifying issues and developing local solutions for older people in that area) and Wayfinders (people who provide signposting info and advice re older people's preventative health and wellbeing support). 1 Champion and 2 Wayfinders per area = just under 100 local people (nb not sure all the Wayfinders are older people, but many are and the Champions definitely are).

The POPP also provides small amounts of seed funding (under £2,000) to local projects, which can be

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anything from First Responder schemes to local interest groups, sport clubs, lunch clubs, volunteer driver schemes, peer support groups etc. This can fund start up or support an existing group to improve their offer to older people. These groups and activities are often run by local older people including many volunteers, and are often (though not always) initiated by the work of Champions (and Wayfinders), and Champions (many of whom are highly skilled people who have come from positions of influence within their previous working lives) also place an emphasis on developing innovative solutions that don't necessarily rely on the seed funding, e.g. bringing school canteens together with older people to meet nutritional provision gaps, turning closed village post offices into drop ins etc. In this way the POPP builds on what older people are already doing in their communities as well as inspiring and supporting new, very bottom up initiatives to fill the gaps. The POPP also employs county level community development workers who focus on specific themes across the county, such as transport, & food and nutrition. The Evaluation of the POPP has also been innovative. They identified a clear set of 8 Outcome Areas around older people's health and wellbeing, which they use to monitor and assess the impact of their work. The evaluation team worked with volunteer local evaluators in the early days, and developed a multi-stakeholder group analysis method for analysing outcome stories and turning these into more objective quantitative data. The POPP has been going since early 2006, and has remained co funded by Health and LA since the initial pilot phase.

<http://www.ndti.org.uk/publications/ndti-insights/insights-7-prevention-that-works>