

Response to the Centre for Policy on Ageing and Local Government Association Call for Evidence: Local Government's Response to an Ageing Society

November 2014

1. Summary

- 1.1. The South East has the largest and most rapidly growing ageing population in England, which contributes to the rich, diverse nature of South East communities and makes for a more balanced society. Our elderly population also brings great opportunities, for example through volunteering and within the paid workforce, but also significant cost and service challenges. Local authorities, with their democratic mandate and community leadership role, make a significant contribution to enabling communities across the South East adjust to an even larger elderly and ageing population. In particular, SESL and SEEC members are driving the integration of health, social care and other services locally and are making an important contribution to prevention and early intervention through their public health role, helping people to live fuller, healthier, happier lives.
- 1.2. Two key factors that are enabling our members to support older people to achieve their potential are investment in partnership working, particularly with NHS partners and CCGs but also between councils in two tier areas, and willingness to innovate.
- 1.3. Two key challenges facing South East authorities in responding to the health and care needs of older people are funding and integration. With respect to these areas we call for the following changes:
- Review the criteria used for central funding allocations to ensure funding is related to absolute numbers of people in need of services.
 - Financial support and incentives for training and staff restructuring to deliver central Government policy objectives.
 - The public health funding formula should be changed to give greater weight to absolute numbers of people in an area and the pace of change should be increased.
 - Greater local control of funding to allow councils to raise more of their own funds for both services and investment in essential infrastructure such as social housing.
 - Where central government funding allocations remain, councils need longer term settlements to enable efficient planning. Funding allocations should be determined by a panel drawn from local government.
 - Give local authorities the leadership role to drive forward integration.
 - Council-led partnerships should be given responsibility for establishing, then managing a single commissioned, single budget for health and social care.
 - As a step towards a single health and care budget, streamline the health system and incentivise greater integration of commissioning for social care, community health services and primary care by extending the Better Care Fund.
 - Incentives should also encourage integration of local blue light services in the South East under local authority leadership.
 - Give councils the support they need to lead joined-up training across professionals and support a one-team workforce approach, making multiagency working the norm.
 - Introduce legislation to support timely information and data sharing across agencies and all tiers of local government.
 - Strengthen councils' influence to encourage Clinical Commissioning Group cooperation where local relationships are not working well.
 - Give councils responsibility for NHS estate management and procurement.
- 1.4. SESL and SEEC member councils are at the forefront of developing and implementing strategies and services to support older people. Health and Wellbeing Boards should also be empowered to fulfil their system-wide role in overseeing implementation.

- 1.5. Councils are often residents' first port of call for help in using digital services. Local authorities recognise the need for older people to be supported to access services but need funding and resources if they are to meet this need directly.
- 1.6. Adequate funding is also needed to enable councils to train and fund sufficient staff to provide important face-to-face contact. As more 'digital by default' services are introduced, as well as training, the provision of high speed internet connectivity, particularly in the sparse, rural areas of the South East, will be essential to avoid disadvantaging some communities.
- 1.7. Councils have fair and open recruitment processes for all workers and support personal and professional development of all staff as appropriate.
- 1.8. SESL and SEEC's joint publication [Making Integrated Care Happen](#) includes 10 case studies showing good, innovative practice in South East across a range of services.

2. Main Submission

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

2.1.1. Older people play a key role in the South East's communities and economy:

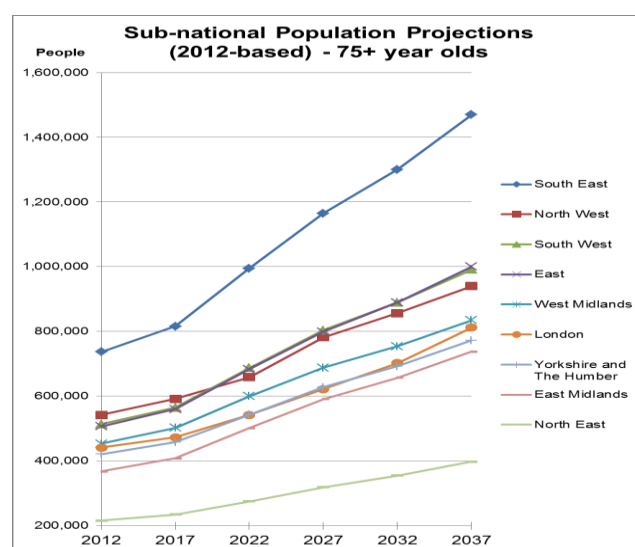
- **A more balanced society** – Our large elderly population contributes to the rich, diverse nature of South East communities and makes for a more balanced society.
- **Paid work** – older workers' skills and experience are valued by many employers. Being in the right work can also be beneficial to physical and mental health (see for example Healthy Working Lives, NHS Scotland¹). The Centre for Research into the Older Workforce² highlights employers like older workers as they can bring reliability, flexibility, skills and knowledge, as well as the ability to mentor younger workers. Self-employment is also an attractive option for many older workers due to the flexibility it provides.
- **Volunteering** – older people play a key role helping run charities and community facilities in voluntary/unpaid capacities, sustaining many vital local resources.
- **Supporting their families** – many older people provide unpaid support for family members including ageing parents and/or grandchildren. As well as reducing the public sector and personal cost burden of care, the latter also enables parents to work and contribute to the economy.
- **Consumers** – the 'silver pound' creates a large market for targeted goods and services.

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

2.2.1. The South East has the largest and most rapidly ageing population in England. Older people are projected to make up a greater proportion of the population over the next 23 years, with numbers of over 75s and over 85s more than doubling as the figures below show.

SOUTH EAST	2014	2037
Total population	8,852,000	10,307,000
People aged 65+	1,649,000	2,684,000
% of population 65+	18.6%	26.0%
People aged 75+	768,000	1,469,000
% of population 75+	8.7%	14.3%
People aged 85+	237,000	587,000
% of population 85+	2.7%	5.7%

Source: ONS 2012-based Subnational Population Projections



¹ <http://www.healthyworkinglives.com/award/benefits#costs>

² <http://www.agediversity.org/publications/good-practice-guides>

2.2.2. Whilst the South East's ageing population brings many benefits as set out in response to Question 1, there are also challenges:

- **Pressure on the public purse for health and social care** - whilst life expectancy is increasing, there are also increasing numbers of older people living with expensive, complex health and social care needs in the South East. According to the South East England Forum on Ageing³:
 - 34% of people aged 65+ are unable to manage at least one self-care task on their own
 - 42% of people aged 65+ have a limiting long term illness
 - 7% of people aged 65+ have dementia.
- There is therefore a growing burden on the public purse for health and social care in the South East. This is compounded by recent changes arising from the Care Act which are expected to have significant cost implications in the South East – more information is set out in response to Question 6.
- **Increasing pension costs** – longer life expectancy means people are drawing down pensions for longer, therefore increasing the call on the public purse.
- **Pressure on housing** – the South East already builds the most homes in England (19,200 in 2013-14) but the growing population is increasing demand for housing. Under-occupation of family-sized homes by some older people can also increase the need for further development. In addition the needs of frail older people may require adaptation of existing homes or appropriate new development to enable them to live independently for longer, requiring public sector investment.
- **Loneliness** – according to the South East England Forum on Ageing half a million over 65s live alone in the South East, and 9% of people aged 65+ suffer from depression⁴. Isolation and loneliness can exacerbate this problem and reduce quality of life for some older people.
- **Financial hardship** – despite the South East's economic success, it is not uniformly prosperous and many older people struggle financially. For example, over 230,000 over 60s live in income deprivation in the South East, compared to 131,200 in the North East and 161,400 in the East Midlands – the real scale of the South East's challenge is masked if only looking at percentages given the large size of its total population.
- **Service delivery challenges** - some older people are unable or unwilling to use digital by default services, requiring the public sector to look at alternative ways to provide key services.

2.3. **Question 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?**

2.3.1. Local authorities, with their democratic mandate and community leadership role, make a significant contribution to enabling communities across the South East to adjust to an ever larger elderly and ageing population. Councils know their communities and are familiar with local circumstances, needs and demographics. This knowledge enables local authorities to effectively respond to, and plan for, growing elderly populations. Councils join the dots between various services that impact on older people, such as health, social care, employment, leisure and housing, to deliver more efficient, integrated services centred on individuals and their families.

2.3.2. South East authorities are leading the integration of public services locally. Kent County Council, for example, is one of 14 national integration pioneers leading the way on better joined up care. Residents in parts of Kent now benefit from integrated personal budgets and Kent's Health and Social Care Integration Programme has been working successfully to align the council's adult social care and community health teams, develop integrated contacts and referrals for patients and establish multi-disciplinary teams.

2.3.3. Councils also make a vital contribution to enabling older people to live independently at home for longer and avoid needing more expensive care in institutional or hospital settings. Preventative initiatives across the South East include: Oxfordshire CC's work with the County's Fire and Rescue Service to provide targeted fire prevention support to vulnerable households through an integrated combined care service, Royal Borough of Windsor and Maidenhead's work to boost volunteering through its Carebank scheme, and Buckinghamshire CC's work with over 200 partners to develop a sustainable prevention programme *Prevention Matters*. These and other examples are set out in more detail in our publication [Making Integrated Care Happen](#).

³ <http://www.seefa.org.uk/docs/Facts.pdf>

⁴ <http://www.seefa.org.uk/docs/Facts.pdf>

- 2.3.4. Investing in the general health and wellbeing of the public is also important to reducing demand for health and care services in later life. While responsibility for public health resides with County and Unitary authorities, all councils contribute to promoting the wider social determinants of positive health and wellbeing. District councils, in particular, help to create communities which encourage all people, including older residents, to live active lifestyles. For example, Oxford City Council is working in partnership with leisure provider Fusion Lifestyles to promote healthier lifestyles among older people by promoting subsidised fitness activity programmes for the over 50s, helping reduce the calls on health and care service and costs to the public purse.
- 2.4. **Question 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?**
- 2.4.1. Not applicable.
- 2.5. **Question 5: How do local authorities need to adapt to enable older people to achieve their full potential?**
- 2.5.1. There are two key factors that are enabling SESL and SEEC authorities to support older people to achieve their full potential. Firstly, **investment in partnership working** and secondly, **willingness to innovate**.
- 2.5.2. Our member authorities have put significant time and effort into building genuine relationships and partnerships with key stakeholders, in particular NHS partners and CCGs, to reduce A&E admissions and demand for acute care services while encouraging a shift towards more joined up, community based care and support. This must continue and be enabled further through, for example, legislation that supports timely information and data sharing across agencies. Councils' influence needs to be strengthened to encourage CCG cooperation in the small number of cases where relationships are not working well.
- 2.5.3. In two tier areas, partnership working across County and District authorities is also essential to ensure that services that impact on the wider social determinants of health and wellbeing, such as housing, employment and leisure services, are fully considered and incorporated into ageing strategies. Councils also need to be willing to innovate and draw on their influence and resources to create more possibilities for elderly residents. For example, Surrey CC is working in partnership with District and Borough councils to invest in new technologies and make telecare universally accessible across the county. Similarly, Hampshire CC is investing £45m and bringing land forward to develop extra care assisted living schemes enabling older people to live independently in their own homes.
- 2.5.4. A greater number of older people will be able to fulfil their potential if they can avoid deterioration in their health and wellbeing. As already highlighted, councils make a vital contribution to prevention through their public health role; however, public health funding for South East authorities is among the lowest in the country. Although some South East allocations appear large, once population size (the largest in England at 8.8m, projected to grow to over 10m by 2032) is factored in, it becomes clear that South East councils received grant of just £34 per head on average for 2013-14 and £40 per head for 2014-15, lower than any other region of the UK. Wokingham (£26), Windsor and Maidenhead (£23), Bracknell Forest (£26) and Surrey (£22) received the four lowest grants (per head) of all English local authorities. Many South East authorities also have a significant shortfall between their current public health allocation and their target allocation. Buckinghamshire CC, for example, has a shortfall of £1.5m.
- 2.5.5. Government must accelerate changes to national public health formula to give fairer funding to the South East by better reflecting population size and absolute numbers of elderly and ageing people. This will enable councils to deliver growing public health responsibilities with even greater effect and help older residents fulfil their potential.
- 2.6. **Question 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?**

- 2.6.1. Two of the key challenges facing South East local authorities in responding to the health and care needs of older people are funding and integration.
- 2.6.2. **Funding:** The need for adequate funding affects all aspects of service delivery for older people in the South East. The South East has a large and growing number of elderly people - we expect a 37.5% rise in over 75s by 2024, to 1.1million. The South East also has above average numbers of self funders in the care system. These factors mean that South East local authorities face greater financial pressures than many other areas in delivering both services and Dilnot reforms. South East authorities welcome the aims of the Care Act but have serious concerns about their ability to fund delivery. For example:
- Some areas, such as Surrey, have up to 80% self funders so will face significant funding pressures when the care cap reforms transfer some or all care costs to the public purse.
 - The South East also has a high number of carers (including 921,000 unpaid carers, 634,000 more than the North East), so will face increased costs in delivering assessments and support for carers as set out in the Care Act.
 - There is a need for funding to retrain local authority front line staff to ensure they give quality advice to older people on reforms such as care caps or deferred housing sales and provide carer support.
 - As outlined above (see question 5) South East public health funding is among the lowest in the country, affecting councils' ability to focus effectively on older people's needs.
 - Despite these challenges central Government revenue funding per head in the South East is the lowest in England at £371.58 per head. This compares to £644.42 per head in London and £678.42 per head in the North East.
- 2.6.3. **Funding changes:** South East authorities want to see a number of funding changes to help them deliver affordable, quality services for their older residents. These are:
- Review the criteria used for central funding allocations to ensure funding is related to absolute numbers of people in need of services. In many cases for older people's services, the quantity of people will have a more significant impact on spending needs than levels of deprivation.
 - Financial support and incentives for training and staff restructuring to deliver central Government policy objectives. It is important that new burdens on councils are adequately funded to ensure that work to transform services does not detract funding from existing priorities.
 - The public health funding formula should be changed to give greater weight to absolute numbers of people in an area and the pace of change should be stepped up to allow South East authorities to reach their target allocations more swiftly.
 - Greater local control of funding to allow councils to raise more of their own funds for both services and investment in essential infrastructure such as social housing. Changes such as allowing councils to keep and control business rates and stamp duty and set small new local taxes in addition to council tax would give councils greater control over their own funding and in many cases reduce the reliance on central government grants.
 - Where central government funding allocations remain, councils need longer term settlements – for example a rolling 5-year programme. This will enable councils to plan ahead for maximum efficiency in use of resources and service commissioning. Funding allocations should be determined by a panel drawn from local government.
- 2.6.4. **Integration:** Closer integration of services has significant potential to deliver better, more tailored services for older people. At present there is no single leadership role on health and care, so there is frequently fragmentation and duplication between the many agencies involved in providing care and support for older people. Greater co-ordination between the NHS, all tiers of local authorities (e.g. counties on social care and districts on housing) and emergency services would overcome some of the barriers to delivering high quality, cost effective person-centred support. Removing duplication and taking a partnership approach to keeping people in their own homes for longer will also contribute to cost savings for the public purse. There is also a need for all agencies to sign up to shared objectives and to receive funding in a way that supports those objectives – for example funding hospital trusts according to number of admissions can undermine the objective of helping people receive help and treatment in their own homes whenever possible.
- 2.6.5. **Changes to deliver integration:** South East authorities want to see a number of changes to help overcome some of the barriers to better integration of services. For example:

- Give local authorities the leadership role to drive forward integration. Councils have an excellent track record in leading partnership work, an excellent understanding of local needs and the democratic mandate to lead this work.
- Council-led partnerships should be given responsibility for establishing, then managing a single commissioned, single budget for health and social care. This will improve South East residents' experience of care by better aligning services. It will also deliver better value for money.
- As a step towards a single health and care budget, streamline the health system and incentivise greater integration of commissioning for social care, community health services and primary care by extending the Better Care Fund. Combining the clinical expertise of the NHS with councils' procurement, public health and commissioning skills, and their knowledge of local communities, will deliver better outcomes more cost effectively.
- Incentives should also encourage integration of local blue light services in the South East under local authority leadership. This will reduce costs, increase prevention work with older people and ensure the most appropriate emergency response when it is needed.
- Give councils the support they need to lead joined-up training across professionals and support a one-team workforce approach, making multi-agency working the norm. This would benefit service users by joining up all types of services to older people from advice on housing through to clinical support.
- Introduce legislation to support timely information and data sharing across agencies and all tiers of local government. Joining the dots between health, care, employment, education, housing, leisure and cultural services will allow local partners to truly integrate services around people's needs.
- Strengthen councils' influence to encourage Clinical Commissioning Group cooperation where local relationships are not working well. This will help deliver optimal outcomes for residents.
- Give councils responsibility for NHS estate management and procurement. Councils have proven ability to deliver value for money and this approach will free up NHS resources for more patient-focused health professionals, while cutting duplication, waste and bureaucracy.

2.7. **Question 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?**

2.7.1. The significant pressures arising from the South East's ageing population means that many SEEC and SESL member councils are at the forefront of developing strategies and services to support older people. We have left individual councils to submit detailed local evidence about how they are approaching these challenges. However, some examples of good practice are included in the link provided under question 12.

2.8. **Question 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?**

2.8.1. Governance arrangements on ageing issues vary across local authorities within our memberships and we refer you to individual council responses for more detailed information. Implementation of any ageing strategy will necessarily involve a wide range of stakeholders including NHS partners, CCGs, blue light services and the voluntary sector. Democratic local authorities, with their community leadership role, are optimally placed to lead integrated, multi-agency working to effectively implement local ageing strategies. Health and Wellbeing Boards also have potential to play an important system-wide role in overseeing the implementation of ageing strategies and should be empowered to fulfil this with optimal effect.

2.9. **Question 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?**

2.9.1. Please refer to our answer to question 6.

2.10. **Question 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?**

2.10.1. Local authority frontline staff have a key role in provide face to face support for older people who have no computer or who do not have the IT skills to use online services.

- 2.10.2. In many cases older residents will turn to their council in the first instance for help and advice on how to access services. Local authorities recognise the need to provide this support for older people but need the funding and resources to be able to continue to do so. Adequate funding should be made available to allow councils to train and fund sufficient staff to be able to provide this important face-to-face contact.
- 2.10.3. Local authorities also have a role in helping older people overcome digital exclusion but need adequate funding and support from central government to be able to deliver change. Examples include:
- Many councils provide training and support through libraries or other council premises, helping people to learn computer skills and access digital services. However, there are threats to the future of these valuable services as funding cuts force South East councils to close some of their branch libraries and offices and reduce staffing levels.
 - Areas of the South East, particularly some rural areas, do not have adequate broadband coverage. Councils are keen to achieve 100% broadband coverage but need additional funding and Government policy support to achieve this.
- 2.11. **Question 11: How can or should local authorities support older workers and address the ageing of their own workforces?**
- 2.11.1. Councils have fair and open recruitment processes for all workers and support personal and professional development of all staff as appropriate. Looking more widely, the Commission may be interested to see the [Valuing Older Workers research project](#) (2013) commissioned by the South East England Forum on Ageing. This identifies good practice from the voluntary sector about making the most of the knowledge, skills and talents of older workers that public, private and voluntary sectors may find helpful.
- 2.12. **Question 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.**
- 2.12.1. Please see the attached document [Making Integrated Care Happen](#), which includes 10 case studies showing good practice in South East across a range of services.

ABOUT US

South East Strategic Leaders (SESL) is a partnership of upper tier authorities committed to nurturing the engine room of the UK economy and promoting public service excellence. SESL supports its members to create the conditions within which individuals, communities and businesses thrive. We aim to:

- **Influence** – speaking with a stronger, united voice for South East strategic councils.
- **Inform** – producing robust evidence relevant to practice.
- **Inspire** – connecting people, sharing ideas, sparking innovation.

SESL is chaired by Cllr David Burbage MBE, Leader of Royal Borough of Windsor and Maidenhead.

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South East England Councils (SEEC) was established in 2009. It is a membership organisation representing all tiers of local authority. The SEEC area covers Berkshire, Buckinghamshire, East and West Sussex, Hampshire, Isle of Wight, Kent, Oxfordshire and Surrey. SEEC's objectives are:

- To strive for a fair funding deal for the South East
- To promote the South East's position as a leading global economy
- To act as single democratic voice for South East interests
- To monitor the pulse of the South East.

SEEC is chaired by Cllr Gordon Keymer CBE, Leader of Tandridge District Council.

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