

Submissions to the CPA-LGA 'Call for Evidence' on what local authorities are, and should be, doing to prepare for an ageing population and society

Between 21st October and 12th December 2014 over 800 CPA/LGA calls for evidence were sent out to local authorities, individuals and third sector organisations in England and Wales.

In response, evidence has been received from over 70 organisations and individuals who, between them, have submitted over 150 pieces of documentary evidence.

The respondents were from all types of local authority and third sector organisations from all parts of England and Wales.

	Local Authority	Third Sector*	Individuals	Total
International		2		2
National		28	1	29
England - North East	6	2		8
England - North West	2	1		3
England - Midlands	5	3		8
England - East Anglia	2	2		4
England - London	7	1		8
England - South East	4			4
England - South	2	1		3
England - South West	1	3		4
Wales	1			1
Total	30	43	1	74

*Third Sector, Academic or NHS

A list of respondents and documents submitted can be found in Appendix 1.

Questions used as guidance for submission can be found in Appendix 2.

All evidence submitted is available to read at <http://www.cpa.org.uk/cpa-lga-evidence>

[Apologies were also received from a number of authorities and organisations who would have liked to have participated but were unable to find the time necessary to respond]

Overview of responses

Evidence from such a wide variety of organisations and authorities has, in itself, led to a wide variety of responses. To get an objective view of the balance of issues raised in the evidence, all evidence was indexed and searched for key words and phrases.

These selected words and phrases have been sorted first according to how many documents they occur in and then how often they occur, giving a similar but slightly different order in each case but a good indication of the relative importance of each issue, overall, in the evidence submitted.

Word /Phrase	No of Docs	Word / Phrase	Instances
care	135	care	8138
health	129	health	4767
information	114	housing / accommodation	3953
social care	104	dementia	1439
quality	103	social care	1383
housing / accommodation	102	wellbeing	1093
wellbeing	92	information	882
quality of life	84	quality	722
dementia	80	social work	685
volunteering	75	volunteering	552
family	73	mental health	545
loneliness / social isolation	72	age friendly	521
disability / disabled	66	care home(s)	501
independence / independent living	65	family	492
prevention	64	disability / disabled	471
shops / shopping	64	shops / shopping	415
mental health	61	public health	364
care home(s)	60	independence / independent living	342
transport	60	falls	321
public health	57	prevention	319
frail / frailty	51	quality of life	306
employment	47	loneliness / social isolation	302
falls	45	transport	281
technology	45	frail / frailty	235

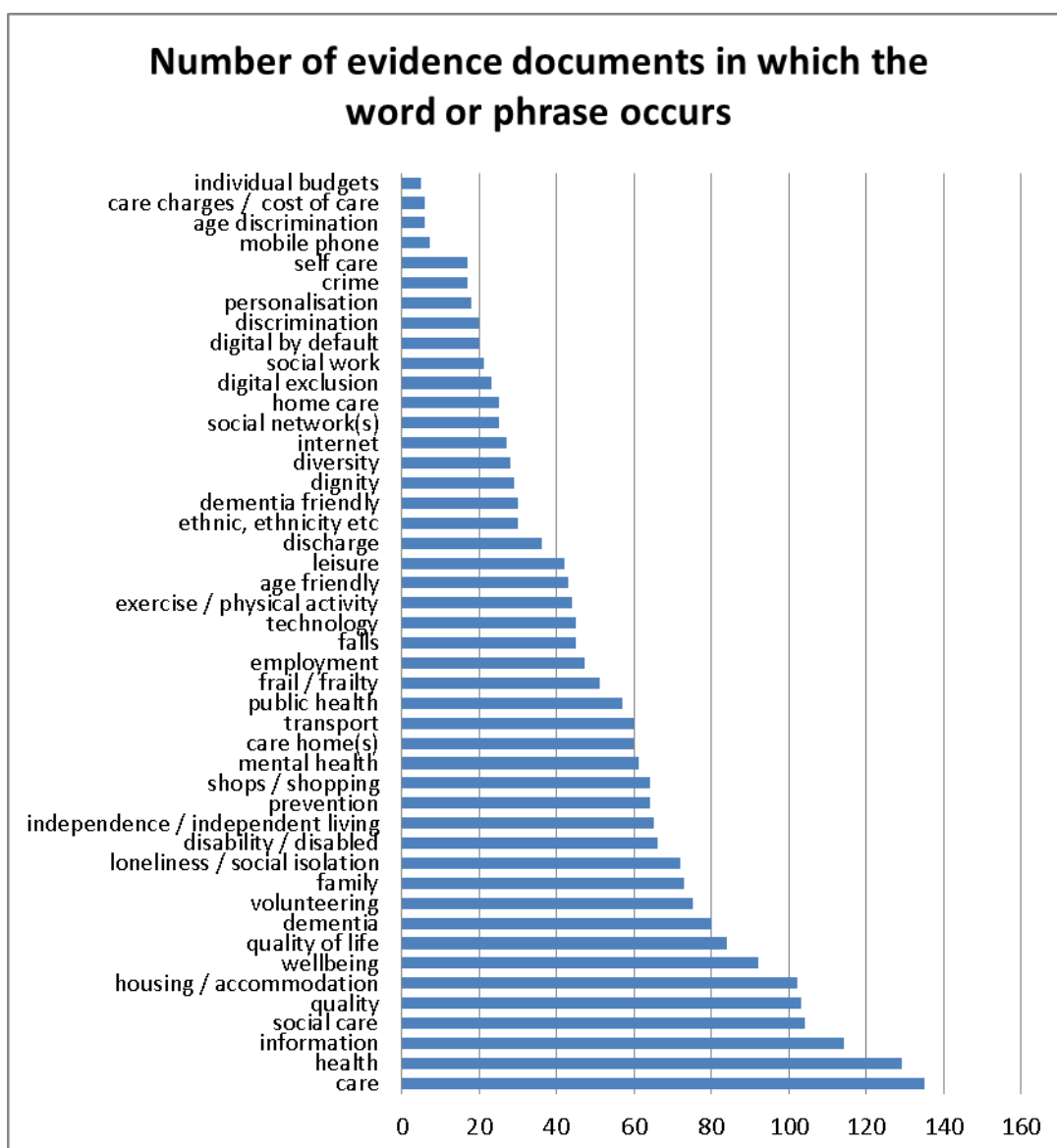
Word /Phrase	No of Docs	Word / Phrase	Instances
exercise / physical activity	44	employment	229
age friendly	43	discharge	193
discharge	36	dementia friendly	173
ethnic, ethnicity etc	30	technology	167
dementia friendly	30	exercise / physical activity	139
dignity	29	ethnic, ethnicity etc	108
diversity	28	diversity	84
internet	27	dignity	63
home care	25	discrimination	63
social network(s)	25	social network(s)	60
digital exclusion	23	internet	58
social work	21	home care	58
digital by default	20	personalisation	56
discrimination	20	crime	55
personalisation	18	self care	51
crime	17	digital exclusion	26
self care	17	age discrimination	24
mobile phone	7	digital by default	22
age discrimination	6	care charges / cost of care	9
care charges / cost of care	6	individual budgets	9
individual budgets	5	mobile phone	7

Health and social care still predominate in the evidence submitted about what local authorities should be doing for their ageing populations although information provision is also frequently mentioned.

Housing and dementia provision score highly followed by prevention measures, shopping and transport. Home care surprisingly does not figure very highly.

Crime and the fear of crime is no longer seen as a major issue. It is rarely and only briefly mentioned in evidence although fear of crime and garden maintenance are cited as the two most common reasons for moving into extra-care housing.¹

¹ Kneale, ILC-UK, 2011, Establishing the extra in Extra Care



Key issues and challenges

Age UK, in its submission of evidence, outlines five essential areas to address in order to realise its vision for a society in which older people can flourish and love later life. These are:

- (1) Enough money: through fairer pensions and take up of entitlement to support;
- (2) Wellbeing: everyone is able to feel well and enjoy later life;
- (3) Health and Care: access to high quality, empowering, health and care services as we age;
- (4) Home: able to feel comfortable, safe and secure at home, living independently for longer; and
- (5) Community and Society: where everyone in later life can participate and feel part of wider society, with opportunities to learn, join in, volunteer or work.

Age UK considers there to be two key elements of local authority's role in relation to older people:

- (1) Community leadership: promoting positive attitudes, working strategically and collaboratively with cross sector partners to enable local people to help shape better places for us all to age well and live independently, as active and connected citizens, for longer into later life;
- (2) Service provision: directly and also increasingly provided through strategic commissioning, with a role to ensure equality of access to all age friendly services.

In a survey by Age UK London², older Londoners, prioritised ten issues for campaigning as follows: (1) Your housing situation; (2) The amount of contact you have with friends and family and 'the outside world'; (3) Getting around using public transport; (4) Health and social care services in your area; (5) Your diet and fitness; (6) Your employment situation; (7) Safety and security in your local area; (8) Your ability to use computers and the Internet; (9) The information you receive from your local authority (10) The way older people are presented by the media.

Age UK London, in their manifesto for the 2014 London borough elections, called on all candidates to (1) Make your borough age friendly; (2) Make travel accessible; (3) Ensure high quality health and social care services; (4) Help older people stay fit, active and involved; (5) Provide accessible, affordable housing; (6) Equal opportunities in employment and volunteering; (7) Make London's streets safe and attractive; (8) Make information accessible.

Age UK Birmingham identify the following key issues: (1) Combating isolation; (2) Relieving pensioner poverty; (3) Warm homes; (4) Suitable day opportunities for the varying needs of the entire range of older peoples' ages; (5) Shortfall in care for an aging population; (6) Objective information and advice.

The Greater London Authority (GLA), in its evidence submission, indicate that its work on the age-friendly cities programme and elsewhere has identified the following issues:

- (1) Accessible and affordable transport; (2) Suitable housing; (3) Public seating and toilets;
- (4) Accessible public realm; (5) Easy access to culture, leisure and volunteering opportunities
- (6) Respect and social inclusion; (7) Poverty for some; (8) Returning to work once out of it
- (9) Access to training opportunities; (10) Suitable health and social care provision
- (11) Digital inclusion; (12) Engagement and involvement.

According to South East Strategic Leaders (SESL), the two key challenges facing South East authorities in responding to the health and care needs of older people are funding and integration.



Social care

Despite an encouragement to consider support for the more positive aspects of ageing, the predominant themes in the evidence submitted remained health and social care in older age.

² Donovan, Age UK London (2014) - Your Priorities 2014- Older Londoners' Campaigning Priorities

As part of its submission of evidence, Essex County Council presented its report '*A shock to the system: Saving our health and social care - An Essex view on health and adult social care for the next government in 2015.*' This report states that 'the people of Essex are, on the whole, healthy but are growing older at a much faster rate than the majority of the UK. Anyone looking for evidence of the growing pressure on health and social care services need only look to Essex.'

The report recommends:

1. A 10 year funding settlement for health and care that would allow the NHS and local government to plan for the long-term and shift spend to prevention.
2. Local Health and Wellbeing Boards need to be given teeth and, led by local Health and Care Commissioner, be given the power to control budgets and commission health and care services, integrating health and social care in a central arena.
3. We need to have an honest conversation about how we are going to pay for health and social care going forward, before they fall over. Only [national] Government can lead this conversation.
4. The NHS tariff system needs to be reformed to incentivise prevention and align financial incentives for providers with health and social care outcomes for individuals.
5. The legal presumption to share data in order to provide integrate health and social care services, with an individual right to opt out.

In a further submission 'Who will care?', Essex County Council suggest five high-impact solutions to prevent a future crisis in health and social care in Essex. These are: agree a new understanding between the public sector and the people of Essex; prevent unnecessary crises in care; mobilise community resources; use data and technology to the advantage of the people of Essex; and ensure clear leadership, vision and accountability.

To achieve cost efficiencies, within London a number of authorities are sharing social care posts with neighbouring authorities and implementing joint commissioning. In its submission, 'Better Care Fund planning template – Part 1 - Plan Details', the London Borough of Lambeth say "Our joint scale of ambition in developing collaborative commissioning over future years extends beyond the scope of the Better Care Fund (BCF). We are committed to improving outcomes for citizens in Lambeth whilst ensuring a financially sustainable health and care economy.

We are currently working on the assumption that over time most commissioning will be integrated unless there are good reasons why it shouldn't be. We propose to use the BCF as just one of our tools to implement change. This will be alongside our innovation programmes of integrated care – Southwark & Lambeth Integrated Care (SLIC), Lambeth Living Well Collaborative, Lambeth Early Action Partnership and the Evelina London Programme."

Joseph Rowntree Foundation in the NDTi report '*Widening choices for older people with high support needs*' on social care for older people with high support needs, submitted in evidence, suggests 'there is huge potential for models of support based on mutuality and/or reciprocity to help older people with high support needs live well in later life. These models are valued greatly and achieve significant outcomes for individuals when they recognise, harness and use the assets of all their members. They work best when they are very locally focused and personally delivered and/or experienced. They also work well when they build on and link to other services, networks and

systems (not just concerning care and support) rather than existing as discrete entities or as one-off initiatives and developments.’

Submissions from the College of Social Work, in the form of two reports by Alisoun Milne and others^{3,4}, emphasise the continuing importance of gerontological social work in the social care of older adults fearing the marginalisation of the profession.

Public Health and Prevention



As part of The Health and Social Care Act (2012), responsibility for delivering public health policies moved from the National Health Service to local authorities. Each local authority now has a Director of Public Health as well as a Health and Wellbeing Board.⁵ The Care Act (2014) included a requirement for local authorities to arrange for the provision of prevention services and a duty to promote the wellbeing of individuals and promote integration between health and social care services.

Evidence submitted by ILC-UK, in the form of their report ‘Public health responses to an ageing society’⁵ suggested that the opportunities arising from the transfer of public health functions to local authorities are: Local Authorities know their residents best; Local Authorities are strategically placed to deal with today’s public health concerns; the move could encourage innovation; and the public want these changes. They suggest that the challenges are: privatisation may lead to a focus on short-

³ Milne et al, College of Social Work (2014) - Future directions for investment- Social work with older people

⁴ Milne et al, College of Social Work (2014) - Social work with older people- a vision for the future

⁵ Scrutton et al, ILC-UK (2014), Public health responses to an ageing society: opportunities and challenges

term solutions; localisation may worsen the effects of the 'postcode lottery'; the changes may politicise public health; localisation may shrink the size, budget and capabilities of the NHS; the squeezing of local budgets may mean public health is not prioritised; and Local Authorities may lack the expertise to deliver public health.

ILC-UK make a number of recommendations including: Local health strategies should prioritise long-term health initiatives over short-term target hitting - for example, Ageing Well strategies could usefully focus on increasing physical activity earlier in life to ensure people have an active, healthy old age; Recognising the long term return on investment in public health, five year budgets should be developed. Evaluations of impact should be considered over a similar length period rather than over the short term; Joint Health and Wellbeing Strategies should incorporate plans for action on: Smoking cessation, physical activity, nutrition, road safety, housing, loneliness, falls and immunisation.

The Centre for Policy on Ageing, in its submission, notes the difficulty in demonstrating the long-term health effects of individual public health and prevention measures and that it is important to 'take as given' the overall epidemiological evidence that has demonstrated the links between a healthy lifestyle including non-smoking, a healthy balanced diet, exercise and moderation in the consumption of alcohol, improved social networks and volunteering, and the longer-term beneficial health outcomes.

Essex County Council, in their evidence, suggest a revision to the organisation of public health. 'Local Health and Wellbeing Boards (HWBs) should hold budgets for health and social care and direct the commissioning of health and social care services. An empowered health and wellbeing board should be chaired by a local Health and Care Commissioner.'

'It is clear that leadership and accountability over local health and care services is fragmented. Local health and wellbeing boards are new creatures of statute but they have the potential to bring leadership and budgets together in a natural arena. Local areas should be free to determine the specific local arrangements but there should be a clear duty on HWBs to reduce variability in outcomes within their boundaries and an explicit assumption that joint commissioning is a way of achieving this. It would be beneficial if health and well-being boards could work towards a single national outcomes framework for health, public health and social care, setting a common understanding and expectations from consumers, providers and commissioners, while providing an opportunity for national and regional accountability, transparency and quality.'

Local authorities are addressing their public health and prevention responsibilities. For example the Northamptonshire Workforce Development & Education Investment Plan 2014-18, submitted as evidence, includes colour coded suggestions for a healthier lifestyle. It is less obvious however, in some cases, that public health initiatives are being targeted at older people. In some respects this doesn't matter, in that 'older people' are older 'people', but there are times of transition, such as 'retirement' in older age, when lifestyle change is particularly likely to be adopted and which should therefore be targeted.⁶ Overall objectives are well stated for example North Yorkshire's aspiration, by 2020, to have 'Invested in local community projects across North Yorkshire that support people to live longer, healthier and more independent lives.' and to have 'Worked with the Clinical Commissioning Groups [CCGs] to deliver their strategic plans to reduce health inequalities through prevention, and wellbeing services.' What is sometimes less obvious, however, is how these overall objectives will be achieved.

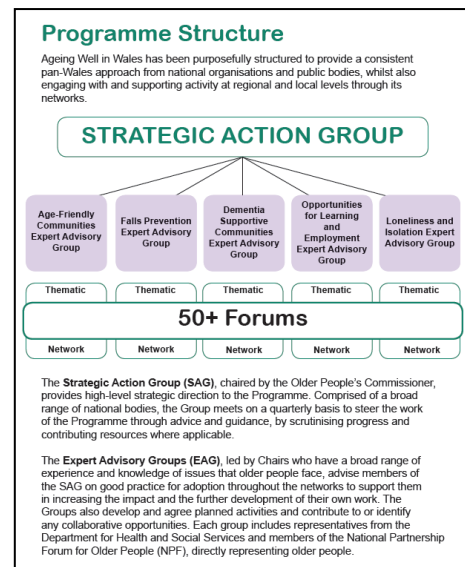
⁶ Lievesley and Midwinter, CPA (2013), 'Wellness': Prevention and the sustainability of health and well-being in older age



Some authorities have strategies that are clearly targeted at the wellbeing of their older populations. Lincolnshire’s ‘Excellent Ageing’ Work Programme October 2014 - Joint Health and Wellbeing Strategy Theme 2 – Health and Wellbeing of Older

People – is a good example of a targeted programme of tangible activities, rather than aspirational goals, with a simple ‘traffic lights’ system to indicate clearly whether objectives are being achieved.

Evidence submitted by Merthyr Tydfil County Borough Council included ‘Ageing Well in Wales 2014-19’, an overall strategy covering all aspects of ageing well in Wales. Local Government is represented within Ageing Well in Wales at every level. The Welsh Local Government Association (WLGA) is a founding partner of the Programme and sits on the Strategic Action Group. Older People’s Strategy Coordinators from every Local Authority are part of the Programme and are represented on the Expert Advisory Groups. The Coordinators also provide a direct link to all 22 of the local 50+ Forums of older people.



According to the Merthyr Council submission, The Ageing Well in Wales programme sets out a number of key areas for development to ensure that Wales is a good place to grow older for everyone. These priority areas are: Age Friendly Communities; Falls Prevention; Dementia Supportive Communities; Opportunities for Learning and Employment; and Loneliness and Isolation.

The Royal National Institute of Blind People (RNIB) submission indicates that Sight Loss should be recognised as a public health priority (see sensory loss and disability) while Age UK (London) suggest that “promoting active ageing and opportunities to access leisure services will be an important part of [public health]”.

Arthritis Research UK point out that, in 2012, the Chief Medical Officer acknowledged that osteoarthritis, the most common musculoskeletal condition, is a ‘generally unrecognised public health priority’ and that ‘the tools of public health can and should be used to create an environment where musculoskeletal health can flourish’. ‘Tackling poor musculoskeletal health is a significant challenge posed by an ageing population that local authorities must address as part of their public health responsibilities.’ Falls and fractures among older people is a pressing public health issue.⁷

This is a view supported by the Chartered Society of Physiotherapy who have developed a Falls Prevention Economic Model with West and South Yorkshire and Bassetlaw Commissioning Support

⁷ Arthritis Research UK (2014), Musculoskeletal health: a public health approach.

Unit. CSP suggest that ‘physiotherapists provide preventative and early advice and interventions to enable independence and self-management and maximize quality of life and wellbeing.

As well as falls prevention and rehabilitation in the community [physiotherapists] also work with local authorities to reduce obesity and increase levels of physical activity, both significant risk factors for many of the co-morbidities that lead to increasing health and social care costs in older age.

Public Health & Prevention

JNSA Northamptonshire – Key Recommendations

The following are 20 key recommendations outlined in the Public Health Public Annual Report 2013/14 for leading a healthy and fulfilling life, each one is colour coded to match an overarching priority related to Giving, Learning, Being Active, Taking Notice and Connecting.

GIVE

KEEP LEARNING

BE ACTIVE

TAKE NOTICE

CONNECT

Actions for individuals

- 1 Take time, even if only 5 minutes, to talk to your family, friends, colleagues or neighbours every day.
- 2 Review your eating and drinking habits. Even making one small swap every day will have a big impact.
- 3 Make a conscious effort to become more active. Considering you have 24 hours in a day, think about limiting your inactive time to just 23.5 of the hours.
- 4 Learn something new. Try a new recipe, read a new book, or enrol on a course. The adult learning service provides a range of courses to interest everyone from children to those learning.
- 5 Take notice of how you look, how things affect you and of any changes to your body. If you're 40+, get your free NHS health check. Speak to your GP about anything out of the ordinary that concerns you.
- 6 Learn about common risks to your and your family's health and how best to prevent problems happening. Take up vaccinations, particularly flu, and make use of screening programmes.
- 7 Get involved! There are thousands of varied opportunities to volunteer, donate, or contribute in some way across the county. Volunteering will give you an enormous sense of wellbeing, can help you make new friends, and you'll gain new skills and experiences.
- 8 Give every child the best start in life. Breastfeeding, if you can, provides the best nutrition and helps create a strong bond. Early years education and activities help children connect with others their own age and develop social skills.
- 9 As you get older you are at a greater risk of having a fall. Simple regular exercises will improve your mobility, and you can get help fitting your own or a relative's home with simple measures to help prevent a fall.
- 10 Give what you can. Donations don't have to be money! Bicycles or ruses and give to charity shops, donate blood, and drop off non perishables at a food bank.

Actions for communities

- 11 Talk with your neighbours about what you'd like to improve in your neighbourhood. Are you concerned about the environment, safety, or do you wish there were more social events? Communities working together can change issues that affect you improving your wellbeing.
- 12 Learn more about our county's heritage by visiting a local historic site. Appreciating our past helps us feel connected to where we live.
- 13 Join Northamptonshire's Imbark. Use your skills to help someone and they'll repay the favour later.
- 14 Use public space to get active together. Start a parent and toddler walking group or a community garden.
- 15 Look out for those that might need help, whether little things like offering to check a smoke alarm or providing a bit of company over a cup of tea, to picking up on safeguarding concerns.

Actions for organisations

- 16 Take notice of how your organisation affects the community it operates in. Does it support employee wellbeing, use local suppliers, and operate sustainably? All of these things can contribute to more traditional business metrics like productivity a healthy local economy and reducing running costs.
- 17 Offer your staff time to support activities in the community. Strong local connections can be great marketing.
- 18 Support your employees to be more active by encouraging staff to walk or cycle to and from work, to take the stairs instead of the lift, or provide corporate opportunities for staff to be members of local leisure centres.
- 19 Offer staff the opportunity to 'keep learning'. This promotes personal as well as job satisfaction which in turn supports increased productivity.
- 20 Champion local causes or charity. You'll be able to make a real difference to your local community, increase your organisation's reputation, improve team working and build morale.

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Loneliness

The Campaign to End Loneliness suggest that ‘Local government ... needs to recognise that loneliness will increase as our population ages and that loneliness is a significant and serious public health issue that should be treated as seriously as other public health issues such as smoking and obesity.’ [Loneliness] ‘should be included as a priority in joint health and wellbeing strategies for the area and a standalone loneliness strategy should be developed, which should include plans to measure the extent of the problem in the local area, identify where the most isolated are, evaluate how every sector can be brought in to tackle the issue (planning, housing, adult social care, public health, transport etc.) and set targets for its reduction.’

Southway Housing Trust are supporting the national Campaign to End Loneliness by taking effective steps to prevent and alleviate loneliness and isolation in its communities in the Old Moat area of Manchester as part of the Manchester Age Friendly cities programme.

Bristol Ageing Better initiatives, focussing on loneliness and social isolation, tackle the issue in a number of ways including an ‘age friendly’ city approach; public understanding; asset based philosophy; preparation for later life; GP case finding; social prescribing; community navigators;

community case finding; first contact checklist; community development for older people; schools for all ages; community chest fund; and community researchers.

Joseph Rowntree Foundation, in their evidence⁸, also recognise the importance of building social networks in later life. “Gertrude, who is 74, lives in her own home in London and receives transport to a community centre for black older people. ... “I like meeting with people. When I came to the day centre I felt like a new person ... I come here two days a week, the day centre is part of like a family, I relax and I’m comfortable here ... I come to communicate with other people. You don’t want to stay at home on your own, you want to come and have a chat, and laugh, and do any activities going. I does painting and art ... It make you felt you’re somebody, when you’re doing something”.

“There is an increasing trend towards living alone in older age: according to Falkingham et al. (2010), nearly half of men and two-thirds of women over 85 living in private households currently do so. Living alone (especially as an older person with high support needs) can increase the risk of loneliness, which in turn can impact not only on mental health but also on physical health and mortality. However, as Gertrude’s experience shows, living alone does not necessarily bring loneliness and retaining or building up your social life can make all the difference.”

Working with communities in York and Bradford, Joseph Rowntree Foundation has developed a neighbourhood approach to loneliness. This has involved local people of all ages identifying the causes of loneliness in their community and working together on solutions to address loneliness. They have evaluated this community development approach; produced a resource pack for others wanting to do something similar in their communities and written a briefing paper for local authorities. <http://www.jrf.org.uk/topic/loneliness>

South East Strategic Leaders (SESL) in their submission point out that ‘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.’ SESL point out that the South East has the largest and most rapidly ageing population in England and suggests that the public health funding formula should be changed to give greater weight to absolute numbers of people in an area. SESL say ‘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.’

⁸ Blood, Joseph Rowntree Foundation (2013) - A better life: valuing our later years

Submissions from the College of Social Work, two reports by Alisoun Milne and others^{9,10}, emphasise the continuing importance of gerontological social work in all areas including prevention. “The social work role in ‘prevention’ is too often constructed as about minimising or preventing service use rather than proactively working alongside people to help them find better (in terms of both quality of life and cost measures) ways of managing their difficulties. A local authority respondent in one study felt that financial cuts had meant that the aim of prevention was to ensure that people ‘didn’t end up at their door in the first place’. A major shift of focus is required if social work is to play its part in ensuring that services designed to prevent low level or moderate difficulties worsening and delay (or prevent) the use of more intensive services and enhance quality of life fulfil their potential.

‘Prevention’ is normally associated with a reduction in the risk of long term adverse health outcomes but, for the Chief Fire Officers’ Association, ‘prevention’ means the reduction of the short and medium term risks of fire at home. The CFOA strategy document *‘Ageing Safely: Protecting an Ageing Population from the Risk of Fire in the Home’* includes four main strategies: Stabilise the number of fatalities in the rising population aged 50+ over the next 6 years; Stabilise the number of serious injuries resulting from fire to the over 50s, over the next 6 years; Improve access and take up of services provided to those people who experience trauma as a result of being involved in a fire to match the rate of increase in the population aged 50+; Ensure that engagement with older people is an integral element of the process of evaluating the impact of the strategy.

Exercise and physical activity are an important part of maintaining a healthy lifestyle in older age. A number of councils submitting evidence, including Barnet, Gateshead, Lincolnshire, Manchester, Merthyr Tydfil, Newcastle, Northamptonshire and Sheffield, Northumbria NHS Trust and organisations such as CPA, CSP and ILC-UK have emphasised the importance of promoting exercise and physical activity as part of public health and prevention.

Volunteering

Volunteering in older age is a useful way of maintaining social networks while doing something perceived to be worthwhile and raising self-esteem.

A number of evidence submissions talked about voluntary work with older people but fewer submissions emphasised volunteering **by** older people. Notable exception were the Silverlinks project run by Care & Repair England, the work of the ExtraCare Charitable Trust and Joseph Rowntree Foundation’s reference to the time-banking schemes managed by Age UK Bromley and Greenwich.

Spice Innovations report on work with Buckinghamshire County Council – Prevention Matters. “Buckinghamshire Time Credits are supporting Prevention Matters, a programme to help people to live healthily and independently for longer in Buckinghamshire. Spice are working with Prevention Matters partners, which include Buckinghamshire County Council, District Councils, the NHS and the local voluntary sector to ensure Time Credits support the programme across Buckinghamshire,

⁹ Milne et al, College of Social Work (2014) - Future directions for investment- Social work with older people

¹⁰ Milne et al, College of Social Work (2014) - Social work with older people- a vision for the future

encouraging active community participation and volunteering both by older and vulnerable adults, and in activities that support them.”

A number of local authorities including The London Boroughs of Barnet, Croydon and Lambeth, the County Councils of North Yorkshire, West Sussex, Essex, Lincolnshire and Wiltshire, Newcastle City Council, Gateshead Council, Merthyr Tydfil County Borough Council, Bradford, Dudley and Sefton Metropolitan Borough Councils, and North Norfolk District Council recognise the importance of ‘prevention’ and have submitted information about their own prevention strategies and programmes.

Wellbeing

In its ‘Adults & Safeguarding Committee - Commissioning Plan 2015 – 2020’, the London Borough of Barnet includes a service component: ‘Older People: Feeling Well, Enjoying Life’. The commissioning outcomes in this service component ... focus on keeping older people healthy and well for longer, and in supporting those people who have been unfortunate enough to need a little bit of help to access that support in a timely fashion but in a way that means that older residents are still firmly in control of their own lives.

Barnet will experience one of the largest increases in elderly residents out of all London Boroughs over the next five to ten years. More than half of [Barnet] residents aged 65 and over will not acquire a limiting long-term illness and Barnet Council wants to increase this proportion by encouraging people to stay healthy, well and independent, living life to the full. [Barnet] older people are a significant resource – nationally 58% of people aged 65 and over are volunteers, and local surveys have indicated that the proportion may be higher in Barnet.

Independence / Independent living

Most older people place a high value on independence. Maintaining independence is a dominant theme in the provision of housing with care, including extra-care housing¹¹ and is a widespread objective of council programmes.

Merthyr Tydfil County Borough council, for example, say “Our focus for the next ten years is to continue to provide services that maximise independence and self-determination”.

Keeping older people and vulnerable adults independent and safe at home and improving their health and wellbeing is one of the objectives of the North Yorkshire ‘stronger communities’ programme. The schemes will be established on the basis of what is needed in the community and may vary between different Stronger Communities locations. However, it is expected that core components which would help older people, vulnerable adults and carers could include: community

¹¹ Kneale, ILC-UK, 2011, Establishing the extra in Extra Care

car clubs, gardening volunteers, shopping volunteers, 'pop in' visitors, cooking, social outings, help with recycling, breaks for carers, sports activities and intergenerational activities.

Lambeth council say "Our older citizens have told us that they want to remain independent and in their own homes for longer, and to exercise greater choice over their housing and support options. We share these ambitions and recognise their importance."

In their report 'I'm Still Me', submitted in evidence, Age UK say "Independence was described by the majority of the older people we spoke to as one of the most important things to them. For most this meant being able to 'do what I want, when I want' and 'getting out and about'."

Sefton Health and Wellbeing Board Annual Report 2013-14, submitted in evidence, reports on the Age Concern Liverpool and Sefton Befriending Service the objective of which is to "Support older people & those with long term conditions/ disabilities to remain independent & in their own homes". "A Befriending and Reablement Officer visits the person in their home in order to encourage them to set goals to work towards focussing on supporting them to maximise independence & wellbeing and to find a positive outlook."

Age-friendly environments

The Old Moat: Age-friendly Neighbourhood Report, evidence submitted on behalf of Age-friendly Manchester, states "The World Health Organisation (WHO) defines an age-friendly city as one that: '... is an inclusive and accessible urban environment that promotes active ageing ... In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities'."

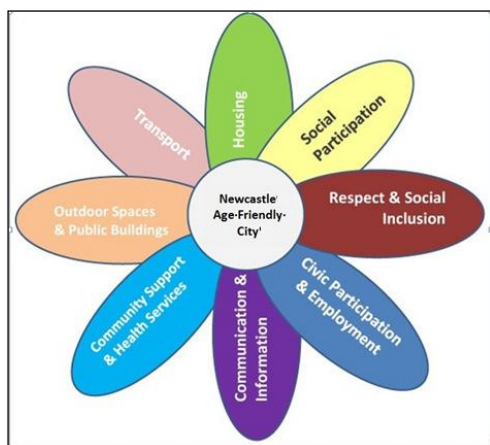
Sheffield 50+ describes the ambition to be an age-friendly city as a 'work in progress'. "We know it will take time to achieve but we also are not starting from scratch. The Framework complements Sheffield's new draft Joint Health and Wellbeing Strategy (JHWS) which has recently been developed by the city's new shadow Health and Wellbeing Board. The JHWS aims to transform health and wellbeing in Sheffield by tackling the root causes of poor health throughout people's lives. The JHWS also aims to deliver a step change in the way health, social care, housing and children's services are provided in Sheffield with a focus on preventing health problems occurring, stopping problems getting worse and supporting people to be independent with access to the services they need in or close to their home."

The Alternative Age-Friendly Handbook, submitted as part of the Age-friendly Manchester evidence, and produced in partnership with Age UK, the Royal Institute of British Architects (RIBA), the University of Manchester Institute for Collaborative Research on Ageing (MICRA) and Age-friendly Manchester (Manchester City Council), the UK's first Age-friendly City, sets out a check-list of things to be included in an age-friendly environment including public areas are clean and pleasant; green spaces and outdoor seating are sufficient in number, well-maintained and safe; pavements are well-maintained, free of obstructions and reserved for pedestrians; pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level; pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual

and audio cues and adequate crossing times; drivers give way to pedestrians at intersections and pedestrian crossings; cycle paths are separate from pavements and other pedestrian walkways; outdoor safety is promoted by good street lighting, police patrols and community education; services are situated together and are accessible; special customer service arrangements are provided, such as separate queues or service counters for older people; buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors; public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

The 'Ageing Well in Wales' evidence submitted by Merthyr Tydfil council states "The Age-Friendly cities concept was refreshed in 2013, under the Irish Presidency of the European Union, when the Dublin Declaration on Age-Friendly Cities and Communities was launched. The Dublin Declaration shows a city or community's pledge to become 'Age-Friendly' using the eight WHO domains as a framework for development. Each city or community will have to demonstrate a process of consultation with older people (and other age groups), planning, implementation and evaluation to become part of the WHO Global Network of Age-Friendly Cities and Communities.

As part of the process for Wales to be recognised as an Age-Friendly Nation, all 22 of Wales' Local Authorities have signed up to the Dublin Declaration; a true achievement for Wales, showing real commitment at local levels to creating communities that are inclusive and supportive for all, regardless of their age."



Newcastle Age-Friendly cities programme is committed to working with a range of national and international networks to contribute and draw in learning and expertise. These include the UK Urban Ageing Network, WHO European Healthy Cities Network and the WHO Global Age Friendly Cities and Communities initiative. The Newcastle programme includes Age Friendly City and the Economy; Built Environment (Outdoor Spaces and Public Buildings); Communication and Information; Community Support and Health Services; Housing; and Civic Participation and Respect and Social Inclusion.

Age UK London encourages London boroughs to join the age-friendly network. "The age friendly approach involves planning key issues like street and public space design, transport and housing to take account of older people. It means ensuring that older people are respected and included in their communities and have access to volunteering and employment if they wish. This model was originally developed by the World Health Organisation. We call on candidates in the 2014 London borough elections to take an age friendly approach to running the borough, and to consider joining the UK Age Friendly Cities Network to ensure that older people are: Respected by the community for their past and present contributions; Always considered as potential contributors as well as users of services; Regularly consulted by public bodies, in good time to contribute to significant decisions that affect them."

Bristol Ageing Better initiative argue that Achieving Age Friendly City status provides a strategic vehicle for action across a comprehensive range of domains.

Shopping is both an essential and a leisure activity in older age. Easy access to shops and shopping are seen as an important part of an age-friendly environment. This is seen in evidence submitted from the age-friendly Manchester programme, the 'village' model: a consumer-driven approach for aging in place submitted in evidence by the Race Equality Foundation, Gloucestershire Village & Community Agents, Lambeth Integrated Reablement service, Ageing Well in Wales and a variety of other programmes.

Thurrock Council's 'Building Positive Futures' programme supports older and vulnerable people to live well, including facilitating access to shops and shopping.

"We know that everyone's health and wellbeing - particularly later in life - depends on a number of factors, including: the housing and neighbourhoods we live in; the opportunities we have to connect with others; safe and accessible paths and parks; access to shops, health clinics and other facilities; the opportunity to give as well as receive help - to feel needed and useful. Making communities where older and disabled people can enjoy the best quality lives requires a partnership between residents and a wide range of local organisations. These include shops and businesses, schools and colleges, the Council and community organisations."

Dementia / Dementia-friendly environments

In its submission 'Dementia-friendly Yorkshire First steps on the journey', Joseph Rowntree Foundation provided a snapshot of dementia-friendly provision for various aspects of daily life including Making train travel simpler; Protection from doorstep crime; The local supermarket; Raising awareness in a multi-cultural city; Starting with the local community; Dementia-friendly libraries; Opening up the local church; Welcoming visitors and tourists; Memory cafes and safe havens; A whole-town partnership; Healthy living and intergenerational connections; A dementia-friendly hospital; Working in schools; The traditional department store; The creative arts; Sports and leisure facilities; Rethinking hospital wards; Changing attitudes and services in healthcare; Improving legal services; and Supporting South Asian women.

JRF have been working on two programmes: 'Dementia Friendly Communities' - working with partners in Yorkshire (predominantly York) to create dementia-friendly communities. This has involved looking beyond health and social care to who else can support local people to live well with dementia. JRF are in the process of evaluating this work (and other dementia-friendly initiatives in Scotland and Northern Ireland) and could share emerging findings next year; and 'Involving people with dementia' - supporting work on the involvement of people with dementia in collective action. As well as a report, JRF have produced a series of tools and resources to support others to do this well.

Alzheimer's Society is urging everybody to work together to improve the quality of life for people with dementia and help them to overcome loneliness. Currently, only 45 per cent of people with dementia feel part of their community. To tackle this, Alzheimer's Society has signed up 70

communities to become Dementia Friendly and trained 372,000 dementia friends in-person and online. In addition, the Dementia Action Alliance supports 1972 members across England to take practical actions to enable people to live well with dementia. Alzheimer's Society suggest that In addition to commissioning specialist services for people with dementia and supporting dementia friendly communities, in the longer-term local authorities can use their public health role to help prevent people from developing dementia and their leadership role on Health and Wellbeing Boards to increase the number of people with dementia who receive a diagnosis.

Dudley Libraries have worked with Adult Social Care on developing Halesowen as a dementia friendly community and specifically designating Halesowen Library as a dementia friendly venue. The Dementia Corner in Halesowen library has an area for dementia support, which carers can visit or use to get together. They can utilise the information on dementia and community resources to help them to support people with dementia. A dementia friendly app has been developed designed to be easy to use and to provide accessible and essential information. The app provides links to other organisations that could provide support including the DCID.

North Norfolk District Council has made a recent commitment to become a dementia friendly Council. There are a significant number of people living in North Norfolk with dementia and this is set to increase. Many of these, with support, are able to live within their communities. NNDC is working with the Norfolk & Suffolk Dementia Alliance and Age UK Norfolk and will also engage work with Town and Parish Councils to encourage and promote dementia friendly communities.

West Sussex County Council have submitted evidence of their work on a 'Dementia Friendly Crawley'. The council quote Professor Alistair Burns - National Clinical director for Dementia, NHS England as saying Crawley is the "best example of a dementia friendly town that I have come across". In 2012, Crawley was awarded £125,000 from the Dementia Challenge Fund to attempt to make Crawley a Dementia Friendly town and to introduce a dementia voice project.

Crawley has created a Crawley Dementia Alliance bringing together all the statutory authorities and voluntary services to promote closer working relationships and provide seamless coordinated services for those suffering from dementia. They are involved in the development of local health and wellbeing services to better support people living with dementia and their carers including - Forget Me Not Club – for carers and their cared for; - Men In Sheds (work in progress) – dementia friendly shed project for isolated males and those living with dementia; - Dementia friendly ladies group (work in progress) – aimed at BME community; - Dementia friendly haven (work in progress) – weekly drop in session for people with early stage dementia, so that carers can attend to jobs in the town centre; post office, bank, opticians or respite knowing their cared for are in a safe environment; - Intergenerational work – school visits; - Forward Thinking group – peer support lead by Alzheimer's Society; - Dementia Friendly Carol Concert arranged by the Forward Thinking Group; and - Dementia Voice project – digital story telling of people living with dementia.

Camden Council say "There are clearly challenges around a range of long-term conditions. Our dementia plan is nationally recognised as a model of good, person-centred practice – and it emphasises the importance of enabling people to live well with dementia. We want to give people of

all ages the tools to manage their health themselves, whereby services intervene where needed, but also enable the person to be as independent as possible.”

Age UK Sunderland has worked with Sunderland Carers’ centre to establish the new dementia service, which is called The Essence Service. It is funded by the Sunderland Clinical Commissioning Group.

Gateshead Council has developed three ‘Promoting Independence Centres’ (PICs) for people with Dementia. “Within the Council’s three Promoting Independence Centres (PICs) of Shadon House, Eastwood and Tynedale, there has been the installation of digital audio reminiscence units which record and share people’s life history as well as Shadon House constructing a summer house and drinks / social area serving to increase an environment which is enabling, personalised and accessible to people with dementia. Shadon House, Tynedale and Eastwood now keep hens as part of Equal Arts HenPower project, which utilises creative programmes to improve quality of life for service users.”

Employment

Saga, in ‘The Saga Generations’, an overview of the role of over 50s in the UK economy say... The over 50s make up a growing share of UK employment. Office for National Statistics (ONS) data show that, in the final quarter of 2003, just over a quarter (25.5%) of those in employment were aged over 50. By the end of 2013, a decade later, this had risen to just under three tenths (29.6%). A significant driver of this increasing share of employment is a structural shift towards more over 65s choosing to remain in work partly driven by the abolition of the DRA and the changes to state pension age. Between the end of 2003 and the end of 2013, the number of individuals aged 65 or over in employment doubled – rising from 531,000 to 1.062 million.

Since then, in their Employment Report for November 2014, Saga report that the number of workers aged 65 or older has risen from 801,000 in the three months to May 2010 to 1.119 million over July–September 2014, a very pronounced rise of 39.7% or 318,000 employees.

Alzheimer’s Society say Local authorities, in their role as an employer, can play an important role in supporting people with dementia and carers. 89% of employers believe that dementia will become a bigger issue for their organisation as the workforce ages, the retirement age rises and the number of people with dementia increases. The Society supports the phasing out of the retirement age but, as part of this, employers must be prepared to address the needs of people with dementia at work.

Disability / Sensory loss

Scope, in their evidence submission, say... ” Social care is vital in enabling disabled people to live independently, find work and play an active part in their community. Four in ten disabled people who receive social care support already say that it does not meet their basic needs including eating,

washing, dressing and getting out the house¹² and one third of working aged disabled people said that cuts to their social care have prevented them from working or volunteering.¹²

Ensuring that the care system is preventative for working age disabled people means that the national eligibility threshold must be set at a level that means that all disabled people who need formal care support are able to get it.”

Sense, in their submission say ... ” Services being designed for an ageing population must be accessible and useable to those who have a sensory loss; otherwise they will not be able to meet the needs of the community. This includes consideration of sensory loss when designing new age friendly facilities and environments.

Early identification of sensory loss is absolutely key in ensuring older people get the right support at the right times to be able to cope with the loss of their vision and/or hearing, and to regain the skills needed to be able to live as independently as possible. Older people’s services should be commissioned and delivered in such a way that puts an onus on providers to recognise and identify the early signs of sensory loss and to seek to provide services that meet this groups needs fully. For many older people with sensory loss being able to access services which have an understanding of their needs and the adaptations needed for access will be enough, however for some, specialist support will be needed. Sense has a number of innovative services for those with dual sensory loss or single sensory loss and additional conditions”

The RNIB submission points out that Sight Loss is recognised as a public health priority; from 2013 the Public Health Outcomes Framework included an indicator directed at preventable sight loss which puts sight loss along such priority issues as dementia and obesity. Improving eye health can improve performance against at least 10 other indicators.¹³

“We know that timely access to services enables older people to maintain their independence, choice and control. Our members tell us that they need local health and social care services to work better together.

To achieve this we recommend that local authorities adopt the adult sight loss pathway to ensure that older people experiencing sight loss get the right support at the right time. Developed by the UK Vision Strategy consortium, this tool clarifies the pathway across health and social care to ensure: Early interventions to address their presenting needs, as a right; Visual impairment rehabilitation as an early intervention, delivered by specialist, qualified professionals; Interventions that help them maximise their functional vision; Community Care Assessment of eligibility for social care services, only if they still have un-met needs after receiving early intervention services.”

Thomas Pocklington Trust points out that the prevalence of sight loss increases with age. One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss in the UK. With regards prevention of sight loss, the local authority has a role through its public health team to provide messages about the importance of eye health and linking it to other related health issues such as smoking and obesity. Regular sight tests, provided by optometrists in primary care, can detect the onset of eye conditions and other health conditions such as stroke in some instances. The

¹² http://www.scope.org.uk/sites/default/files/The_Other_Care_Crisis.pdf

¹³ http://www.rnib.org.uk/sites/default/files/Sight_loss_a%20public_health_priority.pdf

prevention of sight loss is crucial as over 50 per cent of sight loss can be avoided. TPT say that rehabilitation provision varies from local authority to local authority and that RNIB produced a report in 2013 entitled Facing Blindness Alone which highlights a number of key issues.¹⁴

Information, libraries and digital exclusion

Dudley Libraries have always provided a service for all ages and all sectors of the community. In recent times it has been recognised what an important role some of these services have to play in supporting the prevention agenda.

Many people vulnerable to loneliness or social isolation have found comfort and comradeship from attending reading groups, reminiscence sessions, Adult and Community Learning classes or 'knit and natter' groups held in libraries and neighbourhood learning centres or looked forward to regular visits from the Home Library Service.

This contribution is now recognised by Dudley Adult Social Care who have commissioned services, including an online information directory, to help support an ageing population to live well and avoid the need for costly social care if at all possible.

Dudley community information directory (DCID) has grown out of an existing universal online directory managed by Dudley Libraries but is now far more finely tuned to provide information in areas where people might have previously asked social care for help. For example, there is now a care and support category which includes sub categories for: equipment and home aids; help at home; care homes and respite care. As a universal service, the directory is equally relevant for people who need information to help them to lead healthy, active and fulfilled lives. The 'health & wellbeing'; 'sport & leisure' and 'learning' categories offer hundreds of possibilities including social clubs, classes to learn new skills or self help and support groups.

Joseph Rowntree Foundation, reporting on North Yorkshire County Council Libraries, quote a local team leader. "Isolation is a real problem for all older people. A trip to the library can break up the pattern of an otherwise isolated day", there have been no real difficulties in becoming dementia-friendly. "It's an important part of our mainstream work, widening access to what we provide,"

Age UK London, in their evidence, say Councils have an important responsibility to make sure that everyone in the community can access information about services they need. Increasingly there is a tendency to go 'digital by default' and more and more of the information that Councils provide is located on their websites. However 78% of Londoners aged over 75 are not online and 661,000 Londoners aged over 55 have never used the Internet.

[Councils and councillors should commit to] supporting local initiatives to help older people get online and generally take advantage of the digital world; and continuing to provide key information about local services to the whole community including people who are not online: this could be through paper based information or 'assisted digital' at libraries or post offices.

¹⁴ <https://www.rnib.org.uk/sites/default/files/Facing%20blindness%20alone%20Campaign%20report.pdf>

In contrast, Essex County Council say... “We know of the statistic that seven million people in the United Kingdom have not used the internet. This is a very narrow definition. Speaking to the people of Essex, we came across a handful of people who had not used or did not have direct access to, the internet, but none of these people were unable to access the web. Family, friends, and public libraries all played a role in connecting people when they needed to be connected. There is a school of thought – typically one put forward by professionals – that holds that something should not be used because it is not universal. We disagree. Everyone may not want to use technology but it is wrong to limit its use for this reason.”

South East Strategic Leaders (SESL) say ... “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.”

Housing

The Housing and Ageing Alliance, in evidence submitted by the ExtraCare Charitable Trust, say housing and ageing should be high on the health agenda.

“Housing quality and suitability is a major determinant of health and well-being, and hence impacts on demand for NHS services. Older people are the main users of both hospital and primary care and their homes are a particularly important factor in maintaining physical and mental health and addressing health inequalities. There is a causal link between housing and the main long term conditions (eg. heart disease, stroke, respiratory, arthritis) whilst risk of falls, a major cause of injury and hospital admission amongst older people, is significantly affected by housing characteristics and the wider built environment. Decent, suitable housing for older people can reduce the costs of health care. It can decrease GP visits by older people with chronic conditions, enable timely hospital discharge, extend independence for patients with dementia and provide end of life care at home. Therefore inclusion of housing is critical to better co-ordinated services for older people and their carers.”

Housing with care / Extra-care becomes increasingly important in maintaining independence in older age.

The ExtraCare Charitable Trust, a leading not-for-profit developer of extra-care villages and housing schemes, aims to create and operate extra-care communities where older people can enjoy independence, choice and opportunity. Around 20% of ExtraCare Trust residents have some form of dementia. Most schemes offer a gym and a well-being service offering advice on lifestyle and health. ExtraCare Charitable Trust cite research carried out at the trust by Aston University which argues for

the integration of health, social care and housing.

Evidence offered by the Trust, includes a 2011 ILC-UK report¹⁵ that found that, compared to those living in the community in receipt of domiciliary care, those in extra care housing are less likely to enter institutional accommodation; about a quarter of residents who enter extra care housing with additional social care needs, or who develop additional social care needs within extra care housing, later go on to experience an improvement; extra care housing is associated with a lower uptake of inpatient hospital beds; extra care housing translates into fewer falls; and the benefits of residence in extra care housing could translate into substantial cost savings, particularly in the long-term.

The Housing Learning and Improvement Network (Housing LIN) is the leading 'knowledge hub' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing with care for older people. Housing LIN highlight the importance of building community capacity, citing reports they have written on 'Asset Based Community Development', 'Building mutual support and social capital in retirement housing' and 'Local area coordination in Thurrock'.

On how local authorities can contribute to an ageing society, Housing LIN say "There are several aspects in their health and wellbeing functions, regeneration and market shaping that are highly relevant. The Housing LIN has published a variety of resources covering strategic and operation issues that LAs are involved in that are directly relevant to an ageing society. These include: Case study of the business case for extra care housing in East Sussex; and Examples of policy and practice in developing local market positions and housing intelligence.

In their evidence, Housing LIN say "There are several examples of age-friendly approaches however, planning is one major obstacle. ... Current DCLG consultation on housing design standards and space is proposing a retrograde step on future accessibility and adaptability of new housing. It will create a postcode lottery on delivering quality buildings eg built to Lifetime Homes Standards or HAPPI criteria, in the absence of which could put pressure on more costly health and social services."

Sheffield 50+ present as evidence the Sheffield First / Sheffield City Council report 'A city for all ages'.

The report includes recommendations to:

- Enable access to 'appropriate' housing: - people have access to home which support their long term needs; - homes are adaptable to enable people to remain in their own home even when experiencing poorer health or frailty; - reform lettings policy to improve accessibility to social housing and support diverse, 'lifetime communities'.
- Increase and improve support available to people to help them stay independent in their own homes
- New homes are 'lifetime homes' which are adaptable and meet the needs of all generations of residents (eg. door frames wide enough for prams and wheelchairs)
- Widen the choice of housing
- Help younger people access housing
- Increase use of equipment and adaptations based on what best meet needs of person
- Improve conditions in private rented sector housing

¹⁵ Kneale, ULC-UK (2011) - Establishing the extra in Extra Care

- Improve the environmental sustainability and energy efficiency of housing in the city
- Improve understanding of housing needs of BME community (particularly as low take-up of sheltered and extra care housing in BME community)
- Increase satisfaction with landlords

McCarthy & Stone say “Specialist accommodation for older people of the type that we and others provide can help those in later life to lead happier, healthier and longer lives. It can also reduce the dependency of older people on residential care and health services, helping to reduce demand on public sector resources through a private rather than public provision of care – it entails no cost to the public purse. Importantly, residents in specialist retirement accommodation manage better and spend fewer nights in hospital and 60% of residents in specialist retirement accommodation said they found it easier to return home after a stay in hospital.

Importantly, suitable retirement housing also provides a positive way of releasing under-occupied family homes back onto local housing markets, with vacated homes often refurbished and made more energy efficient by their new owners. It is estimated that by 2026, there will be 10 million empty bedrooms in the homes of the retired. Providing positive options for older people to downsize to, such as retirement housing, is one way to release much-needed large family homes and, we suggest, more effective than the bedroom tax.

Sadly, recent research by the Homes & Communities Agency, which is yet to be published, suggests that as few as 18% of local authorities have any specific planning policies to address the housing needs of older people.”

McCarthy & Stone make the key points that: Housing is a key determinant of health in later life; Most local authorities’ Strategic Housing Needs Assessments do not specifically consider the needs of an ageing population; There are significant opportunities for the re-use of public authority land to deliver specialist retirement housing across all tenures; and Lack of capacity in local authorities is delaying delivery of much-needed homes for older people.

They therefore make the following recommendations:

- A. Ensure that local authorities adequately assess the housing needs of their ageing populations.
- B. Increase the pace of release of public-authority land banks for housing, including allocating it for retirement housing.
- C. Encourage local authorities to proactively plan for specialist retirement housing.
- D. Recognise the social benefit of housing for older people and encourage local authorities to consider policies to increase delivery across all tenures.
- E. Address capacity issues in local authorities that are delaying the delivery of much-needed schemes

In Ashford Borough Council , the housing service is adjusting to an ageing population in a number of ways including:

Staff have undertaken dementia friends training, including all sheltered scheme managers; Provision of a recuperative care facility; Remodelling of existing sheltered schemes; Participation in 2 PFI’s to develop 2 extra care schemes; Enabling Housing Association partners to develop extra care schemes, through using s106 affordable housing obligations and in rural areas, through the exception site policy. Developed an extra care design guide to ensure HAPPI principles are followed in all new older persons accommodation; Actively inputting to county wide older persons strategy and protocol, KCC

Accommodation Strategy and the Kent Housing Group Older Persons Protocol; Addressing health inequalities by developing a strategy for the borough (Mind the Gap) and contributed to the countywide, Think Housing First strategy; Hosting and membership of the Ashford Health and Wellbeing Board, Ashford Dementia Action Alliance, Ashford's own Health, Housing & Social Care Working Group (dealing with operational good practice and delivering on joint initiatives).

Transport

Transport is a major issues for older people whether in age-friendly cities or in rural areas with poor transport links.

Among many others, the Age-friendly Manchester documentation places a great emphasis on the quality of public transport in Old Moat / Withington as does the Newcastle Upon Tyne Wellbeing for Life initiative promising to 'take opportunities to create active, inclusive travel routes and work with partners to improve accessibility of public transport'.

Age UK London say that London's boroughs pay for the Freedom Pass which many older people see as key to being included in society. They use it to volunteer, socialise, keep in touch with or care for their family and friends, go shopping and use health and leisure facilities. Age UK London call on councils and councillors to commit to continuing to support the Freedom Pass as a key way of helping older people be included and contribute to society.

Sheffield 50+ say that living in neighbourhoods which feel unsafe or have poor transport connections and no sense of 'community' can lead to loneliness and isolation, and lead to people feeling 'older' than in areas where the environmental quality is better.

Gloucestershire village and community agents illustrate the importance of volunteer and community transport schemes in rural areas that have poor public transport.

Frailty and Falls

Arthritis Research UK., in their evidence, suggest that 'Frailty presents a considerable risk to people as they get older. Musculoskeletal problems are a major contributing factor to frailty, particularly in terms of diminished bone density, joint and muscle weakness which accounts for many falls and fractures and the subsequent need for urgent and expensive secondary care.'

'Falls and fractures among older people is a pressing public health issue. Falls are the second greatest contributor to the burden of disability in the UK, and a major cause of mortality. Falls are very common – one in three people aged over 65 fall at least once each year.'

'For nearly a quarter (23.04%) of people who have a serious fall the direct result is being admitted to a care home.'

'Frailty, falls and fractures have a substantial impact on the lives of older people, resulting in the loss of independence, mobility and confidence. Local authorities must play their part in preventing falls and subsequent fragility fractures by ensuring that falls prevention interventions are available and

accessible – such interventions include exercise programmes and the provision of aids and adaptations. Local authorities should also ensure that people are supported across health and care settings, to smooth the transition between acute and community settings. Vital to this is the use of reablement services in the community to help people regain and maintain independence, confidence and quality of life, reducing the need for further support in the future.’

Age UK, in their evidence say “For older people living with frailty or complex needs, health and quality of life is vulnerable to sudden changes. A ‘trigger event’ such as a fall, or a change in circumstances like the loss of a carer, can result in a rapid deterioration in health and significant loss of independence.” “A key feature of frailty is that it describes a person at a higher risk of a sudden deterioration in their physical and mental health.”

Even patients with a number of health conditions, who we may describe as being frail, did not associate themselves as such, and wanted to be supported to be as independent as possible. “Significantly, older people have told us that they do not like the term ‘frail’ or ‘frailty’ and very few wished to describe themselves using these terms.”

The Housing and Ageing Alliance, in evidence submitted by the ExtraCare Charitable Trust, say “the prevention of falls is of major importance because they cause considerable mortality, morbidity and suffering for older people and their families, and incur wider economic costs due to hospital and care home admissions. It is now widely accepted that multifactorial intervention which addresses muscle tone (exercise), review medication and modify the home (eg. adaptations & hazard removal) is the most effective way to reduce falls risk.”

The Chartered Society of Physiotherapy has developed a Falls Prevention Economic Model with West and South Yorkshire and Bassetlaw Commissioning Support Unit. CSP suggest that ‘physiotherapists provide preventative and early advice and interventions to enable independence and self-management and maximize quality of life and wellbeing.

Searching for a crock of gold at the end of the rainbow



Picture by Anna Langová

While a number of examples of positive ideas, good practice and worthy intent have appeared in the evidence submitted, as expected, no outstanding 'silver bullet' has emerged.

The public health role of local authorities and the promotion of 'prevention' measures, to improve future health and wellbeing in older age, is becoming increasingly important. Wellbeing and quality of life in older age are viewed as important issues overall and it has been suggested that the role of Health and Wellbeing Boards should be strengthened and they should be given the powers to control budgets and commission health and social care services.

While local authorities are increasingly addressing public health and prevention issues, it would appear that far fewer are adopting public health and prevention measures specifically aimed at their older population. It has also been suggested that local authorities need to adopt a much longer term 'strategic' view in their approach to public health issues and prevention.

Housing and transport for older people remain important issues and are brought together, along with the provision of safer and more attractive neighbourhoods, in the age-friendly cities approach. Transport and other older age issues in rural areas however remain very different in their nature and in the solutions required.

Despite the importance of housing strategies, evidence submitted suggest that as few as 18% of local authorities have any specific planning policies to address the housing needs of older people.

There is clear evidence of the health benefits that social networks in older age bring and the contribution that travel concessions for older people make to improving those social networks and to maintaining independence in older age.¹⁶ Submissions to this call for evidence have called for a political commitment to maintain those concessions, even in a period of austerity.

Maintaining independence in older age, whether through good transport links, the provision of housing with care, improved social networks or care at home, is an important theme in the evidence and is a widespread objective of council programmes.

The balance of thinking in local authorities however, still remains focussed on health and social care rather than promoting the more positive aspects of ageing - enabling older people to contribute more, perhaps through volunteering, and by improving social networks, social inclusion and wellbeing, perhaps through community involvement. Loneliness can occur at all ages but loneliness in older age is an issue and has health effects that can be as deleterious as smoking or obesity.

What is obvious from the evidence is that local authorities are struggling to meet their commitments in the face of budget cuts.

"The primary concern in relation to Adult Social care is the increased demand on services in a climate of ever decreasing budgets. Older People are living longer which should be celebrated. This does however have financial implications in terms of the care and support they require both to stay in the community and when this is no longer possible to move into residential and nursing care."

¹⁶ Lievesley and Midwinter, CPA (2013), 'Wellness': Prevention and the sustainability of health and well-being in older age

“What is of equal concern is that a large proportion of Local Authority budgets are spent on services accessed by Older People. At times when efficiencies are needed it is often the case that Older People appear to be ‘targeted’ the most from any proposed cuts due to large proportion of the budget allocated to them.” – Merthyr Tydfil CBC.

Despite the practical problems of providing necessary care and support for the needs of people in older age it is important not to lose track of the contribution that older people make. Local authorities should gradually try to change the narrative from one of ‘care and support for needs’ to one of support for the contribution that older people can make. Older people should be seen as a resource as well as a recipient of services.

Age UK expressed it very neatly in the evidence they submitted -

“Chronological age should not act as an arbitrary barrier to older people’s contribution as citizens and consumers, working or retired.” – Age UK.