

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

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

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

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

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

Section A

Person answering the call for evidence

Name:	Les Billingham
Role or Job Title:	Head of Adult Services, Adults Health and Commissioning
Organisation:	Thurrock Council
Contact email address:	lbillingham@thurrock.gov.uk
Telephone no (optional):	01375652294

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Section B

The questions that follow are for guidance and to act as a prompt. It is not necessary to answer all of the questions or even to use this form if you find it more convenient not to do so. We are also happy to receive local reports and evaluations where appropriate.

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

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

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

In Thurrock, we see an ageing society in positive terms. Set out below is our statement about Building Positive Futures:

'Building Positive Futures is Thurrock's programme to support older and vulnerable people to live well.

The name reflects what our older residents have told us: they are 'fed up with being portrayed as a problem'. They rightly believe they have contributed to society throughout their lives and continue to do so - more than half of older people volunteer, doing work worth an estimated £10b per year.

So, Building Positive Futures is about changing how we think about our ageing population and being an older or disabled person. It means recognising the positive opportunities that can come from living well and living longer. It is about the kind of lives that we all want to have for ourselves, our families and our neighbours.

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.

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So Building Positive Futures is not just about care support, or even what the Council has to offer. It requires a community-wide mobilisation - all focused on helping everyone to live well. Building Positive Futures centres on three main themes:

- [Better health and wellbeing](#): so people stay strong and independent
- [Improved housing and neighbourhoods](#): to give people more - and better - choice over how and where they live as they grow older
- [Stronger local networks](#): to create more hospitable, age-friendly communities'

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

We identified the three main themes of Building Positive Futures: Better health and wellbeing; Improved housing and neighbourhoods; Stronger local networks, through the work of the South Essex Commission of Enquiry which we led in 2010-11.

The message that we heard from all the stakeholders involved was that responding to an ageing society needs to be more akin to a Social Movement than a simple strategy or programme; whilst better care and health services are important and well-designed housing essential, what really matters is creating supportive and connected communities where older and vulnerable residents can live fulfilling lives.

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?*

Following on from our response to Q 2, we believe that responding to an ageing society needs to involve everyone – residents, businesses, schools and colleges, third sector, representative groups, care and health service providers as well as the statutory sector.

Local authorities, as the democratic leaders of their communities, have a key role in facilitating change – bringing together the range of interests and helping to harness the gifts, strengths, energy and commitment that reside in local communities.

We recognise that we are at the beginning of a journey, but we have taken a number of significant steps that we think will make a major contribution to ageing well in Thurrock:

- Two joint initiatives with health – a Rapid Response and Assessment Service and a Joint Reablement Team
- The introduction of Local Area Coordination across the borough (see further information in Q12 below)
- The introduction of Asset Based Community Development – Community Builders & small sparks programme
- A conference for housing developers to promote awareness of HAPPI (Housing our Ageing Population: Panel for Innovation). housing for older and vulnerable people

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- Setting up a Health and Wellbeing Housing & Planning Advisory Group to comment on all major housing developments and promote more age-friendly urban environments.
 - Dementia friends programme – run in conjunction with the Alzheimers Society
 - Setting up Community Hubs across the borough which are run by and for local people and have a major role in creating more connected, supportive communities
 - The development of a HAPPI housing scheme at South Ockendon with £1.4m funding under the HCA/Department of Health's Care and Support Specialised Housing fund.
 - Proposals for a second HAPPI Housing scheme in Tilbury
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?*

N.A.

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

At the heart of the change needed is a shift in the way local authorities support older people to become part of the solution. It is now well known that the “professional gift” model, which previously informed much social work practice and social care provision, has built dependency at the individual level leading to increased pressure on services. In Thurrock we believe that the overly paternalistic model of service delivery practiced by councils has also built dependency at a community and society wide level. Local authorities as community leaders must begin to move away from their current approach based upon a “passive recipient” model of local democracy, towards one built much more clearly upon the concept of active citizenship, in which major challenges such as demographic growth and longevity are seen as shared issues, where sustainable solutions can only be achieved through collective responsibility and activity. Older people, who often have the time, knowledge and experience, commitment and sense of civic pride necessary to effect such changes, should be placed firmly at the centre of this transformation.

Leadership is another key challenge in delivering fundamental reform to the way that older people are supported and encouraged to participate in the challenges ahead. In the fields of cultural change within organisations, and integration and partnership building across complex systems transformation will only be achieved through strong local leadership around a clear vision that is shared by all who are collaborating in the process. Local authorities need to adapt to recognising and valuing such leadership wherever it is found, by recognising and rewarding the importance of creativity and innovation and by becoming less risk adverse.

Local authorities need to promote awareness and understanding of an ageing population within their own workforce – many of whom are usually residents as well as employees. In Thurrock we have a staff intranet called Inform and we have a section which covers Building Positive Futures. The aim is to encourage services across the council to review their own policies, procedures and practice in relation to older people.

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In addition, the whole workforce is being encouraged to undertake training to become a dementia friend. The training programme began with the Council's Chief Executive and management team.

It is important to involve services across all of the professional domains. In Thurrock, the engagement of planners through the Health and Wellbeing Board Housing & Planning Advisory group has led to a new relationship with colleagues from health and public health as well as social care.

Services need to assess how user-friendly they are and actively look for ways to make adjustments so that they are more accessible and inclusive. This would mean simple things such as 'call centres' setting aside their target times for dealing with callers, shifting services out of council offices to more accessible local venues etc.

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?*

A major challenge for local government is the current financial situation at a time of unprecedented demand from a growing elderly population:

- Issues relating to service provision – being able to attract able, committed and enthusiastic younger workers when pay levels on offer are so low, is a major issue.
- Investing in more prevention and community-based support for older people is difficult when the resources available barely cover crisis and acute services. In Thurrock, we would like to set up two important new services: one which would provide specialist support to people who have been diagnosed with dementia and the other would provide a range of timely intervention services to people with long term conditions. Both services are needed and would, we believe, take pressure of acute services. However, it is difficult to demonstrate short term savings through such initiatives – a longer timeframe is needed.
- A fair price for care. The Government's austerity programme has placed immense pressure upon a care system already experiencing critical levels of under-funding where the ability of organisations in all sectors to provide high quality, bespoke and person centred care is significantly compromised. This is especially true in the care of older people, who have historically enjoyed far lower levels of funding than that experienced by adults with social care needs. The level of complexity in supporting people with Dementia and/or extreme frailty supports the argument for equity in funding level; however the cost of standardisation of care costs, outside of a dangerous level of reduced funding for adults, would be very significant and it is difficult to identify any real political will to achieve parity.

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We generally support closer working with health, but there needs to be investment in organisation development and culture change so that health workers are able to move away from the 'medical model' – ie viewing people as patients rather than 'whole people'.

There needs to be national investment in robust and trusted information systems – at the moment people have great difficulty accessing information when they need it.

Government needs to work with the financial service sector to develop fair, transparent ways to support people to move home; purchase services including care and support.

There needs to be a large-scale house building programme of HAPPI housing with a national campaign that promotes understanding of the benefits of living in well-designed, well insulated housing.

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?*

Thurrock's Building Positive Futures programme grew out of the South Essex Commission of Enquiry 2010-11 which looked at the need for services such as housing, health and social and communities to work more closely together to support an ageing population.

In response to the Commission's findings, in June 2012, Thurrock set up a Building Positive Futures programme board comprising senior council officers with the remit to oversee a comprehensive programme encompassing the three main themes:

- Better health and wellbeing: so people stay strong and independent
- Improved housing and neighbourhoods: to give people more - and better - choice over how and where they live as they grow older
- Stronger local networks: to create more hospitable, age-friendly communities'

A report covering the achievements of the Building Positive Futures programme board is available.

It was felt that in order to raise the strategic importance of Building Positive Futures that the programme should come under the remit of the new Health and Well-being Board (HWB) when it was first established and the various programmes of work embedded within the HWB's strategic plan. And, under the umbrella of the HWB and in partnership with Public Health, a number of more focussed groups were established:

- A new Housing & Planning Advisory Group was established to bring together Thurrock CVS, housing, planning, health, public health and social care to assess all major

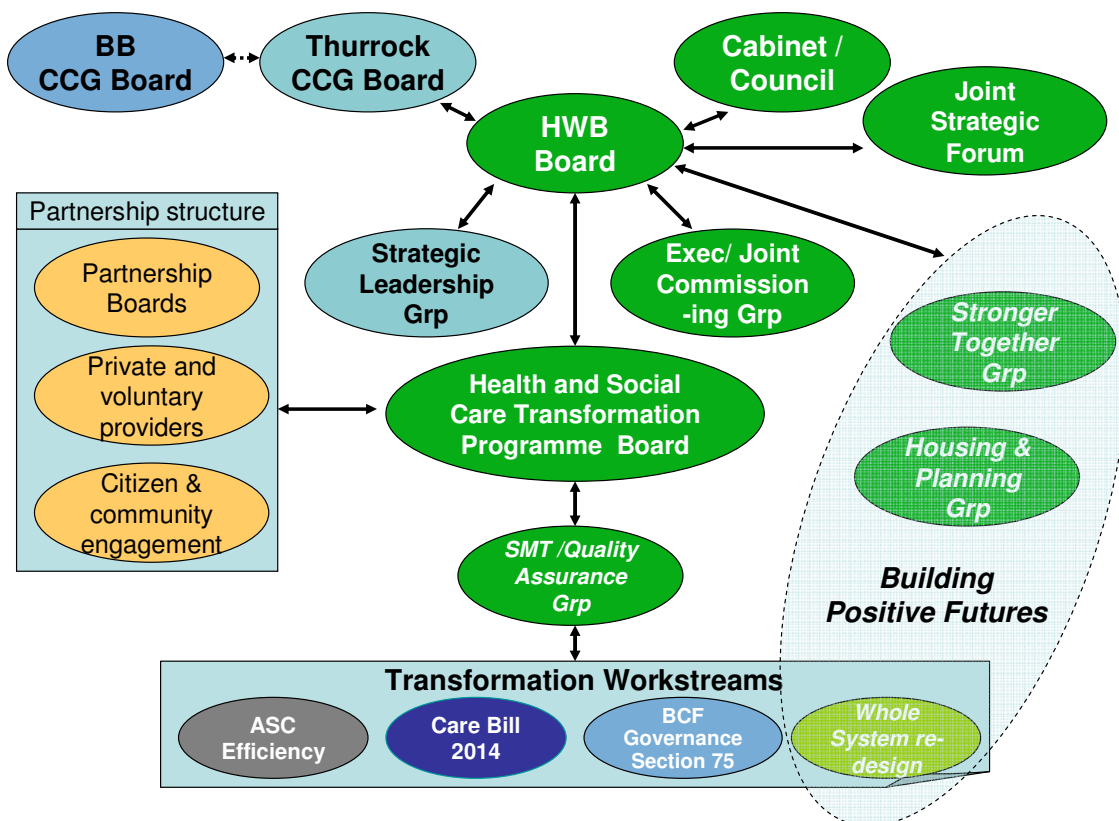
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planning applications and develop a more health-focussed remit for Thurrock’s planning framework. This new group has proved to be very effective.

- Given the community focus of Building Positive Futures, it was decided that a new partnership with the third sector and community development was needed. As a result, we have set up a Stronger Together partnership which brings together all the community-based initiatives such as timebanking, community hubs, dementia friends, Local Area Coordination, ABCD Community Builders.
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?*

As stated above, Thurrock’s Health and Wellbeing Board is the strategic body for promoting health and wellbeing within the Borough and is responsible for Building Positive Futures. Regular reports on progress are submitted to the Board.

The governance arrangements are as follows:



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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?*

In terms of assistance, the Care Act 2014 focus on the well-being of the whole person rather than merely focussing on statutory (Critical and Substantial) needs. Its focus on the needs of self funders and carers will also help us to develop a more holistic approach to prevention and early intervention.

Obviously the key messages in the DWP Ageing Well have helped shape our communications and created a concise and readily communicable set of key messages for use with not just health partners and the voluntary sector but wider community groups, shops, transport providers and other businesses.

In terms of hindrances, the current austerity means we struggle as a small unitary council to find resources to invest in initiatives of this kind even though the benefits are well understood and to a degree readily realisable. On top of this, the recent bureaucracy associated with the introduction of the Better Care Fund fails to recognise that a local approach is the only way to bring together health and social care and not a top-down approach from Whitehall. The micro-management of this process has seen no significant changes in the plans themselves or in the care and support they can be expected to bring to people who need it most.

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?*

We are very keen to optimise the use technology both as an enabler of home-based health and social care, but also as a vehicle to overcome social isolation.

We have piloted projects such as a digital befriending project run in conjunction with Age UK. This involved the use of skype to connect people with families and friends who live elsewhere in the UK or abroad. We also piloted a device called Ode – which acts as a prompt for people with dementia to eat.:

The Council is committed to assisting older people in Thurrock to access digital services due to our own increased digital offer and the national agenda. On the 8th July 2014 Thurrock's Older People Parliament (after identifying digital inclusion as a priority) organised a day to advertise the help available to older people. This day covered digital befriending, adult education courses and assistive technology and concluded with older people having a taster session of a Wiser4IT course. The Library service runs this course free of charge at four of its bases and is available to older people to learn basic skills from turning a computer on to sending an email.

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

We are very keen to address this issue and since the beginning of 2014, we have joined a European research project to exam ways of promoting intergenerational learning: Animate is a new programme set up to encourage the exchange of skills, experience and knowledge between older workers - who have recently retired or are about to retire, and younger people - who are jobless or beginning work and who would benefit from learning from experienced workers.

The focus of our project is on older and younger workers in the social care sector as we are acutely aware that our care workforce is an ageing one and that we need to find out more about how to attract in younger workers whilst retaining the knowledge and expertise of our workforce.

Animate is being funded by European funding and is being led by Thurrock's Adult, Health and Commissioning Directorate who were successful in bidding for funding for this initiative.

The logo for the ANIMATE project features the word 'ANIMATE' in a bold, blue, sans-serif font. The letters 'I' and 'M' are stylized with two blue circles above them, resembling eyes or a face.

Further information is available via the ANIMATE web site: <http://animate-aal.eu/>

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.

Local Area Coordination (LAC) lies at the heart of Building Positive Futures and we believe, represents good practice. We are currently finalising an evaluation report which covers the first 14 months of operation since LAC was introduced in Thurrock in 2013. We will forward the report as soon as it has been finalised.

Local Area Coordinators are based in their communities and their role is to help people who, through circumstances such as age, poor health, unemployment, family breakdown or bereavement, may need help to re-connect with their communities.

Coordinators help people to find their own local solutions, starting with a question about 'what a good life looks like'. This question opens up a conversation that is very different to trying to fit people in with an existing service, which they may not actually want.

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In exploring what the community solution might be, the Coordinators have made connections with a range of voluntary groups, some of whom have been re-invigorated by this connection.

The Coordinators have also worked with people who want to make a contribution to their community and helped them find a way to do this.

Where someone does need a service, the Local Area Coordinator is able to co-ordinate a response which invariably crosses service and organisational boundaries.

Local Area Coordination is supported by a partnership between:

- Thurrock Council for Voluntary Service
- Healthwatch
- Thurrock Council's Adult Social Care, Housing & Public Health teams
- Essex County Fire and Rescue Service
- North East London Foundation Trust (which provides community health services)
- South Essex Partnership Foundation Trust (who provide services for people with mental health problems)
- Thurrock Clinical Commissioning Group
- Police

The Coordinators are working with people aged between 18-98. However, our evaluation reports that one of the major themes that emerges is the problem of social isolation and loneliness and in this regard, we have found that older people have particularly benefitted from Local Area Coordination.

The following stories illustrate the impact of LAC on the lives of older people:

Story One

INTRODUCTION:

Mr R was introduced to the LAC by the Older People Mental Health Team Care Coordinator, as it was felt he would benefit from support by providing him with information and with overcoming isolation, being heard and planning for the future.

SITUATION:

Mr R is a 69 year old man, with a history of depression. He has made suicide attempts which required admission to hospital. There is limited family support and although physically healthy, Mr R was quite isolated and wanted to look at local facilities where he could make friends.

WHAT HAPPENED?

The LAC took time to get to know Mr R, to find out what was important to him and explore what a good life looked like to him. Mr R's key priority was to get out of the flat where he spent most of his time, as this contributed to his depression. He expressed a desire to help other people and to make more friends as well as wanting to feel safe, secure and confident. The LAC supported Mr R to explore family support from ngage (a voluntary organisation supporting communities in Thurrock) and this

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resulted in Mr R becoming a volunteer driver three days a week with the Royal Volunteering Service and he is currently awaiting a DBS check to start volunteer driving for meals on wheels. The LAC also supported Mr R into a course, which he has now completed, in Computers for Absolute beginners at the Thurrock Adult College to improve his computer skills and enable access to social networks. With his new skills, he now uses Facebook and is registered with the local library to further enhance his computer training.

FOLLOW UP & NEXT STEPS:

Mr R is now settled in his volunteering role and continues to drive in the local community. Mr R has been connected to two individuals known to the LACs, and provides them with practical support. An example of one of these connections has been with Mrs S, through volunteer driving. Through privileged conversation, they both mentioned and shared their experience of their own LAC involvement, how the LAC had supported them stay strong and connect with the community. Mr R now supports Mrs S, who suffers from agoraphobia, by sharing and using his experience with the local area coordinator. Mr R also supports another individual with his shopping who suffers from ulcerated legs, leaving him unable to walk to the shops or connect with his community.

QUOTES

'Before the LAC had been introduced to Mr R all he did was sit in doors 24 hours a day. The LAC has provided opportunities for Mr R to get out of the house a lot more involving helping others'.
'If it hadn't been for Francis I wouldn't be here now.'

Story Two

INTRODUCTION:

Mr P was first introduced to Local Area Coordination through a Family Mosaic field worker. P was unable to access the community because of a physical disability due to an injury he suffered at work and he lived in a first floor flat.

SITUATION:

Mr P was a 65 year old man who lived an active life before sustaining an injury at work 3 years earlier, this injury meant that P could no longer walk without the aid of two crutches. P found himself stuck in a first floor flat with no lift facility to access his local community safely. P became depressed and was extremely isolated. His DLA had also been stopped for unknown reasons leaving P with no choice but to use his life savings in order to employ home help to get his food shopping on a weekly basis.

WHAT HAPPENED?

Upon being introduced to P, I listened to his story and was able to get to know him quite quickly. This was important to P as in the past he had been let down and felt left behind by everyone in his life including professionals. P's vision for a good life was to feel like he was in control of his finances and to move to a property that would allow him to feel like he was part of a community again.

Considering moving to more suitable accommodation was one of P's main priorities as he was struggling to have regular contact with the bidding team. Through my knowledge and relationships, I was able to provide P with a direct number that meant he would speak to the same worker every time about his property bidding.

P was also struggling with his feet due to having diabetes, and he wasn't sure where to turn to get regular medical care as he could not travel to the clinic every week. P was being admitted to A&E because of pressure sores and bleeding blisters. I supported P by linking him with an NHS community

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nail cutting programme, through my relationship with the MDT coordinator. This service is designed for people who are house-bound and avoided any further admissions to hospital.

As P had previously lost his DLA award, P and I worked together to fill out a form step by step that would attempt to reclaim the money owed to him. P was running out of money to pay for home help from Age UK which he relied on for basic food shopping. Through my relationships with the local community I contacted the local church and knew that there was an individual who lived very close to P and who may be willing to help with his shopping and tidying the flat he was living in. The volunteer was introduced to P and for the time leading up to P's claim for backdated DLA, she was able to simply call round to P when getting her own weekly shopping and pick up supplies for him as well.

Finally by encouraging and supporting P to speak to the DWP himself, he was able to identify a single point of contact at the DWP, instead of having to telephone via the call centre every time. This allowed him to chase this issue until it came to a suitable conclusion, resulting in backdated DLA being awarded to P, allowing him to move into more suitable accommodation.

NEXT STEPS:

P has now moved in to his new ground floor sheltered accommodation allowing him to access the community at his leisure. He would like to get back to his old passions of comic books, antiques and film memorabilia. He would also like to learn something new with the community college.

P now has his PIP level 1 award (DLA higher rate) and can afford to pay off his previous debts which P and I can work together to organise his repayments.

Now that P has free access to the community, the LAC can further support him achieve these goals and reintroducing him into a community full of possibility.

QUOTE

'The Local Area Coordinator came in at a very difficult time where I had hit rock bottom and was on anti depressants – The Local Area Coordinator was my lifeline'.