

How can local authorities with less money support better outcomes for older people?

Solutions
Lessons for policy
and practice

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What's the issue?

Older people want and value 'that bit of help'. This is the low-level support that promotes health, well-being and quality of life in the communities where people live.

Consensus on the need for reform

- Public spending cuts will have a major impact on social care, at a time when the ageing population is growing.
- There are indications that local authorities may cut support for people with moderate needs, increase charges and reduce care provision (Ipsos MORI 2010; Community Care Survey 2010).
- The benefits of investing in 'that bit of help' are realised over many years, making it harder to prove their impact and to protect funding for (often small scale) initiatives in the face of immediate critical needs. Yet cutting prevention will have negative long-term impacts, particularly for health services.
- Some community and voluntary sector groups and enterprises who provide 'that bit of help' may struggle to survive the next year, despite transition funding. It may be harder to find resources to involve older people in designing, delivering and evaluating services.

Ways forward

- **Involvement:** involving people who use support and services in shaping them. Experience suggests this can improve outcomes and effectiveness, and result in different and more affordable approaches.
- **Investment:** supporting and stimulating the provision of 'that bit of help' in the community can provide older people with the assistance they need to sustain the health, activities and relationships that are important to them. This may include collective solutions, small grants or seed-funding for self-help groups, and developing local markets to provide support people want and value.
- **Refocusing:** moving away from thinking about conventional social care and/or services, towards thinking about the assistance that older people need and choose, and their experiences.
- **Connecting:** developing place-based approaches that reflect the whole of people's lives, and delivering value for money by including (for example) housing, transport, leisure, fire and rescue services, community and older people's groups to co-ordinate support.

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The case for change

How can the life experiences of older people be enhanced whilst at the same time achieving less demand for more costly health and social care services?

This is not a new question, although the current fiscal climate makes it more important than ever. Looking back over the last ten – even twenty – years, there have been scores of practical initiatives and research projects that have demonstrated the value of ‘that bit of help’: low-level and practical assistance that people need and choose to maintain a good quality of life, health and well-being. This was a key finding from the JRF Older People’s Inquiry in 2006 (see Box 1).

Box 1: ‘That bit of help’

‘Well, it can be any kind of supporting service which can make a difference to our quality of life. Looking at the big picture we need support or services to help us to live an ordinary life. We need good housing; accessible, affordable transport; help for all the wee jobs at home which many of us are unable to do as we get older. It is no use having to sit at home and look around you and see jobs needing done which at one time you were able to do but now have no-one to do for you. Can you imagine how frustrated and depressed that can make you feel? Many need someone to go with them for shopping, doctor’s appointments and other outside engagements and (unless there is a service in their own area to cover) that means that many older people would be stranded at home and become lost to society. Even in our own homes a few aids and adaptations can raise quality of life, our expectations and comfort levels. One cannot underestimate the difference to older people’s quality of life that little bit of help makes. That bit of help and support that I need to contribute to the community and society means so much to me. I have been given back my independence and it has raised my quality of life and well-being.’

Nell McFadden, 2010 (A member of the JRF Older People’s Inquiry 2005–06)

Alongside this, there has been a growing shift towards personalisation of social care: putting people at the centre of the process of identifying their needs and making choices about what, who, how and when they are supported to live their lives (Carr, 2010). The emphasis on roll-out of personal budgets (especially direct payments) for all people using adult social care is a clear signal that this remains the direction of travel. There has also been a growing recognition of the valued role played by older people's groups and the wider community (*Think Local, Act Personal*, 2010; Brindle, 2008).

Evidence shows that:

- Older people really valued practical support that enabled them to live well in their own homes. This covered help with cleaning, payment of bills, DIY, gardening, care of pets, chiropody, transport, small adaptations, befriending and opportunities for social participation (Godfrey *et al.*, 2004; Raynes *et al.*, 2006; Clough *et al.*, 2007). The positive benefits went beyond cost-effective delivery for people who were eligible for support, reaching out to individuals and into wider communities, building social capital.
- Place-based pilot projects – especially where older people have been centrally involved in design – show that working together across local agencies benefits older people. There are common themes based around stronger partnership working, better information and access to all services, and putting older people at the centre of service design and delivery that improve outcomes (Bournemouth, Dorset and Poole Total Place pilot final report, 2010).
- The national evaluation of the Department of Health Partnerships for Older People Projects pilots (POPPs) demonstrated that 'small' services providing practical help and emotional support can significantly improve older people's well-being (Windle *et al.* 2009). 'Overall, low-level practical support initiatives can have dramatic outcomes – both in terms of increased quality of life and in terms of lower use of formal services and institutional forms of support' (Allen and Glasby, 2010).

- The POPPs evaluation also found economic benefits from targeted intensive interventions to prevent crisis (e.g. falls services) or at a time of crisis (e.g. rapid response hospital admissions avoidance services) or post-crisis re-ablement services. For every £1 spent on such services to support older people, hospitals were found to save £1.20 in spending on emergency beds. The issue here is that the NHS saves, but local authority social care still spends, making the argument for a transfer of funding from the NHS budgets to social care or for closer joint working locally between the two.

The importance of prevention and promoting the social inclusion of older people is widely accepted – including in the Department of Health's *A Vision for Adult Social Care*, the recent partnership strategy *Think Local, Act Personal* in England, the Scottish government's work on *Reshaping Care for Older People*, the Welsh Assembly Government's *Strategy for Older People in Wales 2008–2013* and in Northern Ireland, *Ageing in an Inclusive Society*. Despite this recognition, funding for low-level support is at greater risk given restricted budgets and growing demands for social care.

Possible ways forward

This *Solutions* aims to provide examples of the range of assistance that supports health, well-being, social engagement and independence. These examples are the tip of the iceberg in terms of imaginative, affordable and effective ways of supporting older people – where there has been some local authority involvement whether as a lead commissioner, a subsidiary partner, or through providing small grants or seed-funding. The paper does not cover alternative housing options (extra-care housing is the subject of another JRF paper). The examples below have been evaluated to different degrees. Only key points have been captured in this paper, including costs where such information is available.

Most studies on low-level interventions provide qualitative evidence in favour of them; there is little focused quantitative evidence. Quantifying cost information for some services is difficult, but it is not an argument for *not* funding such projects. The way forward is to work with older people and others to design, deliver and review promising approaches.

We hope this paper will be a timely and helpful reminder of what is already known about positive interventions that government (nationally and locally, in rural and in urban areas) has helped stimulate and support. Crucially, though, the bigger message is about how to move from:

- thinking of services
to
- thinking about the assistance that (older) people might need and choose to maintain a quality of life, well-being and (assisted) independence
to
- thinking about the experience(s) of (older) people.

This is as likely to be about community and the wider social and physical environment as it is about conventional notions of social care and public services. It may, for example, be about how commercial organisations play their part, and the role of government at all levels in encouraging and supporting this:

- accessing supermarket home shopping and delivery services;
- local restaurants and pubs offering lower-cost lunches at times of otherwise slack trade rather than local authorities providing separate lunch clubs in village halls;
- older people getting support from public services in negotiating access to pubs, sporting venues, shops, cinemas, etc.

It is also about the role local authorities and others play in engaging older people's groups in community development, and in assisting older people themselves to be (as many already are) active contributors within communities.

Involving older people in decisions about future support

Evidence shows that putting older people at the centre of service design and delivery helps to improve outcomes. A recent study of involving users in commissioning local services found that commissioners need to be visionary and experimental, and work with people who use services (Mauger, 2010). There are several examples of good practice in involving older people and community groups in shaping, delivering and evaluating services.

Cambridgeshire Older Peoples Reference Group

Cambridgeshire Older Peoples Reference Group (COPRG) is a self-governing community group, run by older people for older people. Membership consists of one person from other community groups of all sizes who agree to join a 'linking' structure. In this way COPRG strengthens the voice of older people across the county. In 2006, COPRG members held meetings in sheltered housing units/residential care settings, and they learned about isolation arising from transport problems, lack of activities and information. Informal support was the mainstay of many people's lives, yet this self-help was largely unrecognised. *'Following this we wanted to learn more about older people's involvement in community groups... This focus supports our efforts to improve services for older people in the county, in particular the 85 per cent plus who do not receive social care services.'* COPRG's report reviews the activities of community and self-help groups in Cambridgeshire and identifies innovative and collaborative practices that have involved older people which can support other older people and promote social inclusion (CORPG, 2010).

Expert Elders: Sheffield (www.sheffield.gov.uk/safe--sound/social-services/olderpeople/expertelders)

A network of older people was established as co-partners in the implementation of the whole Partnership for Older People Projects (POPP) programme in Sheffield, and as decision-makers through the local strategic partnership. 'Expert elders' were involved in service reviews, contractor evaluations, quality assurance, and the gaining of patient-user opinions on services (Windle *et al.*, 2009).

There are two Expert Elder Network Coordinators and their role is to identify older people wishing to become elder 'experts'. They make sure that older people from groups that are traditionally harder to reach, and are under-represented, are encouraged to get involved. They provide Expert Elders with support and training to help them develop their skills and confidence, so they can influence the development and planning of services. The target for the first year of the network was 90 older people. This was achieved in the first six months. Over 140 organisations have requested Expert Elder involvement in their development plans. There are currently more than 220 Expert Elders. In 2010, the Expert Elders continued to use their experience to improve support for older people. The network has received further funding to develop its collaborative work and production of a newsletter.

Neighbourhood Network Schemes, Leeds Older People's Forum (www.opforum.webeden.co.uk)

The Neighbourhood Network Schemes are voluntary sector organisations that provide a range of services, activities and opportunities promoting the independence, health and well-being of older people throughout Leeds. The very first Neighbourhood Network Scheme was established in Leeds in 1985, and there are now over 40 Neighbourhood Network Schemes working throughout the city. The schemes support over 25,000 older people every year and are run by older people for older people.

The schemes cost, based on total income from all sources: average annual unit cost per older person by 'numbers receiving a service' is £292.81; average annual unit cost per older person by 'numbers on books' is £199.90; and rough average weekly contact unit cost is £8.62.

'Older people manage the schemes themselves, and each one is different, reflecting the priorities of those involved. Most involve events such as social activities, exercise classes, trips and holidays. They also act as gateways to services for older people, and provide information and advice on a wide range of topics, such as benefits and filling in forms, together with practical support with things like handy person services, gardening, home security and transport. ...Costs are kept low using volunteers, and where possible schemes share resources, skills and best practice' (Audit Commission, 2010).

Southwark Circle (www.southwarkcircle.org.uk)

'It starts from the premise that those who use a service must be involved in its design. The differences in status and authority between the professionals who run the service and those who use it have to be broken down.'

(Hillary Cottam, Participle. *The Guardian*, 27 June 2010)

Southwark Circle is a membership organisation, open to all residents over the age of 50. It delivers flexible support with life's practical tasks (from DIY to gardening to technology), an opportunity to learn, and a social network for building and maintaining relationships around shared interests and hobbies. It does this by allowing those who seek support in some areas of life to provide help to other members in other areas of life. The person is part of a service that evolves with them as they age. This improves quality of life, well-being and social capital through building new acquaintances. Southwark Circle also supports local economic development through Neighbourhood Helpers: people of all ages who share their talents and skills with members. Each of them receives a Criminal Records Bureau check and reference check. Some are paid the London Living Wage for their time.

The organisation is structured as a Community Interest Company; profits are reinvested into the community. It was co-designed and tested with over 250 older people and their families, and developed in collaboration with Participle Ltd and funding from Southwark Council. In its first year, Southwark Circle was 15 per cent ahead of growth targets with around 350 members and 50 Neighbourhood Helpers. A one-year review measures the positive social impact and cost savings achieved (Southwark Circle, 2010). For example, as of May 2010, Southwark Circle's monthly delivery of home maintenance, gardening and domestic jobs generated savings of £85,000 compared to what this would have cost through traditional delivery.

Practical support at home

Older people want comfortable and secure homes (Raynes *et al.*, 2006). The POPPs evaluation 'suggests that low intensity practical support services, such as handy person schemes, had by far the highest impact on health-related quality of life of all the service types examined' (Windle *et al.*, 2009).

Handy Help – Trafford (www.careandrepair-manchester.org.uk/trafford-services)

The Handy Help service provided by Trafford Care and Repair is supported by Trafford Metropolitan Borough Council and central government. Services include: small repairs; help around the house; home safety; home security; information on the other local handy person services and reputable contractors if they cannot do the job for you.

- In 2003/04 Handy Help carried out 402 small jobs for 161 people with 29 people requesting the service twice and seven people requesting it three times or more: approximately 205 visits per year. High level of client satisfaction (94 per cent). Total cost: = £11,120; per job undertaken = £28; cost per person = £54.
- In 2007/08, Trafford Care and Repair made a successful bid to Supporting People to part-fund the handy person service and to help maintain previous levels of output. In September 2010 it was still a subsidised service with clients being asked to pay £15 (inclusive of VAT) plus the cost of materials but this is well below what they could expect to pay a tradesman, assuming that they could get someone to come out for a small job.

Feedback shows people rate the service very highly and would like it to be more widely advertised so that other older people can benefit too.

Help at Home – Amber Valley CVS (www.avcvs.org)

Help at Home is an example of a non-profit-making service providing domestic help managed by the Amber Valley Community Volunteer Service. Following an assessment, clients' preferred cleaning times are matched to a paid worker. The worker provides services as required including cleaning, ironing, washing, (accompanied or unaccompanied) shopping, collecting pensions and prescriptions. It aims to provide the same worker at the same time each week. Workers and volunteers often refer clients to other services. In May 2005, the user charge for Help at Home was £8.60 with workers paid above the minimum wage and slightly higher travel expenses to help staff retention. For 2008–2009 over 19,300 hours of domestic support and over 1,890 hours of garden maintenance were provided. The service currently employs 48 local people in Amber Valley and Erewash.

Housing adaptations

Addressing the housing needs of older people can substantially reduce demand for, and cost of, health and social care, and enhance quality of life. Around 89 per cent of older people live in general needs housing. In many cases they would enjoy a better quality of life if it was adapted to their changing needs and abilities. A growing proportion will require some form of support as an alternative to moving to specialist housing (LGG, 2010).

Care & Repair Cymru (www.careandrepair.org.uk)

Care & Repair agencies across Wales offer support to older people to help them to carry out home improvements to meet their needs. This includes home renovation and adaptations, managing building work and advice on reputable contractors. The Rapid Response Adaptations Programme provides minor but often urgent improvements that are needed to allow people to return home after hospital or to prevent future admissions: small ramps, home access and door entry, community safety alarms, hand rails or hand grips, access to toilet facilities, levelling paths and so on.

Around 50,000 older people are helped each year by Care & Repair services, a ratio of 167 for each Care & Repair staff member. Sixty per cent of these people are over the age of 75 (30,000 older people); most are in a high social priority category. Over 40 per cent of clients (20,500) are self referrals, who may not be in receipt of housing, health or social services. There is likely to be a high level of preventative benefit within this referral category.

Services that are preventative, holistic and supporting personal choice and independence, have added benefits of cost-saving for Health and Local Authority services. Estimates are:

- For all Care & Repair services but based conservatively on only 2.5 per cent of all clients, as an annual saving: $48,492 \times 2.5\% \times 52 \text{ weeks} \times £450$ (average cost of 1 week in residential care) = £26.37million.

For Rapid Response Adaptations (RRAP) 15,473 clients:

- Hospital Discharge: $491 \times 378 \times 10 = \text{£}1,856,000$ minus $491 \times 118 = \text{£}58,000$. Cost saving = $\text{£}1,798,000$.
- Hospital Prevention: $1016 \times 378 \times 10 = \text{£}3,840,000$ minus $1016 \times 118 = \text{£}120,000$. Cost saving = $\text{£}3,720,000$.
- Accident Prevention: $1016 \times 9,460 = \text{£}9,611,000$ minus $1016 \times 118 = \text{£}120,000$. Cost saving = $\text{£}9,491,000$.

(From The Impact of Care and Repair Services, Information Bulletin, Care & Repair Cymru)

Promoting health and well-being

There is considerable evidence of the preventative impact of healthy lifestyles, focusing on physical and social activity, diet, and mental health (Allen and Glasby, 2010). About 15 per cent of people over 65 have depression; and one in ten of those aged 65 and over report feeling often or always lonely, and this increases with age (ODPM, 2006). The mental and physical health of people who provide care (many are older people) is likely to deteriorate the longer the person has been caring, and due to low incomes and lack of breaks. It is also vital that support is accessible and appropriate to people from black and ethnic minority communities (Windle *et al.*, 2009).

Meri Yaadain Dementia Project – Bradford (www.merियाadain.co.uk)

Meri Yaadain (My Memories) is a nationally recognised initiative to break down the misconceptions about dementia and make people aware of what the condition is, whom it affects and the help available to individuals and their carers. This success (following an evaluation in 2007) has led to the work becoming established as a long-term initiative, working to raise awareness of dementia amongst the older South Asian communities in Bradford. Referrals come from all avenues: community groups, mental health teams, social workers, GP practices, family and friends and self-referrals. Statistics show that the majority of the people with dementia worked with are women aged between 70 and 89.

Tai Chi as part of falls prevention – Rochdale (www.rochdale.gov.uk/)

The Tai Chi project is provided as part of the falls prevention service (a partnership between the primary care trust and Rochdale Borough Council) (Williamson *et al.*, 2009). Older people identified improvements in balance and mobility that allowed them to carry out activities of daily living, such as washing and ironing, more easily. This led to increased confidence and ability to pursue more leisure activities and travel on public transport. Classes were also relaxing and enjoyable. The total cost of health and social care services used by the group (11 people) reduced by $\text{£}1,535.60$ over three months from a total cost of $\text{£}4,029.20$ to a total cost of $\text{£}2,493.60$ (mean cost per person of $\text{£}226.69$, standard deviation 206.65). The bulk of this is accounted for by A&E visits (including calling an emergency ambulance with paramedic unit). Physiotherapy sessions have remained relatively constant as have visits to the GP.

Mayfair Community Centre, Church Stretton (www.mayfaircentre.org.uk)

The community centre provides services for all ages in one place. For older people, this includes: day care, supporting independence, living aids, chiropodist, ring and ride, citizens advice, hairdresser, hearing aid repair clinic, telephone friends service; some services are free. The Centre was a residential home built in the 1970s but after closure in 1995, members of the community came together and with South Shropshire Housing Association, the community centre was created. It is 'run by the community for the community' through the Strettons Mayfair Trust (a local charity and company limited by guarantee).

Sole Mates – Age Concern Oxfordshire (www.ageconcernoxon.org.uk/services/footcare.htm)

This mainly home-based foot care service is managed by the local Age Concern and has been operating since November 2002, following research on older people in rural areas. The county council, district councils, primary care trusts and others fund the service which is provided by volunteers. Most clients are older people: 87 per cent are over 70 years old and 55 per cent are over 80 years old. After an assessment a matched volunteer visits every 6-8 weeks for 30-60 minutes. A falls risk assessment is also done. Volunteers help with rearranging furniture to help prevent accidents or suggest rails and how to get them. Users are charged per visit plus a one-off charge of £10 for nail clippers. The fee per treatment in 2010 is £13. Feedback suggests the service helps people stay mobile, makes their footwear more comfortable and makes them feel safer on their feet, thus avoiding falls. Fees fund around 80 per cent of the consumables and volunteer expenses. The cost in two districts, including training, was £53,900pa in the financial year 2004/05.

Reducing social isolation and exclusion

Older people value 'getting out and about; friendships and opportunities for learning and leisure; and keeping active and healthy' (Raynes *et al.*, 2006). Evidence also shows the importance of social and emotional support (Allen and Glasby, 2010).

Rushey Green Time Bank (www.rgtb.org.uk)

Timebanking promotes the exchange of practical help and support between members of a local community. Participants deposit time, rather than money, in a Time Bank by providing practical help and support to others. This Time Bank was started in 2000 by a GP to help patients with depression or feelings of isolation. It is based in a GP practice with around 150 members of all ages, half of whom are aged 50 and over, some of whom are older people recovering from mental health problems. Feedback indicates that timebanking has reduced social isolation and improved mental health and well-being, including people's sense of being valued and needed by others.

Reaching the Isolated Elderly (RISE) (www.regenerate-rise.co.uk)

Recognised by the King's Fund as a good practice model promoting health, preventing illness, RISE tackles isolation and social exclusion amongst older people across the UK using a model which has been operating in Putney and Roehampton since 2001. Activities include art, bingo, computer, entertainment, music for all, chair-based exercises, quizzes, parties, films, falls clinics, health topics, outings to places of interest and other day centres, pub lunches and many more. Fifty per cent of clients have low needs and 50 per cent have substantial and critical needs; some come from residential care and Extra-Care centres: some attend day care services as well as clients who live in.

In 2010, the local Specialist Day Service in Wandsworth received £606,000 a year and Putney RISE £87,000 a year from the local authority. The local authority paid £58.26 for 40 people a day to attend the Specialist Day Service (a five-day a week service) and £10.45 a day for 40 people (a four-day a week service) to attend RISE, potentially saving the local authority £198,889 a year on the basis that 50 per cent of the clients (i.e. 20 people) should be attending the specialist service four days a week. RISE has a DVD called 'RISE-ing to the Challenge 2010' demonstrating the project. RISE does its own fundraising to subsidise public funding.

Information, advice and advocacy

Getting hold of good, accurate information can help older people stay independent and in control of their lives. There is generally more information than people are aware of – so awareness raising, managing knowledge, providing advice and advocacy are critical. Everyone has a role to play including key services such as housing, primary care and libraries, frontline statutory and voluntary sector staff and communities.

FirstStop Advice (www.firststopcareadvice.org.uk)

FirstStop Advice is an independent, free to the client service providing advice and information for older people, their families and carers about housing and care options in later life. Encouraging a shift of culture to early preparation, prevention and self-help, the aim is to help older people make necessary changes to their housing and care arrangements before they encounter a crisis. The service is provided by Elderly Accommodation Counsel (EAC) in partnership with other national and local organisations. It brings together a wealth of expertise through one telephone number and one website.

The evaluation found that customer satisfaction is high and the overwhelming majority of customers would recommend FirstStop to others. Research has considered the financial savings that can be generated by preventative measures designed to help older people. For example, many callers to FirstStop assumed that the only option for elderly parents struggling to cope at home is residential care, unaware of potential for home adaptations.

Information NOW: Newcastle Older People's Website (www.informationnow.org.uk)

This website is run by Quality of Life Partnership, Age Concern Newcastle, Newcastle City Council, the Elders Council of Newcastle and Newcastle Primary Care Trust. It is part of a more strategic approach to information, advice and advocacy to improve the quality of life of older people (it includes a signposting scheme modelled on First Contact). Older people have been central in determining what is required and how it can be achieved. *'Instead of creating projects and new services, the focus has been on ways of working and how existing systems can be made more "older person friendly", efficient and effective for all concerned'* (Horton, 2009). The website appears to be well-used by staff in a wide range of agencies. The number of visitors was 40,281 between 1 April 2008 and 31 March 2009 (PFA, 2010).

Wayfinders – Dorset (www.dorsetforyou.com/376773)

Local area Wayfinders work nine hours a week to help raise awareness of services for local over 50s, give out information and identify help and support available within communities. Managed by Age Concern, Wayfinders base themselves in convenient locations such as libraries, GP surgeries, community pharmacies or supermarkets, so people can find them easily and ask for their help. Wayfinders are supported with a salary of £6 an hour, full training, a mobile phone, expenses and five weeks' holiday pro-rata.

Place-based approaches

There is growing evidence about the value of place-based and partnership approaches that cut across sectors to promote older people's well-being, prevent older people slipping into substantial risk situations, and link up existing and new provision so that older people are able to access services through single access points. Often this includes the design and development of small-scale initiatives which involve older people themselves, and stronger approaches to co-ordinating support.

Bournemouth, Dorset and Poole (BDP) Total Place Pilot – services to older people (www.dorsetforyou.com/totalplace)

The BDP pilot tests how a whole-area approach to public services, focusing on services to older people, can provide better services at less cost, avoiding duplication and more tailored to local needs. Examples from BDP Total Place:

- Dorset POPP identified cost savings of over £1m through Housing Options for Older People case workers and Dorset Blind Association case workers, reducing by sixty the need for care home placements and home care packages.
- Proactive care coordination targets interventions to those whose independence is at risk but are not eligible for mainstream social services care management. Following a holistic assessment of their needs, arrangements are made for individuals to access support from voluntary sector organisations or local community capacity. A study of sample users by the POPP national evaluation found: visits to A&E fell by 60 per cent; hospital overnight stays were reduced by 48 per cent; visits to practice nurses reduced by 25 per cent; and GP appointments fell by 10 per cent.
- Poole and Bournemouth Councils jointly fund a Handyvan Service for older people. From April 2008–Feb 2009 the service carried out 1500 jobs and had 1200 enquiries.
- Support for people with dementia includes Crisis Response and Intensive Support Service to help people remain at home, an out-of-hours support service, and housing-related floating support to older people with memory problems or dementia.

- Bournemouth 'bleep' service and access to equipment to monitor movement and falls are available via Housing Landlord Services. An ongoing pilot in Dorset projects net savings in the region of £847,000 and 250 service users assessed in the first 12 months.
- Supportive community initiatives include Wayfinders (see above); a development fund for small projects that older people or volunteers can access to help fund services; Community Connections Service to support older people living in their own home who are, or may become, isolated; and council support to older people's forums.
- Universal services: Dorset Fire and Rescue officers give free home safety checks; West Dorset District Council offers assisted waste and recycling collections for older people; Dorset Police organise community services into 78 safer neighbourhood teams focusing on engagement and problem solving to make older people feel safe and secure.

Connected Care in Hartlepool (www.turning-point.co.uk)

Connected Care in Hartlepool was the first national pilot of a Turning Point initiative. It began in 2006 and is centred on the Owton Ward – one of Hartlepool's most disadvantaged areas with high unemployment and high mortality rates. It aims to 'connect health and social care services with housing, education, employment, community safety, transport and other services' to address the needs of people holistically. While other models have tried to solve the issue of fragmentation of service provision through better professional and organisational integration, the Connected Care solution is to start from the perspective of the community in which services are delivered. *'It allows a perspective which starts from an understanding of need which is not based on organisational boundaries but rather is holistic and is based on the lived experience of community members - present at the crucial points of service design, delivery and management'* (Callaghan and Wistow, 2008).

In Owton Ward, community researchers conducted a Connected Care audit to determine the needs and aspirations of local residents and their views on health and social care services. This showed it is often the smallest things that are the most important, such as *'about changing a light bulb – so the older person doesn't go on to have a fall and end up in hospital ... so we're talking about low-level services'* (Tyson, 2009).

Connected Care in Hartlepool comprises:

- Navigators, working to improve access, promote early interventions, support choice, ensure a holistic approach, and integrate with universal and long term support.
- A complex care team integrating specialist health, social care and housing support.
- A project manager to oversee the service and promote change in the wider service system.
- A range of low-level support services that focus on maintaining independence.

This is delivered through a social enterprise managed by residents and local community organisations. The development of a social enterprise is seen as central to the service, helping to ensure it remains focused on the needs of local people.

First Contact – Nottinghamshire (www.nottinghamshire.gov.uk)

The First Contact signposting scheme was first developed in Nottingham in 2005. It has since extended to cover the county of Nottinghamshire, and has been replicated elsewhere including Lincolnshire, Bradford and Newcastle. The approach uses a simple checklist by staff from a wide variety of agencies. The checklist indicates if the older person has any other particular needs (e.g. home adaptations, advice on money entitlements). Responses are fed back to one central point of contact where staff co-ordinate responses of partner organisations. A representative from the most relevant organisation then contacts the older person to discuss what might be available. In this way, it enables older people to receive services to stay safe and independent in their own homes without going to the trouble of contacting different organisations themselves.

First Contact partners include the county council, primary care trusts, fire and rescue service, falls prevention services, pensions service, housing departments, energy efficiency advice centres, registered social landlords, welfare rights service, and voluntary and community sector agencies. Older people are involved in the design, delivery and review. By April 2009, over 11,000 checklists had been completed. One example of success is the allocation of over £2 million in unclaimed benefits by the Local Pension Service as a result of First Contact (Williams *et al.*, 2009).

Using technology to support older people

Everyday technology (like telephones) as well as emerging telecare systems can support the independence and well-being of older people. Telecare systems have been used to enable carers to respond to a crisis quickly and help prevent problems arising. Telecare consists of assessment and referral of users; installation and maintenance of equipment; monitoring of users, and response in the event of an alert or change in condition. It also raises ethical questions about surveillance and possible loss of privacy and autonomy.

National Telecare Development Programme – Scotland (www.jitscotland.org.uk)

In Scotland, the national Telecare Development Programme (TDP) was launched in 2006 to drive the adoption of telecare by local social and health care service providers. A report published in March 2010 summarises the lessons so far. The Scottish government made available £16.35m for the programme over the period to March 2010 to fund an innovation programme, research and administration costs, and to care partnerships to drive service expansion. Initial expectations were that initial TDP funding of £8.35m would generate outcomes and efficiencies worth around £43m by March 2010.

Over 29,000 people began using a telecare service over the period 2006–2010 that they were unlikely to have received without TDP funding. Over the period, around 7,300 people stopped receiving a service. More than 2,000 people are known to have been diagnosed with dementia (the true figure may be higher). TDP partnerships saved around: 346,000 care home bed days (against an expected 188,000); 65,000 hospital bed days through facilitated discharges and unplanned admissions avoided (against an expected 80,000); 35,000 nights of sleepover/wakened night care (against an expected 55,000); but 411,000 home check visits savings were less than anticipated (against an expected 615,000). Not all the outcomes and efficiencies anticipated in the initial business case were realised. The overall financial value of gross benefits was judged to be fairly close to expectations.

Intermediate care service for older people with mental health problems – Herefordshire County Council (www.herefordshire.gov.uk)

Jointly funded by the council and primary care trust, the service is aimed at helping older people with mental health problems remain in their own homes. It covers a large rural area and involves co-ordinating three services to provide 24-hour support. People are referred during crisis or on hospital discharge. The service is delivered in partnership with a domiciliary care provider (SureCare Services). People are assessed on how they are coping when at home alone through a telecare system (Just Checking). Other forms of telecare, such as safe walking technology, are installed to manage specific risks. The service includes a Roving Night Team, with staff available between 11pm and 7am. Set up in 2008, the whole service cost £400,000 in its first year and now costs £300,000 a year. It saves an estimated £1.5m–£1.7m a year by reducing admissions to residential and nursing care homes. As of March 2010, the council was funding 175 placements a month.

In Touch – Camden (www.camdenintouch.org.uk)

In Touch is a telephone-befriending scheme for people over 60 run by Camden Council with Community Network. It was created in 1998 to reduce feelings of isolation by arranging for new ‘phone friends’ to call people regularly in their own homes. The service is described as free, caring, personal, and unhurried. It has over 150 participants. The In Touch project manager meets every person interested in joining to help make the right match. Participants arrange times to suit themselves, including weekends and evenings.

In Touch Prayer Group, Camden

When old age or illness makes it difficult for people to leave their homes, they have in the past been deprived of the opportunity of attending church. When a group of women from North London found themselves in this situation in 2003, they decided not to let their circumstances stop them from participating in prayer meetings. The result was the In Touch Prayer Group. Every Friday, the women receive a call from a Community Network operator who connects them to the others in the group. A facilitator ascertains how each member is feeling and what type of week they’ve had. Prayers follow. *‘I know all the members of the group look forward to Friday afternoons, often rearranging appointments so as not to miss it’* (Joy Fraser, Project Manager, In Touch).

Co-operative and mutuality-based approaches

Across the UK, there is growing interest in alternative approaches to providing support and care, especially approaches that are delivered by social enterprises and mutuals, collectives, co-operatives and micro-providers. There has been a long tradition of community-owned provision and co-operatives across the UK. The current fiscal and demographic context, and ongoing debates on the respective roles of the state, the community and the individual, have all given rise to increased interest in alternative models of providing support and care.

A co-operative approach to self-managed care (www.cooperatives-uk.coop)

Co-operatives UK set out to establish the viability of mutual models where direct payment recipients join a co-operative. People retain individual control over their own care, but collectively share the responsibilities of employment, insurance, training and recruitment. The mutual organisation is the employer and provides training, quality standards, insurance and administration. Small clusters of service users and carers collaborate in self managing provision in localities or to communities of interest. Groups of clusters then form a co-operative. Pilot schemes include: Caring Support in Croydon and Sunshine Care in Rochdale. The pilots indicated that co-operative models can increase access to the benefits of direct payments, including older people; but also found that direct payments rates, in the main, did not reflect the full organisational costs associated with ensuring quality support. Pilots looked for other ways to increase income, such as top-ups.

Shared Lives, Community Catalysts Ltd (www.communitycatalysts.co.uk)

Community Catalysts Ltd is a social enterprise and wholly-owned subsidiary of the charity NAAPS UK. It aims to harness the talents of people and communities to provide high-quality small scale and local support services, and to make sure that people wherever they live have real choice of great local social care, health services and other community resources. Models include: Shared Lives, Homeshare, and micro-providers.

Shared Lives Schemes work in partnership with Shared Lives Carers and provide different services: long-term accommodation and support, short breaks, day support and 'extended family' support to people living in their own homes. Schemes are responsible for making sure carers have the skills and knowledge they need to provide people with quality support. The emphasis is on sharing family life. Inspection results published in 2009 for the previous year show that 94 per cent of Shared Lives Schemes were rated Good or Excellent, 4 per cent adequate and 0 per cent poor (the remaining 2 per cent were not then graded). A business case produced in partnership with Improvement and Efficiency South East demonstrated that, depending upon the complexity of an individual's needs, Shared Lives schemes can deliver savings of between £35 and £640 a week per person compared to traditional services.

Conclusion

'In the Joseph Rowntree Foundation Older People's Inquiry we were able to talk about what we as older people needed. None of us wanted the moon. All we wanted were little things but many of them were not available. There are many good support services but not all are geared through the eyes of an older person. If you really want to get it right for older people, ask older people themselves.'

Nell McFadden, 2010 (Member of JRF Older People's Inquiry 2005/06)

Local authorities across the UK are faced with very difficult decisions about adult social care priorities. Community and voluntary sector groups, social enterprises and providers of all sizes also face risk and uncertainty. In this context, it can feel hollow to highlight the potential for radically reshaping the way that society and services assist older people. Yet this is what will be needed not only in the context of restricted resources, but looking ahead to an increasing, and increasingly diverse, ageing population.

'We're starting to ask everybody as part of our standard assessment, what support could have prevented them from needing social care.'
(Principal Transformation Lead, Hartlepool Borough Council)

Older people have said they value practical assistance with everyday things in life, and support to sustain social lives and relationships. This promotes quality of life, health and well-being. It requires local agencies (not just social services) to work together and with community and voluntary sector groups and providers – shaping a local market and networks of self-help and support, and thinking beyond conventional 'social care'. Central to this is a sharper focus on the *assistance* older people need and choose, on older people's *experiences*, and on *involving* older people in designing support.

About this paper

This paper was written by Angela Clark for Centre for Policy on Ageing. It draws on the evidence listed in the references, and this listing also includes relevant policy documents and strategies.

Professor Ray Jones commented on an earlier draft of this paper and some of his points have been incorporated in the final version. Nell McFadden gave permission to use extracts from her workshop presentation on 'That bit of help' (delivered at the UK Age Research Forum annual conference in October 2010).

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