




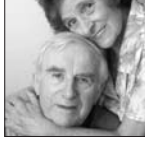



Older people – independence and well-being

The challenge for public services

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, housing, health, criminal justice and fire and rescue services.

As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, we provide practical recommendations and spread best practice. As an independent auditor, we monitor spending to ensure public services are good value for money.

	The challenge	2
	1 A changing approach	6
	2 Building a strategic approach	10
	3 Supporting frail older people	15
	4 Supporting carers	22
	5 Conclusions – an agenda for successful achievement	28
	Appendix 1 – References and acknowledgments	33

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First published in February 2004 by the Audit Commission for local authorities and the National Health Service in England & Wales, 1 Vincent Square, London SW1P 2PN

Printed in the UK for the Audit Commission by CW Print, Loughton

ISBN 186240 487 9

Photographs: Cover (l-r): Third Avenue Photography (1 and 3), Joanne O'Brian/Report Digital (2), Tunstall Group Ltd (4), John Birdsall Photo Library (5, p27).

The challenge

- 1 We live in an ageing society where people are living longer and the balance of life is changing. For the first time, there are more people aged over 60 than children under 16 in the UK. Most older people can now look forward to many more years of healthy life after retirement than ever before. Our society is becoming more diverse. It expects more from public services. The make up of the older age group is beginning to reflect the first generation immigrants of the 1950s and the post-war baby boomers who, during the 1960s, redefined what it means to be young.
- 2 The shift in proportion, composition and attitudes of the older age group has profound implications for public services. We need to start taking action now to shape things for the better. Some councils and other agencies are beginning to take imaginative action in order to meet the challenges of the future – but for most, there is a long way to go.
- 3 Older people need an environment that they can shape, thrive and live life to the full for as long as possible. The challenge for communities and councils is to be inclusive, to help older people to stay healthy and active and to encourage their contribution to the community. Councils need to accept responsibility for investing in opportunities and services for older people; to see them as full citizens and a resource for society, rather than as dependent on it. Those whose health has begun to fail also deserve to enjoy life as fully as possible and we need to find new ways to support them.
- 4 But because older people are seen by many as dependent and frail, rather than as citizens with a contribution to make, the response of public services is often limited. Services for older people have been seen to be predominantly focused on a narrow range of intensive services that support the most vulnerable in times of crisis; older people are seen as an NHS and social care ‘problems’. In fact, at any one time, only about 15 per cent of older people are in immediate touch with care services: meanwhile the vast majority receive little attention. Resulting in older people and carers feeling excluded and ignored, rising pressure on acute services as we fail to prevent crises through early action, and tight ‘gatekeeping’ that shuts people out rather than including them.

Either our countries will make decisions about adapting to our ageing societies, or these decisions will be made for us by the sheer force of demographics and economics. It becomes a question of whether we will manage change, or whether change will manage us (Ref. 1).

- 5 We need a fundamental shift in the way we think about older people, from dependency and deficit towards independence and well-being. When they are asked, older people are clear about what independence means for them and what factors help them to maintain it. Older people value having choice and control over how they live their lives. **Inter**dependence is a central component of older people's well-being; to contribute to the life of the community and for that contribution to be valued and recognised. They require comfortable, secure homes, safe neighbourhoods, friendships and opportunities for learning and leisure, the ability to get out and about, an adequate income, good, relevant information and the ability to keep active and healthy.
- 6 Older people want ageism to be tackled. They want to be involved in making decisions about the questions that affect their lives and the communities in which they live. They also want services to be delivered not as isolated elements, but as joined-up provision, which recognises the collective impact of public services on their lives.
- 7 Public services have a critical role to play in responding to the agenda for older people. Local strategic approaches to older people and later life must go beyond care services to tackle the factors that older people view as central to their lives.
- 8 Some authorities are already using their community leadership role, working with older people and with other partner agencies, such as the NHS, Pensions Service and voluntary organisations, to improve the lives of older citizens. The Audit Commission and Better Government for Older People (BGOP) have identified how this can be done and where several communities are achieving a shift in focus.
- 9 This report, and the more detailed reports that accompany it, sets out the indicators of good performance. It is designed to help public bodies in developing a framework for local approaches to older people. We hope it will be useful for all those involved in delivering and planning the range of services older people use, including elected members and older people themselves. The comprehensive performance assessment for 2005 will assess the progress made and the impact of local authorities' activities on the well-being of older people. Additionally, the Audit Commission will continue to contribute with the Commission for Healthcare Audit and Inspection (CHAI) and the Commission for Social Care Inspection (CSCI) to the review of the *National Service Framework (NSF) for Older People (Ref. 2)*, in particular, the strand that will focus on the standard that promotes a healthy, active life.
- 10 The challenge to respond to the needs and aspirations of a large and growing section of our community is not a marginal one. Much is straightforward and expectations are unexceptional. It is therefore all the more surprising that comprehensive, systematic approaches to older people are still relatively rare. In future, local councils and their partners should expect to be judged on their ability to build communities that support older people to live active, fulfilling lives.

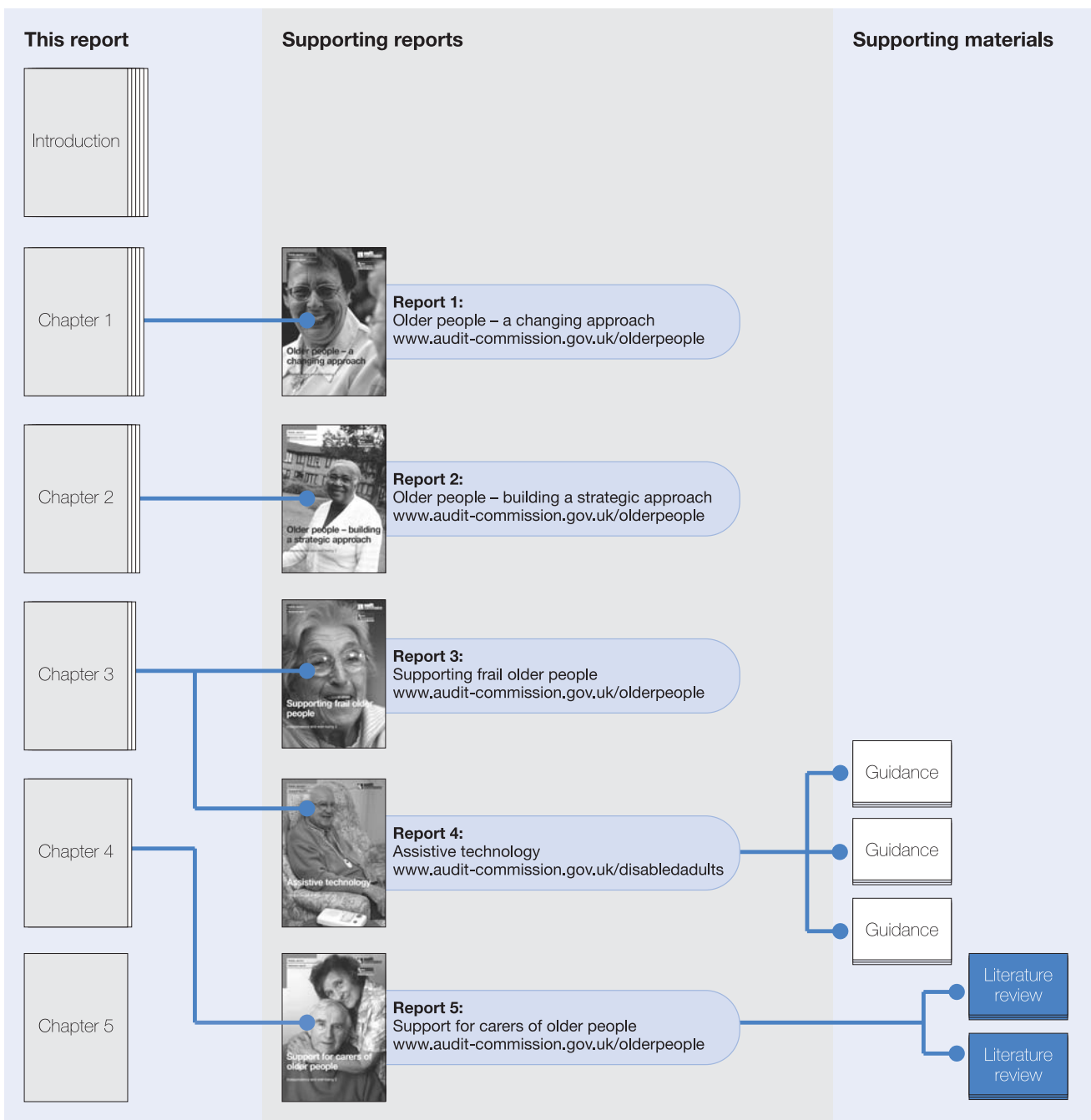
The report

- 11 This report summarises a series of papers that explore the nature of the change required from public services. The scope of the report is wide, so it can do no more than touch on many of the issues facing older people of all ages, from the majority who have no need for care services, but who have a wide range of other concerns, to the minority of frailer older people who may need support and care. The supporting papers provide more depth and detail. The series is available on the Audit Commission's website at [www.audit-commission.gov.uk/older people](http://www.audit-commission.gov.uk/older-people) (**Exhibit 1**).
- 12 Chapter 1 of this report summarises older people's views about what helps them to live independent lives. Chapter 2 describes the steps that some authorities are taking to develop a strategic approach to older people's independence and well-being. Chapter 3 illustrates how a strong focus on independence can be extended to frailer older or disabled people, by developing proactive support and through the use of new technologies. Chapter 4 highlights the important role that carers play in enabling older people to live independent lives. Chapter 5 concludes with an agenda for successful achievement.
- 13 The programme of work described in this report has been undertaken in conjunction with a number of partner agencies. The work for the first three chapters (and papers in **Exhibit 1**) has been undertaken with BGOP. Its aims are to change attitudes towards our ageing population and highlight the contribution that older people make to their communities. The Audit Commission and BGOP have also worked closely with the Association of Directors of Social Services (ADSS) and the Local Government Association (LGA). The work on carers has been undertaken with Carers UK and the work on assistive technology with Integrating Community Equipment Services (ICES).

Exhibit 1

The Audit Commission website on independence and well-being

To provide more detail, five reports have been prepared with supporting literature reviews.



1



A changing approach

For older people, independence is about exercising choice and control. They value **interdependence** – helping others as well as receiving help themselves. They also value good housing in safe, friendly neighbourhoods; getting out and about and keeping busy; an adequate income, good information and good access to healthcare. National policies already offer many opportunities to refocus local services in order to promote greater independence and well-being for older people, although better co-ordination is needed.

Independence is linked to having control over your life, making the decisions you want to make.¹

There are a lot of older people in our road – we look after each other.

Pursuing intellectual interests keeps us out of the doctor's waiting room!

¹ The comments from older people and carers that illustrate this document (*printed in italics*) were made either in the Age Concern England focus groups, or by older people or their carers in those areas where the team carried out fieldwork.

What is independence?

- 14 A number of factors, including changes in government policy and a stronger voice for older people themselves, are coming together to shift the approach we adopt towards older people. The focus is moving from prevention of illness or the need for intensive support, towards a more positive emphasis on well-being and engagement with the wider community (**Refs. 3 and 4**).
- 15 Older people have strong and consistent views about what helps them to stay independent. Research carried out for the Audit Commission and the Department of Work and Pensions (DWP) by Age Concern England, supplemented by other recent studies, gives a clear picture of the factors that older people say are important. This chapter summarises the findings. They are not new, they echo many of the messages from previous national and local research (**Refs. 5 and 6**).
- 16 Independence is subjective and relative, varying according to the person and situation. At the heart of older people's sense of independence and well-being lies their capacity to make choices and to exercise control over their lives. This is not the same as being able to do everything without help. Indeed, accepting help in some areas of their lives allows many older people to remain independent in others.
- 17 Many older people point to the reality of **interdependence** with others – acting as valued members of supportive networks that are made up of friends, neighbours and family. Older people are often active in their communities and many are carers: one in six of all carers are older people themselves. Of these, around one-third support a spouse, one-fifth support a parent and just over one-fifth care for a friend or neighbour.
- 18 Other factors that contribute to a sense of independence and well-being are:
 - **housing and the home**, including having a safe, comfortable home, keeping the house and garden in good order and the role of aids, adaptations and assistive technology;
 - **neighbourhood**, being close to friends, shops and other amenities, in safe, well-designed towns and streets;
 - **social activities, social networks and keeping busy**, including social clubs and community groups, opportunities for learning, leisure and fun;
 - **getting out and about**, whether by car, bus or other forms of transport, such as shared taxis or mobility scooters;
 - **income**, including the availability of benefits advice and take-up campaigns to pay for new expenses, such as housing maintenance;
 - **information**, from an independent source to help older people to navigate their way around the system and find out about the opportunities and services that are available; and

- **health and healthy living**, including access to NHS services and to advice on how to stay healthy and increase fitness.

19 In addition, older people argue strongly for a change in attitudes to ageing, highlighting in particular the need to challenge ageism and involve older people in the life of the community in new ways.

A changing approach

20 The factors identified by older people as things that help them to stay independent are wide ranging. They require a comprehensive approach on matters such as housing, planning, transport, learning, leisure, community safety and health. Advice and information on many topics is also essential. To deliver such a wide-ranging agenda in an integrated way requires careful planning.

21 Fundamentally, it involves tackling ageism: many older people spoke of not feeling valued, of no longer feeling at home in familiar neighbourhoods, or of being described as 'bed-blockers'. Older people see themselves as having an important role in challenging negative stereotypes, not least by having a voice in all decisions related to their concerns, both in terms of the services that they receive as individuals and on a broader planning level.

22 It also involves integrating services in order to provide a more coherent approach. The issues highlighted by older people cut across many different local and national agencies and departments. These agencies need to work together if older people are to receive a coherent response to their aspirations and needs.

The current policy framework

23 Over the last five years, a large number of policy initiatives have been introduced with the potential to improve older people's lives. Some promote the independence and well-being of older people directly, such as the *NSF for Older People* (Ref. 2), with standard 1 tackling age discrimination and standard 8 promoting health and active life. A second group of policies touch on the dimensions of independence that are listed above, while a third group helps local agencies to develop an integrated approach. *The Local Government Act 2000* gave local authorities new responsibilities of community leadership and a new duty to promote the well-being of local communities (Ref. 7). Local Strategic Partnerships (LSPs) bring together public sector organisations with the private, business and community sectors to tackle issues that require co-ordinated action. A detailed policy overview appears in the first supporting report of this series (Ref. 8).

Older people are not respected in this borough or this country – if we're valued, our quality of life will improve drastically.

- 24 Where local vision and commitment exist, national policy already presents many opportunities to refocus services towards independence and well-being. The first of the supporting reports includes many examples of the way in which communities have used particular aspects of national policy as a lever for local change. The following chapter and the second supporting report in the series describe how some communities are building on policy imperatives to develop a strategic approach to older people (**Ref. 9**).
- 25 But because many government departments are involved, it has proved difficult to deliver an integrated, consistent approach to policy on older people. The National Audit Office (NAO) recently commented that ‘there is an outstanding need to provide an overall framework for work across Government, affecting older people because, despite progress in joining-up policymaking, there remains a lack of co-ordination in some areas’ (**Ref. 10**). The government is considering options for future development of strategies relating to older people and an ageing population. Our research indicates that clear national leadership in this area would be welcomed.

Conclusions

- 26 An enormous amount of evidence confirms the factors that matter most to older people. These go well beyond care services, to touch on the role and responsibilities of almost all public services. Local strategic approaches to older people should reflect the scope of older people’s concerns. The following chapter describes the experience of a number of communities that are aligning their approach more closely to older people’s priorities.

2



Building a strategic approach

Strategic approaches must involve older people as partners from the start. A range of different means to involve them is needed, including those people whose voices are seldom heard. Strategies should address the range of issues that older people raise. They will need wide support from members, officers and partner agencies and will need to make real, sustainable changes to older people's lives. Evaluation is important in order to keep the strategy moving.

- 27 A number of councils are using their community leadership role, working with older people and partner agencies (the NHS, the Pensions Service, voluntary organisations and others) to improve the lives of their older citizens.
- 28 A broad strategic approach to older people will tackle the range of issues highlighted in the previous chapter and described in more detail in the first supporting report of this series (**Ref. 8**). Evidence suggests that successful strategic approaches involve a number of components, most importantly, a shared vision that is rooted in the views of older people (**Refs. 11 and 12**).

Older people at the centre

(The strategy) is important, because it's about older people as contributors, rather than takers.

- 29 New approaches that focus on well-being, independence and citizenship must be based on the involvement of older people as central partners and contributors. A focus on independence and well-being demands that communities move away from traditional consultation methods, which often involve a one-off meeting or event, towards longer-term structures and processes. The goal of such work is likely to be increasing the inclusion of older people in the life of the community, as well as gathering views on specific service issues.
- 30 Engaging with older people requires a number of steps. These include making contact with older people using a range of routes, building capacity so that older people feel confident to operate as equal partners and finding ways to maintain commitment and enthusiasm over time. Keeping focused on activities that deliver concrete results for older people is important in building sustainability. A range of methods and approaches needs to be in place, some of which may build on social networks and events.
- 31 Our study found that many areas find it difficult to reach out to older people whose voices are seldom heard, such as very frail or housebound older people, black and minority ethnic elders or older people with mental health problems.

What should a strategy contain?

- 32 The strategy needs to address issues that older people say are important to them. In practice, most of the communities visited were working on several of the themes identified by older people in the previous chapter and had an overarching goal of promoting citizenship, independence and positive views of ageing.

- 33 A number of examples and case studies are included in report 2 of this series (**Ref. 8**). These illustrate the range of activity taking place on the dimensions of independence listed in the previous chapter, as well as describing large scale strategic development and change processes that are underway in several areas.
- 34 Developing a broad strategic approach to older people can bring many benefits, both for older people themselves and for authorities and agencies. It can:
- allow councils to address the whole range of issues that are important to older people;
 - provide a focus for dialogue with older people;
 - add coherence and direction to what can be a fragmented picture;
 - encourage better use of resources by reducing duplication and identifying opportunities for collaboration;
 - provide a focus to work done with older people in a locality;
 - raise the profile of older people;
 - challenge the stereotype of older people as dependent;
 - increase awareness of what is available to older people;
 - stimulate new partnerships; and
 - provide a perspective on the future.
- 35 It is important to ensure that any strategy is a living document that evolves and changes over time, as older people's priorities shift and new opportunities emerge. It also needs to be a real catalyst for change.

Building support

- 36 There are currently few incentives for developing a broad strategic approach to older people, although some communities are showing great commitment to making progress. Communities that do decide to adopt this approach therefore need to build support at a number of levels, including with elected members, senior officers and partner agencies. Profiling achievements on older people and independence as a 'good news story' appears to be a successful strategy. Local authority champions can be extremely influential, particularly in building the support of elected members (**Case study 1**). Engaging NHS partners can be difficult, although the *NSF for Older People* (**Ref. 2**) provides a useful incentive.

Case study 1

Camden – The role of the champion in sustaining political support

In Camden, the council's older people's champion has played a key role in building support for the Quality of Life Strategy for Older People among elected members and in the wider community. The champion works alongside the officer leading the implementation of the strategy, who has an explicit responsibility for working with and supporting the champion as part of her role.

The champion invited elected members to an informal evening meeting, to hear an update on the implementation of the strategy, as part of her profile-raising work. Turnout for the event was high and the messages about the strategy were positive, emphasising the engagement of older people in the process along with the importance of political support in maintaining momentum. The strategy was presented as an initiative that belonged to the whole council, with the role of members highlighted as part of an inclusive corporate approach.

Source: Audit Commission

- 37 Communities are linking their work to various policy initiatives, including the NSF LSPs and health inequalities. In some areas, work on older people's well-being is seen as an important testbed for delivering citizen-focused services, as part of the modernisation agenda. Communities are also using existing resources more efficiently and accessing grant funding, such as the neighbourhood renewal fund to support this work. There needs to be strong linkage between the NHS and social care agenda and emerging thinking on well-being, with care services seen as part of a spectrum of services and opportunities for older people.

Making the changes locally

- 38 Building a broad strategic approach is only the first step: it is important for communities to implement real changes for older people that are sustainable over time. All the communities involved in the study are maintaining a focus on implementation, in most cases, by ensuring that older people have a central role in tracking progress and in holding authorities to account. Good project management arrangements are also important. Different strategies for embedding change in mainstream services include: introducing new ways of working and new partnerships in one area, before rolling them out more widely; and selecting projects that build new relationships between organisations and departments from the start, as a way of ensuring lasting change.

Demonstrating an impact

- 39 Evaluation needs to be planned from the start. Any evaluation will need a number of components and to look at three dimensions – process, outputs and outcomes. Evaluating processes is important in order to check that things are working as intended. Evaluating outputs checks whether new arrangements are actually delivering change – do new partnerships and other ways of working actually result in new kinds of services or new ways of delivering existing services? Outcomes are the most difficult – but most important – to measure. Do the new ways of working lead to better health, quality of life or well-being for the people who use them?

Conclusions

- 40 A number of communities are already working to develop a broad, multi-agency approach to older people. Their experience demonstrates the importance of rooting this work in the views of local older people. Multi-agency, cross-cutting initiatives of this kind require wide support if they are to succeed. NSF standard 8, community planning and LSPs all offer useful levers for change.

3



Supporting frail older people

Independence and well-being come under particular threat when older people become frail or ill. But frail older people are citizens too, with most still wanting an active, fulfilling life. A number of new initiatives are being introduced, although all are in an early stage of development. These include proactive ways of supporting older people, as well as initiatives that make use of new technology, such as telecare and telehealth.

- 41 Independence and well-being can be more difficult to maintain for older people who become frail or who have one or more chronic illnesses. If the right support is not available, poor health can restrict older people's ability to continue living life to the full. According to the 2001 census, over one-half of all people aged 75 to 84 reported that they have a long-term illness that limits what they can do, rising to over 70 per cent of people aged over 85.
- 42 But frail older people are citizens too, with a wide range of interests and concerns, with a contribution to make and with aspirations for the future. Most still want to lead an active, fulfilling life, even if their health begins to fail. The factors that older people see as crucial to maintaining independence (see chapter 1), such as housing, income and social networks, continue to play a key role. Having choices and control over what happens, how and when, remains central to frail older people's sense of well-being.
- 43 Older people who are frail, or who have long-term illnesses, therefore need support to manage their health conditions so that they can maintain the aspects of their lives that they most value. Support needs to go beyond clinical and care issues to include the whole range of factors and concerns that older people see as most important. New technology also has an important role to play. Such approaches need to be sensitive to older people's need to retain control over their lives (**Case study 2**).

Case study 2

Extending clinical care to include the whole range of factors that older people see as most important

Jim is a 78-year-old man living in the north west. His repeated emergency admissions to hospital for severe chronic obstructive pulmonary disease (COPD) brought him into contact with the local COPD team. They worked closely with him to bring his medical condition under control and explore with him the other areas of his life he would like to improve. Jim's great passion was growing primulas for competition and his horticultural successes were a source of enormous pride and pleasure to him. However, since his medical condition had worsened, a year or so previously, he had been forced to abandon his hobby. The greenhouse was located at the bottom of Jim's long and narrow garden and he felt anxious about the possibility of having breathing problems while working there, so far from help. He had always been active and since his retirement had spent a great deal of time working with his plants, so he was becoming increasingly frustrated and depressed at being confined to the house. The COPD team installed an oxygen supply in the greenhouse so that Jim felt confident about returning to his primulas. As well as reducing his emergency admissions by improving his medication and increasing his confidence to manage his COPD, the team's intervention transformed Jim's sense of well-being and his quality of life.

Source: Audit Commission

- 44 However, services for older people have traditionally focused on the most vulnerable in times of crisis and only rarely reach beyond the immediate health issues to look at the whole person. There is now a growing acknowledgment, based on emerging evidence, that a more proactive approach, focused on all the older person's concerns, can promote independence and well-being more effectively.
- 45 The earlier chapters of this report, together with the Commission's previous work on whole-system working, conclude that initiatives to support frailer, or chronically ill, older people should be underpinned by a number of principles:
- **increasing choice and control**, by enabling older people to play a more active role in managing their own health and care and by building partnerships between older people and professionals;
 - **proactively promoting health**, by focusing on 'upstream' interventions that aim to enhance well-being and to avert crises;
 - **adopting a whole-person approach**, by exploring the whole range of issues that have an impact on older people's well-being, based on broad assessment processes; and
 - **building a whole-system response**, by ensuring that not just the NHS, but also social services, housing, the pensions service and a range of other agencies are involved appropriately.
- 46 Initiatives that fulfil at least some of these principles are already in place in the UK, although very few fulfil them all as yet. In many cases, the starting point for such developments was the need to reduce pressure on acute hospitals, delivering:
- fewer hospital admissions;
 - shorter average lengths of stay;
 - reduced A&E attendances; and
 - less use of GP services.
- 47 Proactive approaches can bring enormous benefits to older people, as well as to the wider NHS and social care system.
- 48 A range of initiatives are in place or are being piloted. Many of these originated in the US and are being adapted to suit the very different UK context (**Refs. 13 and 14**). Some are designed to support people with a single long-term condition, such as COPD or heart disease. Others target people who are heavy users of NHS and social care services and provide an intensive case management approach, which aims to tackle a range of health and other issues. Case finding aims to identify older people who may be starting to struggle and to intervene before their situation deteriorates. Assistive technology provides exciting opportunities for supporting people in new ways. The supporting papers contain a range of examples, case studies and references.

Managing chronic disease

- 49 The model of chronic disease management that has been widely adopted in the US recognises that care of people with long-term illness includes six interdependent components. These include making use of the resources in the community, such as voluntary organisations, and increasing the skills of people with a chronic illness to manage their own condition, as well as clinical factors (**Ref. 15**). This approach highlights the importance of a range of support that must be provided alongside clinical care if we are to develop more effective ways to improve the well-being of people with chronic conditions.
- 50 A number of examples of initiatives that help older people to better manage their chronic health conditions are described in the third report of this series, together with evidence for their impact (**Ref. 16**). As a result of a pilot project in north London, for example, the number of hospital bed days used by people with heart failure fell by 60 per cent, equating to a net saving of £600,000 per year. Most importantly, older people reported feeling more confident and better informed (**Refs. 17 and 18**).

Intensive case management

- 51 Intensive case management aims to identify older people in the community who are already making heavy use of a range of services, or who may be at risk of hospital admission. It then mobilises a range of services from a number of agencies, including the NHS, social services, other local authority departments and the voluntary sector, to improve health and reduce crises. The impact on both older people's lives and on the wider health and social care system can be significant.
- 52 An initiative in one GP practice in Runcorn, Cheshire, found that after a short period of intensive support from a small NHS/social services team, use of hospital bed-days fell by over 40 per cent, while the older people's quality of life was significantly improved. (**Ref. 11**)
- 53 These models are in an early stage of development in the UK, although some have been established for longer and are based on firmer evidence than others. The models that originated in the US also need to be customised to strengthen the focus on older people's well-being. Research is needed to assess the impact of these approaches on older people's confidence and quality of life, as well as on their health status and use of hospital care.

Case finding

- 54 Case management and chronic disease management systems will need to be accompanied by processes that identify and support older people before a pattern of poor health has become established. Case finding uses validated tools to identify older people with potential risk factors. These people are then offered an assessment so that their needs can be highlighted and addressed. Experience from the largest scale implementation of case finding in the UK, which took place as part of the London Older People’s Development Programme, suggests that even among older people who are identified as being potentially at risk, only a small minority need immediate referral to NHS or social care services (Ref. 19). However, all the older people who are contacted as part of a case finding approach are given information and advice about where to go for help in the future.

Assistive technology

- 55 The term assistive technology (AT) is increasingly used to cover a growing range of innovative equipment, as well as more traditional items, such as wheelchairs and walking frames. These technologies can be used to support a wide range of needs. Report 4 in this series illustrates the scope of AT and the range of contributions it can make towards promoting independence and well-being, not only for older people, but also for people with disabilities (Ref. 20). AT can reduce pressure on scarce staff and, more importantly, increase choice and control for both older people and their carers. It can also increase the dignity of older people as a result and reduce their fear of being a burden. AT is already inexpensive compared with the equivalent cost of care staff and the evidence base for its effectiveness is strong and growing (with numerous references in the supporting paper).
- 56 The potential of AT is growing fast. Technological developments are proceeding apace, particularly in the field of electronics, information and communications. Faster computer processing units, miniaturisation and short-range radio communications are now established in many electronic-based AT products. This trend will certainly continue, leading to the development of more sophisticated and less expensive AT products that better address the aspirations of older people and people with disabilities.
- 57 There are 18 million people with chronic diseases, such as arthritis, asthma, diabetes, heart disease or depression in England and Wales. Sixty per cent of GP consultations relate to such conditions, which in total relate to 70 per cent of all healthcare costs. But the impact of chronic disease is not just on health. It can also affect social inclusion, employment, mobility and many of the other factors that older people most value. In the past, treatment has been centred on acute hospitals, but now AT systems, combined with the new approaches to chronic disease management described above, offer great potential for people to remain in their own homes. Analysis of just two conditions, COPD and heart failure, demonstrates possible savings of up to £300 million a year in England, the impact on older people’s lives would also be significant.

Telecare

- 58 Telecare is provided when a variety of functions are controlled with various technologies that provide communications with the outside world. Once telecare systems, electronic ATs and environmental controls are integrated, the term ‘smart housing’ is sometimes used to describe the resulting accommodation. Telecare systems allow people with a range of needs to retain their independence through:
- **reducing hospital stays**, by supporting earlier discharge;
 - **virtual visiting**, for example, by monitoring the safety of older people with dementia who live alone;
 - **reminder systems**, such as reminding older people to take their medication; and
 - **home security and social alarm systems**, by providing smoke and heat detectors, alarm systems and crime surveillance, as well as monitors that pick up any unexpected changes to an older person’s routine (**Refs. 21, 22 and 23**).

Telehealth

- 59 Telehealth (or clinical home monitoring) enables a clinical process to be conducted remotely. It enables routine monitoring of vital signs to be carried out by people at home. For example, a chronic disease management service run by the West Yorkshire Ambulance Service can remotely measure people’s blood pressure, pulse rate and ECG, breathing rate, breathing amplitude, blood oxygen saturation levels and temperature. People are taught how to apply the sensors and take readings. Data is automatically sent to a control centre, where a clinician is alerted to any variations in the expected readings.
- 60 Increasingly, telehealth not only overcomes the inconvenience of distance, but also provides people with greater choice and control over the time and the place for monitoring their condition, increasing convenience and making their conditions more manageable. At the same time, it also reduces some of the pressures on clinics and acute hospitals. In the USA, for example, the use of video technology in the home has been found to provide clinical care for patients with certain conditions of an equal quality to hospital care and at a reduced cost (**Ref. 24**). Telehealth could make a significant contribution to the management of a number of chronic conditions, including COPD, heart failure, hypertension, asthma and diabetes.

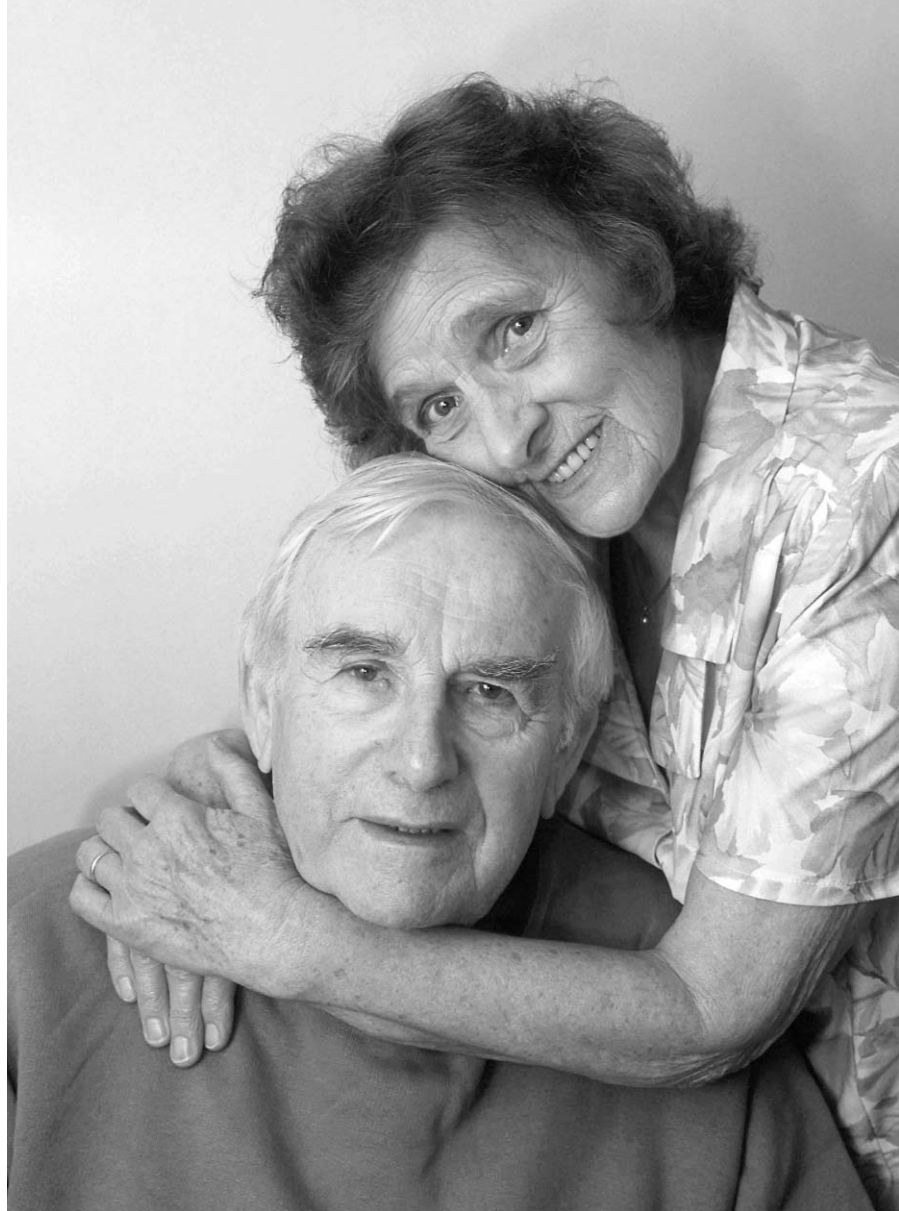
Preparing for change

- 61 The previous chapters in this report emphasise the importance of engaging with older people as citizens, as well as users of services. For frail older people this is equally important and earlier comments about engagement must apply to this group too. In addition, frail older people who are already in contact with care services need to have a voice, both in determining the care that they receive, and in shaping the services that are in place. The Expert Patients Programme, now being piloted in the UK, goes beyond providing information to develop skills, confidence and motivation.
- 62 The models described above must be viewed as integrated components of a balanced whole system of support for older people. They must therefore have clear and explicit links with existing services and with each other, as part of a strategic approach that emphasises well-being and independence for all older people.
- 63 PCTs have a key role in driving strategic and service development in this area and in advocating for change. The supporting papers that develop the themes outlined in this chapter provide evidence that will help to build a business case. Extensive and growing amounts of literature demonstrate the potential value of AT (fully referenced in the supporting report). While much of this evidence comes from the USA, clinical research is usually eminently transferable, although telecare and telehealth could benefit from the endorsement of official evaluation.

Conclusions

- 64 Greater emphasis needs to be placed on promoting good health across the course of a lifetime, rather than on episodic care. This will demand a new approach to commissioning and delivering public services. The models described in this chapter are beginning to transform thinking about the ways in which independence, well-being and citizenship can be extended to even the frailest older people in the future.

4



Supporting carers

Many frail older people rely on carers to stay independent. But in turn, carers need care. They need to be identified and provided with good information and support. This requires good assessment and effective management. But care managers are under pressure and need to refocus their approach – providing advice, taking carers into account when undertaking assessments and providing services and providing breaks to those households at risk of breakdown. Carers in employment need particular support.

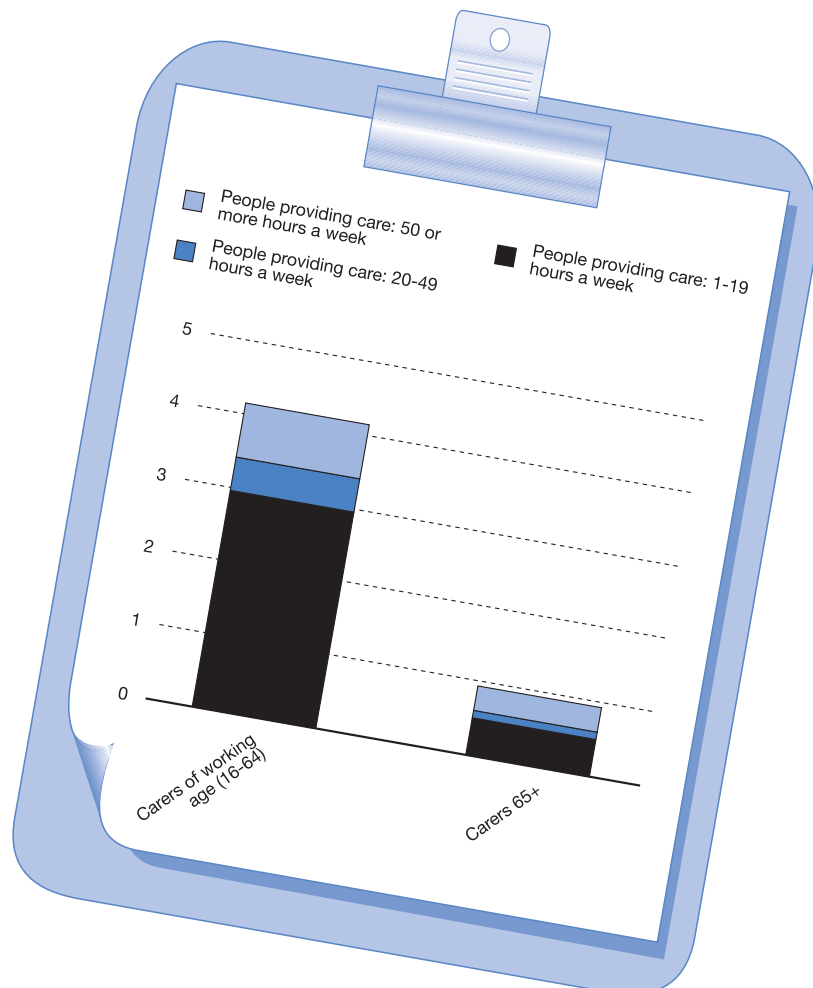
There's nobody you can call...

- 65 For many frail older people, the support of family, friends and neighbours is essential if they are to keep their independence. But often the work is demanding and carers themselves need support if they are to continue caring. There are currently four million people providing care in England, of whom about one million care for 50 or more hours a week; and another half million care for 20 to 49 hours a week. About 70 per cent care for older people. Most carers are of working age, but one in six are older people themselves (**Exhibit 2**). There is a big turnover: each year two million people become carers and two million cease to be carers (**Ref. 25**).
- 66 Demographic projections suggest that more people may need care in the future, but there may be fewer carers. At best, the population of carers will remain the same, although changes in lifestyle (with more women working, for example) could reduce it.

Exhibit 2

Analysis of carers in England in 2001

Most carers are of working age.



Source: Derived from National Census 2001

- 67 Over the last 20 years successive governments have introduced legislation and guidance that recognises and supports carers. This is described in the fifth background report in this series (**Ref. 26**). Given this legislation and guidance, carers should be able to expect:
- identification as early as possible;
 - information about their rights and benefits;
 - support and services available to them; and
 - assessment of their needs – both with the person they care for and in their own right if they wish it.
- 68 As a result, they could expect to ‘become real partners in the provision of care to the person they are looking after’ as the National Strategy clearly sets out. But first they need to be recognised as carers.

Identification of carers

- 69 The NHS provides many first contact points that allow this initial recognition (**Ref. 27**). According to carers themselves, GPs have the best understanding of their role (**Ref. 28**). They could do more to record it formally, although they have received little guidance of what to do. Social services staff often record the presence of carers on their case files, but not in a central database, to give a picture of the numbers of carers and a mailing list for communication and advice. Training for staff in how to recognise carers and what to do as a result can help. Imaginative initiatives can encourage people to identify themselves and come forward (**Case study 3**). All agencies need to build on the progress already made if carers are to be identified and helped as early as possible.

Case study 3

Registration and discount scheme

The London Borough of Tower Hamlets has developed a simple strategy for identifying ‘hidden’ carers, by making a discount card scheme an attractive incentive for them to establish contact.

The scheme offers a package of discounts (negotiated at no financial cost to the council) on a range of local goods and services, including discounts on chemists’ goods, ironing, cleaning, reflexology, other alternative therapies, cinema and other leisure facilities and restaurants. Upon registration, the carer is also encouraged to have a carer assessment, so that the authority has a record of the number of carers who either accept or decline a carer assessment.

The initial aim of the scheme was to increase the number of carer assessments within the borough, but the benefits to both carers and council are numerous. Not only do carers save money, but they feel less isolated, more appreciated and better placed to receive regular information, updates and newsletters on issues that affect them as carers. The council benefits by building up a register of carers, with information on the ethnicity, age and status of the carers, allowing them to gain an understanding of the possible demand for services or information.

Source: Audit Commission

It's piecemeal how you find out about anything.

Information

- 70 Once identified, carers need information and advice to help them to fulfil their role. Councils and voluntary agencies between them appear to produce quite good-quality written information in most areas, and they make good efforts to make it accessible using translation services, Braille, large print, audio and other techniques. But all appear to have difficulty getting such information out to carers: only about one-half of carers knew who to contact in an emergency. Most carers reported getting information initially by word of mouth – over one-half from social services (**Ref. 29**). Councils are starting to use websites, local voluntary agencies can be helpful, and national sources of information and benefits advice, such as CarersLine, are available. Some councils and PCTs are setting up schemes that provide carers with training or that actively promote the take-up of benefits, although more could be done. But the provision of information needs to be more systematic. Carers repeatedly say that it is the one thing they need most.

All you want is to have just one day and not clock watch.

Support and services

- 71 Authorities also provide support – either to the older person being cared for (and hence to the ‘unit’ of carer and the person they care for) or to the carers themselves. A survey of carers carried out by the Audit Commission found that the most important service cited was home care, which was mentioned by 47 per cent of carers. Services specifically for carers usually take the form of breaks. There is growing evidence that such support can delay admissions to residential or nursing homes.
- 72 Support is necessarily limited given the large numbers of carers. A particular gap occurs at crucial times, such as on discharge from hospital, or at night and weekends. And there appears to be a two tier service with those known to social services receiving fairly good support, but others receiving little or none. We need to refocus, adjusting to the resources that are available, ensuring that those with high levels of need are supported, while those with lesser needs still get good advice and information.

(It would be) ... nice if someone asked if you need anything.

Assessment

- 73 Good assessment is needed to support carers. But getting an accurate estimate of the numbers of assessments being undertaken is difficult. Around one-half of carers surveyed said that someone had asked if they needed help. The introduction of the single assessment process (SAP) may help. Although SAP is focused primarily on the older person, it can also be used for the carer, if the older person gives their consent. Estimating the quality of assessments is even more difficult. Most included health issues, some included employment issues, but few involved planning for an emergency. And few carers were given anything in writing. Some care managers adopted a ‘gatekeeping’ approach instead of seeing assessment as an opportunity to engage with carers as real partners – exploring with them the help and support that they might access at little or no cost and providing moral support and encouragement. Again, a more systematic approach is needed.

Management arrangements

- 74 Sound management arrangements are needed if information, services and assessment are to be delivered more systematically. But care managers are under considerable pressure – not least because care management numbers have not been increased to match the extra work needed to carry out carer assessments. The result can be considerable tension between care managers and carers. Carers are sometimes frustrated and angry at care managers’ defensive attitudes; while in some areas, care managers for their part are struggling to cope. Few care managers have received carer awareness and assessment training, bringing them up to date with latest developments. Many adopted a ‘gatekeeping’ approach that restricted help to carers rather than engaged with them to help to solve problems.
- 75 The statutory agencies need to turn their approach around to make ends meet and focus on:
- **Step 1:** Providing good advice, information, training guidance and emotional support to carers;
 - **Step 2:** Being sensitive to their needs, as well as to those of the older person they care for, when providing packages of care using ‘mainstream’ services; and
 - **Step 3:** Providing breaks selectively to carers in households at risk of breakdown, in a way that is sustainable, given the remaining funds after steps 1 and 2.
- 76 This hierarchy should allow some support and recognition for many more carers and provide a less defensive role for care managers, as gatekeeping resources will no longer be their primary role. They become advisors and supporters with a listening ear first and gatekeepers as a last (rather than first) resort.

- 77 Most authorities are appointing specialist staff, who play a major role in co-ordinating these issues and in promoting carers' interests. As a result, authorities are increasingly developing local multi-agency strategies to take these matters forward.

Carers and employment

- 78 Local strategies also need to address the important area of carers of older people in employment. Although most (around two-thirds) of carers work, caring can undermine their position, requiring them to work shorter hours or part-time, or even to withdraw from the labour market – reducing their incomes and prospects. However, few employers appear to be aware of the needs of employees caring for older people – although the public sector appears to be ahead of industry and commerce. Greater flexibility can help, but it may not be possible for all. Carers are usually only able to combine work and care by providing relatively low levels of care. For higher levels of care, they need support from services such as daycare and home care, but services are generally not flexible or reliable enough.

Conclusions

- 79 Carers are crucial to the independence and well-being of many older people. It is important that this crucial role is recognised as part of the wider strategy for promoting independence and well-being.

5



Conclusions – an agenda for successful achievement

A new approach to older people that promotes independence and well-being demands action at many levels. Society as a whole, government departments and regulators all have a contribution to make. But local councils and their partners have a crucial role. By providing effective community leadership, the challenges of an ageing society can be turned into opportunities to deliver richer and more vibrant communities with older people playing their full part.

*(How I would like others to see me..)
independent, not a liability, treated with
respect, treated as an asset.*

Challenge and opportunity

- 80 Years of research and consultation with older people have emphasised the need for a change in the way public services work with and provide services for older people; implementation, however, remains an aspiration for most communities. Older people's needs and views have been clear for some time, but communities have found it difficult to refocus services towards promoting well-being and independence. Change will be a long-term process that requires careful support and management.
- 81 This report makes the case for a fundamental change in direction. It needs to be accompanied by changes in the way public services are delivered and policy is co-ordinated and implemented.
- 82 The obstacles to change are well known. These include the consequences of re-organisation, fragmentation, poor co-ordination, pressure on resources and shortages of staff. Nevertheless, all areas to be tackled, and which are outlined in this report, are already being implemented by some communities. This reflects good leadership, commitment of staff and politicians and, crucially, the support and involvement of older people. Change is possible.
- 83 The improvements in service delivery and policy formulation which this report proposes will be far reaching in their impact, both in terms of better use of public money and, most importantly, on the quality of life and well-being of older people. The agenda for action for central government, local authorities, the NHS and other agencies is challenging but deliverable. It demands new ways of working, organising services and involving older people. The implications of an ageing society are not yet fully clear – but the concept of community leadership provides the vehicle for building richer and more vibrant communities in which older people play their full part as citizens.

Key areas and responsibilities for action

- 84 **Public services** should plan immediately to put in place the building blocks to ensure the better independence and well-being of older people.
- (a) Engagement with older people should be deliberate and comprehensive:
- All older people should be involved as a matter of course in service development and planning. Special efforts employing a range of methods should be made to include older people whose voices are seldom heard.
 - Older people should be supported to participate fully, for example, by offering induction or training sessions.
 - Older people should be involved in planning services, governance structures and delivery of services.

- (b) There should be a clear and shared understanding of the make up of the local population of older people:
- Councils should know in detail the make up of their population of older people – ethnicity, household type, housing status and income level – and have a clear picture of likely future trends.
 - Councils should share information with their partners to inform community provision and activity.
- (c) Older people’s needs and aspirations should be addressed through a deliberate, strategic, whole-community focused approach:
- Councils should work with their partners, trusts, voluntary agencies and with older people, to develop a strategic approach, with clarity about the improvement in the lives of older people that this is seeking to achieve.
 - The community strategy and the work of the local strategic partnership should reflect the older people’s agenda and priorities.
 - The strategic approach for older people should go beyond care services and address the dimensions of independence. The approach should reflect:
 - housing and the home (including having a safe, comfortable home, in good order);
 - neighbourhood (being close to friends and amenities, in safe, well designed towns and streets);
 - social activities, social networks and ‘keeping busy’ (including opportunities for learning, leisure and fun);
 - getting out and about (by public or private transport);
 - income (to pay for new expenses, as well as benefits take-up);
 - information (to help older people navigate their way around the system); and
 - health and healthy living (including access to health services and advice on how to stay healthy).
 - Older people should be involved as citizens and not just as users of care services. The strategic approach should actively address inclusion and tackle ageism.
- (d) The needs and aspirations of older people and the importance of the agenda should be reflected in the commitment and leadership of a local council:
- Councils should identify an elected member, preferably an older person themselves, to lead on older people’s issues across the authority.
 - There should be a corporate lead for older people in the officer structure, as well as officers with a designated lead for older people in other relevant service areas, such as transport and education.
- (e) A whole system and partnership approach for older people should be adopted:

- Key agencies outside the local authority, including the NHS, Pensions Service and voluntary organisations should show their commitment to a whole system strategic approach to older people. This should be reflected in individual strategies and services.
- Partner agencies' decisions on spending priorities should reflect their commitment to supporting older people's independence and well-being.
- (f) The design and delivery of care services should be integrated, with a strong focus on well-being and independence:
 - The NHS and social services departments should establish a comprehensive range of care services for older people, including services to identify and to proactively provide support to older people before the point of crisis.
 - The NHS and social services departments should develop plans and programmes to exploit the potential of AT in making the most of scarce staff resources and in promoting the independence and well-being of older people.
 - Strategies on care services should link explicitly to wider strategies for older people and should be underpinned by the same values, such as citizenship and tackling ageism.
- (g) Support for carers should be closely linked with the strategy for older people in an area:
 - Local councils and their partners should have a coherent approach to support carers. This should include clarity on:
 - who provides advice, information, training and emotional support;
 - how the needs of carers are met when providing support to older people; and
 - how carers are provided with breaks in households at risk of breakdown.
- (h) Older people should be prominent in the design, delivery and development of area communications and information strategies across all agencies:
 - Up-to-date information for older people which points them to the range of services and opportunities that are available in the community should be available in a range of formats and make use of all media accessed by older people.
 - Older people should have a central role in developing and maintaining information sources to ensure that they are appropriate and easy to use.
 - Older people should be particularly targeted in the communication of the local strategic approach (for example, through local newsletters, or through a summary version of a strategy document) and kept up to date on performance against targets and performance overall.
- (i) The performance and impact of local services in addressing the needs and aspirations of older people should be informed by active evaluation and direct involvement of older people:

- The community and older people should be served by public bodies and agencies having systems in place to measure the impact of the strategic approach across the system. This should include the contributions made directly by the views of older people.

85 Government and its departments can play a major part in changing the climate and support public services in improving their approach to older people and the way in which ageing and older people are viewed locally through providing stronger leadership.

- (a) Attitudes to ageing and older people should be reviewed and changed:
- The stereotyping of older people as vulnerable and dependent must be challenged, by focusing equally on positive images of older age and valuing the contribution older people make to their communities.
- (b) Policy development and leadership at a national level to address the needs of older people should be coherent and decisive:
- Policy on ageing and older people should be better integrated across government to give a clear vision, reinforce expectations and prompt coherent approaches at the local level.

86 The Audit Commission will play its part in working with others to support this process:

- (a) We will ensure that the recommendations of this report are reflected in our contributions to the continuing review of the implementation of the NSF for older people.
- (b) We will build on the NSF review and incorporate the expectations and criteria for successful performance of councils into the CPA for 2005 onwards and our frameworks for service inspections of housing, environment and culture.
- (c) We will work with partners such as the Improvement and Development Agency (IDeA) to help support communities that are adopting a broad strategic approach and to spread learning more widely.
- (d) We will work to strengthen partnerships between regulators and develop streamlined approaches that look at whole systems and multi-service provision for older people.

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The Audit Commission's warm thanks go to the many communities and individuals who contributed to this series of reports by sharing their experience with us. The individual reports list the communities that were involved in the different strands of the work. This report, as well as the first three reports in the series, was produced by a joint Better Government for Older People/Audit Commission team. The team members are also listed in the supporting reports. The series was produced under the direction of David Browning and later, of David Curtis.



Integrated Services for Older People: Building a whole system approach to services in England

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National Report, 2000, ISBN 186 240 2213, £20, Stock Code HNR1401



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