

A Sure Start to Later Life: Area Study Consultation

Introduction to the Area Studies

As part of the work of the older people's project four area studies were undertaken between April and July 2005. The area studies provided an opportunity to work in some depth, albeit in a very short period, with organisations and groups in a particular locality. The aims of the area studies were to:

- achieve a greater level of understanding than could be achieved by one off visits to specific projects of how services worked in the areas chosen.
- visit examples of good practice, and see how learning could be most effectively disseminated.
- identify key success factors in addressing the needs of excluded older people.

The data and information collected was then used to inform the development of the themes which run throughout the final report 'A Sure Start to Later Life: ending inequalities for older people'.

The areas to be studied were chosen on the basis of criteria developed by the Cabinet Office to ensure a representation of differing areas across the country. Four areas were selected for study - Cornwall, Nottinghamshire, Sunderland and Tower Hamlets. We are hugely indebted to each of these areas for all the support that we received on the ground, and much of the final report has been shaped by the experience we gained in each area.

Work on the area studies comprised pre-visit analysis and planning, on site fieldwork and post visit analysis. The on site fieldwork included visits to service providers and projects and meetings with older people, the voluntary and community sector and statutory service providers. In two areas 2 days were spent 'on site' and in the other three areas approximately 3/4 days. The visits were in the main undertaken by two members of the team.

The visits were not designed to 'inspect' the services that we were visiting in any way, and were not intended to be a comprehensive assessment of all the work that is on-going in each area. Instead, the intention was to focus on some specific localities to understand more about how services for older people work 'on the ground'. The visits were designed to identify areas of good practice and key success factors in the way in which the four authorities worked with the most excluded older people.

On the basis of the fieldwork a number of key issues have been identified which are summarised in this document. The report does not attempt to identify the work on all the key areas in each study area but picks out particular examples which have contributed to the work of the project, and to the themes that have emerged in the main report.

This report is structured into two key areas:

- Background description of each of the study areas.
- Key themes emerging from each area and examples of good practice.

Background to the Study Areas

The areas chosen for the Area Studies had very different characteristics, diverse populations and different topography - all of which had an impact on the way in which services were delivered in the area.

Age profile

The areas chosen for further study had markedly different age profiles, with North Cornwall having a comparatively large population of people aged 65 and over and Tower Hamlets having a very small proportion of older people in their population.

Ethnic Breakdown

The localities chosen as area studies also had markedly different ethnic breakdowns which impact on the way in which services are delivered to the population of older people. Tower Hamlets has to cater for a much more diverse ethnic population of older people than the other study areas, and good practice on this issue is therefore predominately drawn from the experiences of Tower Hamlets.

The areas studies also varied in other ways as demonstrated below:

(a) Nottinghamshire

Nottinghamshire is a large complex two-tier local authority area with a total population of 750,000. At present 265,000 are aged 50 yrs and over, and by 2021 it is estimated that this number will rise by 24% to 350,000.

The county has a large rural and urban population with significant levels of disadvantage particularly in the ex-coalfield areas. The main towns of the county are Mansfield (87,000), Kirkby-in-Ashfield (27,000) Sutton-in-Ashfield (42,000), Newark-on-Trent (35,000), Worksop (39,000) and Retford (21,000). About a fifth of the population live outside these areas, mostly in small (under 10,000 population) towns and villages. The density of population is about 3.6 persons per hectare, ranging from over 35 in the urban areas to below 3 persons per hectare in rural parishes.

The county has seven district/borough councils, seven primary care trusts, seven local strategic partnerships, four acute hospital trusts, with vibrant voluntary, community and private sectors. Nottinghamshire has a strong tradition of partnership working built up over many years.

Nottinghamshire was chosen to illustrate service delivery in a diverse rural area which has significant pockets of deprivation in the old coalfield areas. The local authority has also had Beacon Council status for its work with older people and has already developed a range of mechanisms for sharing good practice more widely.

(b) Sunderland

Sunderland is a Metropolitan Borough which was created in 1974, and since 1992 has had city status. The study area contains the town of Sunderland, and also the neighbouring towns of Washington, Hetton-le-Hole and Houghton-le-Spring.

Sunderland was traditionally a major centre of the shipbuilding and coal mining industries. The last shipyard closed in 1988 and the last coal mine in 1994. As the traditional industries have declined, the service sector has countered the

decline in heavy industry. Since 1990 the area has experienced a massive physical regeneration with the creation of housing, retail parks and business centres on former shipbuilding sites. As with most post-industrial towns in the North of England, Sunderland continues to suffer from multi-generational long term unemployment. Crime, poor health and teenage pregnancy are high in certain wards of the city. Sunderland has experienced some population exodus resulting in a relatively high ageing population.

(c) Tower Hamlets.

Tower Hamlets Borough Council is located in the East End of London, and is ranked as one of the most deprived boroughs in Britain according to the Index of Multiple Deprivation. The Borough as a whole has a young population, but the population of older people is likely to significantly increase in the future as the existing population ages. The Borough also has a high minority ethnic population, which is currently younger than the white population in the borough - currently white older people constitute 78% of all local older people. This is set to change over time as the white population falls and the minority ethnic population ages.

The general health of older people in Tower Hamlets is worse than that of older people in England and Wales as a whole. With the exception of Chinese elders, older people from minority ethnic groups suffer more long-term chronic illness than other older people. ¹ 43% of older people in Tower Hamlets live alone², many of whom live in poor housing conditions.

One of the purposes of selecting Tower Hamlets as an area study was to investigate the way in which a local authority addressed the challenges to delivering services to a culturally diverse community, in a borough where the actual numbers of older people are relatively low, but the levels of deprivation which residents experience is relatively high.

(d) Cornwall.

Cornwall is a large rural area with a two tier council structure. For the area study it was decided to focus on one District Council area - North Cornwall. Cornwall is a relatively sparsely populated rural area

In 2001 there were 100,800 people living in Cornwall aged over 65 years old. This group represents 20% of the population in Cornwall. In the near future there will be even more older people living in Cornwall. Between 2001 and 2028 the number of people in Cornwall aged 65-74 is expected to increase by 63%. The number aged 75+ is expected to increase by 92%.

The area study in Cornwall provided an opportunity to examine the challenges of service delivery in a very sparsely populated area.

¹ Ageing Well in Tower Hamlets - A commissioning strategy for elders and their carers 2004/2007. Tower Hamlets Social Services, April 2004

² ONS, Census 2001, HMSO

Key Issues identified in the Area Studies

(i) Leadership

The importance of leadership has come across in all the study areas. In some areas people pointed to one or two key individuals who were important in driving forward development. In other areas key groups of influential people were providing the drive.

In both Sunderland and Nottinghamshire there was strong political leadership from the elected member older people's champions which clearly had an impact on the two local authorities broadening their approach to older people's issues. Each area had a different approach to ensuring that there was clear leadership of older people's services in their locality:

- Nottinghamshire: consultation with older people and early involvement in Better Government for Older People, together with committed senior officers in the council had led to early successes. There has been a commitment to retaining a robust central planning and development function within social services which has provided leadership in the local system. This has provided a momentum and an effect of demonstrating more widely to partners in the county what could be achieved, this in turn has led to an 'accumulator' effect in bringing partners 'on board' to create new initiatives. A Countywide "Whole System" Strategy is being developed which has the support of Senior Elected Members. The Supporting People team is working closely with colleagues on the development of a strategy which looks at older people's needs across the housing sectors and develops services which support independence at home.
- Sunderland: it was clear that initially Social Care and Health had led the development of the vision of services for older people. This good working relationship and links established with other agencies is still the basis for a lot of the developments. A strong 'Older People's Champions Group' led by a Consultant Geriatrician from the NHS has been established. The role of Age Concern is also key, as the Chief Executive of Age Concern is a key member of the Champions Group. There is also evidence that other services are now more involved, particularly Leisure Services.

Case Study: Older People's Champions Event (Sunderland)

The Champions for Older People were established in June 2003, to support the implementation of the NSF for Older People. Their role is to:

- Challenge ageist attitudes and promote respect for older people
- Engage and involve older people, listen and learn from their experiences
- Respect the diversity of older people and encourage cultural sensitivity

In Sunderland there are 11 Champions, consisting of senior officers and leaders from across health and social care, the voluntary sector and the Local Authority, which meet on a bi-monthly basis.

Every year the Older People's Champions from the local authority, the NHS and

voluntary sector in Sunderland organise a one day conference for older people. This event is designed to provide information and feedback to representatives of the older people's forums on new issues and also on the commitments made from previous events.

It is viewed by the Champions and their organisations as an important mechanism for enabling older people to hold organisations 'to account' as well as providing an opportunity for involving older people and getting their views in issues.

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(ii) Partnership Working

Partnership working was identified as a critical component to any attempt to improve services for older people. Each area that we visited had numerous examples of the way in partnership working between different agencies had had a significant impact on the shaping of local services.

The work undertaken in Tower Hamlets showed the importance of having strong partnership working at a strategic level which can set the framework for partnership working at other levels of organisations. The Tower Hamlets Local Strategic Partnership was launched in 2001 and brings together all of the key stakeholders - residents, the council, police, health service, public services, voluntary and community groups, faith communities and local businesses. It aims to give local residents a much stronger say in the way in which services are provided and ensures that services work together to achieve the objectives of the Boroughs Community Plan and the Neighbourhood Renewal Strategy.

There are three main strands to the partnership:

- Local Area Partnerships (LAPs) - eight of these provide the formal framework through residents are provided with the chance to influence the delivery of services locally and to scrutinise the performance of the council, health, police and other mainstream services.
- Community Plan Action Groups (CPAGs) - these groups are set up according to the five themes of the community plan (Living Safely; Living Well; Creating and Sharing Prosperity; Learning, Achievement and Leisure; Excellent Public Services) and bring together key service providers who work together to accelerate performance in local services.
- Partnership Management Group (PMG) - the strategic group that is responsible for developing the Community Plan and the Neighbourhood Renewal Strategy; and ensuring that they are delivered efficiently and effectively.

Nottinghamshire provided a good example of the challenges of partnership working across a complex range of organisations in a two tier authority. We found a high level of commitment from partner agencies across the county especially the voluntary and community sector. There was recognition amongst health agencies of the importance of the wider healthy living agenda. There appeared generally to be a willingness amongst partner agencies to take on new ideas. This was becoming apparent in terms of the development of the transport strategy and of leisure facilities.

Case Study: Working towards an integrated approach across agencies - the Nottinghamshire experience

In order to deliver effective solutions to excluded older people, it is important for organisations to work effectively together. It is, however, not easy to put this into practice. In Nottinghamshire there is good history of working together, but in a County with seven district councils and seven Primary Care Trusts together with many voluntary sector organisations there are many challenges. Every organisation has its own internal drivers, targets regimes, accountabilities and legislative frameworks.

In October 2005 Nottinghamshire held a workshop to examine governance and working together across the local authority area. This identified that for local initiatives to be sustainable all stakeholders need to consider honestly, openly and together the implications of working together. This entails:

- Recognising that service providers need to act not as a single agency when developing services for older people, but as part of an active partnership.
- Services need to reflect the views of older people - this requires a commitment to on-going consultation.
- Service providers need to acknowledge the accountability of organisations to their own boards and what effects this has on the extent to which they can work together and share objectives and priorities.
- Prioritisation is usually needed to ensure that positive outcomes are delivered.
- There is a need to structure and organise in order to deliver effectively.

Local agencies also identified a range of principles and practices which they considered to be key to ensuring good quality service delivery.

Principles that service delivers should consider adopting:

- Commitment to engage older people as citizens not service users.
- Open honest and inclusive partnership including hidden and unheard groups.
- Respect and value all contributions.
- Focus on action and positive outcomes.
- Work towards shared decisions agreed with partners.
- Work towards shared goals/outcomes within the vision of enhancing quality of life.

Practices that will demonstrate these principles:

- Employing a range of inclusive engagement methods to make sure older people's voices are heard.
- Create and communicate the vision – making sure it's heard about.
- Clarify what decisions are made and where.
- Overseeing and guiding – an agent for better delivery not a delivery agent itself.
- Facilitating good communication and sharing across the area – leading by example.

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(iii) Joint Commissioning and Joining up of Services.

All the areas we visited were striving to join up services. There were inevitably different models, dependant on the nature of the area, as well as the philosophy of those involved locally.

Joint Commissioning

In Tower Hamlets, Social Services and the PCT are committed to ensuring that the needs of older people are clearly met in the Borough. One example of this commitment is the Social Services Commissioning Strategy for Elders and their Carers which aims to ensure that older people in the borough have a right to a choice of person-centred services that promote their health and well-being while optimising their independence and respecting their dignity; and that their carers have an equal right to the services that they need to enable them to continue to care. There is also work on-going which aims to develop a joint commissioning strategy for both the PCT and Social Services.

Joining up of services at a local level

In Nottinghamshire the need for joined up services had been recognised, particularly in the rural areas of the County where access is an issue. The Council and other agencies are working with the Department of Work and Pensions on a 'Link-Age' pilot, an example of taking on a pilot initiative in order to provide more joined up services. A board has been set up to manage this which, again, brings partners together. This has the effect of overcoming problems by means of good communication and the development of a shared vision, and also providing a basis to share ideas and exploit the full potential of the work.

Case Study: Newstead Healthy Living Centre (Nottinghamshire)

Newstead Healthy Living Centre is located in Newstead Village - a small ex mining village in Nottinghamshire, which suffers from significant levels of deprivation. The Healthy Living Centre tackles the related issue of health inequalities, by working to improve the quality of life for all people in the village by addressing health in a holistic manner and by encouraging community participation in its activities.

The Healthy Living Centre is funded by the Big Lottery Fund and opened in Jan 2003. The general aim of Healthy Living Centres is to address the health gap between richer and poorer groups. The services provided are intended to be designed and delivered according to local consumer demand to address identified needs.

The Centre runs a number of very diverse projects which include a dance project, a counselling service, a sexual health project, a gardening project, and a community café. The Centre also offers a Nurse Practitioner service, offering both preventative and treatment based health services. Out of those questioned in a recent evaluation, 76% of people said that having a Nurse Practitioner service had already saved them going to their GP. The nearest GP is several miles away and is very difficult to access by public transport.

There are clear benefits from the fact that the Centre targets people from across the age ranges in its services, and addresses mental, physical, social and financial issues which are all determinants of health. Just one example of this comes from the Citizens Advice Bureau, which offers an outreach in the village as part of the Centre and in 2004 alone drew in £63,248 in benefit income, and handled in excess of £29,767 debt.

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Joining up services around an individual

Many of the areas that we visited also had a strong philosophy of attempting to join up services more effectively around the needs of the individual to prevent them from having to navigate their way between a range of agencies in an effort to secure the support that they require.

Case Study: First Contact Signposting Scheme (Nottinghamshire)

'First Contact Signposting' is a single gateway to a range of services designed to help people remain in their own homes. The service is for any person who is 60 years old or over.

When a Partner agency is in contact with a person aged 60 or over they complete a simple checklist. The checklist collects basic contact details and then asks about 10 simple yes/no questions. This is then sent off to the co-ordinator who makes the appropriate referrals to other partner agencies. As a person's situation changes there may be a need for the person to be re-signposted. For the service user, Signposting ensures that they receive all the help that is available to them through a seamless process. At present, signposting is only done by professionals who have been trained in completing the form. "Professional" is used here to describe any person working for or with partner agencies. The Signposting form is two sides of an A4 sheet. It asks only basic questions about the person plus the yes/no questions. It is important that the older person is aware that they will be contacted directly by any agency they are referred to. The partners include: the Fire Service, Rushcliffe Borough Council the PCT, Social Services, Police, Age Concern, The Pensions Service, CVS, Ambulance Service, Home Improvement Agency, Housing, and Rushcliffe Older Peoples' Forum.

The services available are:

- Home fire safety checks (fitting smoke detectors, and giving advice & information on fire safety);
- Welfare benefits advice and helping to complete claim forms.
- Grants, advice and practical assistance to overcome fuel poverty/heating difficulties and advice on affordable warmth.
- Grants and assistance with minor home repairs and some equipment and adaptations to help people remain safely in their own homes;
- Social Care services where people meet local eligibility criteria;
- Home security/crime prevention advice and assistance,
- Risk assessments and advice to minimise the dangers from falls;
- Advice and information to enable access to social activities;

Each partner agency providing a service has its own response time, so the speed of delivery will depend upon which services are required. However we anticipate that the user will be notified of an appointment within 14 days.

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(iv) Working in Local Communities

Each of the area studies demonstrated clearly that for any new service or project to succeed there has to be local ownership. The approach taken in most areas was to work with the enthusiasm and ideas of local people, taking an enabling approach, to ensure that the services delivered met the needs of the local populations. We visited a variety of projects that appeared to epitomise this philosophy.

Case study: Older People's Project, East Community Association

Older People's Project, East Community Association is located in a generally deprived area of Sunderland that has few community facilities and an appearance of being 'run down' as it close to the old docks area of the city. The centre operates from a building which is old and uninviting, but the group that meets there has a vibrant atmosphere. The main focus of the group is on older people - but it also reaches out to residents of other ages who may benefit from the activities offered.

The philosophy of the centre is that it is very much 'owned' and driven by the older people in the local area. The centre has a 'club' environment during the week and provides a midday meal for those attending. The majority of users are considered to be socially excluded, and view the centre as a 'lifeline' - providing a warm meal and social contacts. The centre is also well known to local professionals who not only provide a small financial contribution to the running of the centre, but who are also familiar with the centre's staff, volunteers and local people who attend. They call in on a regular basis, thus maintaining strong links between the centre and statutory services which are effective for individual users.

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(v) Involving Older People

The importance of ensuring that older people are involved in service provision was also highlighted throughout the area studies. Involvement of older people operated on a number of levels:

- Ensuring that older people were involved in the way in which services were delivered to them
- Ensuring that older people were specifically involved in planning services organised through day centres and voluntary sector provision
- Ensuring that older people were involved in the strategic planning of services at a local authority level.

The majority of the contact in Nottinghamshire was with Social Services, and with the Nottinghamshire rural community council, who facilitated contact with local voluntary sector providers.

Involvement in delivery of personal services

Many of the projects that we visited as part of the area study placed a great emphasis on ensuring that older people had real choice and control over the services that they received and were not simply passive recipients. The example of the Cornwall Review Visitor Scheme for older people in care homes demonstrates

how older people have been given an opportunity to feed into the services which are delivered to them.

Cornwall Review Visitor Scheme

Older people in care homes are known to be at particular risk of social isolation. In Cornwall, the Review Visitor Scheme has played an important part in addressing this issue.

The scheme, funded by Cornwall County Council, involves Age Concern Cornwall volunteers visiting approximately 700 older people every year who are resident in care homes or are assisted financially by Adult Social Care. For each older person visited, a trained volunteer will complete a review assessment which gives an older person, and their carers, an opportunity to raise issues that are important to them. These assessments can trigger more in-depth assessments if particular issues are raised, and play an important role in ensuring that older people are prevented from becoming socially isolated.

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Involvement of planning of specific services

We visited many projects which were committed to ensuring that older people 'owned' the services that were offered in the local area. Many of these were run by the voluntary sector, such as the Sundial Centre in Tower Hamlets (see the case study below).

Case study: Sundial Centre, Tower Hamlets

Sundial is run by the Peabody Trust and works with a wide range of local organisations to deliver a diverse programme - all under one roof:

- **Daycare** – for people over 65 referred by Tower Hamlets Social Services.
- **Health care** – the community dentist, hearing aid service and chiropodist visit regularly. GPs refer patients to the centre's exercise classes - the only accredited class in a local community organisation. Personal care services, like assisted bathing and hairdressing, are also available.
- **Resource centre** – works with specialist organisations such as Life Long Learning and the Workers Education Association, to run a varied programme including a local history group, arts and sewing projects and exercise classes. Age Concern holds weekly advice sessions, in Bengali and Hindi as well as English, while the restaurant and coffee bar are open daily to people over 55, and their carers. We encourage other local organisations who work with older people to use the centre as a community resource.
- **Social events** - everything from visiting theatre shows to celebrations of religious festivals like Eid.

The centre is focused on ensuring that the needs of older people in the local community are met, and for this reason older people are key to the planning of the services which are delivered at the centre. The majority of those who attend the centre, live very locally and efforts have also been made to ensure that the centre is accessible to other members of the local community through the café and restaurant facilities that are on offer.

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In some areas we also saw how older people who had been empowered to shape the way in which services at community centres were delivered then frequently went on to use these skills to benefit planning of services more widely in the local area. The case study below shows that older people can become expert contributors to working groups which are examining particular issues - one example of this was seen in Nottinghamshire where specific expertise of older people was being used to benefit transport planning more widely; and in Sunderland where older people were crucial in shaping the delivery of Leisure Services.

Case Study: Older People and Transport Planning, Nottinghamshire

Nottinghamshire has developed an active Older People's Advisory Group which has had a significant impact on the way in which specific services have been planned across the area.

Two Advisory Group members have developed a high degree of expertise on transport issues, which has been used to ensure that transport services in the area meet the needs of the most excluded older people. These participants stressed the need for services to be integrated so that older people were not left stranded on journeys by poor waiting facilities or long waits for connections. They were also instrumental in encouraging the use of new technologies to improve 'real time' information to travellers and to assist in flexible route planning to divert buses to pick up older people closer to their homes.

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Case Study: Involvement of older people in planning leisure services in Sunderland

Sunderland Leisure Services regard their service as fundamental in tackling social exclusion, and have proactively sought to enable more older people to have access to leisure facilities in their local area.

One example of this commitment in action has been the development of the Raich Carter Sports Centre. Before construction there was involvement of a user group of older people established in conjunction with Age Concern. The user group was able to influence design, incorporating privacy issues, and better non-slip materials as well as programme timings. By addressing issues early it has ensured that participation rates of older people in the centre have been improved.

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Involvement in strategic planning for older people's services

In Tower Hamlets, Social Services and the PCT have shown a clear commitment to ensuring that the views of older people are central to the development of policy affecting older people in the Borough. The Older People's Reference Group was started in 2003 as a joint initiative of the PCT and Social Services, initially designed to increase the involvement of older people in the roll-out of Single Assessment Process (SAP) in the borough. The group has been facilitated by Age Concern since its inception and initially started as a small-scale group of community activists - with the aim of using outreach work as a mechanism for involving a wider range of older people.

Case study: Tower Hamlets Older People's Reference Group

The Older People's Reference Group was started in 2003 as a joint initiative of the PCT and Social Services, initially designed to increase the involvement of older people in the roll-out of Single Assessment Process (SAP) in the borough. The group had a significant impact on the way in which the SAP assessment tool was developed in the Borough, and has been instrumental in ensuring that as wide a group as possible understand that proposed changes and are able to influence the developments. The group was involved in organising two day-long events in May 2003 and June 2005 to publicise SAP amongst older people in the area.

The remit of the group has now widened and it has three objectives: respecting diversity, empowering older people and working in partnership; it now has three years of funding from Social Services and the PCT until 2007. The group has extremely good working relationships with Social Services and Health - and as a result the group now covers issues much wider than the Single Assessment Process, having been involved in the work of the Social Services Commissioning Strategy and a range of health related strategies.

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(vi) Engaging with the Voluntary and Community Sector

All of the area study sites had a strong commitment to working with the voluntary sector to deliver services for older people. With many areas having a strong reliance on the voluntary sector working in very close collaboration with the statutory sector, as shown in the Transport Access People scheme and the Befriending Scheme in Cornwall.

Cornwall Transport Access People (TAP) scheme

Transport Access People (TAP) provides transport for people who are unable to get to their health appointments either in their own car or on public transport. The TAP

project is a collaboration of many voluntary support organisations such as County Primary Care Trusts, Cornwall County Council, Cornwall Health Action Zone, and the East Cornwall Rural Transport Partnership. In the three years since its introduction TAP drivers have transported over 22,000 patients to their appointments.

TAP volunteer drivers live all over Cornwall and get paid expenses by the mile. They can choose how much of their time they wish to give to the service and what type of journeys they undertake. The majority of journeys are local hospital visits, however, there are also those that will take patients out of the County for treatment.

TAP receives calls from patients and surgeries via a central booking number (01872 223388) at its call centre, operated by Age Concern Cornwall. Call centre staff log the request and then source a volunteer driver for the journey.

The benefits of the service are greater than just providing a service for patients: TAP also takes people home after being discharged from hospital to combat bed-blocking, thereby freeing-up more beds for other patients.

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Cornwall Befriending Scheme

Run by Age Concern, and funded by Cornwall County Council, the befriending scheme operating across the county aims to ensure that older people do not become socially isolated. The scheme primarily focuses on housebound older people, those in need of social contact and support, and older people who want to be involved in local activities but are unable to go out on their own. The scheme began in Restormel in September 2004, but has now been extended county-wide.

The scheme received 129 referrals in the first six months of the scheme from a wider range of people (social services, GPs, carers, home care teams and older people themselves), and trained 49 volunteers to participate as volunteers. Older people who the scheme has assisted have reported:

"it has given me a new lease of life"

"it helps me maintain my independence"

"it gives me a reason to get up that day"

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One striking feature of service provision in Tower Hamlets in particular was the recognition given by mainstream service providers to the fact that they needed to work in partnership with the voluntary and community sector to deliver services which are culturally appropriate to the needs of a diverse population. To ensure that these services can be created Social Services had specifically set out to build the capacity of local voluntary and not for profit organisations to put in place a range of services specifically designed to meet the needs of older people from the boroughs ethnic minority communities. As a result of this culturally specific services are now provided through organisations such as Shebadan (provided through St Hilda's East Community Centre) and Majlish (based and Toynbee Hall). Other specific services

to be provided are a day care centre for Bangladeshi Elders at Sonali Gardens and a range of other Bangladeshi and Somali lunch clubs commissioned from other voluntary sector organisations.

Case study: Shebedan

"Shebedan" was established in 1994 to provide domiciliary care to older and disabled people in the Bangladeshi and other Asian communities in East London. The Bengali word "Shebedan" means the 'gift of caring' - an approach which characterises the service which aims to support users to remain as independent as possible. Assistance is provided within users' homes - from personal care tasks such as bathing or dressing, to household cleaning or other domestic tasks.

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The voluntary and community sector in Tower Hamlets was clearly extremely active and is characterised by a range of vibrant provision. The case studies highlight just some of the innovative provision which we saw during our visits:

Case Study: Neighbours in Poplar

The scheme began in 1969 when a priest working in the local area decided to bring a group of older people that he had been visiting together for a Christmas Party. From this 'Neighbours in Poplar' was born - aiming to reduce isolation amongst older people and recreate the sense of neighbourhood that many felt had been lost.

The scheme now provides practical care and low level support for frail and vulnerable older people living at home using a team of volunteers.

The project also runs a healthy living project which meets weekly at St Matthias Old Church Centre aiming to provide older people with a place to meet and enjoy activities together. A range of activities are provided: chiropody, health advice, beauty sessions, line dancing, cards, indoor bowls, snooker, art and craft which run throughout the day. The focal point of the day is the main meal which is prepared by volunteers using healthy foods - alongside this a small fruit stall has now been set up so that the older people attending can buy fruit at low cost to take home. On average 30-40 older people attend each week - for many of these this is their only contact of the week, due to ill health and isolation.

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Case Study - Age Concern Tower Hamlets - Intergenerational Work

Age Concern Tower Hamlets have introduced intergenerational work as part of their overall programme to bring together younger and older generations in order to promote greater understanding and respect between them and to help build healthier communities. The aim of the work was to confront some of the causes of fear of crime, enable older people to feel safer and younger people to be more

understanding. It was hoped that lessons would be learnt from initial sessions which would result in greater community cohesion and would enable positive contact between older and younger people.

The first project run as part of a focus on intergenerational work involved 6 residents of Gawthorne Court Sheltered Accommodation and 6 young people from Central Foundation Girls School. The project was facilitated by 'Tolerance in Diversity', whose contribution was vital in breaking down initial barriers that existed.

Six sessions were run, which culminated in the production of a booklet entitled "A stroll in the past and run to the future" which collected thoughts about the local area, memories of the past and aspirations for the future. Residents of the Gawthorne Court Sheltered accommodation described the impact of the project:

"I really enjoyed meeting younger people and enjoyed their friendship. This project helped break the barriers and created a lovely atmosphere full of laughs and jokes."

There was a sense that the project had brought about a real connection between the older and the younger people involved. There was interest on 'both sides'. The older people realised that although some of the young people may have what they would regard as strange clothes and ways of talking that they were bright and lively and not threatening. The younger people recognised that the older people had something to offer in terms of being able to look back on a lifetime of experience but still had lively minds and were far from 'past it'.

Age Concern Tower Hamlets has plans to run further intergenerational projects bringing together diverse groups of older people from across the borough.

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(vii) The Prevention Agenda

All the study areas were committed to developing preventive services as a way of meeting the needs of older people in their areas. There was agreement that this term basically covered two different sorts of services.

- **Firstly**, it referred to what are often called 'low level' preventive services. These are the services like shopping, gardening, handyperson services that help to keep older people independent and improve their sense of wellbeing.
- **Secondly**, are the services which more actively intervene with individuals, these are typically rehabilitation services following a stay in hospital or other trauma, or early intervention services aimed at reducing the need for an admission to hospital or care home.

In Tower Hamlets it was clear that there is a very strong focus on prevention across the Social Service Directorate with work on-going to reshape existing daycare provision to provide a conceptually innovative model of care targeting older people

with levels of need that fall outside of current eligibility criteria. The local authorities' vision to establish Community Networks for Older People based on existing service provision, whilst at an early stage, looks to be an exciting way of promoting independence and well-being amongst older people.

Community Networks for Older People

The aim behind *Community Networks for Older People (CNOP)* is dedicated to the proposition that if care provision is to promote independence and wellbeing for older people, and enable the enjoyment of an active and fulfilling older age, it must promote and achieve social inclusion, good health and full citizenship. The key elements of this service include self-referrals, the use of outreach to target socially isolated older people, the provision of a single service entry point and the co-location of professionals.

The CNOP model has the potential to bridge the gap between high intensity health and social care and the need to provide a broad range of socially inclusive, prevention orientated services. It can support older people with low-level needs while ensuring those with complex needs are navigated through the appropriate pathways to the services they require.

CNOPs would ideally be run and managed by community organisations, working to service specifications, linked into wide-ranging locality networks through Tower Hamlets Local Area Partnerships (LAPs).

The focus of CNOPs on enabling older people to remain as independent as possible for as long as possible will delay the point at which it becomes necessary to provide individuals with expensive packages of complex care, thereby reducing the period for which they are provided. The wide range of services older people require are often not joined-up. As a result they find it difficult to access services, the effectiveness of provision is reduced and provider organisations incur avoidable costs by duplicating aspects of each others' work (e.g. assessments), retaining separate buildings, providing separate training, etc. As a result, savings that are generated across the local health and social care economy will be available for reinvestment.

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The area study in Cornwall also provided some interesting insights into the way in which a preventative approach could be introduced. Cornwall County Council is somewhat unique in that, until recently, it had the only Social Services department not to implement the Fair Access to Care Scheme (FACS). FACS provides guidance on eligibility criteria for adults access to care services. The framework is based on individuals' needs and associated risks to independence, and includes four eligibility bands - critical, substantial, moderate and low. Under the Cornwall approach, every older person contacting social services will get a response. The lack of FACS criteria means that Cornwall invests a lot in low level services. Approximately 1/3 of cases involve less than 1.5 hours of service per week.

Case study: The Case Co-ordinator model in Cornwall

The lynch pins of delivery of social services for older people in Cornwall are the case coordinators. A case coordinator's 'patch' is based on a GP practice and in some cases there is co-location of staff. Between three and four report to the case manager who also manages the assessments produced by specialist professional staff (e.g. OTs and social workers). Each case coordinator has between 60 and 80 cases and acts like care navigators. Case co-ordinators are budget holders and responsible for purchasing services, and cases remain open to them as long as community services are being provided. All care packages are reviewed on a 6 month bases.

The location of the case co-ordinators is key to their success. The co-location with GP practice boundaries encourages joint working between health and social services. The placement of case co-ordinators in the community and their budget holding responsibilities allow them to be flexible and make appropriate decisions regarding local needs. In addition, this allows them to plan and respond in a preventative way according to their client group.

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viii) Additional areas of interest

In addition to the key issues under which the findings from the area studies have been listed there were a number of general messages that emerged from the work.

- The wealth and diversity of 'services' and initiatives designed to tackle exclusion amongst older people were impressive. The projects that we visited highlighted in particular the huge contribution of the voluntary sector in this area - lack of funding for the voluntary sector was frequently highlighted as a constraining factor to innovation.
- The commitment and enthusiasm of staff, volunteers and local people has often been striking. Many people in locally based organisations showed that they were willing to take risks and 'go the extra mile' in order for older people in their community. Ways of harnessing and further encouraging the energy and enthusiasm of staff is a continuing challenge for all areas.
- Local people and carers often had a strong vision of what they would like to see delivered to support their independence and quality of life.
- The leadership and vision in the areas visited was impressive. This was most effective when there was a lead group of people from different organisations, and involving older people, who were agreed on a vision or a strategy. This needed to be not just at a senior level, but also at a management and operational level, but there was often a question about how well the aspirations were translated into consistent services across the area.
- Maintaining momentum is important, it is easy for good work to be lost. There was a huge amount of work going on in all the study areas but they

recognised the hard work involved in keeping partners well informed and 'on board'.

- The prevention agenda does not have to cost a lot, small investments can make a difference. Also harnessing the energy and commitment of local people through some of the vehicles of 'co-production' eg time banks may provide a way forward in terms of limiting the growth of public service expenditure. Working with and enabling local people to work up solutions provides a service that people 'own' and also makes the most of the resources of local people.
- Good information provision is vitally important - each of the area study areas has adopted their own methods of ensuring that older people in their areas have good access to information. One example, seen in Cornwall, was of all older people referred to Social Services receiving detailed information packs which provide information on a wide range of services offered across the local area. Local providers believe that the giving of good quality information, in a proactive way, contributes to reducing social exclusion by giving relevant knowledge to people, by giving them the opportunity to use that knowledge and by demonstrating that the organisation reaches out to older people.
- Joined up government. There was a consistent plea for one message from government rather than lots of different messages and different targets from different departments.
- Funding. Comments have been made about vitality of the voluntary and community sector. Consistent message received from that sector was about the problems of funding. Many organisations felt that key personnel were sapped of energy and time by the need to pursue short term funding to keep project running which had already proved their value. Often organisations had to bring together funding from a variety of sources, each of those then invariably generated a need for reporting information. Some people did identify positives of not joining up funding, in that it encouraged diversity.