Older people – building a strategic approach

Independence and well-being 2
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Older people – building a strategic approach

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This is the second report in the Audit Commission’s series looking at how to promote the independence and well-being of older people. It looks at the experience of a number of authorities that are using their community leadership role, working with older people, and with partner agencies, to improve the lives of older citizens. The first report highlighted the need for a fundamental shift in the way we think about older people, from dependency and deficit to independence and well-being (Ref. 1). It found that demographic change and our ageing society represent an enormous challenge for public services. Expectations and attitudes are already changing as the ‘baby boomer’ generation approaches retirement.

The report also reflected on what independence means for older people. It concluded that independent older people value having choice and control over how they live their lives. Crucially, it also found that interdependence, (being able to contribute to the life of the community as well as to accept help, and for that contribution to be recognised and valued), is a central component to older people’s well-being. Key factors that older people say keep them independent include comfortable homes and safe neighbourhoods, opportunities to learn and to spend time with others, being able to get out and about, having an adequate income, information about what is available and being able to keep active and healthy.

In addition, tackling age discrimination, listening to older people and delivering services in a joined-up way were highlighted by older people as important issues.

The first report also summarised the large and growing number of Government policies and initiatives that help people to stay independent. In particular, it made connections with the modernisation agenda, that is delivering public services that are tailored to the needs and aspirations of individuals.

The report argues for major change at a number of levels. This will mean taking full account of the whole range of issues that are important to older people by ensuring that policies on, for example, urban renewal, transport, housing and leisure, take older people’s aspirations into account. It will mean services working much better together, often in new partnerships and in new ways. It will mean seeing health and care services as part of a much wider spectrum. Most importantly, it will mean listening to older people, from the fittest to the most frail, and engaging with them as citizens and full participants in society, with hopes for the future and contributions to make to the life of the community.

This report picks up these themes and looks specifically at how some local authorities are discharging their duty of community leadership, working with their partners and with older people to promote independence and well-being. Like the first report, it has been produced in partnership with Better Government for Older People (BGOP), which
has been one of the driving forces for changing attitudes towards our ageing population and for highlighting the contribution that older people make to their communities.

Older people are an enormously diverse group, ranging from people who are in mid-life to those who have reached their centenary and beyond. It is a group that includes the generations that felt the impact of two World Wars and the creation of the welfare state, as well as the baby boomers, who were young adults in the 1960s. This report does not attempt to define an age limit for older people, as chronological age is increasingly inadequate as a measure of health or activity – a fit 80 year old with supportive networks and sufficient income may be able to live a much fuller life than a chronically ill 50 year old living in isolation and poverty. The diversity of older people extends well beyond age, to encompass ethnicity, income, sexuality, interests and life experience. Any response to older people therefore needs to be tailored to the needs and aspirations of individuals.

This change needs to apply to all older people. Those who become frail want independence and well-being as much as anyone, and three further reports that will look at their needs are planned.

This report looks at:

- the background and policy context (chapter 1);
- how to involve older people effectively (chapter 2);
- what should be included within the scope of a local strategic approach (chapter 3);
- how to go about developing a local strategic approach (chapter 4);
- how to make the change locally (chapter 5); and
- how to show that the work is making a difference for older people (chapter 6).

The report builds on our previous work on older people, a strong theme of which was that services and interventions that aim to promote independence and well-being are underdeveloped (Ref. 2). It summarises the experience and learning from a diverse group of communities\(^1\) that are developing a broader approach to independence and well-being, with older people playing a key role in the process.

At the time of this study all of the communities we visited were at an important point in their local work. One was carrying out a best value review, one was a pilot for Care Direct, soon to become part of the Third Age Service, others were implementing recently published strategies. The study team observed key meetings and events in these study sites over a period of several months, supplemented in most cases with a small number of interviews.

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\(^1\) For the purpose of this report, the term ‘community’ has been used to refer to a group of partner organisations operating in the same geographical area and working together on shared concerns. This will always include the local authority, with the NHS, Pensions Service, voluntary organisations, police and others also playing a role.
This report is aimed at anyone who has a role to play in contributing to the well-being of older people – either as part of a wider brief or within a service targeted specifically at older people. In particular, it should be read by those who are responsible for planning and commissioning services for older people, within the NHS and social services departments and beyond, by members of multi-agency groups, such as local strategic partnerships (LSPs) and also by older people, who may find the examples contained in the report useful in making the case for change locally.
Background and policy context

A shift is starting to take place in public services’ approach towards older people. There are a number of reasons for this, including the strongly expressed views of older people and the changing national policy context.
A number of factors are leading public services towards taking a broader strategic approach to older people at a local level. These include:

- messages from older people themselves;
- the move towards viewing older people as citizens rather than just as service users;
- developments in national policy and, in particular, the increasing emphasis on joined up, citizen-focused approaches, reflecting the modernisation agenda for public services; and
- previous learning on developing strategies on well-being and independence.

This chapter considers each of these areas in turn.

Messages from older people

Discussions with older people always emphasise that they would like public services to be more flexible, better co-ordinated and more focused on helping them to remain independent for as long as possible (Ref. 3). As the starting point of this study, the Audit Commission and the Department for Work and Pensions (DWP) commissioned Age Concern England to carry out a series of group discussions with a diverse range of older people across England. The discussions explored in more detail the aspects of their lives that make the most difference to their well-being and their ability to live independent lives. The results were in line with the findings of research carried out in the study sites and elsewhere. The evidence of older people’s priorities and their interpretation of independence is presented in the first paper in this series (Ref. 1).

Older people say that independence means much more than doing things for themselves – it is more about making choices and having control over their lives. The idea of interdependence; that is, older people as a resource and as contributors to the life of the community, is also extremely important to them.

The Age Concern groups, supported by other evidence, highlighted a number of key issues that are central to older people’s well-being and independence. These are:

- housing and the home;
- neighbourhood;
- social activities, social networks and keeping busy;
- getting out and about;
- income;
- information; and
- health and healthy living.

In addition, older people strongly emphasise the importance of tackling age discrimination at all levels within policy, practice and behaviour. Discrimination can be direct, or indirect, unconscious or inadvertent. Older people expect to be involved in
debate about the issues that affect their lives. They expect their views to be listened to and taken seriously. Delivering services in a joined-up way is also highlighted by older people as an important over-arching issue.

17 A broad strategic approach to older people that is developed across the local authority, NHS, voluntary sector and other key organisations will tackle this wide range of issues and will draw together the many partners that have a role to play in these areas. Chapter 2 contains a number of examples of multi-agency initiatives on all these issues that form part of a strategic approach in our study sites.

18 However, although there are clear and consistent messages from older people about the factors that help them to live independent, fulfilled lives, these messages are rarely reflected in the way that public services approach older people’s issues at a local level. Typically, public services still see older people as an NHS and social care concern, with a strong emphasis on care services and the needs of the most vulnerable.

Older people as citizens

19 Within some groups and settings, the language used when describing older people’s issues is starting slowly to shift, with much greater emphasis on citizenship and well-being (Refs. 4 and 5). When we refer to citizenship we mean seeing people as part of society – included in their local community and in the mainstream of public life. This civic inclusion gives meaning to the relationship between individuals and society and, in particular, to public services.

Citizenship implies the ability and opportunity to participate fully in the life of the society to which one belongs, exercising individual freedom, participating in the political process and enjoying rights to welfare and security.

The ability to engage as a citizen within society requires proper access to facilities and services that are of good quality, effective and timely (Ref. 6).

20 Older people tell us time and time again that they consider being viewed as ‘a citizen’ of paramount importance. This means being treated with dignity and respect, being valued as a member of and a contributor to society rather than only being seen as a dependent at best and, at worst, a burden. It also means being seen as an individual, with a unique history and set of concerns, demanding a tailored response rather than a standard, ‘one size fits all’ solution. These values and principles lie at the heart of citizenship for older people and also underpin older people’s well-being and the dimensions of independence highlighted in the previous section;

Many respondents ... emphasised the desire and ability of older people to lead active lives and to participate fully in society. Many older people are fit and healthy and want to be valued for their potential to contribute now and in the future, rather than being seen only in the context of their past (Ref. 6).
Many public services have increasingly seen their role as a safety net, providing services targeted towards those most in need (Ref. 4). For local authorities, older people are often seen primarily as a social services responsibility, and therefore as dependent, needy users of care and support services. This means that it is easy to forget that older people have much wider concerns, about their social networks, their continuing need to learn and contribute, the neighbourhoods in which they spend much of their lives and all the other dimensions of independence. There is a tension between these two very different perceptions of older people, as citizens or as dependent users of care services. This reflects the two key functions of local authorities, that is as both community leaders and providers of services.

It is profoundly important to challenge ageist stereotypes in order to build cohesive communities for people of all ages. In order to do so, local authorities and their partners, in their role as community leaders, need to consider older people as citizens, at the centre of authorities’ concerns, rather than confined to the health and social care arena.

Policy context

National policy offers a number of opportunities and incentives for communities that are seeking to change their approach to older people. Some of these relate specifically to older people, while others have a broader focus. The first report in this series describes in detail the policy context that relates to older people’s well-being and independence (Ref. 1). Key drivers and incentives include:

Community leadership and the power of well-being

The Local Government Act 2000 gave local authorities new responsibilities of community leadership and the ability to promote the economic, environmental and social well-being of their communities. This new emphasis on well-being underlines that taking a broad approach to improving the lives of local citizens is now a central component of local government’s role. The community plan, co-ordinated by the LSP, is a key route for taking this work forward.

Modernisation of public services

Community leadership is just one aspect of the changing role of local authorities. Many of the sites involved in this study emphasised that developing a strategic approach to older people was consistent with local authorities’ aspiration to deliver joined-up services that are organised around people. Learning new ways of working across local authority departments and across partners was seen as a priority not just for older people, but also for children and for issues such as drug misuse, crime reduction and regeneration.

National Service Framework for Older People – Standard 8

Moving to the NHS, the National Service Framework for Older People (NSF) sets national standards and milestones for improving services in eight areas. While seven
of these focus on NHS and social care services, Standard 8 promotes health and active life in older age. The Standard emphasises the importance of multi-agency initiatives to promote health, independence and well-being in later life, and requires communities to develop programmes ‘to promote healthy ageing and to prevent disease in older people’ (Ref. 7).

Health inequalities
The health inequalities programme aims to raise life expectancy in the most disadvantaged areas and connects well with NSF Standard 8. In particular, the programme targets people aged over 50 to tackle poor diet, obesity, high blood pressure and lack of physical activity. The programme requires action across organisational boundaries to improve health, particularly in the most deprived communities. It includes numerous references to older people throughout the document.

Local authority Beacons on older people
Round 5 of local authority Beacons will select high-performing authorities that are able to demonstrate that they are developing a strategic approach to the well-being of older people, in which older people themselves play a central role.

Comprehensive performance assessment (CPA)
CPA provides a broad assessment of all areas of local authority performance. The next phase of CPA, which is due to be rolled out in 2005, will be widened to look at aspects of the authority’s relationships with the community and with partner agencies. One area in which this approach is being tested is older people and quality of life. It seems likely that local authorities will need to take a broad, strategic approach to the issue if they are to be assessed as high performers in this aspect of CPA.

What do we already know about developing strategies on well-being and independence for older people?

In recent years, a number of initiatives have explored how to develop a strategic approach to older people and well-being. This study aims to build on existing knowledge. Key strands of work include:

Preventative Task Group
The Task Group brought together a number of key national groups and organisations, including Anchor Trust, the Association of Directors of Social Services (ADSS), the Audit Commission and the Nuffield Institute for Health. The group aimed to promote wider use of what were then referred to as ‘preventative’ approaches to older people.

The Task Group commissioned several pieces of research. One found that most preventative strategies at that time tended to be condition specific, with a strong health focus, such as falls or coronary heart disease, rather than attempting to tackle
broader issues, such as social inclusion (Ref. 8). A later initiative for the Task Group suggested that, as people’s responses to ageing are complex and diverse, any strategic approach to well-being should include action on three levels:

- changing the behaviour of individuals (for example, by smoking cessation, or encouraging physical activity);
- promoting the inclusion of older people, both through supporting social networks and encouraging engagement at a community level; and
- building healthy communities that support older people (Ref. 9).

Evaluation of Better Government for Older People Programme

The work of the pilot sites of the BGOP Programme was evaluated by the University of Warwick in 2000 (Ref. 10). There was an expectation that pilot sites would start work on developing a broad, citizen-focused strategy for older people during the course of the pilot and the evaluation report identifies the key factors necessary for a strategic approach.

The experiences of the pilot sites showed that a strategic approach has five key components, described as the five ‘I’s (Box A).

**Box A**

**The Five I Strategy**

**Information** – to understand older people’s views, needs and priorities.

**Imagination** – to create a vision and translate it into an action plan.

**Inclusion** – to involve all stakeholders: organisations and older people.

**Integration** – to ensure that links exist to all services and cross-cutting policies.

**Implementation** – to make it happen in practice.

*Source: University of Warwick*

This relates closely to the Audit Commission’s previous study on whole system approaches to services for older people (Ref. 2). Although this work focused primarily on NHS and social care services, the study also found that the foundation of a whole system approach was a shared vision that was rooted in the views of older people.

The BGOP evaluation also highlighted the seven key factors that need to be in place for a strategic approach to be successful (Box B).
Box B

Seven key factors for successful strategies

1. Explicit links with local community and corporate priorities.
2. Backing of government.
3. Political and managerial leadership from the local authority.
4. Co-ordination and community development skills and capacity.
5. Financial resources to invest in, and manage, change.
7. An inclusive, decision-making partnership process.

Source: University of Warwick

A number of opportunities exist for taking a broader strategic approach to older people’s well-being at a local level. The next chapter focuses on how communities can make sure that older people are the driving force behind such initiatives.
Lessons from study sites – older people at the centre

Strategic approaches to well-being must have older people at their heart. Processes for working with older people as partners must be long term and ongoing. Strengthening the participation of older people in the life of the community requires action in a number of areas.
New approaches to older people that focus on well-being, independence and citizenship must be based on the involvement of older people as central partners and contributors. In many areas, older people are meeting together, organising into groups and networks that provide a foundation for local discussion and debate (Ref. 11). Recent policy on older people, such as the NSF, requires the NHS and social services departments to involve older people in discussions about how services are provided, as well as about their individual care. However, a broader approach demands that communities move away from traditional consultation methods, often involving a one-off meeting or event, towards longer-term structures and processes. There are several distinct stages of user involvement (Exhibit 1). The goal of such processes is just as likely to be increasing the inclusion and participation of older people in the life of the community as it is to be gathering older people’s views on specific service issues.

Exhibit 1

Stages of user involvement

A broader approach demands longer-term structures and processes.

Devolution – providing resources and allowing people to decide how to use them.

Delegation – providing a framework that people use to decide for themselves.

Participation – discussing issues that need to be tackled and working on the solution together. Usually ongoing.

Consultation – stopping and asking people for their views before the final decision is made. Usually one-off.

Providing information – letting people know about services or plans for the future.

Engagement with older people includes a number of steps. These are:

- making contact;
- building capacity;
- using a range of methods and approaches;
- ensuring sustainability; and
- reaching older people whose voices are seldom heard.

While some communities are making good progress in a number of these areas, very few have addressed all of them. The steps are described in more detail below, illustrated with examples from the study sites.
Making contact

Tapping into the knowledge and experience offered by existing older people’s groups and networks is a useful starting point for authorities that hope to strengthen the involvement of older people locally. However, many of the sites were attempting to move beyond engaging with the articulate, motivated older people who were active members of existing older people’s fora, to contact and involve a wider, more diverse group. Contacting large numbers of older people can be challenging and some of the sites had found creative ways of doing this. An example from Camden is described below (Case study 1).

Case study 1
Camden – An invitation to lunch with the Mayor

In Camden, the local authority used the Freedom Card (London’s free transport pass) database to identify older people in the borough. The Freedom Card is a universal benefit, with a high take-up rate of over 90 per cent and is therefore a useful route for contacting older people. Camden’s Mayor wrote to all the older people on the database, inviting them to a lunch to update them on the Quality of Life Strategy and to ask for volunteers to contribute towards monitoring the strategy’s implementation. Transport to the venue was provided to those who needed it. The response was so overwhelming that it was not possible to accommodate all the older people who wished to attend in the Town Hall, so an alternative venue was found. Over 400 older people attended, including a large group of frail older people from sheltered accommodation and many black and minority ethnic elders. The event was chaired by the local authority’s older people’s champion. It seems likely that the personal invitation from the Mayor made a significant contribution to the interest the lunch attracted, while providing lunch and transport to the venue were also important factors.

Source: Audit Commission

Building capacity

Once older people who are willing to participate in an ongoing engagement process have been contacted, the next step is to ensure that they have the skills and knowledge necessary for them to carry out their role effectively and confidently. This could take the form of a training programme or induction session. For older people who have become involved in order to carry out a very specific role, such as peer interviewing or research, skills development in this area is likely to be required.

In a number of sites, older people have carried out research and have received training in research skills to enable them to do this. The Lewisham Older Women’s Network, for example, have carried out a number of research projects on issues such as housing and lifelong learning. They have received support in developing their skills. In Bournemouth, a group of older people have produced a research report on barriers to independence, Clearing the Hurdles. As part of the project, the older people who were involved took part in a tailor-made training course delivered by the University of Exeter.
Methods and approaches

A range of different ways of engaging with older people need to be in place if communities are to succeed in drawing in views and experiences of all groups of older people. While formal meetings or consultation events may be convenient for local authorities and their partners, these are just one approach that should be complemented by other methods.

In Lewisham, members of the Older Women’s Network acted as peer interviewers to explore older people’s experience of local health and social care services. These ‘discovery interviews’ formed part of the London older people’s development programme, a London-wide initiative to improve older people’s services on the interface between the NHS and social care (Ref. 12). Older people’s stories were then used as a way of focusing on issues that needed to be addressed, allowing for a rapid response and feedback to the older person on the action that had been taken (Case study 2).

The sites also emphasised the importance of supporting social events and networks as a way of involving older people.

Case study 2

Sheffield 50+

Sheffield 50+ brings together 2,000 older people from across Sheffield, recruited from advertising and through events such as the Sheffield Show. Members can contribute at a number of levels and in a range of different ways, from social events to community involvement at a neighbourhood level. An elders congress is drawn from the membership of Sheffield 50+. This is funded from neighbourhood renewal funding and mirrors the City Council’s structure. Congress elders are attached to each of the council wards and shadow elected members. They also connect with the LSPs in the city. The elders congress has a formal scrutiny role, as they have responsibility for ensuring that strategies and other key documents produced by the council reflect the concerns of older people in the city.

Source: Audit Commission

Sustainability

Many of the study sites have well-established mechanisms for engaging with older people. However, a number are considering how to maintain the enthusiasm of older people over time and also how to keep engagement processes fresh by regularly bringing in new people with different perspectives.

An important principle is to focus on those activities that deliver concrete results and to build on these for the future. An example of this approach is Newcastle’s work on housing (Case study 3, overleaf). This illustrates how a group of older people can build expertise and gain respect for their contribution over time, through involvement...
in activities that have a clear benefit to others. While a small core group have remained involved throughout, many older people have become involved in specific, time-limited initiatives. The local authority’s support for this strand of work has benefited them enormously. Through the creative initiatives described below, the older people who were involved developed considerable expertise in housing issues and, at a later date, were able to make a valuable contribution to the development of the local housing strategy for older people. The group has now been invited to monitor the implementation of the strategy’s action plan.

Case study 3
Older people and housing in Newcastle

A group of older people in Newcastle have been working on housing issues since 1995, following a whole system event on older people that was facilitated by the King’s Fund. The Housing Group also includes members from the council’s housing department and other key agencies. A number of initiatives have emerged from the group’s work, all of which build on previous activities. These include:

Accommodation guide
The first task the Group set itself was to produce ‘A Guide to Accommodation for Older People in Newcastle’. This was developed by older people. Since the guide was launched in October 1997, it has proved extremely useful to professionals advising older people on the options open to them, and to older people themselves.

A House for Life
The group decided to take a very practical approach in which older people and professionals worked together on adapting an older property in the City into a ‘House for Life’. Once the adaptations were complete, the house opened to the general public for a limited period as a ‘show house’. The house was then made available to tenants who benefited from the adaptations. A proposal for the House for Life project was agreed by Newcastle City Council’s Community and Housing Directorate in 2000.

A group of 15 older people worked consistently on the project from February to October 2000. This ‘briefing group’ was invited to take part in a series of information sessions, so that they could make informed recommendations on issues such as space and planning, aids and adaptations, energy issues, sensory awareness and low-maintenance gardening.

Numerous adaptations were made to the house, including the provision of well-sited sockets and switches, installation of smoke and carbon monoxide alarms and security devices; level access; kitchen adaptations; flexible heating and patio doors in the living room for easy access to the garden and to maximise light and low maintenance gardens with raised beds.

Over 350 people visited the house during the three weeks it was open to the public, including older people finding out about choices and younger people looking for solutions for their parents or considering their own future. After the open period, the house was returned to the council’s stock and was let to a family from the housing waiting list.
**Smart technology**
The Housing Group hosted a seminar on smart technology for older people and professionals. The recommendations from this are reflected in Newcastle’s Older People’s Housing Strategy. One recommendation – that there should be a resource centre where older people can try out some of the technology that is available – has already been implemented. The city council has converted a flat in a sheltered housing complex into a ‘Quite Clever Flat,’ which is open to older people for this purpose.

**House for life 2**
The Housing Group and the City Council are exploring the possibility of taking the House for Life work into a new phase by tackling new build housing. In addition, 16 older people are working with Cheviot Housing on the design of a new development for older people in the east end of the city. Some of these older people were involved in House for Life 1. The City Council are now able to draw on the skills and expertise of older people who have been involved in housing issues for some time and to use the group as a resource when planning future developments.

*Source: Audit Commission*

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**Reaching older people whose voices are seldom heard**

Most of the study sites acknowledged the difficulty of involving groups of older people who are often excluded from public debate, such as very frail or housebound older people, black and minority ethnic elders or older people with mental health problems. Some sites had adopted a range of measures to reach older people whose voices are seldom heard. Two examples are given overleaf (*Case studies 4 and 5*).

**Case study 4**

**Warwick District Council – Raise Your Voice and Wise Up**
Warwick District Council has been working with black and minority ethnic elders since the authority was a BGOP pilot site in 1998, when two initiatives were established: Raise Your Voice, for Asian older people and Wise Up, for African Caribbean older people.

Work has included community events to identify priorities, from which a number of initiatives have emerged. Raise Your Voice, working with the local authority and the primary care trust (PCT), initiated an interpreting service in a primary care centre, befriending, drop in advice and women only swimming sessions. The local authority has continued to play a key role in supporting the two groups, which are now in the process of merging to strengthen their position and to increase their strategic influence, particularly with the LSP.

*Source: Audit Commission*
In Lewisham, the Older Women’s Network are developing their role as a channel of communication between older people, in particular those who may find it more difficult to express their views, and the local authority. They have established a project called ‘Tea and Bites’ that is focused on residents of sheltered housing. Members of the Older Women’s Network meet residents over tea to explore what support they need and how they can deliver this themselves. In addition, Network members are able to feedback residents’ views to the local authority.

The communities involved in this study were working with older people in a range of ways. The next chapter explores the possible scope of a strategic approach that has older people at its heart.
Lessons from study sites – what should a strategy contain?

A strategic approach can add focus to a fragmented set of services, encouraging new partnerships and more efficient use of resources. It can contribute towards promoting positive views of ageing and address the wide range of issues that make most difference to older peoples’ well-being.
This chapter explores the scope of a broad strategic approach to older people's issues. Drawing on the experience of our study sites, it sets out the rationale for carrying out strategic work on older people, and describes the range of issues that such an approach might cover, based on the views of older people, illustrated with examples of local initiatives in each area.

What value does a strategic approach add?

Developing a broad strategic approach to older people, or to an ageing population, can bring many benefits, both for older people themselves and for authorities and agencies. It can add focus and coherence, as well as acting as a vehicle for making connections across services and organisations and for delivering services in new ways, while making better use of resources. The following benefits of developing a strategic approach were highlighted during the study:

Benefits of a strategic approach:

- it allows authorities to address the whole range of issues that are important to older people;
- it provides a vehicle for streamlining access;
- it adds coherence and direction to what can be a fragmented picture;
- it encourages better use of resources by reducing duplication and identifying opportunities for collaboration;
- it gives focus to work on older people in a locality;
- it raises the profile of older people;
- it challenges the stereotype of older people as dependent;
- it increases awareness of the services that are available to older people in both the voluntary and statutory sectors;
- it stimulates new partnerships; and
- it can give a perspective on the future, not just the present.

The development of a strategic approach to the many areas and issues that older people say are most important to them represents a considerable challenge. Past experience demonstrates only too clearly that the development of a strategy does not always lead to improvement in frontline services, let alone to the lives of local people. An emphasis on producing impressive-looking documents can sometimes take precedence over the tough, lengthy process of implementation and whole system improvement. However, a strategy document is only useful if it acts as a catalyst for change.

In Nottinghamshire, one strand of the best value review explored the feasibility of producing a county-wide strategy for older people. The multi-agency group that was responsible for taking the work forward explored many of the difficult issues and dilemmas that underpin such a decision.
For example, there was debate about whether, in an ageing society, it was necessary
to single out for special attention a group that forms an ever larger proportion of the
population. Also, should the focus of strategic work be on today’s older people or on
the future challenges of an ageing population? The relative merits of developing a
separate initiative, rather than ensuring that older people’s perspectives were
represented in all other strategies were explored. This approach is often referred to as
‘age-proofing’ policies and strategies.

Discussions also took place on the scope of the strategy – should it attempt to reflect
all the diverse activities already underway in the county, or should it focus on
stimulating development in a number of key areas? Finally, the organisational scope of
the strategy was also debated. A range of options existed, including developing a
countywide strategy, in partnership with all the constituent district councils and PCTs,
or alternatively, producing a corporate strategy that applied to the departments of the
county council alone.

Following considerable debate, Nottinghamshire took the decision to develop a county-
wide strategy on older people that drew together all the key partner agencies, as they
wished to maximise the benefits for older people and for partnership agencies.

Aspirations for a strategic approach

There is no single ‘right’ model for developing and implementing a strategic approach.
Local populations, circumstances, history and structure will influence how any
community needs to tackle major change and what areas they should prioritise.
However, the experience of the study sites illustrates a number of themes.

The study sites expressed a range of aspirations for their local work:

*The strategic aim... is to improve and maintain the quality of life of Camden’s older
citizens by demonstrating how agencies will work together and with older people to
promote and provide healthy living activities, sustain people’s independence and
promote a positive view of ageing (Ref. 13).*

In Lewisham, the strategy aims to provide a framework for:

- challenging age discrimination;
- providing simpler access to information and services;
- giving more say to older people in the type and location of services they can
  receive;
- ensuring better co-ordination of services through closer and joined-up working
  between different agencies;
- creating better opportunities for older people to speak for themselves; and
- creating better opportunities for older people to contribute to their local
  community (Ref. 14).
Although the overarching goal was described differently in each area, strong themes of promoting positive views of ageing, building partnerships, independence and citizenship underpin these initiatives.

Dimensions of a strategic approach

Most of the sites involved in the study were working on several of the domains, or dimensions of independence and well-being identified in the Age Concern England research and elsewhere. In some cases, these were reflected in a formal strategy document, while in other areas the work was organised using other vehicles, for example, a best value review, or a Care Direct pilot. It is important to ensure that any strategy evolves and changes over time, as older people’s priorities shift and new opportunities emerge. For example, in Camden, a review of progress one year after publication of the Quality of Life Strategy highlighted that new strands of work on health issues and neighbourhood renewal needed to be developed. In all of the sites, local priorities had emerged from speaking to older people about their concerns and from locally commissioned research. As previously noted, discussions with older people over a period of many years have highlighted many consistent issues and themes. Once again, the dimensions were described or grouped together slightly differently in different areas, but some striking similarities remain.

For example, the themes covered by Nottinghamshire’s best value review were:

- flexible transport;
- meaningful occupation;
- social inclusion;
- income;
- health;
- housing;
- safe environment; and
- personal support.

Lewisham’s key strategic objectives address:

- valuing older people;
- finance;
- health;
- a safe environment;
- lifelong learning; and
- relationships.

Additional, over-arching themes of advocacy, information, intergenerational approaches and working in a more joined-up way also feature.

A number of similar themes also appear in Camden’s Quality of Life strategy:

- promoting active engagement;
- promoting health and well-being;
• ensuring equal access;
• income maximisation;
• safety and security;
• promoting positive ageing;
• intergenerational working; and
• preparing people for later life.

All of the strategies, reviews and other strategic activities therefore cover similar terrain, which in turn maps closely onto the dimensions of independence and well-being highlighted in chapter 1.

Local activity on the dimensions of independence

The following section lists the dimensions of well-being/independence highlighted earlier and illustrates how the study sites, and others, have addressed these in their local work. All the examples have been selected because they demonstrate the way in which a broader approach to older people’s issues can stimulate new ways of delivering services, with organisations working in new partnerships. Not all of the examples formed part of a formal strategy on older people, but all have a strong focus on well-being, independence and citizenship and are therefore consistent with a broader approach.

Housing and the home environment

Once housing for older people is placed in a broad context that emphasises well-being rather than dependency and the need for care, it is possible to develop creative, flexible approaches that can accommodate changing lives and aspirations (Case study 5). Case study 3 also illustrates that the engagement of older people in the design and development of housing can benefit people of all ages.

Case study 5

Housing 21

Housing 21 is a registered social landlord with 40 years experience of working with older people. Its approach is based on helping older people to live ordinary lives, as a valued part of society. A recent development in Gateshead has been designed as a community resource that encourages contact between generations. The development has a shop, restaurant, spa pool and hairdresser, all of which are available to local people, as well as to residents.

Source: Audit Commission
The following example illustrates how a focus on improving neighbourhoods for older people can be used to stimulate the development of sustainable communities.

**Case study 6**

**Downham Elderly Health Development Project – Lewisham**

The Downham Elderly Health Development Project was set up in 1998 with funding from the single regeneration budget and the PCT. Initially the funding bid was targeted at young people, but on the advice of the public health department of the former health authority, older people were prioritised. The project is based on a housing estate where a large number of older people live. Activity has focused particularly on developing a community network through providing social activities, lifelong learning, physical activity and support for healthy living. Community Education Lewisham are key partners in the project.

*Source: Audit Commission*

**Social activities, social networks and keeping busy**

Having purposeful, enjoyable ways to spend time is a key priority for older people, yet it is an area that it is easy for public services to ignore. The development of a broad strategic approach that is rooted in the views of older people will inevitably, however, highlight the importance of this area. All of the sites emphasised the importance of building enjoyment, fun and learning into a strategic approach. Case studies 6, 10 and 11 reflect this.

**Getting out and about**

Being able to get out to visit friends or family, to take up learning opportunities or to go shopping are vital for older people. Any approach that addresses the whole range of older people’s concerns will need to tackle transport and mobility issues. The following example illustrates one authority’s approach that makes good use of resources already available in the system *(Case Study 7).*

**Case study 7**

**Flexible Transport Provision – Nottinghamshire County Council**

In Nottinghamshire, the County Council Best Value Review of Independence and Older People included a section on transport. Recognising the potential threat to independence and the impact on quality of life that poor transport arrangements can have, the team set out to explore how resources might be better arranged to support older people who were beginning to lose their independence because of transport problems.
The review focused specifically on the needs of older people, including those in rural communities who are starting to find it difficult to access public transport and those who can no longer use a private car.

Focus groups with older people found that problems existed with the current transport arrangements. These included the:

- location of bus routes;
- fixed time of the bus service;
- cost and availability of taxis and voluntary sector providers; and
- gaps in service provision between the fixed bus routes and the specialist disabled vehicles, such as Dial-a-Ride.

The review team identified that between the county council and other local providers there are substantial resources (such as the minibuses used by social services or the education department) that are not used all the time and could be used to address the problem.

As a first step, the county council plans to introduce a trial to test out a flexible approach and has chosen the rural area in North Nottinghamshire covered by the RENEW project. A Demand Responsive Transport service (DRT) is already operating as part of this project, using a vehicle that is both comfortable and attractive, fully accessible and available to all. The service operates a mix of fixed and fully demand responsive journeys pre-booked locally with the operator. This will provide a:

- pre-bookable service;
- service tailored to suit individuals requests; and
- flexible service at a reasonable price.

Source: Audit Commission

Income

All of the sites involved in this study were working on income maximisation as part of their broad approach to older people’s issues. Partners, such as the Pensions Service, and Community Legal Service, were playing a central role, working alongside local authorities to implement such initiatives. Many areas were able to point to considerable success in increasing older people’s income by encouraging take-up of benefits (Case studies 8 and 9, overleaf). This in turn will have an impact on many of the other areas of life that older people value most highly. While it is clearly important to raise older people’s incomes, some areas were taking this a step further by considering how best to ensure that older people had access to good financial advice. Opportunities to explore how any additional income could be used to improve well-being and quality of life could form a valuable part of a citizen-centred approach.
Case study 8
Increasing benefits uptake by older people in Bournemouth

A benefits initiative was developed as part of the Care Direct pilot in Bournemouth. The management of the pilot is contracted out by the Social Services Committee of Bournemouth Borough Council to Help and Care, a voluntary organisation operating throughout Dorset. Help and Care has its main administrative centre and a significant proportion of its activity in Bournemouth. In partnership with the local Pensions Service, Help and Care has actively supported campaigns on increasing the uptake of state benefits by older people.

This has been achieved by co-locating benefits advisors, seconded from the Benefits Agency (now working for the Pensions Service), with Help and Care’s own staff. The benefits team primarily focuses on providing one-to-one support and outreach to increase access to benefit information and support. The team also visits clients at home or in hospital and runs benefits surgeries in various outlets, including libraries, shopping centres and the local primary care trust health shop. Within the Care Direct office, the team has been able to provide timely general and specialist advice and support to colleagues on the Help and Care helpdesk and to other members of the team.

Some individual case examples illustrate the impact of the work:

- **Mrs J:** Mrs J contacted Care Direct as she felt she needed help with housework. After a discussion about her health problems a visit was arranged and Attendance Allowance was claimed. When this was awarded at the higher rate advisers visited again to claim Minimum Income Guarantee, which was also awarded at £19.99 a week. Mrs J now receives full rent and council tax benefit, having previously contributed. She was provided with a list of agencies and subsequently arranged the help she needed for herself.

- **Mrs M:** The initial request was for help to complete forms. When she was visited it was noticed that she should have been receiving the Severe Disability Premium (SDP). Contact was made with DWP who awarded the SDP, but were initially reluctant to backdate the award more than one year. Contact was made with the Citizens Advice Bureau (CAB) who took on her case. The case did not need to go to appeal as a decision was made to review and pay arrears totalling approximately £13,000.

Specific targets were not set when work first started on increasing benefits uptake. There was no baseline to use, as Bournemouth had not previously had four members of staff focusing on this type of work. However, targets were set for 2003/04, which are to achieve 1,706 benefits contacts or enquiries and a take up of £1,477,396. Actual figures recorded for 2002/03 surpass the 2003/04 targets, with 2,257 benefit enquiries or contacts and a take up of £1,552,406.

Source: Audit Commission
Case study 9

Community Legal Service

The Community Legal Service (CLS) was launched in April 2000 to improve access to good-quality legal and advice services, with a particular focus on issues such as housing, benefits and debt. CLS partnerships are central to this policy. They bring together local funders and providers of services, including the local authority, law centres and CAB to plan and co-ordinate services. As part of the development of the CLS, a fund was established to support a range of innovative partnership projects, some of which focus on older people. These include:

Benefits Project including CABx in Dorset

This project is a partnership between local CABx and the county council’s social services directorate. It offers home visiting and is exploring the use of IT to make information and advice available to older people and people with disabilities in rural areas. In its first ten months of operation, users of the service claimed an additional £500,000.

HABIT – Age Concern Liverpool

The Health Advice Benefits Initiative Team (HABIT) is a multi-agency initiative to maximise income for older people (primarily aged 75 and over). HABIT aims to tackle some of the causes of ill health by increasing older people’s incomes and by helping them to have warmer, safer homes and appropriate support to remain independent. The team also increases older people’s access to other services, such as free locks, smoke alarms, free central heating and other energy efficiency measures, telephone lifelines, support at home and information on active ageing and falls prevention.

Source: Department for Constitutional Affairs

Information/advice

Older people repeatedly highlight that they struggle to find out what services, benefits or opportunities for leisure and learning are available to them. The study identified a range of initiatives to offer more streamlined, comprehensive advice and information to older people, of which one IT-based pilot is described below (Case study 10). In future, Third Age Services will have a key role to play in addressing this area at a local level.

Case study 10

Nuneaton and Bedworth Borough Council Silver Surfers project

The Silver Surfers project was launched in October 2001 based on the premise that it was not about IT, but about making a real difference to the lives of older people. Based on an idea originating from the local Older People’s Forum, a three-year project with funding from the Invest to Save Programme was set up to deliver the following aims:

- to promote independent living for older people by providing access to public services through the internet;
to use IT to provide easy access to information about facilities for older people; and

to help older people to communicate with each other, with relatives and with local
community organisations, by using IT.

Engaging users from all parts of the community was key to the project’s approach. In
designing the Silver Surfers services the project team and their chosen IT partner took
care to consider the challenges that older people face and how IT could help to respond.

To gain the views of potential users a number of focus groups were set up with a wide
cross-section of older people, reflecting a range of ages, disabilities and cultural
differences. These groups covered issues including website design, training and online
services, as well as considering the need for different languages and the needs of older
people with disabilities and visual impairments. Other project partners include the county
council, police, health, county voluntary service, Age Concern and the local college.

The project has successfully completed its pilot phase, where 25 older people and 2
sheltered housing schemes took part in training, learning, sharing and supporting
each other in using equipment. Phase 2 of the project is now underway and has a
number of elements:

• **home users** – it is expected that around 60 people who meet specific eligibility
criteria will receive Silver Surfer’s own equipment in their own homes. Training
and support from volunteers will be provided free of charge, however, users will
pay for the use of internet services.

• **communal facilities** – internet facilities will be extended to include an elderly
person’s residential home and a day centre, as well as additional sheltered schemes.

• **registration and communities of interest** – older people and their carers can
now apply to become registered Silver Surfers, which enables them to access
email facilities and communities of special interest, where they can interact and
share views about particular subject matters and topics of interest.

• **kiosks** – Silver Surfers’ first ‘pathfinder’ kiosk has already been installed in the
borough’s town hall. Anyone who is aged 50 plus, or who cares for an older
person, is able to register as a Silver Surfer, use web and email facilities and
engage in discussion groups with other Silver Surfers. A further four kiosks are
going to be installed in community facilities across the borough, including the
Civic Hall and a village centre.

• **drop in sessions** – users are able to access volunteer support at regular drop in
sessions at the local Learning Information and Technology Centre and at various
libraries with internet access across the borough.

• **website** – to provide up-to-date and relevant information, a site has been
designed that is accessible to both computer and internet TV users, with options
to change background colours and text size in order to meet individual needs.

An initial evaluation of the project is currently capturing user feedback on how the
project has made a difference and whether it has achieved its objectives. Further
periodic evaluations are planned in the future.

Source: Audit Commission
Health and healthy living

A broad approach to older people requires a positive focus on promoting good health, including enjoyment and fun, rather than concentrating on care services. The case studies that follow illustrate two different approaches to improving the health of older people.

Case study 11
Active ageing in Newcastle

As part of the delivery of Standard 8 of the NSF, a partnership of organisations leading the well-being agenda for older people in Newcastle, has secured a substantial sum of money from neighbourhood renewal funding. This has supported a range of activities around the active ageing agenda.

Moving from tea dances to speedboats

A motivational course for older people was commissioned as part of the work on active ageing. This was delivered to groups of older people by a retired Chief Inspector of Police and aimed to set participants a challenge to be met in a day, in order to demonstrate to themselves that they are capable of more than they think they are. The day includes discussion and team building exercises, culminating in an abseil. The course has been very popular with a wide range of older people, demonstrating that age and ability are not necessarily barriers to older people taking up activities if these are offered in an appropriate way.

A group of participants were brought together following the course, to explore what other activities they would like to pursue. As a result of this, follow-up sessions were held at a local leisure centre. Older people ranging in age from 50 to over 90 tried out speedboats, canoes, kayaks, archery and mountain bikes. The response to these sessions showed that older people are hungry for opportunities of this kind. It also demonstrated the limitations of many leisure services, which are not well geared to meeting the changing aspirations of older people. Indeed, a poster at the leisure centre offered “tea dancing and bowls” for the 50 plus age group.

As a result of this work, Better Life in Later Life is working with managers from the local authority leisure services department to review how well their centres provide for people aged over 50.

Source: Audit Commission
Case study 12
Senior health mentors in Nottinghamshire

The development of the Ashfield Health Mentors Pilot was one of the recommendations of the Nottinghamshire Best Value Review of independence and older people. The work is supported by a broad range of partners, including the PCT, the district council, the county council, older people and voluntary organisations. It builds on and supports other local initiatives, such as work on preventing falls.

The programme is designed to encourage older people to maintain and improve their health by promoting healthy lifestyles through support, empowerment and dissemination of information. This is done using a peer mentoring model. An older person peer mentor works with other older people to promote good health and quality of life. They provide advice and support to older people to help them improve their lifestyles, deal with anxieties and listen to their concerns. Evidence from similar work in the area found that people welcomed an opportunity to reflect on their health and that this process improved their motivation to change.

Source: Audit Commission

A strategic approach – more than the sum of its parts

The examples above illustrate the range of initiatives that communities are implementing in order to promote the independence and well-being of older people. However, in each community, these initiatives form just one element of a continuum of activities and services that touch on the other dimensions of independence and, for most communities, that fall within a broad strategic approach. The aim of this approach is to refocus older people’s services towards positively enhancing well-being throughout later life.

This chapter has shown that the scope of a strategic approach needs to be broad in order to address the range of issues that make the most difference to older people’s ability to lead independent lives. The following chapter describes how communities are building such an approach, in order to maximise its chances of success.
Lessons from study sites – how do you develop a strategy that makes a difference for older people?

Some communities are making considerable progress in promoting older people’s independence and well-being, even though this work is not an explicit priority for public services. It is, therefore, important to build support at a number of levels, to make connections with other agendas and to use resources creatively.
Shifting the focus of services for older people to place more emphasis on well-being and engagement is a complex process. The Commission’s previous work on whole system approaches to the care of older people showed that change in this area is a long-term endeavour. It requires the involvement of older people from the outset, vision, leadership and a positive organisational culture that supports innovation. (Ref. 2) This previous work also showed that the trigger for change could be a local service failure, for example, a poor inspection report or hospital pressures.

In the first report in this series, we examined national policy relating to independence and well-being. The report found that the policy context offers many opportunities for change if communities are motivated to refocus their approach and presented many examples where communities have achieved this (Ref. 1). However, there are currently few incentives for communities to prioritise activity to promote older people’s well-being.

The communities that do decide to adopt this approach therefore need to work hard to build support for an area of work that can be perceived as being at the margins of the core business of public services. Getting the process right was a major concern for the communities involved in the study.

Drawing on their experience, this needs to involve:

- building support at a number of levels;
- using the opportunities and levers that exist within policy;
- making connections between work on well-being and independence and NHS/social care activities; and
- thinking creatively about resources.

1. How do you build support and buy in from key people?

Building support from key individuals and groups is vital if work on promoting older people’s well-being and independence is to succeed. In most of the sites involved in this report, the local authority played a key role in leading and co-ordinating strategic work on older people and well-being. For them, the key players to involve were:

- elected members;
- senior officers; and
- partner agencies, in particular the NHS.

The section that follows summarises the experiences of the sites in each of these three areas.
Elected members

Developing a strategic approach to older people’s well-being and independence was described by many of our sites as a ‘good news story’ that was enormously attractive to elected members. Their support is important to sustaining work that involves almost all local authority departments and therefore cuts across departmental structures. Member involvement is also important in giving continuity to long-term programmes.

Profiling this work as a good news story appears to be a strategy that is equally useful in both high-performing authorities and in those that are struggling. In one authority that had scored poorly under CPA, for example, the development of the older people’s strategy was seen as one of the few areas in which the authority was performing well. The work became one strand of the authority’s recovery plan. This was only possible because the officer leading the development of the strategy, with the support of the lead chief officer, had been successful in promoting the work throughout the council.

The council leaders who contributed to the study were supportive of broad approaches to older people’s well-being. This was partly because it marked out their authority as one that was keen to progress beyond the statutory minimum. In addition, it was consistent with the wider local authority role of community leadership, promoting well-being and tackling inequalities. Council leaders saw cross-cutting corporate work on older people as establishing a way of working that could be applied to other groups and issues and as a test bed for the modernisation of public services.

Local authority champions can be extremely influential in building the support of elected members, particularly when they are well respected and high profile. The example below illustrates the role that champions can play (Case study 13).

Case study 13
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 who is 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, with refreshments, 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 and also 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
Senior officers

Developing a broad, strategic approach to older people’s well-being involves many council departments. The support of senior staff from across the authority is therefore extremely important, particularly if implementing a new approach requires new ways of working or flexible use of resources. Most of the communities involved in this study had devoted a great deal of time to engaging senior officers.

In Islington, for example, the officer leading the development of the older people’s strategy was seconded from the PCT (although her background was originally in the local authority). In the initial stages of the work, she met with management teams from each local authority department. Her lack of departmental affiliation, combined with an understanding of the authority, may have assisted the early discussions and contributed to building wider support.

Two of the sites we visited had also used the Improvement and Development Agency’s (IDeA’s) Peer Challenge Programme to engage senior officers in broad work on older people’s well-being (Case study 14).

Case study 14

The IDeA’s Peer Challenge Programme as a vehicle for building corporate support

Both Nottinghamshire and Islington took part in the IDeA’s Peer Challenge Programme on independent living for older people. The Programme formed one strand of a wider IDeA initiative that focused on a number of different areas. The principle that underpinned the programme was to encourage peer learning across authorities, by establishing a team of ‘peers’ from authorities who had already made some progress in a particular area of work. These peers offer support and challenge to authorities that are at an earlier stage of tackling similar issues.

The independent living for older people Peer Challenge Programme focused on communities that were either carrying out a best value review on this topic (Nottinghamshire) or were developing another form of strategic approach to older people (Islington). In both cases, the work included partners from across the system. The team of peers also included a number of external representatives from government departments and other national organisations, such as the Health Development Agency and the Audit Commission.

In both cases, participation in the programme involved, as a minimum, a local workshop with the peer team and a multi-agency group from the area, including senior staff. In Islington, one session involved several chief officers from the local authority, as well as the chief executives from both the local authority and the PCT.

Formal evaluation of the Programme is underway, but both Nottinghamshire and Islington found that the interest in, and validation of, their work by external agencies was extremely important in increasing the support and awareness of senior staff. In addition, the Programme offered authorities a useful opportunity to access peer support and learning.

Source: Audit Commission
A number of the sites had established, or were planning to establish, senior level (typically assistant director), cross-directorate groups that had the explicit role of ‘unblocking’ barriers to progress. Communities saw this troubleshooting function as an important way to tackle inter-departmental issues, as well as building a group of advocates for the work across the authority.

Other partners

A number of sites highlighted the fact that it was difficult to engage NHS partners fully in work on well-being and independence, as their attention was generally focused on targets that relate primarily to acute sector performance. While many NHS staff acknowledged the connections between investing in interventions that promote well-being and reducing pressures on crisis services, they felt under pressure to focus on short-term solutions. Public health staff were often keen to contribute to wider agendas, in many cases seeing local authorities as natural partners in tackling health inequalities.

Paragraph 86, below, describes the sometimes uneasy relationship between mainstream NHS and social care approaches and the wider, usually local-authority led work on older people and well-being. Most communities, however, saw NSF Standard 8, which covers health and active life, as a vitally important vehicle for involving the NHS. The following section explores how communities used the levers available in policy to push forward a wider approach.

2. How can you use policy levers?

The first report in this series described the policy context that touches on older people’s well-being and independence, highlighting the many opportunities that exist to refocus the local approach (Ref. 1). In all of the sites we visited, staff leading work on older people acted as advocates for this work by making explicit connections with key corporate priorities and by attempting to embed older peoples’ issues in wider agendas. While the first report in the series provides a more detailed picture of policy that supports and endorses activity in this area, the two key initiatives mentioned repeatedly by our sites were:

• modernisation of public services; and
• NSF Standard 8.

Modernisation of public services

For a number of sites, presenting broad strategic work on older people as an important testbed for delivering citizen-focused services was a successful strategy. Many of the chief officers and council leaders who contributed to the study highlighted the challenges of working in a cross-cutting way, both across the local authority and with partner agencies, through the LSP. Work on older people could offer transferable learning for the development of services for children and other groups, or for issues such as community safety and regeneration.
As noted above, Standard 8 of the NSF for older people was an extremely important lever for involving NHS partners. In both Islington and Camden, for example, the local strategy on older people was explicitly presented as the implementation plan for NSF Standard 8. The joint Commission for Healthcare Audit and Inspection (CHAI), Commission for Social Care Inspection (CSCI), review of the implementation of the NSF, due to take place in 2004 with the support of the Audit Commission, also gives additional impetus to activity on independence and well-being.

3. How can you go to make the links to the NHS/social care agenda?

Two opposing views were expressed about the relationship between wider approaches to older people’s well-being and the NHS and social services care agenda. These are demonstrated by the two quotations on the left. On the one hand, an integrated approach is seen by some of those who spoke to us as essential if work on well-being is to be completed. For others, the two strands must remain separate in order to manage the overwhelming dominance of hospital targets and intermediate care. However, it seems important to ensure that values of citizenship and well-being are not confined to interventions and services for more active older people. The wider agenda must influence the way in which care services are delivered, as frail older people also need to be treated as individuals with a unique set of concerns and with a contribution to make to society.

4. How can you resource work in this area?

In none of the sites that took part in the study was activity on older people and well-being generously resourced, either financially or through staff time. However, in most cases, sites emphasised that much of their work involved:

- delivering services differently, in particular, by using resources more efficiently; and
- tapping into sources of funding that had traditionally not prioritised older people.

Delivering services differently

A number of the communities involved in the study saw the opportunity to review how services were delivered and to identify ways of improving this as a key benefit of developing a broad strategic approach to older people. In particular, a number of sites are drawing together different strands of work to provide a more streamlined and accessible service for older people. Delivering services in partnership can lead to more efficient use of resources.
Case study 15
Resource centres in Nottinghamshire
Nottinghamshire’s best value review on promoting independence, for example, included several workstreams, based on the priorities of local people. A number of these involved reviewing existing services and exploring ways of delivering these in a more accessible, streamlined way. For example, a strong theme of the engagement process with older people was the wish for local services to be delivered from some form of resource centre for older people. Most existing models are located in urban areas and the challenge for Nottinghamshire was to develop a service that delivered a similar range of activities and services, but that was suitable for a complex two-tier county with both rural and urban areas.

The best value review recommended that two pathfinder resource centres or networks should be commissioned to bring together a range of existing activity, much of it already offered by voluntary organisations. The role of the network or centre will primarily be to offer enhanced co-ordination through signposting, information and streamlined access arrangements. It is intended that the community development capacity needed to support this work will be created by better co-ordinating existing community development initiatives from the county council, the district council and the PCT, as well as through regeneration activity.

Source: Audit Commission

Tapping into other funding sources

90 A broader approach to older people can reveal funding opportunities from beyond traditional NHS and social care sources. In a number of the sites, neighbourhood renewal funding was being used to support a range of activities, including the development of the elder’s congress in Sheffield and some of the engagement work in Newcastle. Sources of funding such as crime prevention also offer opportunities.

91 This chapter has described the ways in which communities are building support for work on older people’s well-being. The following chapter describes how to maintain a focus on implementation and sustainability in order to deliver real improvement to the lives of older people.
Making the change locally

It is important for communities to ensure that their change of approach to older people is sustainable and delivers real benefits in the long term. This involves maintaining a focus on implementation, establishing strong project management arrangements and finding ways to influence mainstream services.
The previous chapter highlighted the considerable work that was required at the study sites to build a broad strategic approach to older people. However, developing such an approach is only the first step, although it is a crucial one – implementing change that makes a difference to the lives of older people is even more important. This chapter highlights some of the methods used by the study sites to embed new ways of working. It then draws on the most interesting examples from the study sites to build up a picture of good performance in promoting older people’s well-being and independence.

How do you ensure sustainability?

Achieving change in the way that older people’s issues are approached represents a major challenge. Making sure that the change is sustainable and able to survive changes in key staff is equally difficult. Most of the sites were struggling to some degree with the issue of sustainability, which appeared to have a number of dimensions:

- maintaining a focus on implementation;
- project management; and
- influencing mainstream services.

Implementation focus

A small number of the sites, notably Lewisham and Camden, had published high-profile strategies on older people relatively early (Refs.13 and 14). At the time of the study, they had moved into the implementation phase of the work. Maintaining momentum as the focus shifted from strategic development into delivery could be a challenge. The involvement of older people themselves was extremely important in holding the authority and its partners to account in meeting their public commitment to older people.

In Lewisham, for example, an older people’s group, the Pensioners Liaison Committee, took on responsibility for scrutiny. This required the investment of time at the outset for the group to clarify their scrutiny responsibilities and to explore how the strategy related to the wider council agenda.

In Camden, the local authority prioritised widening the involvement of older people in the strategy, as described in the earlier case study. It hoped that this would help to harness growing pressure for change among older people, as well as evaluating progress.
Project management

The appropriate location of the lead role for broader work on older people, in particular the relative merits of placing this work within a service delivery department or a corporate setting, was the subject of considerable debate. The sites had developed a wide range of responses, depending on their local circumstances. Examples of where the lead role was located in some of the sites are given below:

- **Camden** Housing (co-ordination role, in partnership with several other organisations)
- **Nottinghamshire** Social services
- **Lewisham** Equalities unit
- **Sheffield** Previously leisure, now moved to social services
- **Bournemouth** Voluntary organisation (Care Direct pilot)
- **Newcastle** Voluntary organisation
- **Islington** Social services (but seconded from PCT)

Each of these approaches has both advantages and disadvantages, as outlined below:

**Corporate setting** (such as chief executive’s department, equalities department)

- Advantages:
  - not affected by day-to-day operational pressures and concerns;
  - cross-cutting, corporate focus; and
  - likely to be incorporated into corporate planning and development.

- Disadvantages:
  - disconnection from delivery of services; and
  - can be seen as marginal by service delivery departments.

**Service delivery department** (not social services, for example, housing or leisure)

- Advantages:
  - closeness to issues affecting frontline service delivery and therefore to older people;
  - greater credibility with those who will need to change their approach and practice; and
  - potentially greater access to resources.

- Disadvantages:
  - day-to-day pressures and operational concerns can make it difficult to prioritise more strategic work; and
  - difficult to secure the engagement of other departments.
Social services department

- Advantages:
  - as above; and
  - opportunity to influence NHS/social care priorities by placing greater emphasis on well-being.

- Disadvantages:
  - as above; and
  - danger of work on well-being being overwhelmed by NHS/social care agenda of hospital targets and intermediate care.

Outside the local authority

- Advantages:
  - lack of departmental affiliation and loyalties; and
  - able to cut through and work around internal politics and structures.

- Disadvantages:
  - difficulty in influencing local authority and other statutory sector players.

Influencing the mainstream

All the sites saw their goal as changing the way that public services are delivered to older people. They were acutely aware of the dangers of carrying out strategic activity or project work that had only the most marginal impact on mainstream services. Nottinghamshire typified the study sites in that as part of the best value review, the team took an early decision to prioritise a number of initiatives that would test out new ways of working and new partnerships in one area, before rolling them out across the county.

Islington’s strategy included a number of projects that were selected on the basis of their potential to instigate lasting change, particularly through the development of new relationships between organisations and departments.

The sites that were developing formal strategies for older people also emphasised the importance of adopting an inclusive approach to strategy development. This always involved older people and current providers of services. The process of developing the strategy therefore provided opportunities to give existing staff greater insight into the priorities of older people and for involving them in building new approaches to engagement and the delivery of public services.
What does ‘good performance’ in this area look like?

From the experience of the study sites and based on the most innovative practice that we encountered, it is possible to build up a picture of what a community would be doing if they were taking a comprehensive strategic approach to older people and an ageing population. None of the study sites had all of the building blocks in place, but most were making good progress in many of these areas.

**Involving older people**

- Processes are in place to engage with a range of older people on a regular basis, including older people whose voices are seldom heard, using a range of methods.
- Older people are supported to participate fully, for example, by offering induction or training sessions.
- Older people are involved in a range of ways, including planning services, governance structures and delivery of services.

**A picture of the local population of older people**

- Information is available on the composition of the local population of older people, such as ethnicity, household type, housing status and income level, as well as health inequalities.
- Projections of any likely future changes are also available.

**A strategic approach**

- There is a strategic approach in place, with clarity about the improvement in the lives of older people that this is seeking to achieve. The approach goes beyond care services and addresses the dimensions of independence, although these will be given different priority in different areas:
  - housing and the home;
  - neighbourhood;
  - social activities, social networks and ‘keeping busy’;
  - getting out and about;
  - income;
  - information; and
  - health and healthy living.
- This is based on the principle of older people as citizens and not just as users of care services and has a strong focus on inclusion and tackling ageism.
- This approach is explicitly linked to and reflected in the community strategy and the work of the local strategic partnership.
Commitment and leadership

- The local authority has identified an elected member, preferably an older person, to lead on older people’s issues across the authority.
- There is 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.

Partnership/whole system working

- Key agencies outside the local authority, including the NHS, Pensions Service and voluntary organisations are committed to the strategic approach.

Communication and information

- There is some form of information for older people, preferably available in a range of formats, including leaflets or IT-based models, that signposts them to the broad range of services and opportunities that are available in the community.
- The strategic approach has been communicated to older people (for example, through local newsletters, or through a summary version of a strategy document).
- Updates on progress are also provided to older people.
- Staff across the local authority and partner agencies are well informed about the strategic approach and their role in contributing to change.

Evaluation and impact

- The community has systems in place to measure the impact of the strategic approach across the system, including surveys of older people’s views.
- These systems have been built in from the outset.
- The evaluation includes three dimensions – processes, outputs and outcomes.
- Older people play a central role in this process.

These indicators of good performance have the potential to develop into a framework to assess local approaches to older people. They will also feed into the CHAI/CSCI review of the implementation of the NSF for older people, in particular the strand that will focus on Standard 8. The Audit Commission is committed to maintaining our track record in seeking to improve services for older people. We will continue to prioritise work on older people and this commitment is reflected in the strategic plan. In taking this forward we will:

- publish reports setting out how authorities can promote the independence and well-being of older citizens;
- undertake reviews with CHAI and CSCI of how well the standards set out in the NSF for older people are being met locally, based on our learning from this study; and
- include reviews of services that promote older people’s well-being in future rounds of CPA.
Making an impact – how can you demonstrate that the strategic approach is improving older people’s lives?

Demonstrating that a strategic approach is making a difference is a complex undertaking, but it is important to build in evaluation from the outset. This will include a number of dimensions and older people must play a central role in tracking progress.
Evaluating local strategies is important

The shift in emphasis from thinking about older people just in terms of health and social care services, to a wider agenda that aims to improve quality of life and well-being requires careful, detailed evaluation. Securing the necessary funding, designing a strategy for evaluation and carrying this out are all major challenges. All of the sites we have been working with have struggled with these challenges. However, only one site, Camden, has included proposals for evaluation within its Quality of Life strategy. The authority has managed to secure dedicated funding and expertise to evaluate the strategy involving an academic partner and also local older people; even this work is still at a very early stage.

Therefore this chapter is rather different from the others in this report. Because we are not able to report on how all the communities we have been working with are evaluating their strategies, the chapter also draws on a number of other relevant documents and experiences of evaluation.

The challenges of evaluating local strategies to promote well-being

The earlier chapters of this report show how strategic approaches to promote well-being are necessarily complex and multi-faceted. Many different people will be involved, in different ways and in different aspects of the strategy. Some of those people may have very specific expectations or experiences and are therefore likely to define a ‘successful’ strategy in very specific terms; other people will have different perspectives and, therefore, different ideas of what constitutes ‘success’.

Any local strategy will include a number of different activities, services and objectives. While it may be relatively simple to find out whether a specific initiative or project has been successful in reaching the older people it was intended to target, it is much more difficult to assess the cumulative impact of a wider, more complex strategy.

Well-being is itself a complex concept to measure. Given the diversity of age, ethnicity and disabilities among any local community of older people, such people are likely to value different activities and attach importance to different aspects of their lives.

The timescales involved in implementing a local strategy, developing local services and ensuring that local older people know about and use these services may be considerable. It may be a long time before ultimate goals, such as improving health and well-being, become apparent and measurable. Moreover, some goals may change over time in response to consultation and feedback from older people or as new needs emerge. Plans for evaluation need to be long term rather than immediate.
Finally, and most difficult, is the challenge of linking any changes and improvements to the strategy itself. How can we be sure that outcomes are the result of the strategy (or a particular initiative within the strategy)? Might they have happened anyway; or could they be the result of some other policy or influence?

**Evaluation is important**

Despite these challenges, evaluation is vitally important, for a number of reasons.

First, developing local strategies for well-being often involves bringing in new partners – from other local authority departments and the voluntary and independent sectors. These new partners may have variable levels of experience of working with older people, or of providing services to promote independence and well-being. It will be important to demonstrate to them that their contributions are respected and that they are contributing to improving well-being and quality of life. Keeping partners on board and committed to the strategy is important at all organisational levels, whether they are elected members, non-executive members of PCTs and NHS trusts, service managers or frontline staff. They are much more likely to be committed to sustaining new ways of working if they can see that their efforts are resulting in improved independence and well-being.

Sustaining local political commitment is particularly important if new resources are involved, or if resources are being diverted from high-profile and high-demand services to invest in services that promote independence and well-being. For example, with substantial pressures on social services budgets to fund residential care and intensive home care services, it may be very difficult to justify increased investments in learning opportunities or exercise classes. It will be important, therefore, to be able to demonstrate that new investments like these contribute to improving quality of life.

If promoting well-being is to become the concern of all statutory services, not just those in a handful of ‘beacon’ authorities, it is vitally important to be able to document both the challenges of implementation and the impact on older peoples’ quality of life so that other communities can learn. This learning needs to include an understanding of the context in which the strategy is implemented and the factors affecting its implementation, so that it is clear what works, how and why.

Finally, simply carrying out a local evaluation – particularly where this involves external partners, like a local university department – can give added political weight to a risky new initiative and can encourage widespread collaboration and participation. In Camden, the evaluation has also increased the credibility of the Quality of Life Strategy among older people.
Definitions and approaches to evaluation

116 Given the complexity of local strategies for well-being, many conventional research approaches will not be appropriate. Indeed, it is likely to be both unrealistic and inappropriate to expect to conduct a rigorous, independent evaluation, as this would be unlikely to capture the subtle reasons why an initiative succeeds in particular circumstances.

However, evaluation is more than just routine monitoring – for example, monitoring the take-up of a new service. Evaluation involves making judgements against a yardstick – for example, is a new service being taken up by the particular groups of older people for whom it is intended and, if so, does it help to enhance their well-being and quality of life? The crucial question here is what yardstick – or, more likely, what yardsticks – are both appropriate and feasible? In practice, there may be a very narrow dividing line between monitoring and evaluation; it is likely that routine monitoring data, for example, on service use, will play an important role in overall evaluations.

Processes, outputs and outcomes

118 A range of tools has been developed to measure the processes of multi-agency strategies – particularly the ‘health’ of the relationships between the different organisations and services involved. These tools focus on how well different partners and agencies are working together; they sometimes include diagnostic tools to help to identify where weaknesses exist in the relationships between them (Box C).

Box C

**Partnership Assessment Tool**

The Partnership Assessment Tool was devised by researchers from the Nuffield Institute of Health, University of Leeds, after extensive research into the factors that contribute to healthy inter-agency partnerships. It is based on six partnership principles:

1. Acknowledgement of the need for partnership.
2. Clarity and realism of purpose.
3. Commitment and ownership.
5. Establishment of clear and robust partnership arrangements.
6. Monitoring, review and organisational learning.

Each principle has a number of associated questions, which partners are required to answer. The answers then enable areas of weakness or disagreement to be identified and resolved.

Source: (Ref. 15)
However, it is also important to measure the outputs of a local strategy – do new partnerships and other ways of working actually result in new kinds of services (or new ways of delivering existing services)? And, ultimately, do these new approaches lead to improved outcomes, such as better health, quality of life or well-being, for the older people who use them (Box D).

**Box D**

**Camden's Quality of Life Strategy**

The evaluation of Camden’s Quality of Life strategy plans to use a questionnaire on quality of life that has been developed by researchers at City University and University College London. The questionnaire, called CASP-19, assesses how far older people feel in control of, and experience pleasure and fulfilment in their every day lives. It invites older people to say how far they agree/disagree with statements such as:

- I feel free to plan for the future;
- I feel that I can please myself what I can do;
- I feel that my life has meaning; and
- I feel that life is full of opportunities.

*Source: (Ref. 16)*

Evaluating a local strategy will involve all three dimensions – processes, outcomes and outputs

**Processes**

Evaluating the processes of working together is important because local strategies will often involve doing things differently – for example, working with new partner organisations, involving older people in new ways, or encouraging staff to deliver services differently. These new ways of working need careful attention in order to identify organisational barriers, new needs for training, or areas where additional support is needed from senior managers. Evaluating processes is therefore potentially valuable in improving programme design and fine-tuning implementation of the local strategic approach.

Evaluating processes should also help to shed light on the wider context surrounding the strategic approach and the critical factors that help or hinder its implementation. This will be important in understanding how a strategy that works in one locality might also work elsewhere – what factors, circumstances, or resources are needed to support implementation?
Because a local well-being strategy will involve older people, perhaps working in unfamiliar ways, some ‘process’ issues may themselves be important objectives. For example, local strategies that offer new opportunities to engage older people may have positive impacts on their mental health, social participation and quality of life.

**Outputs**

This is an area of evaluation where routine monitoring of services and specific service performance indicators are likely to be very helpful. The aim here should be to specify objectives and targets and to collect information on the performance of services in meeting those targets. Comparisons of performance indicators over time can be a useful source of information on progress towards specified objectives.

**Outcomes**

A comprehensive local strategy is likely to have a number of separate components. Evaluating outcomes needs to focus both on whether specific objectives and interventions have been achieved; and on the overall impact on older people’s subjective perceptions of their quality of life. For example, have older people’s incomes increased as the result of new information and benefit take-up campaigns? And have there been changes in their wider perceptions of well-being?

However, it is vital to be able to link outcomes to specific objectives; and to ensure that an evaluation covers both those people who have been involved in, or have used specific services and the wider local population of older people (Box E). Local strategies to promote well-being will inevitably be aimed at a much broader group of older people than those currently using health and social services, so a population-based approach will be essential.

**Box E**

*The evaluation of Camden’s Quality of Life Strategy addresses the following questions:*

1. How is older people’s perception of the quality of life changing over time?
2. What impact are services having on older people’s quality of life over time?
3. Are services working more closely over time and what are the criteria to measure this?
4. How is this outcome affecting older people’s perception of their quality of life?
5. How much of this is as a result of the strategy?

*Source: (Ref. 13)*
Measuring ‘making a difference’

In any evaluation, a number of different approaches are likely to be helpful in order to capture both the processes of implementing the local strategy and its impact on older people (Boxes F and G).

Box F

Camden evaluation

The Camden evaluation involves a number of elements, including:

- Recruiting a reference group of 200-300 older people, who are representative of the borough’s population. They will regularly be asked about their experiences of the Council’s services and the impact on their quality of life.

- Gathering stories from older people via members of the panel; an annual conference; and the Council’s Champion for Older People.

- Conducting ‘before and after’ surveys with older people who have participated in a particular service or activity.

The evaluation will be carried out by a research student, working closely with the Camden strategy and City University.

Source: (Ref. 13)

Box G

Better Government for Older People

The BGOP Programme used a number of different approaches to evaluate both the local BGOP pilots and initiatives and the programme as a whole. This evaluation was deliberately designed to be ‘formative’ and developmental – that is, to enable as much learning as possible to take place. The evaluation aimed to:

- understand why change is needed – for example, through the collection of baseline information on the problems facing older people, gaps in services, and so on;

- inform about what is possible, through recording good practice examples linked to evidence of effective outcomes for older people, such as improved information, services, or opportunities; and

- learn how change can be introduced, by tracking processes to identify the factors necessary for a successful approach.

Source: (Ref. 17)

Involving older people as researchers

A number of recent studies have broken new ground by involving older people themselves as researchers (Box H). This can contribute to the overall objectives of a local strategy because:
- it draws on older people's own knowledge and experiences, and therefore improves the quality of the research;
- older people can often feel more relaxed talking to interviewers who are their own age;
- it contributes to the aims of the well-being strategy itself, by providing opportunities for older people to make active contributions to their local community and by increasing their skills and opportunities for social contact;
- it helps to anchor the strategy in a local network of articulate advocates who can help to push for change; and
- it can provide an informal ‘sounding board’ for consultation on preliminary findings and suggestions for further service developments.

Box H

Older people's housing choices

One recent study of older people's housing choices involved older people both as consultants to the research team and as researchers conducting interviews with older people on their housing decisions. The study team developed a university course that ran for half a day a week over two terms and led to a university-validated certificate in research methods. Some of the students who completed the course have subsequently established themselves as a research consortium and are now seeking further commissions to carry out research on and with older people.

Source: (Ref. 18)
Conclusions

129 This report draws on the experiences of a number of communities that are working together to promote the well-being of older people to shift attitudes towards ageing.

130 Older people are clear about the issues that have the greatest impact on their ability to live independent lives. These include:

- housing and the home;
- neighbourhood;
- social activities, social networks and keeping busy;
- getting out and about;
- income;
- information; and
- health and healthy living.

131 There is also a move towards viewing older people as citizens and contributors to the life of the community. A number of policy initiatives, such as NSF Standard 8 and the modernisation of public services, endorse the need to take a broader approach to well-being. Research evidence on the development of strategies to promote older people’s well-being and independence suggests that local work should include a number of common components, as well as factors that maximise the chance of success. These factors have combined in a number of communities to encourage the development of a broad strategic approach to older people.

132 Strategic approaches to well-being must have older people at their heart and must aim to achieve the outcomes that older people see as most important. It is possible to develop creative ways of contacting large numbers of older people, using existing routes, but older people may need support, training and skills development to prepare them to participate fully in engagement processes. Communities need to develop a range of different ways to engage with older people and should avoid relying too heavily on traditional meetings. Mechanisms for engagement should build in ways of maintaining enthusiasm and commitment and for bringing in new perspectives. Many communities are struggling to engage with groups of older people whose voices are seldom heard, although some of the study sites were developing ways of reaching out.

133 Developing a strategic approach can add focus and coherence, as well as acting as a vehicle for making connections across services and organisations and for delivering services in new ways, while making more efficient use of resources. Although the overarching goal was described differently in each area, strong themes of promoting positive views of ageing, building partnerships, independence and citizenship underpin these developments. Many examples exist across the country of initiatives that tackle the dimensions of independence that are highlighted above. These need to
form part of a comprehensive strategic approach that is based on the priorities of local older people.

134 There are currently few incentives to develop a strategic approach to older people, although this study identifies many communities that are showing enormous commitment to making progress. Communities that do decide to adopt this approach need to work hard to build support for an area of activity that can be perceived as being at the margins of the core business of public services. Support needs to be built at a number of levels, including with elected members, senior officers and partner agencies. Sites were also using the levers that exist within policy, for example, Standard 8 of the NSF, and were thinking creatively about resources, either by using existing resources more efficiently or by tapping into alternative sources of funding. Work on well-being and independence needs to influence NHS/social care activities, without being overwhelmed by their agenda.

135 It is important that communities implement real changes for older people that are sustainable over time. All of the sites we visited were maintaining a focus on implementation, in most cases by ensuring that older people had a key role in tracking change and in holding agencies to account. Good project management arrangements were also important. The project management lead could be located in a number of different departments or agencies, all of which had advantages and disadvantages. It is important to ensure that work on older people’s well-being is not a marginal activity by creating opportunities to influence mainstream services.

136 Finding ways to demonstrate the impact of a strategic approach is important, although it is a complex undertaking. Evaluating a local strategy will involve three dimensions – processes, outcomes and outputs. Older people must play a key role in tracking and demonstrating that the work is making a difference. It is important to build evaluation into projects at the outset, rather than attempting to introduce this at a later stage.

137 As the local focus on well-being becomes stronger and as communities refocus their services to address the challenges of an ageing society, it is likely that the learning from our study sites will become increasingly useful. The key lesson from these sites is that strategic thinking and implementation will only deliver sustainable change if older people are at the heart of such work.
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The joint Audit Commission/BGOP team that produced this report included David Gardiner, Caroline Glendinning, Rajesh Kishan, Dave Martin and Linda Spencer. The team was led by Jane Carrier and the series of studies on independence and well-being, of which this report forms part, was carried out under the direction of David Browning. The joint advisory group was made up of Cathy Traynor and Ken Brown from the Older People’s Advisory Group, Mervyn Eastman of BGOP and members of the team.

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- Bournemouth
- Cambridgeshire
- Camden
- Islington
- Lewisham
- Newcastle
- Nottinghamshire
- Sheffield
- Warwick

We also made brief visits to a number of other communities to gather information for this report and we thank them for their contribution.
Integrated Services for Older People: Building a whole system approach to services in England

This report tackles the issue that care for older people is not well co-ordinated. It offers advice on how to work towards a more ‘whole system’ view of services for older people and draws on some good practice examples.


The Way to Go Home: Rehabilitation and remedial services for older people

This report argues that a more strategic and whole-systems approach is needed, that looks at rehabilitation in the round and makes full use of new financial flexibilities. It proposes solutions for practitioners, local authorities and users who depend on these services.


Forget Me Not: Mental health services for older people (Update 2002)

This update reviews progress made by trusts in the provision of mental health services for older people since the Commission’s 2000 national report Forget Me Not.

Update, 2002, ISBN 186 240 3414, £12, stock code HUP2681

The Coming of Age: Improving care services for older people

This report reviews care services for older people, focusing on the roles of the different agencies involved, including social services, the NHS and independent care providers. The report makes detailed recommendations to those involved in delivering these services and those responsible for policy.

This is the second in a series of five papers looking at ways to promote the independence and well-being of older people. A report summarising the series is also available.

To order copies of these reports, please contact Audit Commission Publications, PO Box 99, Wetherby, LS23 7JA, 0800 502030.

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