

Link-Age

Developing networks of services for older people

Building partnerships

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Foreword

One of the biggest challenges we face in the 21st century is to adapt to an ageing society. It is no longer acceptable to see ageing as a ‘problem’; instead we need to celebrate the fact that we are living longer, and to promote the social inclusion of older people – recognising them as citizens with rights and responsibilities. Indeed, that is increasingly what older people themselves demand.

Of course, some older people are dependent on others, but far more are themselves depended upon: depended upon as family members, as grandparents and carers; depended upon as friends and neighbours; depended upon as school governors, hospital visitors and in a multitude of other voluntary roles; depended upon as political activists; and depended upon as employees and contributors to the economy.

So, we need to adopt a whole new approach – one which acknowledges that discrimination based on age is as debilitating as discrimination based on race, gender, sexual orientation or disability. Age discrimination is not just wrong morally, it is also wasteful, inefficient and economically inept.

The task we set ourselves – to promote a change in the way society as a whole adapts to an ageing population – is an ambitious one. We cannot change the world overnight, but we can set out a direction of travel and make sure that we are taking positive steps to reach our longer term objectives. We are at the start of the journey.

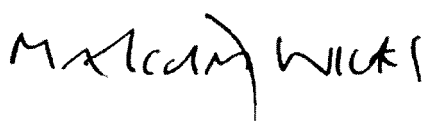
So, later this year, we will publish a document that will set out the Government’s overall strategy on older people. It will present an analysis of the demographic shift we can expect over the next few decades, and help to dispel the many myths and stereotypes about ageing which create barriers to the social inclusion of older people.

One part of the overall strategy is to modernise public services. The old paternalistic model of service provision, in which the public was expected to receive gratefully whatever the state chose to give them, will no longer do. Modern public services should be responsive to the needs and aspirations of individual older people. Older people should no longer be expected to get what they are given. They should be involved in the design, delivery and evaluation of services which affect them. Only by modernising services in this way can we move towards a position in which we promote well-being and independence among older people.

The development of the welfare state in the 20th century was a major achievement. But at the local level, the citizen was expected to negotiate an often complex structure of services and benefits. In this new 21st century, a crucial challenge is to rebuild and renegotiate local welfare states around the needs and aspirations of individuals, families and communities. Sure Start for children and their families is a fine example of the new approach. New Deal for Communities is another. We need to develop a similar approach to meet the needs and aspirations of older people.

If we are going to succeed in modernising services in this way, we need to break down the organisational barriers which lead to poor and fragmented services. We need to develop 'whole system' approaches which look at the needs and aspirations of individual older people in the round. This document, which is published by the Department for Work and Pensions in collaboration with other government departments and the Local Government Association, is about how we can build on current successes to move increasingly to that 'whole systems' approach. Joining up services is more than just an idea; we are making progress already – central government departments and local councils are making real strides forward, overcoming decades-old barriers to closer working across organisational boundaries. Joint Teams which ensure older people can access all their entitlements through a single visit are one example. But it is just a start. We are determined to move further, making a real step change in the quality of service that older people receive.

Central government does not have all the answers to the questions and challenges we face in modernising public services. We could not and should not seek to impose a top-down, one-size-fits-all model for how services should be delivered. Instead, we want to build genuine partnerships between central and local government, the voluntary and community sector, the private sector, the police and others who might come into contact with older people, such as postal service workers. And crucially, we want to involve older people themselves in developing the services that affect them. These are issues that have wider relevance. John Prescott has recently announced the start of a process for looking at the longer term picture for local government – about local leadership and local service delivery. I hope that this document will contribute to that process and help to spur all partners to even greater efforts to work together to improve the lives of older people up and down the country.



Malcolm Wicks MP
Minister of State for Pensions

Executive summary

1. Older people should be at the centre of policy thinking and action, in both central and local government. Over 50s already outnumber children under 16 by almost two to one – some 19 million over 50s compared with 10.7 million children. By 2021, there will be more people over 80 than there are children under five. Ignoring these demographic shifts is not an option.
2. An ageing society presents both opportunities and challenges. There are opportunities to make better use of the contributions that older people can make to the economy and society; the challenge is to make sure that older people, as important consumers of services, receive the high quality of service that they deserve. Overall, we need to work with older people to remove the barriers to them living healthy, fulfilling, independent lives – we need to promote well-being and social inclusion in later life.
3. Yet up to now, for too many older people, services have been difficult to access: they have had to contact large numbers of organisations and provide the same information and documents over and over again to get the help and support that they need; and it can be extremely difficult to know who to contact in the first place. This situation is made worse because the need to contact services often arises at a time of illness or crisis, when the ability to cope is already stretched.
4. Our vision is that older people or people seeking advice on behalf of an older person will have easy access in their local area to information about the full range of services available – either through a single access point, or several access points which can offer advice across a range of issues. This fully joined-up model is a longer term aspiration at the moment, but central and local government are already taking steps in that direction. We need to build on those initiatives to take us further towards the aspiration. **And we need to remember that very often, joining up the simple things can make a real difference.**
5. It is important to be clear that we are *not* talking about dismantling existing organisations and building a new bureaucracy to achieve this network of service. Instead, we are seeking to build more effective strategic and operational partnerships between existing organisations – **an integrated network of services for older people**. However, from the point of view of the customer, the network would operate as if it were a single organisation, providing easy access to the full range of services they might be entitled to. *In developing this new approach, we are building on the lessons learnt from the Care Direct pilots, which tested models of joining up.* The networks of services will vary from area to area – central government should not attempt to impose a top-down, one-size-fits-all model on local communities – but, once fully operational, they might have a number of components in common.

6. We would welcome views on what these components might be, particularly from older people themselves, but examples might include:
- **easy access to advice and information.** There are different models for this – in Somerset, for example, there is a single telephone number which older people or their carers can ring for advice across the range of services available; some councils have one-stop shops, whilst others are looking to train staff in their various departments so that whichever department an older person rings, the staff member has sufficient knowledge and sophisticated information technology (IT) to be able to give the older person advice about the range of services to which they might be entitled. It is right that different councils should develop the models that suit their own populations, but the common theme is easy access;
 - **the promotion of neighbourliness and community support:** encouraging those who come into contact with older people – family members, neighbours, postal workers, milkmen, the local police service, utility or other private companies, etc – to be on the lookout for older people needing help. This will not be easy to achieve, and we need to understand better how families and communities work. But we would like to start a discussion about how we might encourage such active citizenship and social responsibility;
 - **better systems for sharing information between organisations,** including links between IT systems so that they can ‘talk’ to each other, and data-sharing arrangements which mean that when an older person enters the ‘system’ (for example by claiming one benefit or entitlement), relevant information can be shared with other parts of the system so that all their requirements can be identified (and the older person only has to give information once);
 - **ensuring that issues which matter to older people are given proportionate weight in the community planning process** – ensuring that there is real community leadership to developing services for older people, and involving older people themselves in their design, planning and evaluation.
7. We are making progress towards that vision, but we are not there yet. Examples of progress include:
- **Joint Teams.** Instead of older people being visited by both The Pension Service *and* the council over financial and benefit-related matters, we are developing teams which do a single visit and fill in forms with the older person so they can claim *all* the benefits and services to which they are entitled in one visit. As a minimum, these Joint Teams are made up of The Pension Service and local authority staff. Typically, such teams now include The Pension Service staff, local authority social care financial assessment staff, those involved in Supporting People assessments and Housing Benefit/ Council Tax Benefit staff; and, in some areas, they include voluntary sector staff. Eventually, we are aiming for *all* Joint Teams to include these organisations. And Joint Teams are a key stepping stone towards one-stop access to wider services. Visiting officers under this new arrangement seek to identify the *range* of needs the older person might have – providing a ‘whole person’ service. For example, visiting officers would be looking out to see whether the older person needed help with minor home repairs or with gardening. If so, the visiting officer would advise the person about the availability of help in the area (a handyperson scheme, for example) and put them in touch if that is what the older person wanted;
 - **local organisations taking claims to the Department for Work and Pensions (DWP) benefits and verifying documents.** We have listened to older people, many of whom have told us that they prefer to deal with local organisations – either local authority or voluntary organisations. In particular, we know that some older people dislike having to post documents. So, we are piloting enabling local organisations to take DWP claims and verify documents. We will roll this out nationally over the next 18 months;
 - **a Partnership Fund.** We have established a Fund which not-for-profit organisations can bid for to run innovative pilots, aimed at finding effective ways of encouraging harder-to-reach groups among older people to claim the benefits to which they are entitled. The Fund will promote partnership working;

- **Single Assessment Process.** For the first time, we are bringing together health and social services so that older people have a single point of access to the care system. Regardless of whom they first contact, they receive a full assessment of their health and social care needs. This means that they do not have to contact a wide range of professionals themselves and waste time telling the same story to several different people, and that a care plan can be created for them which is well coordinated and takes account of all aspects of their life;
 - **Supporting People.** This initiative builds partnerships between local authorities, service users and support agencies to promote housing-related assistance, which complements care services, for over one million people who need that support to live independently;
 - **Central and local government working together.** Central government, working with the Local Government Association, has agreed seven shared public service delivery priorities where it is important to deliver tangible improvements. The Older People's Shared Priority, building on the United Nations Principles for Older People, is to improve the quality of life for older people. This is being taken forward through special forums which will identify innovative initiatives in communities that promote social inclusion amongst older people, and ensure the learning is shared across the country.
8. These developments are taking us towards the vision of more fully joined-up services, with easy access to help and advice. But they are only a first stepping stone. **There are good reasons for local authorities to drive this work forward, supported by central government.** Such joining up will deliver more *effective* services for older people in the localities for which they are responsible, and it is also significantly more *efficient*, avoiding duplication of effort in collecting information about older people and dealing with their various needs. Joining up is not expensive – indeed, it ought to save money.

Layout of the document

9. **Chapter One** describes the **vision** of what kind of service provision we see being developed for older people – what has been called ‘third age services’. We think that the title of the document – Link-Age: Developing networks of services for older people – is more descriptive of what we are trying to achieve. The objective of this chapter is to describe where we are aiming to get to in the longer term, so that we all have a clear picture and can work towards that ambition together – *we want to make sure that the vision is widely understood and supported.*
10. **Chapter Two** describes in more detail the steps that central and local government are taking to make access to services easier for older people. These are the stepping stones towards the easy access to information and advice we are aiming for in the longer term. *We want to make sure that older people themselves and professionals in the field understand the steps already being taken and can comment on them.*
11. **Chapter Three** discusses how, building on the initiatives described in Chapter Two, we can move further towards the vision, building partnerships between central and local government and spreading good practice. *We want to encourage views on these steps.*
12. **Chapter Four** examines the evidence about the services that older people need and want – focused around **changes of circumstances, life events and opportunities** – and discusses the extent to which the joining-up initiatives described in the previous chapters take us towards meeting those needs and aspirations. It asks for views about where there may be **gaps**, and what the priorities should be for closing those gaps. *In determining those priorities, we want to engage with older people themselves and other stakeholders.*
13. **Chapter Five** concludes the document and sets out the **consultation process.**

Conclusion

14. Central and local government have agreed a shared priority to *improve the quality of life for older people*. Indeed, the fact that this document is a collaboration between government departments and the Local Government Association is an important illustration of a shared commitment to take this work forward.
15. Partnerships are already flourishing on the ground in many areas – there is a lot to celebrate. But there is further to go, making sure that older people receive high quality services which promote well-being and meet needs and aspirations, wherever they live.
16. It can sometimes appear that there is a tension between an agenda which is about the promotion of well-being on the one hand, and an agenda around intervening more effectively when a specific need arises on the other. We do not think it has to be an either/or. A pragmatic approach can deliver both. We are developing an overall strategy on older people which will be very focused on changing the way in which we see an ageing society, and advocates a new approach which recognises older people as citizens with rights and responsibilities – promoting well-being. We will publish that document later in the year. In advance, and to pave the way for that document, *this current document focuses mainly on joining up services when a need arises – it needs to be seen as just one part of the wider strategy*.
17. This document is aimed at the general reader, but particularly *elected members in local authorities with an interest in older people's issues, and service managers*. We hope it will help to equip them to drive this important work forward, making a real difference to the lives of older people in their communities.
18. In addition, we want to ensure that *older people themselves have an opportunity to contribute to the development of joined-up services and, indeed, to become increasingly involved in wider community issues that affect all age groups*.

Coverage

19. The document covers England only, although a number of the initiatives (Joint Teams, for example) apply equally in Scotland and Wales. We wish to work closely, however, with the Welsh Assembly and the Scottish Executive and their partners, drawing on their experience so that we can all learn from each other and can ensure that services for older people are developed across the whole of the UK.

Summary of issues on which we wish to consult

20. We would welcome comments from a wide range of stakeholders, but are particularly keen to get feedback from those who are responsible for making change happen on the ground – especially elected members and service managers in local authorities, and older people themselves.
 - What are your views on the vision for joined-up services (Chapter One)?
 - Are we getting the right balance between promoting well-being and independence, and tackling need when it arises?
 - Do you agree with our proposed early priorities for action (Chapter One, paragraph 1.12)?
 - Do you agree that the steps described in Chapter Two are taking us in the right direction?
 - Do you have views on the aspects of services for older people that it should be a priority to bring together?
 - Do you think that our plans to give partner organisations incentives to join up with others to deliver joined-up services for older people will work (Chapter Three, paragraphs 3.3 to 3.7)?
 - Should we be taking further steps to ensure the involvement of older people in policy design, implementation and evaluation, and in wider community issues? If so, what might they be (Chapter Three, paragraphs 3.14 to 3.19)?

- Do you think that identifying trigger points, when people might find themselves in need of services, is a useful way of developing priorities for next steps (Chapter Four)?
- Have we identified the right triggers (the table in Chapter Four)?
- What are your views about our suggested priorities for next steps (Chapter Four, paragraph 4.11)?

We welcome written comments on this document. But, in addition, we intend to run a series of regional consultation forums over the autumn to ensure those who wish to contribute have the opportunity to do so.

If you wish to comment in writing, please do so by 26 November 2004.

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What are we trying to achieve in the longer term?

Summary

- 1.1 In modernising public services for older people, there are three aims:
 - promoting well-being and social inclusion for all;
 - ensuring that the minority with acute needs have those needs met;
 - providing holistic, customer-focused services, both as a way of promoting the first two objectives *and* because this is what citizens of all ages increasingly want from service providers (whether in the public or private sectors).
- 1.2 The range of issues and services that matter to older people are just as wide as for the population as a whole. How to include older people and provide customer-focused services for them applies just as much to managers in housing and education services and community planners, for example, as it does to social service and healthcare managers. Indeed, increasingly older people expect their needs and aspirations to be met, in a consumer-friendly way, across the range of services. We need to ensure that central government enables local government to focus on delivering the above objectives.
- 1.3 Of course, the first objective, promoting well-being and social inclusion, is about much more than improving service provision. It includes cultural shifts – countering age discrimination, dispelling myths and so on. So, our vision of how the UK needs to adapt to being an ageing society will be set out in a wide-ranging document at the end of the year. In advance of that, and to pave the way for it, this current document sets out a new direction for public services for older people, discusses the first steps in this new direction and consults on what the next steps should be.
- 1.4 The key differences between the old and new approaches are:
 - moving away from a generalised view of older people as frail and dependent, treating them instead as citizens with a broad range of concerns, and with a contribution to make to the economy and society;
 - developing services which focus on those wide areas of concern that we know older people have, rather than focusing narrowly on health and social care;
 - listening to older people and engaging them in policy design;
 - thinking and working across organisational boundaries to join up service provision – providing ‘whole person’, customer-focused services, rather than separate organisations (or parts of organisations) focusing only on their own areas of specific responsibility.

1.5 This new approach will result in radically different outcomes for older people in the longer term. The networks of services we see being developed will vary from area to area – depending upon demographic and other variants – but, once fully operational, they will have a number of components in common. We want to consult on what these components might be, but examples include:

- easier access to information and advice. There are different models for this – in Somerset, for example, there is a single telephone number which older people or their carers can ring for advice across the range of services available; some councils have one-stop shops, while others are looking to train staff in their various departments so that whichever department an older person rings, the staff member has sufficient knowledge and sophisticated information technology (IT) to be able to direct the individual to the right part of the council. It is right that councils develop models which suit their own populations, but the common theme should be easy access. **We discuss in Chapter Three what the incentives might be for central and local government agencies and others to work together to make this a reality across the whole country;**
- the promotion of neighbourliness and community support: encouraging those who come into contact with older people – family members, neighbours, postal workers, milkmen, local police, utility or other private companies, etc – to be on the lookout for older people needing help. **This will not be easy to achieve, and we need to understand better how families and communities work. But we would like to start a discussion about how we might promote such active citizenship;**
- better systems for sharing information between organisations, including integrated IT systems and data-sharing arrangements which mean that when an older person enters the ‘system’ (for example by claiming one benefit or entitlement), relevant information can be shared with other parts of the system so that all their entitlements can be identified (and the older person only has to give information once). **We have started work to identify the opportunities**

for modernisation, and we describe this work in Chapter Three;

- ensuring that issues which matter to older people are given proportionate weight in the community planning process – making sure that there is real community leadership to developing services for older people, and involving older people themselves in their design, planning and evaluation.

What do we mean by promoting social inclusion?

1.6 If we are successful in moving towards easy access to information and advice (either via a one-stop or multiple access approach), we can make a significant difference to the lives of older people. But in thinking about the areas where we need to make progress, we need to focus on the evidence about what issues matter to older people themselves. Research published by the Department for Work and Pensions (DWP)¹ examined the concept of independent living in later life and its relationship to older people’s service needs and behaviour in accessing services. Findings from this research, and recent research by the Audit Commission, clearly shows that independence is what older people want in order to feel that they can participate fully in society. This means much more than doing things for themselves – at the heart of older people’s ability to live independent lives lies their capacity to make choices and have control over their lives. The DWP research found that good health, the ability to get around, and being able to live in the environment of your choice were commonly associated with being independent. However, the same research found that independence was only felt to have been lost when individuals were unable to exercise control over their daily lives. Service use and independence are not inconsistent with each other, but where an older person does require support, it becomes even more important to respect the choices that they can still make.

¹ DWP Research Report No 216 (2004) *Independent Living in Later Life*

1.7 The idea of *interdependence* is also becoming increasingly important for older people. Of course, some older people have to depend on others, but many are themselves **depended upon** – as friends, neighbours, family members, volunteers, carers, political activists. Promoting social inclusion involves recognising and supporting older people in these various roles.

1.8 In supporting older people in this way, we need to take into account the things that they tell us are important to them in living independent lives. The Department for Work and Pensions research found that key priorities for them were transport, health and help in the home. This was borne out in work by the Audit Commission, who identified the following ‘seven dimensions of independence’:

Housing and the home

- For many older people, their home and the surrounding area are the centre of their lives. The research on the housing decisions of people over 60 found that ‘the design, quality and standard of housing is a critical factor in the way people live.’²

The study found that older people wanted housing that:

- is designed to help manage reduced mobility and disability;
- provides safety, security, comfort and pleasure;
- has sufficient flexible space to allow them to sustain their individual lives.

Neighbourhood

- Many older people who have lived in one place for a long time identify strongly with their neighbourhood. More than three-quarters have at least one friend close by, and half share a chat or some other activity with local friends on a daily basis. However, many also report being anxious about both personal and property crime – and crime is a very real fear for older people living in deprived inner city areas. The quality of life that the neighbourhood can offer is therefore a vitally important component of older people’s independence.

Social activities, social networks and keeping busy

- Activities that offer fun, enjoyment and personal fulfilment and the opportunity to give, as well as to receive, do more than contribute to a good quality of life: for frail, housebound and recently bereaved older people, friendships, social contact and keeping busy improve mental health and help with adjustments after major life changes. Conversely, the costs of social isolation and loneliness are high in terms of physical and mental health, depression and anxiety.

Getting out and about

- To make the most of social activities, people need to be able to get out and about. Even those who still drive can find their mobility restricted.

Income

- Older people consider an adequate and reliable income essential for independence.

Information

- For all of the items listed here, older people need good information – on such things as benefits and entitlements, equipment that helps them around the house, reliable tradespeople and taxis, and activities and societies. Older people do not want their lives organised for them, but they do need extra help to organise life for themselves.

Health and healthy living

- Good health is important for independence. Older people value the NHS highly, especially when the care is focused on their needs and they are treated with respect and courtesy. But they worry about long waits, getting to remote clinics and being considered a nuisance. They are keen to improve their access to timely health advice and early treatment. They also want advice on how to stay healthy and independent, how to find enjoyable ways to keep fit and active, and how to overcome health difficulties.

² Estrigge Social Research (2003) *Homing in on housing: a study of housing decisions of people aged over 60*

1.9 In addition, access to employment for the over 50s is important. Many of them are in employment and have the same needs and interactions as other people of working age. Others would like to be in work, and research shows that people who choose how and when to cease employment have greater well-being in later life. Services should support people 50+ to work as long as they want to, but should also assist in the transition between work and retirement. Many people in their 50s and 60s also find themselves as carers for parents or other family members. They need information and assistance to combine their roles.

1.10 The overall message is that, if we wish to provide better public services for older people, and promote social inclusion, we need to focus attention more widely than on the traditional areas of health and social care, important though those issues remain. And, crucially, this means better joining up – people's concerns are wide-ranging and public services need to respond to them as 'whole people'. This approach is reflected in the joint publication from the Association of Directors of Social Services and the Local Government Association *All Our Tomorrows* – there is a growing consensus both within and outside government that the overall objective of policy on older people should be to promote well-being and independence.

What should the priorities be?

1.11 Holistic, customer-focused services are what we need to deliver for all older people: treating people as citizens with both rights and responsibilities; meeting 'whole person' needs; avoiding duplication and fragmented service delivery; moving towards easy access to information and advice about the services that are available. There are also issues beyond 'services' – around the environment, well-being and quality of life. However, in starting down what will be a long journey towards that goal, we need to identify and agree what the priorities should be.

1.12 We believe that the key priorities at this stage are:

- setting out a *clear and coherent vision* for where we want to get to. **That is the purpose of this document;**
- agreeing between central and local government a common view of priorities and how best to take them forward (called 'shared priority for older people') – in particular:
 - developing innovative ways of working and sharing good practice, so that all can learn from the best. **We discuss this in the next chapter, but in summary we intend to develop a new forum (called 'action learning sets')** for councils which will enable those who are providing good services to older people to help those who are doing less well, and also bring groups of local authorities together to find solutions to particularly difficult problems. **40 local authorities will be involved in these action learning sets;**
 - ensuring that central government can set objectives and minimum standards, while leaving councils the right amount of autonomy to design services that meet the needs of their particular populations, for example through the Comprehensive Performance Assessment. **Again, we discuss how this can be done in the next chapter but, in summary, we need to use the incentives through which councils are given ratings and financial support to encourage a focus on older people;**
- taking steps which better *enable agencies of central and local government to be proactive in offering help when changes of circumstances, life events or opportunities arise which trigger a need for help*. In order to improve service provision, we need to develop more effective channels of communication between the various parts of central and local government and beyond – that is key to joining services up. If one part of the 'system' picks up that an older person has a set of needs, it should be possible for that information to be shared with other relevant agencies. In order to make this possible, we need to make sure that data protection serves its intended purpose and does not become a hindrance to serving older

people, and that information technology (IT) systems can 'talk' to each other. We are already doing work to ensure that data protection works in the way intended – for example, developing Memorandums of Understanding that enable central and local government to share relevant data. And we are exploring the scope for developing information technology (IT) links that enable the systems used by central and local government to work together better. This is one part of the wider work that is looking at the longer term vision for local government and for local public services. The issues that affect the provision of services for older people inevitably need to be seen in that wider context. We are keen that thinking about the development of approaches for particular groups both influences, and is influenced by, thinking about the broader picture.

Issues on which we wish to consult

- What are your views on the vision for joined-up services?
- Are we getting the right balance between promoting well-being and independence; and tackling need when it arises?
- Do you agree with our proposed early priorities for action (paragraph 1.12)?

Conclusion

- 1.13 The evidence shows that older people's needs and aspirations vary greatly. At various times throughout their lives, an individual will need a range of services – sometimes it is low level help to promote social inclusion, while at other times it is acute help focused on health and social care. We all need to keep in mind both issues as we develop services.
- 1.14 In developing networks of services for older people, *we are aiming to deliver services to older people that are joined up, customer focused and which promote well-being and social inclusion as well as meeting acute need when it arises. In the longer term we are aiming to provide easy access to services in all local authority areas – either through one-stop shops or multiple access points – moving towards that goal with a series of shorter-term initiatives.*

What services are being joined up initially?

Summary

2.1 For too many older people, services are difficult to access: they have to contact numerous organisations and provide the same information and documents over and over again in order to get the help and support that they need; and it can be very difficult to know who to contact in the first place. This situation is made worse because the need to contact services often arises at a time of illness or crisis, when the ability to cope is already stretched. So, we are taking early steps to tackle that, bringing together specific services as a first step towards the vision of a much wider one-stop approach. This chapter discusses these initial steps to join up and invites comment.

2.2 In summary, we are making progress in joining up in the following areas:

- **The Pension Service:** the Government is committed to improving the service provided to today's and future pensioners. The Pension Service offers a dedicated and responsive service to meet the needs of its customers. This is delivered through a network of pension centres supported by a Local Service providing face-to-face contact in local communities.
- **Joint Teams:** teams made up of The Pension Service Local Service staff and local authority financial assessment and benefits visiting staff who operate as a single team, undertaking single visits, taking claims across the range of benefits and, at the same time, undertaking financial assessments for services. While initially such teams began with The Pension Service and Social Services financial assessment staff, they increasingly include Housing Benefit and Council Tax Benefit visiting staff, and some also include individuals from the voluntary sector;
- **Partnership Fund:** a new fund for not-for-profit organisations to run innovative take-up pilots, focused on encouraging claims from harder-to-reach groups, based on partnership working;
- **working with the voluntary sector:** enabling voluntary sector organisations to take claims to the Department for Work and Pensions benefits and verify supporting evidence. Also, a new fund (*Futurebuilders*) to build capacity in the voluntary sector;
- **the Single Assessment Process:** for the first time, joining up the NHS with Social Services to deliver holistic health and social care assessments;
- **Supporting People:** this initiative builds partnerships between local authorities, service users and support agencies to promote housing-related assistance, which complements care services, for over one million people who need that support to live independently.

2.3 These developments are important steps towards meeting our objectives of better support for those who need it, and more joined-up services. They do not, on their own, deliver the objective of fully integrated one-stop access, but they are an important start along that road.

2.4 However, there are examples in particular areas where **local authorities**, often working with others, have gone beyond these initial steps towards joining up – they are beginning to develop ‘whole person’ services. For example, they are increasingly restructuring the way in which they provide services for adults, providing easy access and building more effective links with voluntary bodies and others such as the police. In addition, they are increasingly establishing older people’s forums and linking with older people’s groups to design services under their Local Public Service Agreements to meet older people’s shared priorities.

2.5 Later in this chapter, we set out some case studies and discuss how this good practice can best be shared and incentives provided for it to be spread across the country.

How can we deliver?

2.6 The key to delivering real improvements on the ground is to:

- develop a coherent vision of the future;
- build effective partnerships that span traditional organisational boundaries;
- develop realistic plans for delivery.

2.7 To support this we need:

- ways of giving partner organisations incentives to join up with others to deliver joined-up services for older people;
- arrangements for spreading good practice;
- information technology (IT) systems which can ‘talk’ to each other, and data-sharing arrangements which allow partners to share relevant data with each other;
- effective ways of involving older people in developing objectives and plans for delivery;

- a robust system for monitoring and evaluating progress;
- mechanisms for supporting the involvement of the voluntary and community sector.

Delivery plan – central and local government working together

2.8 In a number of areas, central and local government, with other partners, are already taking the lead to deliver a programme of change, joining services up. The following section describes the main initiatives being led by central government and also describes some good practice being led by local authorities.

The Pension Service

- The Government is committed to improving the service provided to today’s and future pensioners. The Pension Service replaced the Benefits Agency services for pensioners from 1 April 2002, and has been developed as a customer-focused organisation after researching what customers need and expect from the Government in relation to pensions business.
- The Pension Service has a network of pension centres across England, Scotland and Wales, using the most up-to-date equipment to deal with payments and queries accurately and efficiently.
- Pension centres are supported by a Local Service that provides face-to-face contact in local communities through home visits, appointment surgeries and other outreach activity in locations that customers find convenient, and works with local partner organisations to raise pensioners’ awareness of what is available to them and to increase the take-up of benefits and entitlements, including Pension Credit.
- There are facilities that enable customers to access the Language Line – a telephone interpreting service covering over 150 languages. The Pension Service also produces leaflets in a wide range of ethnic minority languages. And it offers a full service to disabled customers.

Joint Teams

- Joint Teams are made up of The Pension Service Local Service staff and staff from Social Service Fairer Charging Teams (Fairer Charging Teams assess an individual's ability to contribute to the cost of non-residential social services care). Increasingly, they include Housing Benefit/Council Tax Benefit staff, and some also include voluntary sector staff/volunteers – our aim is that, in the medium term, all Joint Teams will involve this wider participation. Joint Teams mean that the older person is visited by one person who is trained and accredited to cover, in a holistic manner, the full range of benefits and financial assessment processes.
- Joint Teams operate under a single management structure and their purpose is to provide customers with a one-stop visiting service. When a customer is visited, they are offered the opportunity to claim all the benefits to which they might be entitled, with the visiting officer completing all the forms and paperwork on the customer's behalf. At the same time, with the customer's consent, any social care or Supporting People financial assessment is carried out. This means that the customer is visited once and only has to answer questions and show their documents once.
- In addition, Joint Teams seek to identify any other needs the older person, or their carer, might have – providing a 'whole person' service. For example, visiting officers would be looking out to see whether the older person needed help with minor home repairs or with gardening. If so, the visiting officer would seek to provide information about the availability of help in the local area (a handyperson scheme, for example) and put them in touch if that is what the older person wanted.
- We intend to roll out Joint Teams to all primary tier local authorities over the next two years (across England, Scotland and Wales). **Pull-out One gives guidance to local authority service managers and to operational managers in The Pension Service about how to set up Joint Teams and where to go for support and advice.**

Partnership Fund

- The Partnership Fund is a new venture which aims to support take-up pilots with a particular focus on encouraging benefit claims from harder-to-reach groups through joined-up activity. The Partnership Fund was launched at the end of March 2004 and the Department for Work and Pensions (DWP) has received over 700 applications. Contracts will be awarded from autumn 2004. When the pilots end and have been evaluated, we intend to publish a Good Practice Guide, based on the results from the pilots.
- This is an innovative new venture – it is the first time that DWP has run anything like this. It is a unique opportunity to utilise the expertise in the voluntary sector – including small organisations – to break through the barriers which prevent particular groups of older people from receiving the benefits to which they are entitled.

Working with the voluntary sector

- Many older people have told us that they prefer to deal with voluntary sector organisations such as Age Concern and Help the Aged, and do not like having to send documents to The Pension Service in order to claim DWP benefits and entitlements. We have listened and are responding. DWP has started pilots which enable voluntary sector organisations to take claims to DWP benefits and entitlements and to verify supporting documentation. This is a significant step forward which brings the voluntary sector into closer partnership working with The Pension Service to provide a more customer-focused approach. Over the next two years we will roll this out nationally so that any voluntary organisation which has the Legal Services Commission Quality Mark for advice and information services can (if they wish) undertake this service. **Pull-out Two gives advice and guidance to managers in voluntary sector organisations and in The Pension Service on how this new arrangement works and signposts to further sources of support.**

- In addition, the Government is taking steps to increase capacity in the voluntary sector, to enable it to play more of a role in partnership working. The Home Office is introducing a new scheme called *Futurebuilders*. This is a £125 million investment fund that offers a unique opportunity to strengthen the voluntary and community sector's role in service delivery – not just in relation to older people, but we would expect organisations that focus on them to be among the beneficiaries. The initiative will invest in exemplar schemes that can deliver improved and sustainable services in the longer term, through providing development funding and for the acquisition of capital assets. Practical help will be available to assist the most promising schemes and organisations to become 'investment ready'.
- While *Futurebuilders* is a fund for the voluntary and community sector, to be run by the sector, the sector cannot make a success of it on its own. The involvement of councils, and other statutory purchasers, will be crucial to its success, not least in demonstrating the good practice advocated by the cross-cutting review into the sector's role in service delivery in the Spending Review 2002.
- *Futurebuilders* England has now embarked upon a programme of dissemination about the investment priorities, eligibility criteria and applications process for the fund. The fund was fully open for business from June 2004, and a first round of investments will be made later in the year.
- In addition, there is a new fund called the *Change Up Fund*, which is managed by the Active Communities Unit. This is a £73 million investment which sponsors best practice in achieving the unit's ten-year vision for the infrastructure of the voluntary and community sector.

The Single Assessment Process

- This is a common system of assessment, care planning and information sharing between the NHS and Social Services which means that older people have a single point of access to the care system. Regardless of whom they first contact, they receive a full assessment of their health and social care needs. This means that they do not have to contact a wide range of professionals themselves and waste time telling the same story to several different people, and that a care plan can be created for them which is well coordinated and takes account of all aspects of their life. The Single Assessment Process should be in place across England within the next two years.

Supporting People

- This initiative provides housing-related support for over one million people. It greatly simplifies what was previously a series of diverse and complex funding streams to make it easier for local authorities to plan strategically to meet the housing needs of their communities. Through partnership working with local government, service users and support agencies, it promotes straightforward and reliable housing-related support which complements care services and thus supports independent living. Local strategies are developed through commissioning bodies, which include all relevant parts of the local authority (especially Housing and Social Services) and Primary Care Trusts.

Examples of local authority-led initiatives

- 2.9 Many local authorities are making headway in joining up services in their areas. These initiatives are many and varied – some include closer working between the police and other services; others focus on transport, housing, single access points and reducing unnecessary hospital admissions. Five examples are given overleaf.

Case study

Operation Litotes – Devon and Cornwall Constabulary

The regional task force works to encourage older people to protect themselves by following simple security measures as part of the 'Beat the Bogus Caller' Campaign, in partnership with many organisations such as Help the Aged and the Department for Work and Pensions.

The campaign strives to encourage people to tell the police if they have fallen victim to this type of crime as it is vastly under-reported. Research shows that there may be as many as ten crimes for every one reported to the police.

The number of reported victims rose by 97 during 2002/03.

Detection rates for bogus caller crime have soared above the national average in Devon and Cornwall thanks to a regional campaign to beat distraction burglary that involved work with Avon and Somerset, Dorset, Wiltshire and Gloucester. Devon and Cornwall saw detection rates rise to 27 per cent, compared with 10.5 per cent before Operation Litotes and a national average of seven per cent.

Distraction burglaries occur when offenders trick their way into people's homes. Victims are usually female and elderly, ie over 80, and living alone. Inspector Steve Betty explains, "We are advising individuals who are working with older and vulnerable people to remind them of actions they can take to keep safe, including the

following: **LOCK** your door, **STOP** and think – are you expecting anyone – **CHAIN** the door and **CHECK ID.**"

A number of schemes have been put in place to improve security on the doorstep, including the launch of the PRO-CBC group (Professional Responsible Organisations Challenging Bogus Crime). This brings together major utility and energy companies, industry watchdogs and a variety of agencies to make it harder for distraction burglars to target people on their doorstep. The 'Water Board' official was the most common guise adopted last year. Companies have signed up to a code of practice to help people distinguish genuine callers from imposters.

Case study

The Unscheduled Care Desk in Kent

All 999 calls in Kent which are not immediately life-threatening are handled by a specialist new system, under a scheme being managed by Kent County Council Social Services. The Unscheduled Care Desk – which has been set up in partnership with the Kent

Ambulance NHS Trust and local Primary Care Trusts – aims to reduce the number of older people who are admitted to hospital when they could be better cared for elsewhere, by arranging for alternative care in the community. Paramedics staff the 24-hour desk, with information at their fingertips about the full range of care available to older people in Kent. Appropriate 999

calls are diverted to the desk where, with the caller's permission, suitable alternative care will be arranged to avoid admission to hospital. Alternative care includes care at home by paramedics, rapid response teams of domiciliary carers and therapists, and night nurse and social care sitting services.

Case study

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 were starting to find it difficult to access public

transport and those who could 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;
- the fixed time of the bus service;
- the cost and availability of taxis and voluntary sector providers;
- the 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 and the Education Department) that are not required

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 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;
- flexible service at a reasonable price.

Case study

Single point of access via the telephone – Somerset

Somerset County Council includes large rural areas, making it difficult for many older people to access information about services. As part of the Care Direct pilot, the council developed a single telephone access point for all older people and their carers. Operators deal with the initial reason for the

telephone call, but they also offer advice on a wide range of issues. They have access to extensive local information as well as national health and benefits guidance.

An example of the difference this approach can make to individuals was a customer who rang to ask for an occupational therapist to visit because she was having difficulty getting in and out of the bath. However, she was also helped to claim Attendance Allowance, Pension

Credit and Council Tax Benefit. And she obtained a blue badge, enabling her to park near the shops. Her daughter, who was looking after her, was able to receive Carer's Allowance and it was identified that the household was entitled to some home care. This package of help enabled the customer to remain living independently in the community where, otherwise, there would have been a risk of her having to go into residential care.

Case study

Integrated housing services for older and disabled people in Devon

Partner agencies in Devon have been seeking to link housing, health and social care strategies and to develop a more unified approach to the provision of housing services for older and disabled people, regardless of tenure.

The Supporting People Team is leading the development through the design of a single service specification for Home Improvement Agencies within Devon, which has been modelled on the integrated housing service in Mid Devon – the 'Safe as Houses' pilot.

Aims of the scheme

The scheme aims to provide an integrated housing support service for older and disabled people of any tenure, by providing a single point of contact and coordination of services – a one-stop shop.

Older and disabled people are enabled to maintain their health and independence at home through the timely provision of repairs, adaptations and home safety services.

The support is provided on an equitable basis and contributes to a warm, safe and secure environment for service users and carers by:

- promoting independence;
- reducing fuel poverty, providing warmer homes, improving housing conditions;
- preventing accidents in the home;

- reducing falls, by targeting services to those at greatest risk;
- reducing hospital admissions and speeding up discharges.

Objectives of the scheme

- To provide a single point of contact for everyone.
- A service coordinator arranges the services required.
- A universal referral form can be used by any agency for any service.
- A range of timescales meets varying needs, for example to fast-track hospital discharges.
- To provide a faster response, as similar services can be carried out in one visit.

Services available

Services available through the scheme include:

- home repairs;
- minor and major adaptations, including guidance through the Disabled Facilities Grant process;
- advice – benefits, grants and housing solutions;
- home safety assessment and action planning with the service user;
- handy person – small works to improve living conditions and prevent accidents;
- home safety and security – smoke alarms, fire safety checks, locks, chains and lighting;
- home energy and efficiency audit/improvements.

The service coordinator arranges the services, advising on eligibility and any cost implications, feeding back to the referrer where supply is critical and ensuring timescales are met.

Benefits of the scheme

The single entry point is easier to use, duplication and double-handling of work is avoided. The scheme encourages person-centred care – agency staff can refer a range of needs, rather than specify a single service. Work required for hospital discharges can be fast-tracked and delayed discharges avoided. Specialist advice is available and services appear seamless to the end user.

Partner agencies

The Mid Devon pilot is supported by:

- Devon Social Services;
- Mid Devon District Council;
- Mid Devon Primary Care Trust;
- Devon Fire and Rescue Service;
- Devon and Cornwall Constabulary and the Community Safety Partnership;
- Supporting People;
- Devon and Cornwall Housing Association.

The scheme commenced in July 2003 and in the first nine months received 916 referrals, with an increasing number of self-referrals after the public launch in November 2003.

The service has been extended for a further year and a formal evaluation is being conducted. The outcomes will be used to inform Devon's Home Improvement Agency review and the configuration of consistent services across Devon.

Conclusion

2.10 This chapter has shown that both central and local government are making progress towards joining up services. However, as we have already discussed, we need to build on these initiatives, in particular developing incentives for organisations to join up with each other, and mechanisms for sharing best practice. That is the subject of the next chapter.

Issues on which we wish to consult

- Do you agree that the steps described in this chapter are taking us in the right direction?
- Do you have views on the aspects of services for older people that it should be a priority to bring together?

Ways of moving closer to easier access to services

Summary

- 3.1 As we have already discussed, if we are to be successful in joining up services, we need to develop:
- a common view of which services it is most important to join up;
 - ways of giving partner organisations incentives to join up with others to deliver joined-up services for older people;
 - arrangements for spreading good practice;
 - better sharing of relevant information between organisations, including information systems which can ‘talk’ to each other, and data-sharing arrangements which allow partners to share relevant data with each other;
 - effective ways of involving older people in developing objectives and plans for delivery;
 - a robust system for monitoring and evaluating progress;
 - mechanisms for supporting the involvement of the voluntary and community sector.
- 3.2 In the previous chapter, we set out some of the initiatives under way to join up services. In this chapter, we discuss how we can build on those initiatives, developing the frameworks and mechanisms described at 3.1.

Giving partner organisations incentives

- 3.3 One of the key mechanisms for delivery of the shared priority on older people is for central and local government to agree ways that enable the former to input into objectives and minimum outcome requirements, whilst leaving councils the right amount of autonomy to design service offerings that meet the needs of their particular populations, for example through the Comprehensive Performance Assessment. It is already very much in the interests of local authorities, supported by central government, to take the lead role in bringing more and more services into the network of joined-up services. Such joining up will deliver more *effective* services for older people in the localities for which councils are responsible, and it is also significantly more *efficient*, avoiding duplication of effort in collecting information about older people and dealing with their various needs. However, we need to make sure that the right incentives are in place to promote such joint working.

Comprehensive Performance Assessments

- 3.4 Comprehensive Performance Assessments (CPAs) provide a baseline assessment of a council's performance across the range of services it provides and in terms of its corporate ability. The Audit Commission is introducing a revised CPA methodology from 2005, which it is currently developing in consultation with central and local government. The final framework will not be published until early next

year but, under current proposals, councils' strategic approach to improving the quality of life for older people may be assessed at least once a year over the four years from January 2005. For example, under current proposals, the corporate assessment might consider:

- whether the council has an overall corporate older people's strategy in place;
- the extent to which the council involves older people in developing its strategies in relation to services which affect them;
- how easy it is for older people to access information about the range of services they are entitled to without having to contact numerous parts of the council or other organisations;
- the extent to which the council has developed partnerships within the council itself and with others (both public and private sector organisations) to improve and join up service delivery for older people.

3.5 These are just illustrative examples, but they give a flavour of the kind of coverage that Comprehensive Performance Assessments (CPAs) might have. The CPA framework is one of the ways of encouraging joined-up working and initiatives to promote active citizenship which we would like to see developed. The Assessments also provide opportunities for developing new solutions to difficult problems. For example, local authorities that have an 'excellent' CPA rating are piloting new ways of working with central government, focusing on issues such as reducing hospital admissions for older people.

Local Public Service Agreements

3.6 However, CPAs are only one part of the performance management framework. Local Public Service Agreements (PSAs) between the government and individual local authorities offer reward grants (totalling £1.5 billion nationally) to authorities that achieve agreed specific amounts of 'stretch' in performance on agreed measures of outcomes.³ The coverage of a Local PSA is determined by the priorities for improvement locally, developed in

association with the Local Strategic Partnership. Improving the quality of life of older people is often among the outcomes that are agreed as the priorities for improvement. The specific outcomes that earn the rewards may be defined in a number of ways. The Department of Health and the Department for Work and Pensions (DWP) both have interests in such outcomes and, together with the Office of the Deputy Prime Minister, offer guidance and assistance to authorities in developing proposals in this field.

3.7 Local PSAs also offer an opportunity for an authority to negotiate freedoms and flexibilities in statutory and administrative arrangements, where that would help them to achieve a greater 'stretch' in performance. These can relate to any of the partners (including local arms of central government), and so can help in overcoming obstacles to 'joining up' that hamper the improvements in outcomes. DWP is actively encouraging local authorities to submit proposals later this year to improve services for older people. **A series of workshops for local authorities, which DWP will host in the autumn, will ensure the message is made clear that financial incentives are available to local authorities who commit to making these service improvements.**

Local Area Agreements

3.8 Local Area Agreements (LAAs) are aimed at addressing a number of the concerns identified through discussions between central government and local authorities, such as lack of a joined-up approach at central and local levels, lack of flexibility in the central government approach, and a proliferation of initiatives and funding streams with burdensome requirements. The idea of LAAs is to provide a common and simplified framework for central-local relations, leading to agreements between central government and local authorities and partners on required outcomes. The agreements should be based on a shared understanding of central and local priorities, allowing local authorities the flexibility to achieve outcomes in the way

³ Note that the rewards relate to the desired end result, not the steps by which it is achieved.

best suited to their area. This 'bottom up' approach will empower local communities and local authorities, enabling them to develop local solutions for local problems and give a greater say for local people, and should cut down on unnecessary bureaucracy.

(iv) develop new ways of working which focus on whole systems approaches.

3.11 This work will be taken forward on a partnership basis, involving LGA, the Improvement and Development Agency, the Department of Health, the Department for Work and Pensions, the Office of the Deputy Prime Minister (ODPM), the Audit Commission, Better Government for Older People and ADSS.

Spreading good practice

3.9 Much good work is already going on in councils, linking up with partners, across the country. The Beacon Councils scheme is a further example, where specific councils have been awarded Beacon status for the joined-up working they have been doing on services for older people. However, we need to develop more effective ways of spreading such good practice. The performance management incentive framework (the Comprehensive Performance Assessments and Local Public Service Agreements already discussed) is one way of doing that, and we intend to make the best use of these incentives.

3.10 In addition, building on the Beacons work and developing the shared priority, we will develop more effective ways of sharing best practice and developing new ways of working through a new arrangement we are calling 'action learning sets'. These action learning sets, which will be both national and regional, will do four things. They will:

- (i) bring small groups of local authorities together to work on finding solutions to particularly difficult issues, and then to share those solutions across all local authorities;
- (ii) test out the approaches and principles set out in the joint Association of Directors of Social Services (ADSS) and Local Government Association (LGA) document, *All Our Tomorrows*;
- (iii) look at practical ways of involving older people in policy development, and the development of outcomes measures to evaluate the work;

IT systems and data sharing

3.12 At the moment, too often older people have to give information and show documents over and over again in order to access all the services to which they are entitled. In many cases, having given information once to one organisation or part of an organisation, they assume that all parts of the 'system' have their details. That is one of the reasons why older people often do not receive all the services to which they are entitled. Part of the problem is that central and local government IT systems cannot 'talk' among themselves or to each other, and part of the problem is inadequate data-sharing arrangements.

3.13 Work has started through a project called the National Benefits Project, led by ODPM, to explore how best to overcome the barriers to joining up within local authorities, whilst at the same time ensuring that older people's privacy is respected and preserved. The project is testing different technical solutions and, at the same time, carrying out work to ensure that data protection legislation is not contravened. The expectation is that by April 2005, the lead local authorities in the project will deliver IT solutions, business process models, standards and protocols and lessons-learned guidance to be made available for all local authorities. We are currently examining the scope for building on the findings from the project to establish how we might join up still further – between local authorities and The Pension Service. For example, we are looking to develop a more sophisticated interface than we currently have to enable The Pension Service to pass on details which indicate that an individual might be entitled to Housing Benefit or Council Tax Benefit.

Involving older people

- 3.14 The turnout of older people in elections tends to be high. This shows their willingness to engage with decision-making and in democracy. However, historically they have had little opportunity to make their voices heard in the forums which make and implement the policies that affect them. This is changing for the better.
- 3.15 The Government recognises the importance of listening to older people, those organisations that represent them and other experts to ensure it understands what ageing means in the 21st century. To that end, a number of consultation mechanisms have been established through which the Government receives feedback on issues affecting older people. An important forum is provided by the Partnership Group, which provides comments and advice on ideas presented by Government on the development of policy and services for older people, and which consists of a number of key voluntary organisations as well as older people themselves.
- 3.16 The Better Government for Older People Network and, within it, the Older People's Advisory Group (OPAG), provides feedback to the Government on service delivery issues and other factors affecting older people (OPAG meets on a regular basis through the Partnership Group and at various events).
- 3.17 Mechanisms exist in other departments too; for example, the Department of Trade and Industry's Age Advisory Group, consisting of employers and the voluntary sector, is helping to pave the way for age legislation in employment. The Department of Health has a national network of older people's champions throughout the country who are actively involved in planning and delivering older people's services. Such groups help to supplement feedback via other channels such as reports, research and correspondence, and add to the information obtained from formal consultation such as that linked to the recent DWP Green Paper *Simplicity, security and choice: Working and saving for retirement* (December 2002).
- 3.18 One example of how we have listened is the pilots to enable older people to have claims to benefits taken by local voluntary sector organisations – they told us that some of them would prefer this, and we have changed regulations to allow it to happen.
- 3.19 Similarly, councils are increasingly engaging older people in the design, monitoring and, in some cases, delivery of local services. We anticipate that the new Comprehensive Performance Assessments framework, which comes into effect in April 2005, will provide an incentive for councils to adopt good practice in this respect. The following page gives an example of such good practice in action:

Case study

Older Citizens Reference Group in Camden

In April 2003, the Older Citizens Reference Group was launched in Camden by the Promoting Independence Group, with more than 300 older people attending a lunch to find out more. The Older Citizens Reference Group is the council's way of keeping in contact with its older citizens. For older citizens, it is a chance to let the council know what they think and to be involved in shaping the future of services in Camden. Over the past 12 months the Reference Group has grown from 600 to well over 700 members, becoming the largest consultation body in the council.

The Reference Group has been consulted several times in the last 12 months. Last autumn the Reference Group commented on the Long Term Care Strategy and was asked to contribute to decisions about how care and support services will be delivered to older people in the next five to ten years. A large percentage of the Reference Group made a contribution. The Older People's Champion and Mayor, Councillor Harriet Garland, commented, "The response to this exercise has been astonishing. People have made imaginative, thoughtful and extremely helpful suggestions."

Most recently, the Reference Group has taken part in a review of the information line provided by Well & Wise – Healthy Living Network for Older People. The purpose of the Well & Wise information line questionnaire was to find out where older people currently get information about the services available to them in Camden and to help Well & Wise improve their information service. Rebecca Marriott, Information Officer at Well & Wise, said, "We were able to see that many people in Camden need to find information but are not sure where to get it. We are trying to deal with any requests for information, so hopefully we will be able to help more people when they hear of our service."

Quality of Life Panel

The Reference Group has also played a vital role in the creation of the new Quality of Life Panel. The Quality of Life Panel is a new way of working that brings together older people, councillors and representatives from local organisations to identify and bring about practical solutions to the everyday problems encountered by older citizens. As an innovative way to improve the quality of life of older people, the Quality of Life Panel has taken many months to develop and was finally launched on 27 April 2004 by Mervyn Eastman from Better Government for Older People.

There are 12 older citizens on the Panel, drawn from the Reference Group, eight of whom were randomly selected to reflect the make-up of the wider population. The remaining four places for older citizens were filled by election. Members of the Reference Group were given the opportunity to put themselves forward as candidates and were asked to write a short statement about why they should be elected. Incredibly, 40 people stood for the four places available, having written some outstanding personal statements. Nearly 300 members of the Reference Group voted in what turned out to be a very close election.

The Panel also includes eight councillors and eight representatives from organisations working with older people in the borough. The councillors were nominated by the party whips to reflect the political composition of the council. Drawing from the statutory, voluntary and health sectors, organisations working with older people in the borough were asked to nominate an executive or management committee representative to the Panel.

The first Panel meeting was held in May 2004. The Panel is beginning to look at some of the more common problems that affect the quality of life of older people.

Monitoring and evaluation

3.20 The various programmes described in this chapter are also monitored and evaluated individually. However, there is a need to examine the experience of older people in the round. That is potentially a next step towards developing services for older people. We discuss what might be done in Chapter Four.

Conclusion

3.21 As this chapter shows, there are a considerable number of initiatives already under way to improve service provision, and much of this activity is around enabling organisations to work more effectively together – developing networks of services for older people.

3.22 As these initiatives develop, they will make a real difference to the lives of older people. But we cannot be complacent – even with these developments, we will still not have a fully joined-up service. In the next chapter, we look at the changes of circumstances, life events and opportunities which can arise and leave individuals needing to contact multiple organisations. We want to seek views on what the priorities and approaches should be to tackling that.

Issues on which we wish to consult

- Do you think that our plans to give partner organisations incentives to join up with others to deliver joined-up services for older people will work (paragraphs 3.3 to 3.7)?
- Should we be taking further steps to ensure the involvement of older people in policy design, implementation and evaluation, and in wider community issues? If so, what might they be (paragraphs 3.14 to 3.19)?

Where are the gaps – what next?

Summary

- 4.1 The vision for joined-up services focuses on the promotion of well-being and social inclusion. But, as we set off on that journey, an early priority is for the future programme of work (beyond initiatives already in place or planned for the near future) to join up those services which matter most at key trigger points, where currently, an older person may have to contact numerous organisations.
- 4.2 We know from the Department for Work and Pensions (DWP) and Audit Commission research which issues are most important to older people: housing and the home, social activities, getting out and about, income, information, and health and healthy living. The DWP research on independent living shows that the need for services in these areas is often triggered by either a particular change of circumstances or a life event or by a gradual decline.
- 4.3 In this chapter, we look at which organisations, even with the planned changes we describe in the previous chapters, an individual might have to contact as a result of specific changes of circumstances or life events. This should give us a clue as to where the priorities might be for further joining up. **It should be noted that, while some of these changes of circumstances or life events might trigger a need, others trigger opportunities – for example, retiring provides opportunities to utilise the extra spare time the older person might have to become involved in volunteering.**

What are key changes of circumstances, life events or opportunities, and what organisations do older people have to contact as a result?

- 4.4 Life events which lead to an older person needing services or lead to opportunities arising vary enormously. They might be:
- *universal*: retiring, for example, which might bring with it a set of entitlements and opportunities;
 - *slowly developing*: reaching a point where decisions have to be made about retirement; or a gradually emerging need, such as the state of the house deteriorating;
 - *emergency*: hospital admission or being bereaved, for example.
- 4.5 When a universal event occurs or an issue develops gradually, it is left to the individual older person to identify the fact that they need advice or help, and to find out which organisation (or set of organisations) they need to contact, and then to navigate their own way around what is often a complicated and confusing system. In many cases, the older person simply does not make contact with organisations which could help, and thus does not receive the services to which they are entitled.

4.6 Emergency life events are different, in that the nature of the event means that the older person *has to* contact an organisation (often many organisations) of the state. In these cases, they might eventually get the services to which they are entitled, but they have to go through a whole series of hoops, giving information over and over again, for example, in order for that to happen. Bereavement is a case in point: an individual might have to contact 13 or more different organisations.

4.7 The Department for Work and Pensions research explored three particular life events: bereavement, hospitalisation, and moving into residential care. This work is providing useful insights into what older people experience when they need to access services, but we need to develop our understanding further, including:

- what the other key changes of circumstances, life events or opportunities are;

- which of these are particularly important;
- what can be done to join up services, helping to identify when a need or an opportunity arises, and how we can reduce the number of organisations people have to contact;
- what the priorities are in setting about improving the service offered.

4.8 The table below sets out our initial thinking about what these key events might be, with our assessment of the organisations (in no particular order of importance) that people may have to contact.

Change of circumstances/ life event/opportunity	Organisations the individual might contact	Key facts
Pre-retirement planning (thinking about choices in relation to work and retirement: when/whether to retire; partial retirement; financial planning)	<ul style="list-style-type: none"> ● The Pension Service (State Pension Forecasts) ● Jobcentre Plus (pension information on job adverts) ● Pension providers ● Employers (past and present) ● Occupational Pensions Regulatory Authority (pension tracing pre-April 2005) ● Independent Financial Advisers ● Financial Services Authority ● Local or national adult education services 	<ul style="list-style-type: none"> ● There are 34 million people of working age (Source: <i>Family Resources Survey, 2002/03</i>) ● 25.6 million people were in work in 2002/03. Of these, 22.7 million are employees and 2.9 million are self-employed (Source: <i>Mayhew, V. Pensions, 2002</i>) ● The DWP Green Paper <i>Simplicity, security and choice: Working and saving for retirement</i> (December 2002) estimated that three million people may be underproviding for retirement ● Depending on their expectations of retirement, a further five to ten million people might want to consider saving more or working longer

Change of circumstances/ life event/opportunity	Organisations the individual might contact	Key facts
Retirement (opportunities arising from having extra time)	<ul style="list-style-type: none"> ● Local education services (lifelong learning) ● Voluntary organisations (to do voluntary work) ● Sport and leisure services (finding out about what is available/subsidy arrangements, etc) 	<ul style="list-style-type: none"> ● 78.9 per cent of men and 76.9 per cent of women aged over 50 have a hobby or pastime – participation is highest in the 60–64 age group ● Of those aged over 50, men aged 70–79 and women aged 60–69 are most likely to read a newspaper daily ● Around 50 per cent of people aged 50 and older say they go to the cinema, opera or theatre or visit an art gallery or museum ● Over half of people over 50 have taken a holiday in the UK in the last 12 months – this percentage is highest for those aged 60–64 at 61.6 per cent for men and 66.1 per cent for women <p>(Source: The English Longitudinal Study of Ageing (ELSA))</p>
Retirement (pensions, benefits and entitlements)	<ul style="list-style-type: none"> ● The Pension Service (for Pension Credit) ● Inland Revenue (for State Pension) ● Local authority (for Housing Benefit and Council Tax Benefit and transport pass) ● Pension scheme or former employer (about their occupational pension) 	<ul style="list-style-type: none"> ● 33 per cent of people retire at age 60 or 65 ● 31 per cent of women retire at age 60; 4 per cent retire at 65 ● 11 per cent of men retire at age 60; 18 per cent retire at 65 <p>(Source: <i>Factors affecting labour market participation of older workers</i>. DWP Research Report No 200)</p>
Becoming entitled to benefits	<ul style="list-style-type: none"> ● The Pension Service ● Disability and Carers Service (DWP) (for Attendance Allowance) ● Local authority ● NHS (for entitlement to free dentist, optician, etc) 	<ul style="list-style-type: none"> ● About 3.55 million pensioner households (ie singles or couples) will be entitled to Pension Credit in 2004/05 ● About 1.85 million households will be entitled to Housing Benefit ● About 4.35 million households will be entitled to Council Tax Benefit <p>(Source: analysis of the <i>Family Resources Survey</i>, 2002/03)</p> <ul style="list-style-type: none"> ● Around 1.34 million pensioners will be getting Attendance Allowance in 2004/05 <p>(Source: http://www.dwp.gov.uk/asd/asd4/mediumterm.asp)</p>

Change of circumstances/ life event/opportunity	Organisations the individual might contact	Key facts
Gradual deterioration, which makes ordinary tasks difficult or impossible, for example walking to the shops, bathing/dressing, preparing a hot meal, changing a light bulb	<ul style="list-style-type: none"> ● Disability and Carers Service (DWP) ● GP ● Social Services ● Dial-a-ride ● Handyperson Scheme 	<ul style="list-style-type: none"> ● 21 per cent of people aged 75+ are unable to go outdoors and walk up and down the road unaided (the figure for those aged 65–74 is 8 per cent) ● 37 per cent of people aged 75+ are unable to bath, shower or wash all over by themselves (the figure for those aged 65–74 is 8 per cent) ● 29 per cent of people aged 75+ are unable to cook a main meal themselves (for those aged 65–74, the figure is 7 per cent) <p>(Source: <i>Living in Britain 2001: People aged 65 and over</i>, 2003)</p>
Relatively minor accident or other event which does not require the individual to be hospitalised but makes life difficult	<ul style="list-style-type: none"> ● Social Services ● GP ● Disability and Carers Service (DWP) 	<ul style="list-style-type: none"> ● Almost one million people over age 65 received community-based services (which cover these sorts of needs) from Social Services in 2002/03
Fearing or being a victim of crime	<ul style="list-style-type: none"> ● Police ● Insurance company ● Neighbourhood Watch ● Criminal Injuries Compensation Authority ● Victim Support 	<ul style="list-style-type: none"> ● It is estimated that in 1999 there were 2,040,000 crimes against older people (those aged 60 and over) or a household headed by older people. ● The incident rates for older burglary victims are 297 per 10,000 households and 694 per 10,000 households for older victims of vandalism ● The incident rates for violent crime is 122 per 10,000 households for older people <p>(Source: <i>Crime, Policing and Justice: The Experience of Older People</i> (findings from the British Crime Survey, England and Wales), August 2003)</p> <ul style="list-style-type: none"> ● Around one third of women aged 60 or over felt 'very unsafe' being out at night in 2003 (Source: Chivite-Matthews, N and Maggs, P. <i>Crime, Policing and Justice: The Experience of Older People. Findings from the British Crime Survey</i>. London: Home Office, 2002) ● Almost half (47 per cent) of those over age 75, and 37 per cent of those aged over 50 are not taking part in social or community activities after dark because of fear of street crime <p>(Source: Age Concern England. <i>The Fear Factor: Older People and Fear of Street Crime</i>, 2003)</p>

Change of circumstances/ life event/opportunity	Organisations the individual might contact	Key facts
Needing an adaptation to the home or a repair	<ul style="list-style-type: none"> ● The Pension Service (DWP) (to access Social Fund) ● Social Services ● Home improvement agencies ● Warm Front ● Charities ● Home Improvement Trust ● Bank 	
Bereavement	<ul style="list-style-type: none"> ● The Pension Service (DWP) ● Disability and Carers Service (DWP) ● Inland Revenue ● Local authority (possibly for Housing Benefit/ Council Tax Benefit) ● Social Services ● Registrar of Births, Deaths and Marriages ● Funeral director ● Bank ● Private pension company ● Insurance company ● Credit card company ● Probate registry ● Benevolent societies ● Solicitor ● Driver and Vehicle Licensing Agency 	<ul style="list-style-type: none"> ● 56,190 women aged 60–74 were widowed in 2001 ● 51,455 women aged 75 and over were widowed in 2001 ● 23,036 men aged 60–74 were widowed in 2001 ● 31,400 men aged 75 and older were widowed in 2001 <p>(Source: Census 2001)</p>

Change of circumstances/ life event/opportunity	Organisations the individual might contact	Key facts
Serious accident or event (for example a fall or stroke which requires hospitalisation)	<ul style="list-style-type: none"> ● The Pension Service (DWP) ● Disability and Carers Service (DWP) ● Local authority (possibly for Housing Benefit/ Council Tax Benefit) ● Social Services ● NHS ● Patient Advisory Liaison Services ● GP 	<ul style="list-style-type: none"> ● Around 30 per cent of over 60s fall over each year; one in five of these needs medical attention (Source: <i>Home Safety Network Falls</i>. DTI, 2003) ● Of the 110,000 people who suffer strokes each year, 75 per cent are over age 65 (Source: Liebetrua, M, Steen, B, Skoog, I (2003), in <i>Older People: Our Neglected Assets</i>. Help the Aged, 2004)
Need for short-term breaks (for older person or carer)	<ul style="list-style-type: none"> ● Disability and Carers Service (DWP) ● Social Services ● Community health services ● NHS/Primary Care Trust ● Nursing agencies 	<ul style="list-style-type: none"> ● 93,537 carers of adults accessed short breaks, funded through the Carer's Grant, in 2002/03
Moving house	<ul style="list-style-type: none"> ● The Pension Service (DWP) ● Disability and Carers Service (DWP) ● Local authority (possibly for Housing Benefit/ Council Tax Benefit) ● Social Services ● Utility companies ● Credit card companies ● Bank ● Private pension company ● Solicitor ● TV licence 	<ul style="list-style-type: none"> ● 4 per cent of those aged over 65 (373,000) were resident in communal establishments in 2001 ● 21 per cent of women aged over 85 were in such establishments ● 11 per cent of men were in such establishments (Source: Census 2001)



Change of circumstances/ life event/or opportunity	Organisations the individual might contact	Key facts
Entering hospital	<ul style="list-style-type: none">● The Pension Service (DWP)● Disability and Carers Service (DWP)● Local authority (possibly for Housing Benefit/ Council Tax Benefit)● Social Services● NHS● Patient Advisory Liaison Services● GP● Bank/building society	<ul style="list-style-type: none">● In 2002, 15 per cent of men aged 65–74 had an inpatient stay in hospital; for the over 75s, the figure was 18 per cent● 8 per cent of women aged 65–74 had an inpatient stay in hospital in 2002; for women over 75, the figure was 16 per cent <p>(Source: <i>Living in Britain: The 2002 General Household Survey</i>, Office for National Statistics, 2002)</p>
Leaving hospital	<ul style="list-style-type: none">● The Pension Service (DWP)● Disability and Carers Service (DWP)● Local authority (possibly for Housing Benefit/ Council Tax Benefit)● Social Services● NHS● Patient Advisory Liaison Services● GP● Community Health Services● Rehabilitation and Recovery Services● Palliative healthcare	<p>It should be noted that the Single Assessment Process is having an impact here, reducing the number of these organisations that the older person has to contact on leaving hospital. It is important that, during their stay in hospital, older people are helped to prepare for when they are discharged.</p>

4.9 Promoting well-being and healthy living can help to reduce the need for acute services – help and support to keep active after retirement is thus one of the key services we need to develop. But we also need to maintain a proportionate focus on joining up services when a need for them does arise.

4.10 The table shows that, even after the initiatives described in the previous chapters are fully in place, there are still large numbers of older people who could receive more effective services if various parts of the system were more joined up.

4.11 So, priorities for next steps might include:

- improving information to help people make the most of retirement, staying active and healthy and engaged in their community;
- developing better intelligence about older people whose circumstances are deteriorating, so that help can be offered, rather than leaving the older person to identify the need and navigate their way around the system on their own;
- developing better arrangements for sharing relevant data, including building more effective links between information systems so that, when an older person enters one part of the 'system', relevant information about them can be shared with other relevant organisations;
- tackling data protection rules which can prevent such relevant information being shared (subject to proper controls and respect for the privacy of the individual);
- developing a programme of research to test the net effect of policies on joining up. The objective would be to ensure we have a robust evaluation of all the initiatives.

4.12 These priorities can be developed further by facilitating the sharing of best practices between central and local government.

Issues on which we wish to consult

- Do you think that identifying trigger points, when people might find themselves in need of services, is a useful way of developing priorities for next steps?
- Have we identified the right triggers?
- What are your views about our suggested priorities for next steps (paragraph 4.11)?

Conclusion and consultation

- 5.1 As we look ahead to priorities for developing services for older people in theory, there could be tension between an approach which focuses on well-being (a universal approach) versus tackling need (targeted on those with specific service needs).
- 5.2 In practice, we do not think it has to be an either/or. A pragmatic approach can deliver both. We are developing an overall strategy for older people that will be focused on changing the way in which we see an ageing society, and that advocates a new approach which recognises older people as citizens with rights and responsibilities – promoting well-being. We will publish that document later in the year. In advance, and to pave the way for that document, *this current document focuses mainly on joining up services when a need arises – it should be seen as just one part of the wider strategy.*
- 5.3 We would welcome comments from a wide range of stakeholders, but are particularly keen to get feedback from those who are responsible for making change happen on the ground – especially elected members and service managers in local authorities – and from older people themselves.
- Do you agree with our proposed early priorities for action (Chapter One, paragraph 1.12)?
 - Do you agree that the steps described in Chapter Two are taking us in the right direction?
 - Do you have views on the aspects of services for older people that it should be a priority to bring together?
 - Do you think that our plans to give organisations incentives to join up with others to deliver joined-up services for older people will work (Chapter Three, paragraphs 3.3 to 3.7)?
 - Should we be taking further steps to ensure the involvement of older people in policy design, implementation and evaluation, and in wider community issues? If so, what might they be (Chapter Three, paragraphs 3.14 to 3.19)?
 - Do you think that identifying trigger points, when people might find themselves in need of services, is a useful way of developing priorities for next steps (Chapter Four)?
 - Have we identified the right triggers (the table in Chapter Four)?
 - What are your views about our suggested priorities for next steps (Chapter Four, paragraph 4.11)?
- What are your views on the vision for joined-up services (Chapter One)?
 - Are we getting the right balance between promoting well-being and independence, and tackling need when it arises?

We welcome written comments on this document. But, in addition, we intend to run a series of regional consultation forums over the autumn to ensure those who wish to contribute have the opportunity to do so.

If you wish to comment in writing, please do so by 26 November 2004.

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