

Local delivery of joined-up services for older people

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Introduction

This report looks at how joined-up working of services for older people has been realised by a selection of local authorities and their partners. The aims of the research were to provide information, improve understanding, and to identify notable examples of good practice in the delivery of joined-up working.

This builds on experience from LinkAge Plus. This was a pilot project that aimed to improve well-being and independence for older people through: stronger partnership working between local government and the voluntary and community sectors; better information and access to joined-up services; and putting older people at the heart of service design and delivery. Findings are based on case studies of eight local authority areas where a 'LinkAge Plus type' approach has been adopted in the development of services for older people. Risk Solutions were contracted by DWP to carry out this research.

Key findings

Understanding of joined-up working

Definitions of joined-up working can embrace not just health and social care needs, but also:

- the full range of support and services available to promote independence and well-being for older people;
- the full range of different providers and modes of provision (including the public sector, the voluntary sector, private providers and community support); and
- the changes required to attitudes and organisational culture, structures and working practices at all levels of organisations and communities.

Drivers for adopting joined-up working

The change towards joining-up working is being driven partly by forecast increases in service demand as well as increasing pressures on resources. Other drivers that encourage the development of joined-up local services include the:

- presence of effective organisational structures that support partnership working at the strategic level;
- involvement of older people's representatives in decision making at the partnership level;
- enthusiasm of local champions; and
- availability of funding.

Implementing joined-up working

There was universal acceptance within the case studies that traditional models for delivery of services to older people needed to change. There was also general agreement that the original principles of LinkAge Plus are consistent with the approaches being developed locally, and that they provide essential building blocks upon which joined-up working can be developed. Local areas have implemented a range of often innovative ways of joining-up services, examples of which are outlined in the detailed findings section of this summary.

The implementation of joined-up working is underpinned by the following principles:

- engaging, consulting and involving older people at every stage;
- empowering the third sector, local communities and individuals as equal partners in the design and delivery of local services; and
- continually learning, and evolving services to reflect this learning.

Barriers to joined-up working

The main barriers to implementing joined-up working faced by local authorities and their partners are that: governance structures and organisational culture are resistant to change; continuous reorganisation makes sustaining effective partnerships difficult; there is a lack of innovative thinking; and public funding is tight and coming under increasing pressure.

Background

Society is ageing, with over a quarter of the UK population projected to be over 65 by 2051. There is widespread recognition that traditional routes for delivery of services to older people will not be appropriate in the future. This is due to financial constraints and a forecast increase in demand for adult community services in general, which will challenge existing capacity and capability. This represents a real test and responding to it will require new ways of working and innovative thinking about service delivery.

Methodology

Qualitative case studies were conducted with local authority areas that have adopted a 'LinkAge Plus type' approach to the delivery of services for older people. The case study locations chosen were Bradford, Camden, Gloucestershire, Lancashire, Leicestershire, Manchester, Merseyside, and Warrington. The research involved semi-structured depth interviews with senior decision makers, and workshops involving frontline service delivery staff. Organisations from the statutory, private, voluntary and community sectors were invited to participate. Full versions of the eight case studies, containing a wide range of good practice examples, are available as an appendix to the main report.

Detailed findings

Drawing on experiences from the case studies, a framework for implementing and sustaining more joined-up working has been developed which builds on many of the principles of LinkAge Plus. The framework involves a five step change management cycle: vision and leadership; assessment; planning; implementation; and review and evaluation, with the addition of three underlying principles at the heart of the framework: involve older people; empower local needs; and learn and evolve.

Underlying principles

Involve older people

There needs to be robust structures in place to involve older people at each stage in the change management cycle. Active engagement and oversight from older people helps to keep strategies and initiatives on track. Feedback consistently indicated that time and effort needs to be invested in developing a network of older people contacts. While co-ordination of joined-up working networks may be provided by the local authority or NHS in the first instance, in order for older participants to take ownership of the networks, it is best if eventually most of this can be taken on by older people themselves.

Warrington's Older Person's Engagement Group (OPEG) and Leicestershire's Older People's Engagement Network (OPEN) are good examples of engagement with older people. In both cases they are run by dynamic older people who represent issues important in the local area.

Empower local solutions

Local people should be empowered to find and implement solutions, either on their own or in partnership. This requires a very different way of thinking about how services are designed and delivered. Governance structures and processes must be designed to support this new way of thinking.

For example, in Manchester the Valuing Older People (VOP) initiative has established a number of schemes to help local groups implement local solutions. The small grants scheme has provided grants for one-off pieces of equipment, day trips and social events to community groups who organise events and activities that involve older people. The allocation panel membership is mostly made up of older people.

Learn and evolve

The model for delivering joined-up working needs to be flexible and able to evolve in light of better understanding and experience. This is consistent with the principles of LinkAge Plus but is different to traditional ways of working between local government and their partners. There is also a need for continual review and adaptation of the approach to accommodate organisational and other changes.

For example, the Help Direct Team in Lancashire use active learning to help strengthen the partnership. This involves regular meetings with all parties to learn from each other. The active learning sets are constructive, open sessions, and attendees are empowered to take lessons away and implement them in their own organisations.

The change management cycle

Vision and leadership

In all the areas enthusiastic, committed and sustained leadership was critical to the successful transformation of services. Leadership can emerge from within or outside the local authority and need not necessarily be from the most senior echelons of an organisation. Eventually however, if lasting and significant change is to be achieved senior commitment from within the local authority and its partners must be secured.

A clearly articulated and shared vision translated into an effective strategy forms the basis for developing a common understanding that underpins successful partnerships. Time and effort should be invested in ensuring that the objectives and direction of travel articulated in separate strategies are aligned.

For example, the Chief Fire Officer of Merseyside Fire and Rescue Service (MFRS) provided the vision and leadership required to radically alter their approach to delivery of fire services whilst at the same time improving the safety and well-being of older and more vulnerable people.

Assessment

Plans for change need to be supported by a robust assessment of the implications of the change. This requires a good understanding of: how local demographics and what people want will affect service demand; what is in place to meet this demand and the options for moving forward; and the skills and capabilities required across the partnership to support this demand as well as to manage change. To support this, opportunities for sharing data between agencies should also be explored.

For example as part of the Community Involvement Project in Bradford, officers engage regularly with voluntary and community organisations, older people and carers, to assess how current and future local needs can be met. The project engages with

the expectations of older people through these meetings and ensures that services commissioned by the project build on existing resources and are relevant to local needs.

Planning

Plans for change need to be aligned between all parties. They should look beyond short-term activities and incorporate longer-term sustainability, funding and evaluation considerations.

For example, Gloucestershire have created 'action cards' which translate the County's Health and Community Well-being Strategy to practical plans that can be implemented at district level. The action cards list activities, set out timings and name individuals who are responsible for carrying out the activity. Any interactions with other strategies and activities are also highlighted.

Implementation

Many areas advocated a staged approach to implementation, starting small with pathfinders to test ideas and gather evidence. Many of the research participants highlighted the importance of empowering partners, including both internal and external service providers. A vital aspect of implementing change is to raise awareness of it through effective communication.

For example in Leicestershire, in order to support people to live in their own homes, the Homecare Assessment and Reablement Team (HART) was piloted in one area of the county in 1999. Positive benefits of HART were shown through an evaluation, leading to the project being rolled out more widely. In 2008/09, as a result of the roll-out, over 2,000 people benefited from HART, with the majority requiring no further home care support at a gross saving of £65,000 per week.

Review and evaluation

It is important to implement a system to formally review and address how well objectives are being met. This system should be designed so that any lessons learned can be incorporated easily in any redesign of the joined-up services.

For example, Manchester's VOP team is using an expert, multi-disciplinary and academic, advisory panel, to provide independent input, to monitor and review the progress being made, and to recommend overall direction for future work.

Barriers to joined-up working

As well as identifying many good examples of joined-up working in practice, the research identified barriers to more effective and efficient joined-up working. These were:

- Governance structures and organisational culture can be resistant to change. A common factor cited was that governance structures in all organisations concerned can be too rigid, thereby delaying decision making.
- Continuous reorganisation can make sustaining effective partnerships difficult. Establishing joined-up working between health and social care appears to be an area of difficulty. This is partly due to continuous organisational change, funding concerns and different approaches to thinking about social care.
- A lack of innovative thinking. Creating new and innovative ways of working are essential to address the challenges faced by an ageing society. Local authorities and their partners will need to be more creative in how they work together and allocate resources.

- Public funding is tight and coming under increasing pressure. Case studies all stressed the difficulty of engaging key decision makers where the evidence base was weak, or where value for money was not clear. Even where the financial and social benefits of joined-up working are clear, the fact that they involve up-front costs, and cross-departmental distribution of costs and benefits, can prevent take up.

Conclusions

This research identifies examples where local authorities and their partners have been able to overcome barriers to develop and realise joined-up service delivery for older people. The experiences of the case study participants and common features from all these examples have been collated and incorporated into a proposed framework for change. This builds on the experience from LinkAge Plus. By adopting this framework, local authorities and their partners should be able to maximise their chance of successfully implementing more joined-up working.

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You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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