

Research report

Local delivery of joined-up services for older people

by Mike Robertson and Helen Wilkinson

Department for Work and Pensions

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Mike Robertson and Helen Wilkinson

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The Authors

Mike Robertson and Helen Wilkinson are both directors of Risk Solutions.

Glossary of terms

Case finding	Case finding is the process of working proactively to identify people who could benefit from having access to information and/or services. It represents a marked departure from systems which just wait to receive referrals.
Older people's champion or advocate	Usually an older person whose role is to raise the profile and highlight the needs of older people and monitor local services. The role of champion is formally defined in the National Service Framework for Older People, which requires every primary care trust, social services department and acute trust to have both a non-executive older people's champion and a clinical older people's champion, but is also used more broadly to refer to a person who takes on this type of role with respect to a service or locality.
Commissioning	The process of specifying, securing and monitoring services to meet identified needs.
The Compact	The Compact is an agreement between the Government and the third sector in England. It sets out commitments on both sides to improve the way in which the Government and the third sector work together for the benefit of communities and citizens. It also provides a framework for negotiating Local Compacts. For more details see http://www.thecompact.org.uk/files/140473/FileName/AnintroductiontotheCompact.pdf or visit http://www.thecompact.org.uk/
Delayed discharge	This is when a patient is medically stable enough to be transferred from a general or acute hospital bed but is still occupying that bed. Also referred to as a 'delayed transfer of care'.
Joint commissioning	Two or more agencies pooling their resources to implement a common strategy for providing services taking joint responsibility for the translation of strategy into action. In the context of this report joint commissioning refers to the joint commissioning of health care services in an area by the NHS and local authorities.
Local Area Agreement	A Local Area Agreement (LAA) is a three year contract between central and local government setting out the priorities for a local area and how these will be tackled in partnership. The LAA also provides a way of strengthening partnerships and partnership working, aligning budgets and streamlining performance management systems.

Locality approach or working/ place-based working	Delivery of tailored services on a locality basis, taking account of local needs and wants, conditions (e.g. levels of deprivation) and resources. Engaging local people in priority setting, problem solving and in some circumstances, the allocation/ devolvement of budgets. Encouraging partners to work together on local issues.
Local Strategic Partnership	Local Strategic Partnerships (LSPs) bring together representatives from the local statutory, voluntary, community and private sectors in a local authority area to address local problems, allocate funding, and discuss strategies and initiatives. They aim to encourage joint working and community involvement, and prevent ‘silo working’ (i.e. different agencies that share aims working in isolation) with the general aim of ensuring resources are better allocated at a local level. In Scotland, equivalent partnerships are called Community Planning Partnerships and in Wales Local Service Boards.
Mainstreaming	Transitioning an initiative or project into regular or sustained services.
No wrong door	Arrangements whereby contact with any service offers an open door into a system of joined-up support providing better access to information and services for all.
Outreach	Reaching out to isolated or vulnerable groups of older people and taking help and social contact to them in the form of, for example, volunteer befrienders. Older people have different needs and preferences and work with local voluntary and statutory agencies so that they are fully aware of what is being offered in the community and are able to refer isolated people to them.
The Payment by Results tariff	Payment by Results (PbR) aims to support NHS modernisation by paying hospitals for the work they do, rewarding efficiency and quality. It does this by paying a nationally set price or tariff for each procedure. For more information follow: http://www.auditcommission.gov.uk/health/audit/paymentbyresults/Pages/Default.aspx
Primary care trust	Primary care trusts (PCTs) are responsible for commissioning and delivering all the health services for a local community including family doctors, GP practice nurses, community nurses and different types of therapists.
Reablement	Reablement refers to social care support given in the home aimed at maximising a person’s independence to appropriately reduce the level of ongoing home care support required, prevent hospital admission or prevent post-hospital transfer to long-term care.

Social prescribing	<p>Social prescribing links patients in primary care with non-medical sources of support within the community.</p> <p>Social prescribing provides a framework for developing alternative responses to psychosocial need and forms part of a wider recognition of the influence of social and cultural factors on health.</p>
Telecare	<p>Telecare refers to technology-based solutions that offer choice and flexibility of service provision, from community alarm services that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs and enabling individuals with long-term health conditions to remain at home.</p>
Universal well-being services	<p>A comprehensive range of well-being services available to all individuals and carers, including those who self-assess including for example:</p> <ul style="list-style-type: none">• joined-up information and advice activities to address social isolation, e.g. befriending and luncheon clubs;• practical help with things like shopping, gardening, minor repairs and adaptations in the home, etc.;• healthy living advice and support – e.g. exercise classes, diet advice, awareness of risky lifestyle issues, etc.;• inter-generational initiatives;• community safety – fire safety, antisocial behaviour, victim support, crime prevention, etc.;• housing choices and improvements;• transport and other forms of getting out and about.
Whole-systems approach	<p>Considering all the aspects of a system when implementing change, including: attitudes and organisational culture, structures and working practices at all levels of organisations and communities.</p>

Abbreviations

ADASS	Association of Directors of Adult Social Services, formerly Association of Directors of Social Services (ADSS)
ASET	Arts and Sports Engagement Team, Warrington
BME	Black and Minority Ethnic
BOPA	Bradford Older People's Alliance
CAF	Common Assessment Framework
CSED	Care Services Efficiency Delivery
DCLG	Department of Communities and Local Government
DH	Department of Health
DWP	Department for Work and Pensions
GOPA	Gloucestershire's Older People's Assembly
GPs	General Practitioners
HART	Home care Assessment and Reablement Team, Leicestershire
HMG	Her Majesty's Government
HMT	Her Majesty's Treasury
IDeA	Improvement and Development Agency – now known as LG Improvement and Development
JHU	Joint Health Unit, Manchester
JSNA	Joint Strategic Needs Assessment
KOVE	Kilburn Older Voices Exchange
LAA	Local Area Agreement
LCC	Lancashire County Council
LGA	Local Government Association
LGID	Local Government Improvement and Development (formerly Improvement and Development Agency)
LSP	Local Strategic Partnership
LINK	Local Involvement Network, NHS
NHS	National Health Service
NIS	National indicator set
ONS	Office for National Statistics

OPALS	Older People Action Learning Sets
OPEG	Older Person's Engagement Group, Warrington
OPEN	Older People's Engagement Network, Leicestershire
OPPB	Older People's Partnership Board, Warrington
OSC	Overview and scrutiny committee
PbR	Payment by Results
PCT	Primary care trust
POPP	Partnerships for Older People Projects
SCIE	The Social Care Institute for Excellence
SROI	The Social Return on Investment
STAR	Short Term Assessment and Rehabilitation service, Manchester
U3A	University of the Third Age
VCS	Voluntary and Community Sector
VCO	Voluntary and Community Organisation
VOP	Valuing Older People, Manchester
WAPOP	Widening Active Participation of Older People (run by the arts and sports engagement team of Warrington Borough Council)

Summary

Introduction

Society is ageing, with over a quarter of the UK population projected to be over 65 by 2051. This represents a huge success for society as a whole and creates opportunities for older people and society, but it also presents real challenges in terms of public policy. In particular there is widespread recognition that historical models for health and social care delivery to older people will not be appropriate in the future because they do not necessarily encourage or support independent living and well-being, and they will not be affordable.

Various initiatives have been piloted by different departments that supported local authorities and their partners to develop new ways of working to meet the needs and aspirations of older people better. One recent initiative was the LinkAge Plus pilots. This was a £10 million programme financed by the Department for Work and Pensions (DWP) comprising eight pilot projects in: Devon; Gateshead; Gloucestershire; Lancaster; Leeds; Nottinghamshire; Salford and Tower Hamlets. The programme started in 2006 and ended in October 2008.

LinkAge Plus identified six core principles that underpin accessible and fully integrated services that put older people at the centre of policy making and service delivery. These are:

- engage and consult;
- reflect the needs and aspirations of current and future generations of older people;
- enable access by an increasing range of customers;
- ensure that isolated or 'difficult-to-reach' older people are enabled to access information and services;
- ensure that services promote independence, well-being and active ageing;
- maximise opportunities for efficiency and capacity building.

(These principles can be seen in full in Section 2.4.1.) Each of the pilot areas implemented LinkAge Plus in different ways, tailored to the local needs of older people. The pilots established an evidence base to support the economic, as well as the social case for fully joined-up and holistic services for older people.

Aims of the research

The aim of this research was to provide information (in the form of lessons learned and examples of notable practice) to help inform both the development of guidance on joined-up working, and future policy development.

To do this we examined how local authorities, and their partners, are addressing the challenges and opportunities posed by an ageing society. This was in light of the experience gleaned from the LinkAge Plus pilots, by assessing the approach taken through the LinkAge Plus principles and other related initiatives.

Recent policy developments

The change of Government in May 2010 has resulted in a change of emphasis and greater importance being placed on the themes of partnership, decentralisation and localism, than was previously the case. These themes have been developed and given greater prominence under the banner of the 'Big Society' and the 'Ageing Well' programmes.

The Big Society champions a new relationship between citizens and the State, advocating social and personal responsibility over State control. It will seek to support communities to address the most challenging, persistent and complex social problems in our society, tackle social injustice, and improve the lives of the most disadvantaged.

Implementing the Big Society is a major cross-government programme led by the Office for Civil Society and is being supported by a range of measures. Ageing Well is one of these measures aimed specifically at supporting local authorities to improve their services for older people. The programme builds on previous strategic developments in this area, current best practice from local authorities and the lessons learned from earlier pilot activities, as well as harnessing leading innovative thinking. Both the Big Society and Ageing Well explicitly recognise the benefits of, and need for, joined-up working.

Implementation of joined-up working at the local level

We found that there was universal acceptance among our case study participants that traditional models for delivery of services to older people needed to change. In anticipation of forecast increases in service demand in conjunction with pressure on resources, all the cases study areas we visited were developing new ways of working.

At its broadest level joined-up working encompasses not just health and social care needs but also:

- **the full range of support and services available to promote independence and well-being** ; including approaches that improve the quality of life and well-being of all older people (universal services), to the provision of support to those with complex needs;
- **the full range of different providers and modes of provision:** public sector, voluntary sector, private providers and community support;
- **the changes required to attitudes and organisational culture, structures and working practices:** at all levels of organisations and communities (this is sometimes referred to as a whole-systems approach).

Our case study participants generally recognised the importance of considering all these elements though they were at different stages in terms of implementing them.

When the LinkAge Plus core principles were aired with participants, whilst most were not aware that the principles had stemmed from the LinkAge Plus pilots, they were comfortable with them as a sound basis for developing more joined-up working. Our research found many examples of the principles in action in the case study areas. This suggests that the core principles of LinkAge Plus should be communicated and adopted more widely across all local authorities and their partners, as providing an extremely useful building block for the development and enhancement of services for older people and indeed for all adults.

On the basis of the findings from our research, and in line with current thinking by the Government, we suggest that the LinkAge Plus core principles be extended and slightly modified to include the following:

- increased emphasis on localism and empowerment;
- inclusion of the need to continually learn and evolve services;
- increased emphasis on the importance of treating older people as an integral part of the general adult population.

A framework for delivering joined-up working

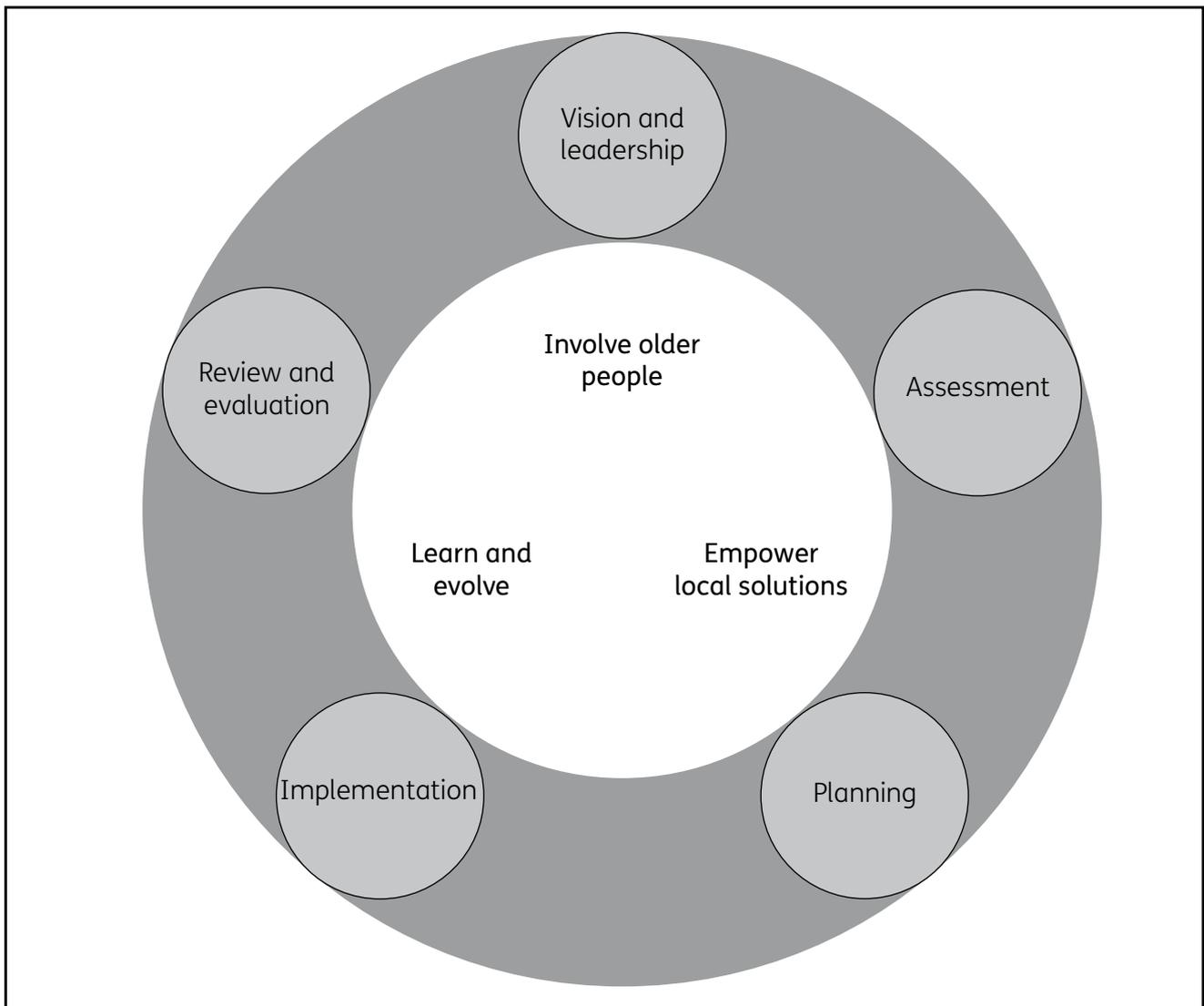
While we found many examples of guidance aimed at helping people understand **what** they should aim to deliver through joined-up working and other related strategic changes, we found little aimed at the strategic level on how to achieve joined-up working. We therefore focused our research on this latter aspect; identifying lessons from our case study areas and document review.

Drawing on case study participants' experience, we have developed a framework for implementing and sustaining more joined-up working. The framework is very similar to the 'policy, plan, implement and review' management cycle with the enhancement of three additional elements at the heart of the framework. Our research indicates that these underpinning principles are important at every stage in the cycle.

The underpinning principles are:

- involvement of older people is right at the heart of the change (we note that engagement is one of the core principles of LinkAge Plus);
- local issues need local solutions, local people should be empowered to find and implement solutions, either on their own or in partnership; and
- the model needs to be flexible and evolve in light of better understanding and experience.

The main elements of the overall framework are shown in Figure 1.

Figure 1 A framework for change

Conclusions

We found, in our case study areas, that there is a common understanding and appreciation of the scale of the challenge and the opportunities that are posed by the demographic implications of an ageing society. There is widespread acknowledgement that traditional approaches to service delivery for older people, and adults in general, will not be appropriate in the future. As a result, the local authorities and their partners addressed in our case studies are all undertaking activities and development work to improve and develop joined-up working to ensure that: service users have more say in the service design and delivery routes and are involved in delivery of some of the services themselves; and the services are developed to encourage and support independent living and overall well-being.

There can be real challenges associated with realising joined-up working and ensuring that the changes are reinforced and mainstreamed. These were widely explored in our case studies and the key barriers can be summarised as follows:

- **Governance structures and organisational culture are resistant to change.** A common factor cited in our interviews and workshops was that governance structures in all the organisations concerned can be too rigid, thereby delaying decision making.
- **Continuous change makes sustaining effective partnerships difficult.** Continuous change in the NHS in particular has meant that establishing joined-up working between health and social care has been difficult. Successful joint arrangements have only been sustained where enthusiastic individuals have continued to hold appropriate senior positions, despite significant reorganisations, or joint positions with supporting governance arrangements have been created at the most senior levels. While joint commissioning may be successful in breaking down barriers, it was too early in most of our case studies for us to comment on its effectiveness.
- **Lack of innovative thinking.** To combat silo thinking, local authorities have introduced different governance structures and used expert multi-disciplinary and academic, advisory panels to provide independent input and to monitor and review the progress being made.
- **Public funding is tight and will come under increasing pressure and scrutiny.** Our case study organisations all stressed the difficulty of engaging key decision makers where the evidence base is weak, or where early benefits accrue to other budget holders. Even where the financial and social benefits are clear, the up-front costs, and cross-departmental distribution of costs and benefits, can prevent take up of approaches. Many third sector organisations see new ways of working in partnership as a threat. Where they have traditionally competed for funds, they can find it difficult to work effectively in partnership.
- **Lack of joined-up thinking.** This has proved a particular barrier to mainstreaming initiatives more widely on completion. Even when initiatives can be shown to have delivered benefits, attention (and funding) may have shifted to other priorities/new initiatives emerging from central government.

Despite these difficulties local authorities and their partners have been able to successfully implement a range of initiatives based on more joined-up working for older people. Focusing on separate strategies for older people is useful in the short term to raise awareness of the issues faced by this increasingly important segment of the demographic. However, care may need to be taken to ensure that this is not done in isolation from development of adult community services more generally. This presents a particular challenge for local authorities and their partners to ensure that strategies for adult services are designed to reflect current and future needs of all ages in the local area.

Current pressures to reduce the national deficit mean that it is unlikely that new funding from central government will be made available for new initiatives unless there is a substantial business case. Existing budgets will also be subject to increasing scrutiny to ensure that all resources are used efficiently and more effectively. Ideas such as the 'Big Society' provide an opportunity and should encourage local partnerships to work more effectively in a joined-up way with communities and voluntary groups.

In this context, we have identified four areas where action by central government could help bring about strategic change in supporting local joined-up working to improve the lives of older people. These are:

- **Demonstrate joined-up thinking in future policy design.** Many of the participants in the case studies commented on the large number of related strategies and initiatives emanating from different departments. This appeared to them to demonstrate a lack of joined-up thinking and creates difficulties for local authorities and their partners aligning their strategies and plans, particularly when it comes to mainstreaming initiatives.
- **Emphasise and facilitate maintenance of partnerships and joined-up working through reorganisations, especially in the health sector.** Constant reorganisation in health sector has been a real barrier to joined-up working, as personnel move on to other posts. There are also cultural issues and difficulties in mainstreaming initiatives are encountered where the costs fall to one side and the benefits to another.
- **Make it easier for local partnerships, including voluntary and community sector organisations, to access funding.** Many interviewees highlighted the fact that most of the initiatives being considered would not have got off the ground without external funding. In the absence of new funding, central government needs to consider how best to support partnerships in allocating and utilising existing budgets and available resources in innovative ways.
- **Look at how future policy developments can strengthen drivers for truly cross-cutting and strategic change at the local level.** National and local priorities need to be aligned to ensure longer term needs are not overcome by local short-term priorities.

1 Introduction

1.1 Aims of this research

The aims of this research are to provide information, improve understanding and to produce examples of notable practice of the delivery of joined-up, local services for older people. Building on the principles of LinkAge Plus, the research aims to define and expand on what is meant by joined-up working. The research will also help inform future policy development.

It has achieved this by examining local areas that have already implemented some form of joined-up working with a view to finding out, among other things:

- why they have adopted the approach;
- what actions they took and what innovative ideas they adopted;
- barriers they faced in implementing a joined-up approach and how they overcame them;
- enablers that helped them achieve success; and
- how ideas were funded.

The research was carried out between January and July 2010 through a series of qualitative case studies of areas that have adopted a joined-up approach to delivering services for older people. These areas were: Bradford, Camden, Gloucestershire¹, Lancashire, Leicestershire, Manchester, Merseyside, and Warrington. Information was gathered through document reviews, interviews and workshops held at the eight case study locations. Further information on the methodology can be found in Appendix A.

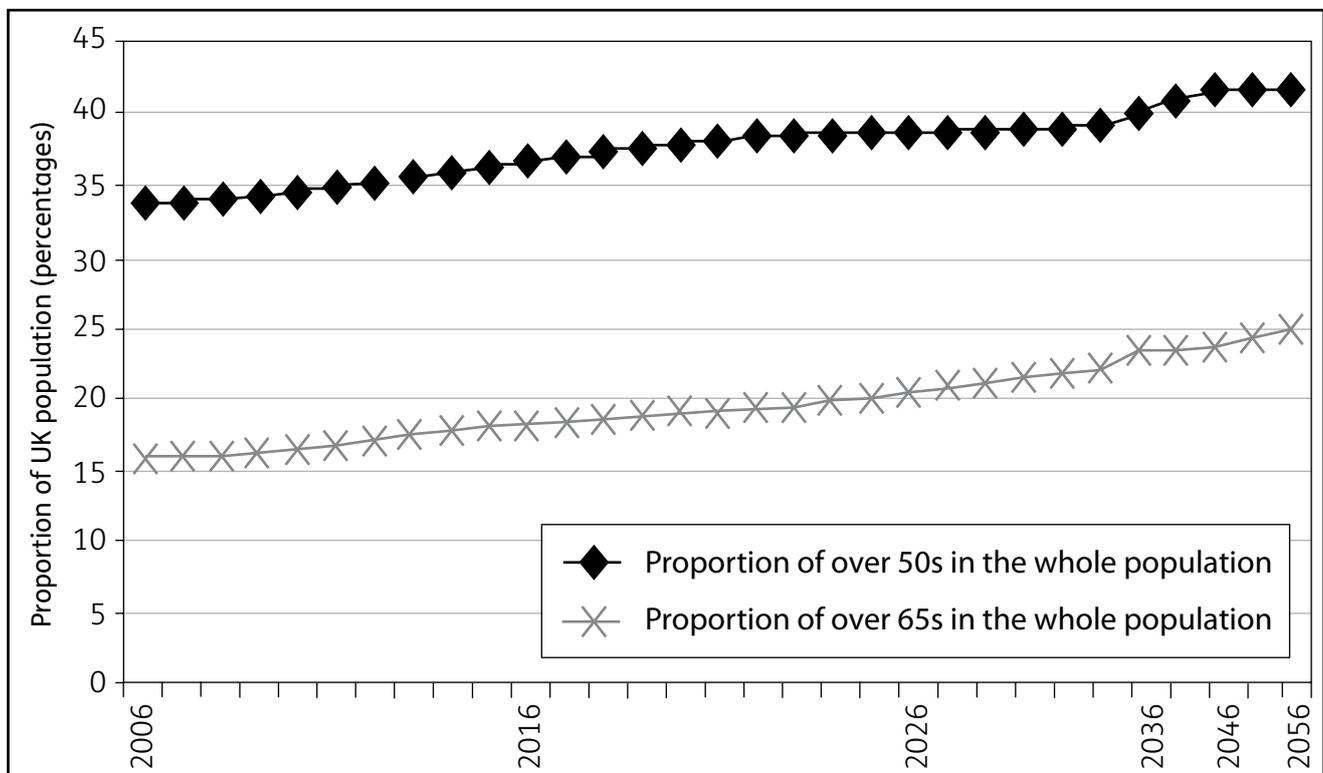
1.2 Context

1.2.1 Drivers for change

Society is ageing (see Figure 1.1), with over a quarter of the UK population projected to be over 65 by 2051. In 2007, those over state pension age outnumbered children for the first time and a quarter of all children born today are expected to live to reach the age of 100 (ONS National Population Projections, 2006). This represents a huge success for society as a whole and creates opportunities for older people and society, but it also presents real challenges in terms of public policy.

¹ Initially the intention was to study Stroud and Cotswold District Councils but the interrelationship with partners at county-wide level meant that we extended this to the whole Gloucestershire county.

Figure 1.1 Ageing of the United Kingdom (ONS National Population Projections, 2006)



Our expectations as citizens are also changing; we want more choice, and services that are flexible and personalised to our individual needs. The recent economic crisis and downturn in the global economy affects older citizens, dependent on their own resources, and puts increasing pressure on scarce public resources. Adding life to years, as well as years to life, is fundamental and its importance will only increase in years to come. The White Paper, Building the National Care Service (DH, 2010), presents a useful discussion of the changes in demographic, technology, expectations and the economy that are driving the need for change.

1.2.2 Introduction to LinkAge Plus

The national policy framework, within which local health and well-being strategies are developed and implemented, has evolved significantly over the last decade in response to the challenges described above. The need for more integrated and joined-up working has been an important theme in many of the documents. Initiated in 2006, the LinkAge Plus Pilots aimed to expand the principles of joined-up working going beyond the traditional benefits and care agendas to provide a comprehensive approach for accessible and fully integrated services for older people, one which put older people at the centre of policy making and service delivery (Davis and Ritters, 2009).

The objective was to provide older people with access to a wide range of more integrated, joined-up services, including: housing, and transport; health and social care; and work and volunteering opportunities.

The approach was aimed at improving the well-being of older people and promoting independence and active ageing by:

- putting them at the forefront of service design and delivery – being driven by the needs and aspirations of older people themselves – a person-centred approach;

- providing better access to information and services for all ('no wrong door'), and for the more isolated or 'difficult-to-reach';
- developing stronger partnership working between local government and the voluntary and community sectors.

The LinkAge Plus programme was a £10 million project financed by the Department for Work and Pensions (DWP) comprising eight pilot projects in Devon, Gateshead, Gloucestershire, Lancaster, Leeds, Nottinghamshire, Salford and Tower Hamlets. Each of the pilot areas implemented LinkAge Plus in different ways, tailored to the local needs of older people.

The funding for the LinkAge Plus pilots ended in October 2008 and final local and national evaluation reports were published in July 2009 (Davis and Ritters, 2009). These built an evidence base to support the economic, as well as the social case for fully joined-up and holistic services for older people. As such there is political support for all local authorities to adopt its principles so that older people across England can benefit from it.

The six core principles of LinkAge Plus are, in brief, to:

- engage and consult;
- reflect the needs and aspirations of current and future generations of older people;
- enable access by an increasing range of customers;
- ensure that isolated or 'difficult-to-reach' older people are enabled to access information and services;
- ensure that services promote independence, well-being and active ageing;
- maximise opportunities for efficiency and capacity building.

These are outlined in full in Section 2.4 of this report.

1.2.3 Recent policy developments

Following the change of Government in May 2010, there has been a change of emphasis and greater importance is being given to the themes of partnership, decentralisation and localism. These have been developed and given greater prominence under the banner of the 'Big Society' and the 'Ageing Well' programme.

The Big Society

The Big Society champions a new relationship between citizens and the State, advocating social and personal responsibility over State control. It will seek to address the most challenging, persistent and complex social problems in our society, tackle social injustice, and improve the lives of the most disadvantaged. However, it recognises the challenges presented by the current economic situation, such as ensuring that there is sufficient funding to make the plans a reality, and managing the changing relationship with those who are going to be responsible for implementation, particularly in the third sector.

These ideas are not wholly new. The role of the citizen and the community in determining and delivering services has been recognised and promoted through various government strategies and initiatives, including Opportunity Age (Her Majesty's Government (HMG), 2005) and Total Place (Her Majesty's Treasury (HMT), 2010) as well as LinkAge Plus. **What is new is the central importance that the 'Big Society' places on community and personal responsibility and empowering the citizen to meet these responsibilities.**

Implementing the Big Society is a major cross-government programme led by the Office for Civil Society. It recognises the need for concerted action to:

- review which elements of public services could be opened up to external providers or can be delivered in partnership;
- involve voluntary organisations and citizens in deciding how to change the way that public services are designed and implemented;
- engage with key representatives from local government, community groups, other public service providers and third sector organisations;
- consider how to tackle the challenges to changing culture across public services;
- take into account financial constraints; and,
- review and address the barriers that frustrate the third sector, preventing community and social action.

Ageing Well

Implementation of the ‘Big Society’ is being supported by a range of measures. Ageing Well is one of these measures aimed specifically at helping local authorities improve their services for older people. The programme builds on previous strategic developments in this area, current best practice from local authorities and the lessons learned from earlier pilot activities, as well as harnessing leading innovative thinking. The aims of the programme are to:

- provide a better quality of life for older people through local services that are designed to meet their needs, and recognise the huge contribution that people in later life make to their local communities;
- support local authorities to improve efficiency whilst still delivering quality services;
- encourage local authorities to engage with older people and to include them in service design and delivery; and
- encourage partnership working with other organisations to join-up services and provide innovative solutions to local issues.

Ageing Well explicitly recognises the benefits of, and need for, joined-up working.

These recent developments emphasise the importance of joined-up working in meeting the social and economic challenges ahead.

1.3 Structure of this document

This document comprises the project report. The remainder of the document is structured as follows:

Chapter 2 considers what is meant by joined-up working. Examples of joined-up working in our case studies are highlighted as well as the benefits that these have realised. From the case studies, we identify the drivers at the local level that have encouraged adoption of more joined-up working, and we discuss how the LinkAge Plus principles have been applied on the ground.

Chapter 3 describes the nature of the challenges associated with realising joined-up working and the barriers that need to be overcome.

Chapter 4 presents a framework for achieving change based on the experiences related in the case studies and findings from the document review.

Chapter 5 presents the conclusions of the research.

Appendix A provides a description of the methodology.

Appendix B presents the detailed case study reports for each case study area we visited.

Appendix C presents additional information about related activities and supporting literature.

2 Application of joined-up working at the local level

In this chapter we look in more detail at what is meant by joined-up working and illustrate its effectiveness drawing on evidence from both our case studies and the wider literature. We examine what is driving change at the local level and how the LinkAge Plus principles are being applied locally in response to these drivers. We have re-visited the LinkAge Plus principles in the light of experience in the case studies as well as recent policy developments. On the basis of this we have proposed some development of the principles. Where appropriate we have illustrated points with examples from the case studies.

2.1 What is meant by joined-up working?

Examination of policy documents (see Appendix C) and experiences in our case studies suggest that the term joined-up working can mean different things to different people. At its widest joined-up working embraces not just health and social care needs but also the:

- full range of support and services, that are available to promote independence and well-being; including approaches that improve the quality of life and well-being of all older people (universal services) and provision of support to those with complex needs (Section 2.1.1);
- full range of different providers and modes of provision: public sector, voluntary sector, private providers and community support (Section 2.1.2);
- changes required to attitudes and organisational culture, structures and working practices: at all levels of organisations and communities. This is sometimes referred to as a whole-systems approach (Section 2.1.3).

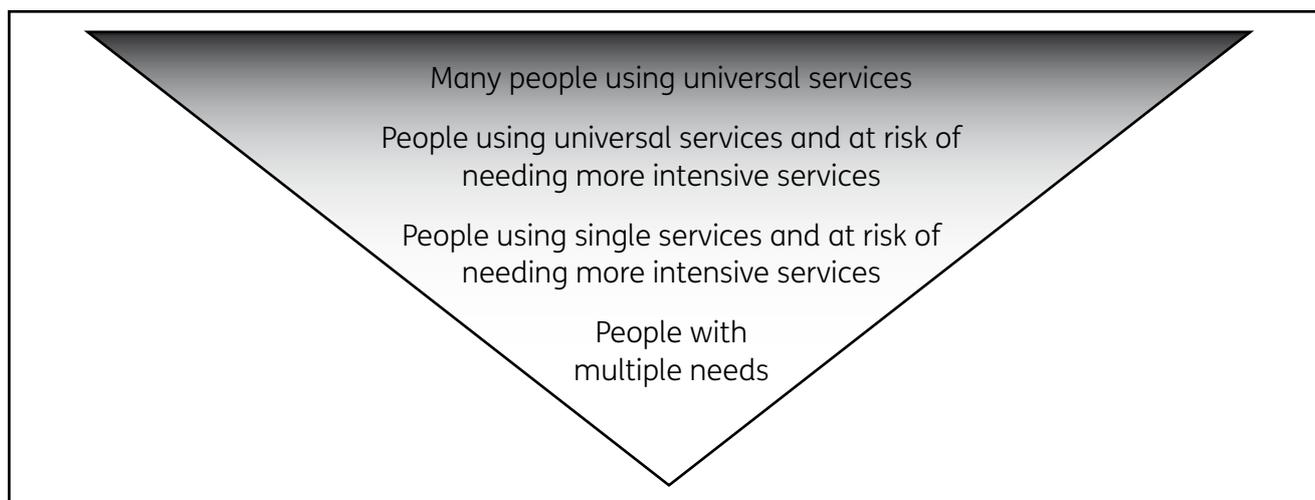
This research uses this wide-reaching definition. This definition recognises that tackling the demographic and economic challenges requires a major shift in how society thinks about and delivers services. Each of the dimensions identified above is described in the following sections.

2.1.1 The full range of support and services

Traditional models of care focus most resources for older people on those with the most severe needs. Future services need to reverse this trend so that the promotion of well-being and the extension of services for all older people is seen as critical by all organisations involved in delivering services. This is often referred to as reversing the triangle of care (Association of Directors of Social Services (ADSS)/Local Government Association (LGA), 2003) illustrated in Figure 2.1. In times of reduced Government spending, it can be expected that more importance will be placed on the need for earlier preventative interventions to reduce longer term demand.

Joined-up working in this context means ensuring information, advice and opportunities are available to all adults as they age to enable them to remain active in their communities for longer, all of which are important aspects of 'active ageing'.

Figure 2.1 The triangle of care



2.1.2 The full range of different providers and modes of provision

This involves looking beyond health and social care partnerships to include a wide range of opportunities and services for older people such as housing, transport, employment and volunteering. This can be achieved through a variety of partners such as:

- community members – including older people and agencies working together and taking collective responsibility for setting priorities and promoting the well-being of older people;
- agencies – focusing jointly on what needs to be achieved and how each partner will contribute to this, rather than working within internal structures and boundaries;
- professionals – helping grow the capacity and capability of the broader community of providers, becoming catalysts and enablers in developing services in the community.

Joined-up working here means bringing together individuals from different organisations to think about how the needs of individuals can be better served outside current delivery mechanisms and constraints, and organising to support this.

2.1.3 The changes required to attitudes and organisational culture, structures and working practices

Achieving a major change in the way organisations and society think about and deliver services is not easy. It means not only changing written processes and organisational structures, but often the basic values, beliefs and behaviours of all the people and organisations involved. It means looking at both formal arrangements, such as governance and funding structures, and more informal mechanisms for networking and learning, the glue that holds partnerships together (Moriarty, 2007).

Joined-up working here means recognising that effective partnerships and sustained change will only be achieved if all three of these elements of joined-up working are addressed across all those involved in design, commissioning and delivery, including users themselves.

2.1.4 Examples from the case studies

Our case study participants generally recognised the importance of considering all these elements of joined-up working, though they were at different stages in terms of implementing them.

Manchester's successful strategic partnership between health and social care, which reports directly to the chief executive of the council, has delivered a robust older people's strategy within which many initiatives involving a wide range of partners have been implemented.

Merseyside's largely informal network of public and third sector groups initiated by the Fire and Rescue Service focuses on ensuring that vulnerable adults and older people get the help they need to remain safely in their own homes. Over time, and in consultation with other agencies such as social services, the home improvement agency, benefits advisers, third sector, and the primary care trust (PCT), a simple checklist has been developed that can be completed by anyone suitably trained to assess the person's needs. Whoever makes the first home visit can then use the outputs from the checklist to trigger a cross-referral to the other agencies where this is needed. Unlike the service described in Manchester, the impetus for the Merseyside initiative came from outside the local authority or NHS, but it has acted as a catalyst for change in the area.

Lancashire's Help Direct service is implementing a broad vision for universal services to help adults of all ages get the most out of life by providing practical support to prevent or delay referrals for funded social care support packages, coupled with improved case finding of those in need of funded care services. The service, though not yet mainstreamed, has support of council members and senior decision makers. To deliver the service on a regional basis they have formally contracted four third sector organisations. The following example describes how Help Direct in Lancashire is tackling each of the three aspects of joined-up working described in Sections 2.1.1 to 2.1.3.

Lancashire: Help Direct

Help Direct is a key investment in Lancashire County Council's (LCC) Well-being and Prevention Strategy, helping people to maintain their independence as well as improve their sense of well-being. The service is designed to help all adults (not just older people) get the right practical support or simply the right information and advice they need before a small problem becomes a crisis so delaying or avoiding a referral for a funded social care support package. It provides an umbrella under which a range of services are being developed.

While not yet mainstreamed – in that it is not yet operating independently of external and internal project funding – the aspiration is that in future it will be, and many more services will be brought under its umbrella.

Help Direct addresses each of the aspects of joined-up working in the following ways:

- **The full range of support and services available to promote independence and well-being:** Help Direct aims to provide universal services to all the adult population. Whilst not aimed at people with more intensive support needs, it does aim to identify those who might be at risk of losing their independence or who are in need of more intensive support.
- **The full range of different providers and modes of provision:** Help Direct supports four voluntary organisations across Lancashire to deliver the Help Direct service, these in turn are contracted to work in partnership with other third sector and community-based organisations, and volunteers to deliver to local needs. There are funds available, so they can help start up social enterprises to address gaps in provision.
- **The changes required to attitudes and organisational culture, structures and working practices:** The Help Direct team have worked hard to raise awareness and engage other departments within the local authority, council members, district councils, the third sector and the health service. They have been very successful at overcoming some initial resistance from third sector organisations but recognise they still have some way to go to fully engage the health sector and to 'sell' the service to potential users.

2.2 Evidence of the effectiveness of joined-up working

The case for joined-up working of services for older people has been well established by the LinkAge Plus evaluation. The pilots adopted a range of approaches but consistently showed that by following the LinkAge Plus core principles it is possible to make a real difference to the quality of life for older people, and furthermore, in a cost-effective way (Davis and Ritters, 2009).

The examples in the box below provide some illustrations of the benefits that can be realised from joined-up working. These are drawn from a range of inputs including the LinkAge Plus evaluation reports; other evaluations identified in our document review (see Appendix C); and, where available, examples from the case studies undertaken for this study. In the case study reports presented in Appendix B, we summarise, and refer to, the results of local evaluations where these are available.

Selected examples of the benefits of joined-up working

Case study examples:

Bradford Metropolitan District Council Community Involvement Project – The community involvement project was set up to provide funding and support to improve the ability of voluntary and community sector (VCS) organisations to respond to the needs of older people with mental health problems, and their carers. An evaluation framework was devised at the start of the project with a range of qualitative and quantitative measures. The following four headline benefits (Rahman and Jones, 2009), are now being realised:

- **Improved access to support:** in 2008/09 over 5,400 older people participated in well-being activities provided by over 80 VCS organisations, with over a third of these supporting Black and Minority Ethnic (BME) communities.
- **Improved well-being:** validated social capital and anxiety and depression scales showed an increase in social contacts and reduced symptoms of depression for participants (older people and carers) in the project activities.
- **Social cohesion:** success stories show how the activities are improving the well-being of older people with mental health needs by cultivating a sense of belonging and community spirit.
- **Cost effectiveness:** outcomes were achieved at a cost of £165 per person per year, or £3.17 per week. Small community groups are now better placed to apply for other funding and smaller groups have proved well equipped to draw in non-cashable community resources to support their activities.

Leicestershire HART (Home care Assessment and Reablement Team) – An evaluation by De Montfort University (Kent *et al.*, 2000) found that while larger packages of home care were initially commissioned for service users of HART, the outcomes for people at the first six week review showed a significant improvement in independence when compared with those that had followed a ‘conventional’ home care package. For example, they found that 62 per cent of HART service users home care package was discontinued after their first review at six weeks, compared to just five per cent of people on the conventional home care package.

The qualitative analysis confirmed that the pilot scheme is distinctively different from ‘traditional’ home care schemes both in terms of its underpinning principles and in the way these are put into practice. Other qualitative benefits identified included high levels of user satisfaction levels, high standards of case reporting and the ability to react quickly, for example to withdraw a service no longer required.

(For further information on the case studies see Appendix B).

Continued

LinkAge Plus Pilots:

Nottinghamshire and Tower Hamlets – The LinkAge Plus evaluation used data from the pilots to show potential financial savings from this holistic approach. An illustrative example shows that after a two-year investment period the approach starts to break even in the following year, with a net present value to the taxpayer over five years of £1.80 per £1 spent (Watt and Blair, 2009).

Leeds – In Leeds, as part of the wider programme for older people, around £230,000 was invested in capacity building measures such as training, support groups and small grants to voluntary organisations. Local evaluators reported a perception of greater efficiency and effectiveness in day-to-day working. Staff benefited from LinkAge Plus training and networking, resulting in greater skills and knowledge. Organisations reported improved communications and strengthened inter-agency working, better access to information and an improved image. The local evaluation (Moore and Townsend, 2008) also found that older people had easier access to local community centres, participation had increased, particularly by minority groups, and the quality of services had improved. More information about volunteering and support for getting involved led to a 16 per cent increase in volunteers in Leeds during the period of the pilot (Davis and Ritters, 2009).

Other examples from the evaluation of Total Place (Her Majesty's Treasury (HMT), 2010):

Herefordshire joint management – In Herefordshire the council and the PCT share a single chief executive and joint management team. A comprehensive review of shared services across Herefordshire Council, PCT and the Herefordshire Hospitals Trust has identified annual savings of £4–£5 million, and annual procurement savings which could reach £830,000 in 2011/12, and potentially even higher through greater integration of services.

The Kent Gateway programme – This programme provides integrated access to public services across the county, bringing services from 60 partners into single, accessible buildings, and through telephone and online service channels. The programme was introduced in six districts in 2005 through the DWP's 'Tell Us Once' pilot and has already indicated local savings of £500,000 per annum. Kent has suggested that savings of £2.2 million per annum could be possible through fewer transactions and reduced transaction costs.

2.3 Local drivers for change

From case study interviews, there was no debate about the need for more joined-up services in order for service recipients to realise increased benefits from limited resources. This was generally seen as part of a package of changes, not as an end in itself. Joined-up working was seen as just one element of the changes required if demographic and economic challenges were to be met.

In addition to the demographic and economic drivers we found a number of other factors that appeared to be driving change:

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

2.3.1 Organisational structures

The demographic changes occurring in local areas are described in the Joint Strategic Needs Assessments (JSNA) that must be published by all PCTs and local authorities. Development of strategies to address these needs tends to be done at the Local Strategic Partnership (LSP) level through the development of thematic partnerships (e.g. the Gloucestershire Health and Community Well-being Partnership) or the publication of particular strategies (e.g., Manchester's *A Great Place to Grow Older, 2010-2020*).

Translation of these strategies into deliverable action plans tends to be driven by local contextual and organisational factors, as well as funding routes. A common factor cited to us during several interviews is that a lot of work needs to be invested to ensure that the strategies developed at the LSP (or thematic partnership level) are fully reflected in the strategies developed by the partnership organisations. If the PCT and the local authority do not have strategies that fully reflect or mirror what is in the LSP strategy, the activities to develop joined-up services may not happen.

2.3.2 Involvement of older people

Where the LSP has developed thematic-based partnerships, there are often strong areas of overlap between them (e.g., Gloucestershire's Health and Community Well-being Partnership, and the Safer and Stronger Communities Partnership²). In such cases, joined-up working for older people's services can realise benefits for both partnerships. Identifying opportunities between these partnerships and acting on them depends to some extent on the individuals that are represented on the governance boards of the various partnerships. Where we were provided with anecdotal success stories around this, a common factor was that older people's representatives were involved in the decision making (see the Leicestershire and Warrington case studies in Appendix B).

2.3.3 Local champions

A strong driver of change at the local level that emerged from our research was the role of local champions or enthusiasts. These champions were identified at all levels within the local authorities and their partners, ranging from council members through to heads of services and third sector, frontline service volunteers. At council member level the support tended to stem from the political and ethical belief that 'it's the right thing for society' but it can also be influenced by the fact that members have been persuaded by the weight of evidence that has been realised through previous initiatives such as the LinkAge Plus pilots. At head of service level we often found that an individual had a particular idea for how certain services could be developed and that this was informed by direct experience or from knowledge of an initiative that had been piloted elsewhere. Building support and attracting funding to develop and implement this idea locally often demanded tenacity, enthusiasm and strong marketing skills. At the frontline of service delivery, we came across enthusiastic individuals who exhibited strong philanthropic characteristics and were prepared to just 'get on with it'.

One example where enthusiastic individuals from outside the local authority acted as the driver for local change, is the experience in Merseyside. Here, the changes were driven by a strategic review of the roles and functions of the Fire and Rescue Service, and how these could be better delivered. These changes may not have been driven through without the vision and leadership of the Chief Fire Officer and his deputy.

² Gloucestershire is cited here as its partnership structure is representative of similar approaches in other local authority areas.

2.3.4 Funding

An extremely common driver of change at the local level cited during our interviews was the availability of external funding. Local authorities and their partners have become extremely adept at identifying pools of funding made available by Government departments, which can be used to pilot or trial particular initiatives at the local level. Furthermore, it was often the case that the only reason the enthusiastic individuals cited above were able to implement a service delivery change was because external funds had been attracted to support the initiative. This raises an important issue of how to attract mainstream funding if the initiative proves a success – and this is discussed further in sections 4.3.2 and 4.3.3.

Given the current economic climate and Government pressures on funding, it is clear that any funds needed to ‘kick-start’ a new initiative may need to come from existing budgets and this will require local authorities and their partners thinking about innovative ways of utilising budgets and available resources.

2.4 Relevance and application of LinkAge Plus principles

2.4.1 The LinkAge Plus principles

The LinkAge Plus pilots were given the scope and freedom to develop a truly local approach. This was done in consultation with local people aged over 50 and with the support of the DWP. The pilots and their partners identified six core principles to support successful joined-up working that should underpin the design and delivery of local services (Davis and Ritters, 2009). The six core LinkAge Plus principles are:

- **Enable access by an increasing range of customers:** A ‘no wrong door’ approach should provide information and access to, and services from, an initial or single point of contact. Signposting or referral processes should ensure all relevant services are made available.
- **Ensure that isolated or ‘difficult-to-reach’ older people are enabled to access information and services:** Positive steps should be taken through outreach to identify and engage with isolated older people. Joined-up customer contact facilities should be flexible to meet different needs and include face to-face, visiting, telephone and electronic media.
- **Ensure that services promote independence, well-being and active ageing:** Services should focus on early intervention and a preventative approach that goes beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens should be a primary consideration.
- **Engage and consult:** Older people should be involved in the design and development of how services and relevant information are provided and their opinions sought on the quality of delivery.
- **Reflect the needs and aspirations of current and future generations of older people:** The diversity of the local older peoples’ population should directly inform services provided for them and anticipate their changing requirements over time.
- **Maximise opportunities for efficiency and capacity building:** Efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

The benefits of these principles, in terms of holistic benefits, independence, social inclusion, and support to live at home are set out in detail in the business case for LinkAge Plus (Watt and Blair, 2009).

2.4.2 Relevance of the principles

There was some awareness of the LinkAge Plus principles amongst a few of the people we interviewed and these had influenced their thinking. Most participants did not recognise the principles. However, there was universal agreement that they were consistent with the approaches being developed at a local level and that they provide essential building blocks upon which joined-up working can be developed.

Some of the interviewees felt that it was important that the development of joined-up services should be considered more widely than older people. Since the LinkAge Plus pilots were explicitly targeted at joined-up working in relation to services for older people, it is understandable that the core principles were drawn up with older people in mind. However, some interviewees felt that:

- the principles apply equally to other areas of adult services where local authorities and their partners are seeking reform;
- separately identifying older people services can stigmatise them;
- integrating older people's services into adult services helps support active ageing and a gradual transition into increased support when needed.

We have reviewed the LinkAge Plus principles in light of recent policy developments including the 'Big Society' and 'Ageing Well', as well as the findings from the case studies. **We found that they capture most of the attributes of successful initiatives with the following developments:**

- Recent developments such as the Big Society and Total Place (HMT, 2010) have stressed the importance of localism and empowerment and we therefore suggest adapting the principle '**Maximise opportunities for efficiency and capacity building**' to reflect this as follows:

Empower partners to deliver local solutions: *Empower the third sector, local communities and individuals as equal partners in the design and delivery of effective and efficient local services. Efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.*

- Many of our case study participants stressed the need to continually learn and evolve services. We therefore recommend adding an additional principle:

Continually learn and evolve: *Think about and implement mechanisms to monitor and measure the success of an initiative as part of the initiative. Ensure that the contracting and governance arrangements are flexible enough so that the initiative can be developed and improved to reflect experience 'on the ground'.*

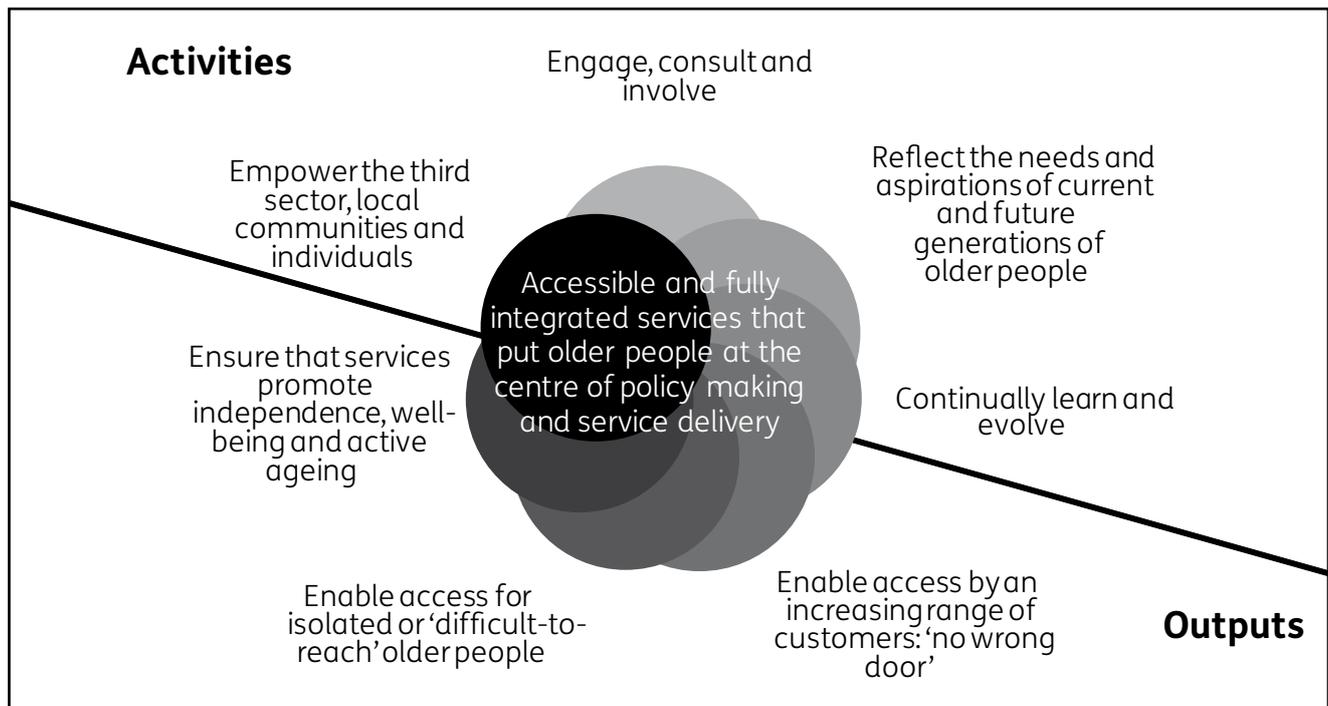
- Both the literature and case study participants emphasised the importance of treating older people as an integral part of the general adult population. Whilst separate older people or ageing strategies can help to communicate a particular approach to an important segment of the adult population, the development of joined-up services should be aimed more generally at the needs of all adults in the community to support active ageing. We therefore suggest that the principle **Enable access by an increasing range of customers** be amended as follows:

Enable access by an increasing range of customers: *A 'no wrong door' approach should provide information and access to, and services from, an initial or single point of contact. Signposting or referral processes should ensure that relevant services for all adults in the community who have an identified need, are made available in support of active ageing.*

Figure 2.2 illustrates the final set of principles that we recommend on the basis of our research findings. We have arranged the principles into two groups:

- **outputs:** relate to what joined-up working should look like (what they should aim to deliver); and
- **activities:** relate to activities informing the design and development of services and should be an integral part of the service.

Figure 2.2 Joined-up working core principles



In the following sections we provide exemplars of all these principles from the case studies considered in this research. The text in italics is the description of the principle taken from the LinkAge Plus evaluation report, amended in line with the findings from this research where appropriate. We have then given an overview of how case study areas have adopted each principle. The case studies describe a good example of the principle in action.

2.4.3 Enable access by an increasing range of customers

A 'no wrong door' approach should provide information and access to, and services from, an initial or single point of contact. Signposting or referral processes should ensure that relevant services for all adults in the community who have an identified need, are made available in support of active ageing.

Almost all our case study areas described activities to improve access to services by not just providing a signposting service but also by development of frontline workers so that they are more aware of the service provisions that are available to people outside their particular area of expertise. For example, in Merseyside they have undertaken a wide ranging training programme so that fire-fighters, carers, occupational therapists, home improvement agencies, etc. are more aware of what services they each provide. Camden and Lancashire have gone further by integrating older people's services more effectively with adult services. Lancashire's Help Direct service is a good example of 'enabling access'.

Lancashire – Help Direct

Lancashire County Council (LCC) supports four voluntary organisations across Lancashire to deliver the Help Direct service. The teams can be accessed via a single low-cost telephone number and can provide telephone or face-to-face advice and help problem solving or finding information. They have created a well-being directory to help identify service providers and a growing first contact network helps locate people in need of help and put them in contact with the appropriate service. Help Direct does not duplicate services available elsewhere, but provides better access to, and co-ordination of, the range of services already available from a wide range of sources.

The service finds that increasingly other providers, for example NHS trusts, are specifying that organisations contracted to provide wider services work with Help Direct. The scope of the service is therefore growing organically, as well as through their own efforts to identify and ‘plug’ gaps, to provide a wider range of services in more locations for more people.

2.4.4 Ensure that isolated or ‘difficult-to-reach’ older people are enabled to access information and services

Positive steps should be taken through outreach to identify and engage with isolated older people. Joined-up customer contact facilities should be flexible to meet different needs and include face-to-face, visiting, telephone and electronic media.

We found some excellent examples of innovative ways to improve outreach, including, for example, local authorities and third sector organisations teaming up with the local fire service. Another example was the creation of a network of well-being cafés where carers and older people who feel isolated, depressed or who are becoming a little forgetful, can meet up with others going through a similar experience, in a social and relaxed environment that increases their social interaction with others. These cafés help their individual well-being, and whilst there, they can gain access to information about a range of services that are available to them.

The following example shows how messages can be made culturally relevant to help reach minority ethnic groups more effectively.

Gloucestershire – Healthy Ageing for the Chinese community

Working closely with the Chinese Women’s Guild and community members, Gloucestershire County Council’s Healthy Ageing co-ordinator helped develop an innovative programme of talks on healthy ageing. They have been using culturally relevant symbols and materials to help communicate and promote the messages. For example, speakers use mah-jong tiles to highlight certain seasonal aspects of healthy ageing, and luck cards to demonstrate the lottery nature of particular health problems.

2.4.5 Ensure that services promote independence, well-being and active ageing

Services should focus on early intervention and a preventative approach that goes beyond traditional health and social care functions; encouraging respect and social inclusion for older people as citizens should be a primary consideration.

In all cases where an enhanced ‘first contact’ approach was being implemented, the agents are being encouraged to identify any ‘quick-win’ adaptations that could enhance mobility within the home (e.g. hand rails on steps at a front door) and to look for any early signs of mental health-related issues such as dementia. For example, West Yorkshire Fire And Rescue Service, are now the

biggest source of telecare referrals in the Bradford area. The Manchester ‘STAR’ project highlights another example of a preventative approach.

Manchester – STAR

In Manchester the adult social care in-house home care service is moving towards a ‘reablement’ service. This follows a successful pilot of the Short Term Assessment and Rehabilitation (STAR) service and Home care Pathway of Central Manchester intermediate care. This service provides intensive short-term support (six weeks or less). Early indications are that over 40 per cent of those people who received the service, had no care need at the end of the support, and the service went city-wide in 2008.

2.4.6 Engage, consult and involve

Older people should be involved in the design and development of how services and relevant information are provided and their opinions sought on the quality of delivery.

All our case study areas recognised the importance of engaging and consulting older people, although many admitted that the quality of engagement and extent of involvement varied. Consultation could often amount to little more than a process of telling people what was going to happen, not involving them in design and development. We have adapted the title of this principle to emphasise the importance of active involvement. Warrington’s Older People’s Engagement Group (OPEG) provides an example of where change was achieved through the active involvement of older people.

Warrington: Listening and responding to older people

Warrington’s OPEG holds regular open meetings to raise and discuss matters of concern. In response to a number of negative experiences reported by older people about their discharge from Warrington Hospital, OPEG commissioned a survey of its members. This highlighted the fact that older people were frequently placed in the hospital discharge lounge for an extended period. Furthermore, there were cases where people were being discharged from the hospital without any assessment of whether or not they needed home assistance, or whether their home was adequately prepared (e.g. food and drink) for their return. The NHS Trust has responded to the findings by closing the discharge lounge and improving the process for communication of the discharge arrangements with social services and the client’s carers.

2.4.7 Reflect the needs and aspirations of current and future generations of older people

The diversity of the local older people’s population should directly inform services provided for them and anticipate their changing requirements over time.

Partly this is about having good engagement mechanisms (as shown in the Warrington example above), but an effective strategy must also be based on a broad assessment of local needs and how these are expected to change over time. In some areas participants expressed concern that strategic planning did not look sufficiently long term. Assessment and planning are discussed further in sections 4.3.2 and 4.3.3. Bradford’s review of older people’s mental health services provides an example of how an assessment of needs can lead to improved services.

Bradford – The community involvement project

In 2005 Bradford Metropolitan District Council carried out a review of older people’s mental health services that engaged older people, carers, specialist and non-specialist services. The review highlighted gaps in support as experienced by older people – in particular a need for information, advice and emotional support. In response, the community involvement project was set up to promote good mental well-being for people with emerging mental health needs. The activities undertaken within the project are developed by a core project team, and co-created with local VCS organisations, older people and carers. The core project team have worked with local VCS organisations, older people and carers to create a range of innovative services including:

- web development and IT training run by and for older people;
- 12 ‘Well-being Cafés’ that bring VCS organisations and specialist mental health practitioners together in relaxed settings to promote greater well-being for older people with mental health needs and their friends and family;
- a comprehensive programme of well-being activities to enable older people with mental health needs to stay active and engaged in their own neighbourhoods, with over 80 local VCS organisations engaged in delivering the activity programme.

The project typically engages with smaller VCS organisations run by and for older people and engagement with Bradford’s BME communities has been very successful, with Well-being Cafés created to support East European, African Caribbean and South Asian communities.

2.4.8 Empower partners to deliver local solutions

Empower the third sector, local communities and individuals as equal partners in the design and delivery of effective and efficient local services. Efficiencies should be sought through joint working with partner organisations and improving outputs through capacity building.

We found examples in all the case study areas of how local authorities were working to empower local groups and the third sector. Initiatives included the Help Direct project in Lancashire, which has a proactive process to identify gaps in provision and support the establishment of social enterprises to fill them, as well as the ‘Stronger Together in Warrington’ project. Empowering local solutions is discussed further in section 4.2.2.

Lancashire and Warrington: Empowering partners

Help Direct is building both capacity and capability in the third sector. The Help Direct providers are incentivised to involve other third sector partners, to review what services people want (and need) and to make proposals to fund social enterprises to fill any gaps. The initiative is adding additional value in that it is enabling parties involved to leverage funding from other sources more effectively by demonstrating that they have sound structures through which to deliver services. For example, GPs in Lancaster have implemented their own plans for social prescribing (linking patients in primary care with non-medical sources of support within the community) by funding additional Help Direct outreach workers. These will work partly from their surgeries. This was much more efficient than directly employing their own staff to do the work.

Continued

A relatively recent initiative in Warrington has been the introduction of the **Neighbourhood Area Boards** that build on the experience of the ‘Stronger Together in Warrington’ three-year pilot. Six area boards have been set up for each area with equal representation from residents, service providers and elected community representatives. The objectives are to support the communities to identify local needs that address higher level strategic objectives (collected together under thematic groups), to support them in making decisions about solutions and to develop more capability and capacity to address the issues. ‘Healthier communities and older people’ is one of these thematic groups.

2.4.9 Continually learn and evolve

Think about and implement mechanisms to monitor and measure the success of an initiative as part of the initiative. Ensure that the contracting and governance arrangements are flexible enough so that the initiative can be developed and improved to reflect experience ‘on the ground’.

In contrast to previous studies we found much more evidence that local authorities and their partners (at least in our sample) were planning evaluation into initiatives from the outset. This has included identifying and agreeing measures with partners, and building mechanisms for collecting the information required into contracts and agreements. We also found that local authorities often took an active approach to learning, continually reviewing and adapting initiatives to make them more effective and efficient. This is discussed further in section 4.2.3. The Merseyside Fire and Rescue ‘advocate system’ provides a good example of how new systems can continually adapt and improve.

Merseyside Fire and Rescue Service: Development of the ‘advocate’ system

As part of the development of its services, Merseyside Fire and Rescue Service (MFRS) implemented an ‘advocate’ system to engage with and co-ordinate activities with the target group. In the early days the emphasis was on targeting older people and the person selected for this role was recruited from the community of older people as it was felt that this would encourage empathy with the target audience and bring a better understanding of the issues being faced. Since the establishment of the first advocate, MFRS have improved and adapted the system so that there are now five advocates for older people (one for each local authority area serviced by MFRS, and the advocate system has been extended to other target groups. There are now 26 advocates employed by MFRS covering harder to reach communities such as: drug and alcohol users; deaf people; Somalis, Yemeni’, and Chinese people, an improvement in the range of service available.

Whilst, in most cases, the advocates have been recruited from outside the fire service, they all wear the fire service uniform when they are working to reinforce the ‘brand’ and the trust that comes with it.

2.5 Summary

Joined-up working lies at the heart of recent policy thinking and can be defined in many different ways. In order to meet the demographic and economic challenges, and the needs and aspirations of older people, it needs to go beyond better integration of health and social care to embrace:

- the full range of support and services available to promote independence and well-being for older people, including the whole triangle of care;

- the full range of different providers and modes of provision; and
- the need to change attitudes and organisational culture, structures and working practices at all levels of organisations and communities.

Our case study participants generally recognised the importance of considering all these elements though they were at different stages in terms of implementing them. Joined-up working was, however, generally seen as part of a package of changes, not as an end in itself.

The benefits of joined-up working have been ably demonstrated by the LinkAge Plus evaluation (Davis and Ritters, 2009) and other local initiatives ((Rahman and Jones, 2009), (Kent *et al.*, 2000), (Watt and Blair, 2009), (Moore and Townsend, 2008)).

Whilst there was not universal recognition of the LinkAge Plus pilots, all case study participants recognised that the LinkAge Plus core principles were fundamental to achieving the desired outcome of joined-up services for adult community services. In addition, our research has suggested ways in which these core principles could be enhanced in ways consistent with the current Government policy of localism and empowering communities.

The following list shows the final set of enhanced principles:

Outputs

- Enable access by an increasing range of customers.
- Ensure that isolated or ‘difficult-to-reach’ older people are enabled to access information and services.
- Ensure that services promote independence, well-being and active ageing.

Activities

- Engage, consult and involve.
- Reflect the needs and aspirations of current and future generations of older people.
- Empower partners to deliver effective and efficient services.
- Continually learn and adapt.

These principles provide an extremely useful building block for the development and enhancement of services for older people, and indeed for all adult services, and could usefully be communicated and adopted more widely across local authorities and their partners.

In the next chapter we examine the nature of the challenge facing local authorities and their partners implementing more joined-up working and in Chapter 4 discuss how, based on findings from the case studies and document review, this can be tackled.

3 The nature of the challenge

The challenge local authorities and their partners face is not trivial. The issues are socially complex and do not sit conveniently within the responsibility of any one organisation. Monitoring data is often incomplete or missing and this can lead to uncertainty and ambiguity. There is no unique, 'correct' view of the issues – just different perspectives, hence the focus of the LinkAge Plus approach discussed in Chapter 2 is on what **principles** should be followed to encourage joined-up working as opposed to prescribing **actions**. The solution will involve coordinated action by a range of stakeholders including public, private, third sector and individuals who may have conflicting objectives and motivations. These are characteristics of so-called 'wicked problems' (Australian Public Service Commission (APSC), 2007). The term 'wicked' in this context is used, not in the sense of evil, but rather as an issue highly resistant to resolution. This chapter outlines the barriers faced in achieving joined-up working, examples of how these barriers have been overcome are addressed in Chapter 4.

3.1 Barriers

Our case study organisations encountered significant barriers both to introducing new ways of working and sustaining them beyond initial trials. Barriers included:

3.1.1 Governance structures and organisational culture are resistant to change

A common factor cited in our interviews and workshops were that governance structures in all the organisations concerned can be too rigid, thereby delaying decision making. New ways of working that give the third sector and community greater responsibility for the design and delivery of services can raise concerns about risks to more vulnerable customers and to the public purse. There is the further barrier that commissioning strategies may not be supported where traditional contracts and tendering processes can inhibit partnership working and be too complex for small organisations.

A sustained programme of 'selling' proposals to key stakeholders is required with new forms of contracts and more flexible, joined-up and responsive governance arrangements.

At the working level there can still be a culture of delivering to an assessed level of need – not to helping people achieve what they want from life – as well as concerns about the risks of departing from traditional models of care. Pro-active management and training of staff to work in 'new' ways is needed.

3.1.2 Continuous change makes sustaining effective partnerships difficult

Establishing joined-up working between health and social care appears to be an area where case study participants have encountered difficulty. Interviews with local authorities suggest that this is an area where difficulties in joining-up have been encountered, partly due to continuous change, funding concerns and different approaches to thinking about care (e.g. treatment versus prevention).

Successful joint arrangements have only been sustained where enthusiastic individuals have continued to hold appropriate senior positions, despite significant reorganisations, or joint positions with supporting governance arrangements have been created at the most senior levels. While joint commissioning may be successful in breaking down barriers, it was too early in most of our case studies for us to comment on its effectiveness.

We believe that more effort is needed to break down institutional and cultural barriers to create true partnerships. This needs to start from the very top.

3.1.3 Lack of innovative thinking

Creating new and innovative ways of working are essential to address the challenges faced by an ageing society coupled with a likely decrease in the availability of Government funds. Local authorities and their partners will need to be more creative in how they work together and allocate resources. To address this and to combat silo thinking, local authorities have:

- engaged effectively with older people (e.g. Leicestershire);
- established reporting lines directly at chief executive level (e.g. Manchester);
- brought in people from outside the local authority to key posts (e.g. Camden);
- worked with third sector organisations as key design and delivery agents (e.g. Merseyside and Lancashire);
- established expert, multi-disciplinary and academic advisory panels to provide input, and to monitor and review the progress being made (e.g. Manchester).

The following box contains some specific examples of innovative thinking.

Selected examples of innovative thinking

Innovative approaches adopted by case study organisations included:

- Manchester established a joint health and social care unit (the Joint Health Unit (JHU)) that sits outside conventional structures reporting directly to the chief executive of Manchester City Council to free up thinking from departmental constraints. An expert multi-disciplinary and academic, advisory panel was used to provide input, and to monitor and review the progress being made.
- Lancashire's empowering contracts let to third sector organisations to enable them to deliver the Help Direct service and build capacity in their local area.
- Merseyside Fire and Rescue Service extension of their facilities to third sector organisations, and partnering with the NHS to improve their gym facilities and make them accessible to the public under supervision at certain times of the day.
- Camden's KOVE group training older people to produce DVDs in which users describe the good and bad aspects of local services. Their video on home care services has had a genuine impact and is now used as a training video for providers.
- Leicestershire's use of a reverse open day, where older people's groups were invited to set up stands and providers invited to visit the stands and ask questions about how their services were received, gaps in provision, etc.

3.1.4 Public funding is tight and will come under increased pressure and scrutiny

In the future sources of funding to 'kick-start' initiatives will be limited. Our case study organisations all stressed the difficulty of engaging key decision makers where the evidence base is weak, or where value for money is not clear. External funding attracted the attention of key decision makers and provided a catalyst to demonstrate the benefits of some of these innovative ideas.

Even where the financial and social benefits are clear, the up-front costs, and cross-departmental distribution of costs and benefits, can prevent take-up of approaches. Local authorities need to be prepared to take risks and in future will need to be more innovative in finding sources of funding to implement change.

Many third sector organisations see new ways of working in partnership as a threat. Third sector organisations that have traditionally competed against each other for funds can find it difficult to work effectively in partnership. This will become more of a challenge as funding constraints deepen. There is a clear risk that third sector organisations, and the public, will see new models of working as simply a way to get others to pay for services that the local authority should, in their opinion, deliver. This risk will need to be recognised and managed carefully.

- Lack of joined-up thinking

This has proved a particular barrier to mainstreaming initiatives on completion. Even when initiatives can be shown to have delivered benefits, attention (and funding) may have shifted to other priorities/new initiatives emerging from central government. An example of this is shown through the quote from the evaluation for Total Place (Her Majesty's Treasury (HMT), 2010):

'Different frameworks also involve different reporting timescales, comparator groups and data definitions adding further complexity and confusion to developing an agreed view of local priorities. The number of separate performance reporting systems including the national Data Hub, Places Analytical Tool, Audit Commission OnePlace website, Floor Targets Interactive system, ESD toolkit, National Adult Social Care Intelligence Service (NASCIS), iQuanta police/community safety system and OFSTED Performance Data – and others – emphasise this complexity and lack of a joined-up approach.'

(Leicester and Leicestershire)

3.2 Current initiatives to address these challenges

The Office for Civil Society, which is responsible for implementing the Big Society may provide a focus for drawing all these threads together, however **there is a risk that the office might be seen as simply imposing another layer of new initiatives and strategies on already overburdened local organisations.**

In order to overcome these barriers local authorities and their partners will have to recognise the need to:

- **change attitudes and organisational culture, structures and working practices** – at all levels of organisations and communities;
- **empower the third sector, individuals and communities** – as equal partners in designing and delivering services;
- **provide an enabling framework** – to help them do this, supporting capacity and capability development;
- **plan how to sustain the initiative** – from the start (mainstreaming).

3.3 Available guidance

There is a wealth of guidance available on various aspects of joined-up working and related concepts. We reviewed some of this as part of this work (see Appendix C).

Many of these focus on what can be achieved, with examples and case studies describing various initiatives. While we have found good sources of information on how to implement changes at the practitioner level, for example *SCIE Guide 17: The participation of adult service users, including older people, in developing social care* (Moriarty, 2007). There appears to be less on this at the more strategic level. **We therefore recommend any future guidance is focused on *how* to achieve joined-up working.**

Several people we interviewed talked about the challenges faced by initiative and information overload which made identification of useful materials and guidance difficult. As part of our literature review for this research we found that some of the web-based guidance is difficult to navigate. We found that the guidance document *Making a strategic shift to prevention and early intervention – practice guide* (Department of Health (DH), 2008) provided a good portal pointing the reader to more accessible sources. **We would recommend that any guidance developed takes a similar approach providing links to the most relevant related documents.**

3.4 Summary

The nature of the challenge facing local authorities and their partners is not trivial, and as economic constraints tighten, it will become more difficult. The four most significant barriers appear to us to be:

- **lack of joined-up thinking:** Many of the participants in the case studies commented on the large number of related strategies and initiatives emanating from different departments in this area and considered this evidence of a lack of joined-up thinking at the centre of government. This creates difficulties for local authorities and their partners in the public and third sectors, aligning their strategies and plans, particularly when it comes to mainstreaming initiatives;
- **difficulties breaking down barriers between health and social care:** Constant reorganisation in the health sector has been a real barrier to joined-up working, as personnel move on to other posts. There are also cultural issues and difficulties in mainstreaming initiatives are encountered where the costs fall to one side and the benefits to another;
- **lack of funding to ‘kick-start’ initiatives:** Many interviewees highlighted the fact that most of the initiatives being considered would not have got off the ground without external funding. Central government needs to consider how to make best use of available funding to help support innovative or good ideas for joined-up working, get off the ground;
- **weak drivers for change at a local level:** There is a great deal of good guidance already available to local authorities and their partners, but the drivers for change at local level do not appear to us to be sufficiently strong yet to drive fundamental change. Joined-up working is likely to remain sporadic, partial, and driven by enthusiastic and committed individuals until local and national drivers for change become stronger than local, short-term priorities.

We recommend that any future guidance is focused on how to overcome these barriers and on achieving and sustaining joined-up working. The following chapter therefore focuses on identifying guidance points and exemplars on these aspects.

4 Achieving joined-up working

In this chapter we provide more detailed information on how to achieve successful joined-up working. The findings are drawn both from the case study areas' experience and the document review; exemplars are drawn from the case studies. The findings can form the basis for developing guidance for local authorities and their partners on how to implement joined-up working.

4.1 A framework for change

In order to develop or improve joined-up working, substantial changes must be made in both the 'way things are done' and in attitudes and perspectives. Not only in local authorities and health trusts but also in their partner organisations in the third sector, among older people themselves and the broader community.

It should not be underestimated how difficult it can be for local authorities and their partners to make the change successfully and to ensure that it is sustainable. There are several key stages involved in achieving change summarised in Figure 4.1.

Figure 4.1 Implementing change

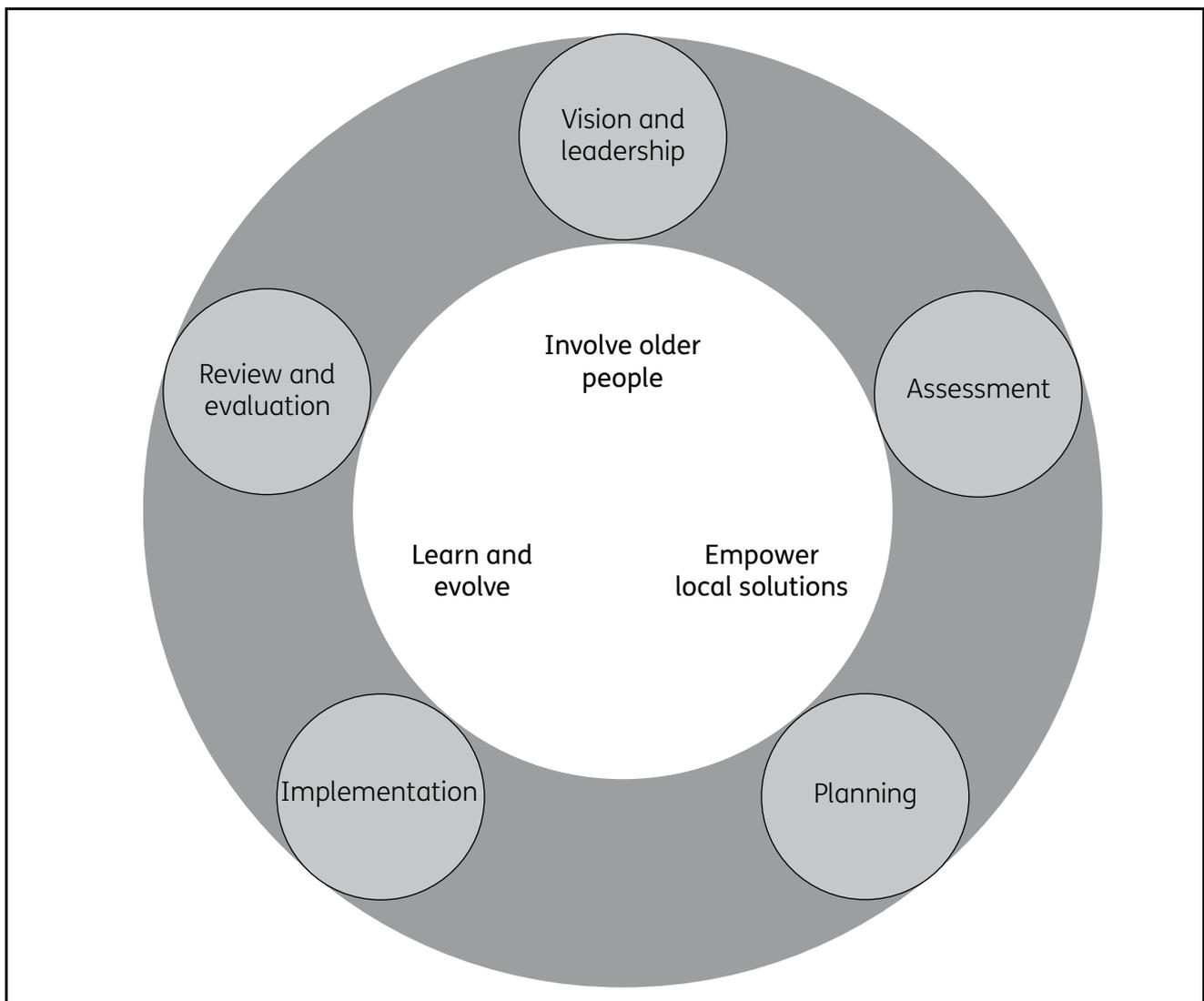


Figure 4.1 differs from the ‘policy, plan, implement and review’ management cycle, shown in the outer ring, in that it includes three additional elements at the heart of the framework which our research suggests are important at every stage in the cycle. These key underpinning principles are:

- involvement of older people is right at the heart of the change (and is one of the core principles of LinkAge Plus);
- local issues need local solutions, local people should be empowered to find and implement solutions, either on their own or in partnership; and
- the model needs to be flexible and evolve in light of better understanding and experience.

In the following sections we look at each element of the cycle in more detail and draw out examples of these in action from the case studies.

4.2 Underpinning principles

These three underpinning principles should inform activities at every stage of the change management cycle.

4.2.1 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 users will help maintain user focus and keep strategies and initiatives on track. Feedback from our case studies consistently indicated that time and effort needs to be invested in developing a network of older people contacts and supported by one or two enthusiastic individuals. The time and effort needed to start this off and maintain it should not be underestimated. While co-ordination of networks may need to be provided by the local authority or NHS in the first instance, in order for older people themselves to take ownership of the networks, it is best if eventually most of this can be taken on by user-led organisations.

Good examples of engagement with older people identified in our research include the following;

- Warrington’s Older Person’s Engagement Group (OPEG) and Leicestershire’s Older People’s Engagement Network (OPEN). In both cases they are run by dynamic older people;
- Age Concern (now Age UK) supports management of the Bradford Older People’s Alliance (BOPA), an organisation that represents over 100 third sector organisations that deal with older people;
- Gloucestershire’s Older People’s Assembly (GOPA) is a user-led organisation;
- Leicestershire’s older people month, and preparation of the booklet that accompanies it, is co-ordinated by a user-led organisation.

Further information on all of these examples can be found in the case studies in Appendix B.

Some participants told us that the number of strategies and partnership boards, committees, engagement and consultation groups, can be overwhelming – navigation, let alone management of activities within this complex picture, is a challenge – it has significant implications in time and cost for older people representatives. It is important that partners try to keep structures as simple as possible and if there are existing structures or networks in place, use them, e.g. older people’s partnership groups or fora, or LINKs (NHS Local Involvement Networks).

There is a need to recognise that ‘the same old faces’ are likely to be represented on such bodies. Continuous review of how representative these voices are, is fundamental.

Consultation must begin early and must involve more than telling people what you are going to do and inviting comment. True involvement means asking people whether something should be done.

‘There is a difference between asking “does this strategy make sense?”, and “is it a sensible strategy?”, it can be the former without being the latter!’

(Older people’s representative, third sector)

Most participants agreed that a lot of consultation run by public sector bodies was more focused on telling people what was going to happen, rather than asking for input. Users were not being asked what they wanted and needed, or how best their needs could be met. There was a risk that people were imposing their own ideas of what was needed and were not listening to people’s ‘wants’. Merseyside Fire and Rescue Service (MFRS) provides a good example of how improved communications have helped engagement with traditionally harder to reach groups.

Merseyside Fire & Rescue Service: Improving communications

In order to tackle traditionally hard to reach groups (e.g. older people and Black and Minority Ethnic (BME) people), MFRS has employed a group of ‘advocates’ where the advocate for a particular group is recruited from that group. This gives MFRS another communication channel and has allowed it to respond directly to community needs flagged up by the various groups. If additional resources are required to support a particular need, the advocates are empowered to seek this out. What it also means is that the advocates are able to think about fire stations as community assets and suggest innovative ways of using them. For example, some third sector organisations are using stations to hold meetings at no cost and the waste ground of another station has been reclaimed and is being used as an allotment.

4.2.2 Empower local solutions

Recent Government policy (see Section 1.2.3), emphasises the importance of establishing a new relationship between citizens and the State by advocating social and personal responsibility over State control. This recognises that local solutions and communities may be best placed to identify issues, determine solutions and deliver these on their own, or in partnership with others. The role of the local authority is to facilitate this, through help and advice, and where necessary funding. This should be with the aim of ensuring that universal services can become self-sustaining.

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.

Bradford’s Community Involvement Project is a good example of this (see the Bradford case study in Appendix B). Here we provide an example of how Manchester is addressing this point.

Manchester: Empowering local solutions

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** was launched in 2004 and 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. In its second year it provided £26,900 of support across 39 groups. The allocation panel membership consists of a majority of older people.

Neighbourhoods: Since 2004, VOP networks have been developed in local areas across Manchester. They are co-ordinated by local officers from the statutory, voluntary or independent sectors and bring together local service providers, community groups and older people to develop local objectives and to support projects.

4.2.3 Learn and evolve

Fundamental to delivering strategic change is that local authorities and their partners continually learn and evolve their plans and ways of working to accommodate this learning. This is a very different approach to traditional ways of working between local government and their partners.

Structured evaluation and reviewing of activities at fixed time points is essential to monitor and demonstrate progress. But there is also a need for continual review and adaptation of the approach with experience and to accommodate organisational and other changes.

One way of learning is to use active learning sets, as described in the Lancashire Help Direct example. These allow partners to share their own experiences and learn from one another. They can be used to help strengthen the partnership, identify and breakdown barriers and improve the initiative.

Lancashire: Active learning

The Help Direct Team use active learning to help strengthen the partnership. It is promoted through:

- monthly learning set meetings which look at different topics, discuss issues and what needs solving;
- active learning sets every two months with invited experts and guest speakers;
- four- to six-weekly meetings with Help Direct managers;
- the positive attitude of leaders.

The active learning sets were constructive and open sessions and attendees are empowered to take lessons away and implement them in their own organisations.

4.3 The change management cycle

In this section we provide more detailed information on the activities of the management cycle – as shown in Figure 4.1.

4.3.1 Vision and leadership

Joined-up working will require a change in ethos and attitudes across a very broad range of potential partners, as well as the general public. To make this happen strong leadership and a clear, shared vision is required. The breadth of vision varied across our case studies, ranging from Help Direct's vision of a one stop access point for all adults creating an umbrella under which all services can be marshalled, to small local initiatives such as MFRS' initial £25,000 trial of fitting smoke alarms to the homes of vulnerable older people.

Leadership

In all our case studies we found that **enthusiastic, committed and sustained leadership is critical to the successful transformation of services.**

Effective leaders develop a clear vision of what they want to achieve and are capable of enthusing and motivating others. They are capable of taking a 'leap of faith': In some of our case studies it was clear that the leaders believed that the change was the right thing to do, even in the absence of hard evidence of outcomes and savings. In addition there was awareness of the fact that this 'leap of faith' is a difficult thing to achieve, requiring risk both for local authorities and their partners.

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.** Manchester and Merseyside provide good examples from the case studies of how effective leadership, both from the public and voluntary sectors, can bring about successful joined-up working.

Manchester and Merseyside Fire and Rescue Service: Leadership

In Manchester continuity and commitment of leadership at the highest levels in the local authority and NHS has resulted in a successful partnership. With backing and support from council members, the Joint Health Unit (JHU) has successfully initiated a wider partnership, the VOP partnership, which has supported implementation of a wide range of initiatives across the city in support of older people's well-being.

In Merseyside the Chief Fire Officer provided the vision and leadership required to radically alter their approach to fire services whilst at the same time improving the safety and well-being of older and more vulnerable people. The initiative has grown from one that just involved the fire service to a largely informal network of agencies and third sector organisations working together to identify people at risk and equip them to remain safely in their own homes.

This campaign has been a success. Merseyside now employ a range of advocates for particular groups that can be difficult to target, including older people. They work with other organisations to help identify people at risk and ensure that where an older or more vulnerable person is in need of additional help, the appropriate agency is notified. Last year they visited 100,000 homes in Merseyside and hope to have visited all homes in Merseyside by the end of 2010.

Shared vision and strategy

A clearly articulated and shared vision translated into an effective strategy forms the basis for developing a common understanding that underpins successful partnerships. Cultural differences and organisational change often present a formidable barrier to developing truly joint strategies. **Time and effort should be invested in ensuring that the objectives and direction of travel articulated in separate strategies are aligned.** This is illustrated by the following quote from one of the case study interviews:

'Clarity of vision is important to support policy change in the face of the raft of adult social care policies. There is apparent, however, in all of these, a growing awareness of the need to shift perspective to 'how do we grow older as citizens?' not "what health and social care do you need?''

(Council member)

Ideally, the vision should be shared between the key players at the Local Strategic Partnership (LSP) level, and be supported by a joint strategy with key partners. However, cultural differences and organisational change often present a formidable barrier to developing truly joint strategies. Where joint strategies have not been developed, time and effort should be invested in ensuring that the objectives and direction of travel articulated in the strategies are aligned. Similarly, **while a separate older people's strategy can help make clear specific responsibilities, there is a need to ensure that these are reflected in the relevant organisational strategies.** For example, ageing issues should be reflected in communications and commissioning strategies.

Developing and maintaining partnerships

Case study participants identified the following attributes of **successful partnerships**:

- a **shared understanding and vision** – that is developed from older people’s wants and needs;
- **aligned objectives** – with a formal partnership, sometimes including joint funding;
- a **good understanding of other partners and their objectives** – where they are the same, how they differ and why;
- **trust, openness and good communication**; and
- **the right personalities** – enthusiastic individuals who are skilled networkers.

Developing partnerships is about building effective relationships by finding common ground and perspectives and building on these. **Sustaining partnerships often depends, in the experience of our case study participants, on the continuing presence of enthusiastic, committed individuals who are skilled networkers.** Where there is a lack of stability, this can make sustaining partnerships difficult.

Within the local authority, departments must be able to see the benefit, to feel ownership of the partnership and provide input. An area where many of our participants encountered difficulty was getting district councils to participate. Some departments will have their own older people’s initiatives and new ways of working already in place. These can provide valuable advice and input. Other departments may not see the older people’s agenda as part of their area of responsibility and will need to see evidence of how initiatives are working elsewhere before they come fully on board. Help Direct in Lancashire gives a good example of how getting cross-departmental buy-in from the local authority, coupled with input from the third sector can result in an effective partnership scheme.

Lancashire: Getting buy-in

Help Direct is designed to help adults (not just older people) to get the right practical support or simply the right information and advice they need before a small problem becomes a crisis. The team were able to get buy-in from across the local authority by demonstrating how Help Direct could be used as a way to efficiently and effectively address the concerns of other directorates. For example, the Environment Directorate were keen to implement a similar scheme to the Safe Trader scheme already implemented as part of Help Direct and were quick to provide support and link it in to other initiatives they had started (see Lancashire case study for full detail in Appendix B).

NHS and primary care trust (PCT) reorganisations have been almost continuous in some areas – this makes it difficult to sustain key relationships. **The area where our participants often encountered difficulties was developing partnerships between the NHS or PCTs, and local authorities.** The former often typically have a medical treatment mindset and moving this towards a prevention agenda is seen as challenging. This is not universally the case however and there are examples where key activities have been jointly funded and some case study participants felt that some very good and innovative ideas have come from the health sector.

Investment in developing capacity and capability in the third sector is important. However, some third sector organisations express frustration around the decision-making processes and bureaucracy that is often associated with dealing with local authorities and the NHS. There is also a clear risk that they will see the move to more joined-up working through contracts (rather than grant-based funding) as a threat to future funding streams. Local authorities need to recognise and actively address these concerns and **work closely with third sector and community-based**

organisations, to help them develop the commercial skills they may need, and to design processes more closely tailored to their needs.

Governance structures

Governance structures need to empower innovation. This means that partners need to be empowered to make decisions about how to improve the way they work. If possible, existing structures should be used – new structures for each new initiative add complexity, delay and make it more difficult to effectively engage the third sector.

Cross-departmental structures that are not tied into a departmental history, can free teams up to be much more innovative. This avoids partnerships from doing things the way they always have through force of habit.

Manchester: Governance of ‘Valuing Older People’

The VOP Team in Manchester City Council were set up as part of the JHU in 2003 but reported into the Chief Executive’s Department rather than the more obvious health or social care departments. This was by design as the ageing society issue was seen as broader than social care; covering housing, planning and crime and disorder. Aligning it to this department meant that this broader remit was taken more seriously, gave it more influence with the other departments, and freed it up to be more innovative.

In order to ensure proper governance, given that the team were set up outside the normal departmental structures, and to provide the breadth of experience considered necessary, the JHU established an expert, multi-disciplinary and academic, advisory panel to provide input, and to monitor and review the progress being made.

4.3.2 Assessment

Plans must be underpinned by a robust assessment. The vision and supporting strategies and plans should be developed over the longer term supported by as good an understanding as possible of:

- the changing demographics of an ageing society and the impact of this on the demand for services and what people want and need;
- what is already in place to meet the need and the options moving forward; and
- the skills and capabilities required across the partnership, and the skills available, including the skills required to manage change.

The Joint Strategic Needs Assessment (JSNA) will provide much of the underlying evidence as to how demands for services in a local authority area will change in the future. However, we have not seen a clear articulation of the resources required to meet these needs locally that identifies gaps or shortfalls. In particular, whilst plans may acknowledge that a smaller proportion of those who may need a service will receive it under the circumstance of constrained resources, the risks associated with this are not explicitly identified. The absence of a structured risk assessment to prioritise and inform where efficiency and productivity gains are most needed, seems a missed opportunity.

To support assessment, opportunities for sharing data between agencies should be explored where this will support efficient delivery of services. This should be pursued between the agencies themselves as well as at the LSP level. To support this, it will be necessary to find ways of resolving data protection issues rather than accepting that these will be a barrier to joined-up working.

Merseyside Fire and Rescue Service: Collecting better data

Merseyside Fire and Rescue Service wanted to target older people for fire safety assessments with a view to installing smoke alarms. They requested information on who they should visit from the various councils in Merseyside. They quickly found that the data they were given was out of date and of poor quality. As a result of their door-to-door fire safety visits they were able to provide better data back to social services about where vulnerable older people were living.

Where initiatives are new or innovative, evaluation and output data can be sparse and this can demand a more iterative approach and may require decision makers to take (measured) risks, on continuing the initiative.

Lancashire: Identifying capability shortfalls

Lancashire has commissioned third sector providers to deliver the Help Direct service. The Help Direct providers must continually assess the needs of the service users against the capacity of the service providers that they have access to. Where there is a particular need or shortfall (e.g. community transport), they are required to identify alternative service providers and, through Lancashire County Council (LCC), have access to funds that can be used to support the development of any new or extended service. This continual process of assessment of needs against capability and capacity at the local level means that services can be optimised to the need.

New initiatives should build in the data collection processes from the beginning and continuous assessment of the relevant data should be undertaken and reported regularly. Any quick wins should be communicated and publicised as soon as possible to build up momentum and support for the initiative.

Some interviewees suggested that most planning is too short-term, that changes affecting older people, and the impact of changed approaches, should be considered over extended timeframes (e.g. 20 years). The vision and supporting strategies and plans should be developed over the longer term supported by as good an understanding as possible of the changing demographic situation as well as the skills and capabilities available within the partnership.

Building a business case

A consistent message from the case studies was the fact that there will be increasing pressures to demonstrate the business case for any proposed change to the way that services are delivered. From the case study interviews, difficulties in developing business cases were often cited, especially where some of the benefits are 'soft' (e.g. how do you value 'well-being'), with the result that business cases can be inconsistent and of differing quality. More advice and guidance on how to develop and build a robust and consistent business case would be welcomed by local authorities and their partner organisations.

A key requirement here then is that the assessment process should provide data to inform the business case. If there is any residual uncertainty in the business case arising from inadequate or weak data, this can undermine confidence in it. In addition, if the business case relies on a trade-off of costs and benefits between different partners, there is likely to be ongoing discussion between the partners about the robustness of the business case.

In many cases data to inform the assessment will be sparse, data drawn from the experience of others may be sufficient to build an initial business case, but this may not be sufficiently convincing to support full-scale implementation and mainstreaming. In these cases, case study participants used pilot or test studies to build up the evidence base.

The following examples from Warrington and Wirral show how business cases were established.

Warrington and Wirral: Building the business case

Warrington Neighbourhood Area Boards

In order to provide evidence for whether or not Warrington's Neighbourhood Area Boards are delivering, a lot of attention has been paid to identifying key measures as part of an ongoing evaluation. Based on a thorough assessment of the historical data as well as what they wanted to achieve, 21 performance indicators have been identified for monitoring progress in each neighbourhood. These are monitored closely as they will form the main evidence base for mainstreaming the initiative once the Department of Communities and Local Government's (DCLG's) Safer and Stronger Communities funding runs out. Any short-term benefits are communicated widely and clearly both within the neighbourhood itself as well as to the LSP to 'sell' the benefits sooner rather than later.

Metropolitan Borough of Wirral

Assistive technology has been trialled in Wirral and 230 people (including fire-fighters) were trained in assessing an individual's needs for these technologies. In March 2010, the council Cabinet approved an investment of £8.9m over three years (2010 to 2013) subject to satisfactory evaluation at the end of the first year (Wirral Council, 2010). The aim was to deliver efficiencies of £22.3m, of which an estimated 50 per cent is cashable. This followed a Department of Health (DH) funded trial between 2006 and 2008 where 504 people benefited from the trial and efficiency savings of £1.3m were realised. Wirral's experience was that the cost-benefit ratio for adopting assistive technology was 2.5 to 1.

There are several documents available that provide guidance and worked examples on how to develop a business case. The reader is referred to Appendix C of *Making a strategic shift to prevention and early intervention* (DH, 2008) as a good example.

On the basis of our review of existing documentation, supplemented by information collated in the case studies, we have identified a number of key steps that should help to develop a robust business case that will stand up to scrutiny.

Steps to preparing a robust business case

Preparation

- Involve partners in the process of building the case, to establish buy-in to the case.
- Collate as much evidence as possible from other evaluation reports. The LinkAge Plus and Partnerships for Older People Projects (POPP) evaluation reports provide a rich starting point for this as do specific evaluations referred to in this report. However, local data is more persuasive, so use this if possible.
- The scope of the change in service needs to be clearly articulated so that the before and after comparison is consistent.

Establishing the costs

- Be as explicit as possible about every cost element that you are considering in the business case.
- Reference the basis for determining the values of each cost element.
- Be as explicit as possible about every assumption with respect to future demand and productivity levels for the services both with and without implementation of the initiative.

Continued

Establishing the benefits

- Identify all the benefits, not just the economic, but the social benefits as well. It may not be possible to quantify all of these, but make sure they are clearly stated.
- Where benefits are being claimed for activities undertaken by third sector service providers, provide a full discussion of the confidence you have in these organisations, preferably through reference to historical evidence of performance in other areas.
- Be clear about benefits associated with reallocation of staff activities. So, for example, if ten hours per week of a particular resource is no longer required, this is not a reduction in costs unless you pay the individual ten hours a week less. However, it is justifiable to claim the benefit as an opportunity cost saving if these ten hours can be redeployed onto other gainful activities that would not otherwise have been undertaken.
- Ensure you agree a recognised method for valuing non-financial benefits. The Social Return on Investment (SROI) is now being commonly used by the third sector to support their tenders to statutory organisations (See paragraphs 3.8-3.10 of *Total place: a whole area approach to public services* (HMT, 2010)).

Estimating and presenting the cost benefit

- Break out the costs and benefits for each individual year over which the business case is being made and split this by bearers and beneficiaries.
- Express the costs and benefits in each year on a present day and discounted cash basis.
- Only use central government's standard discount rates.
- Carry out a risk assessment and undertake a sensitivity analysis on the business case. Highlight those parameters that most critically affect the results.
- If there are any parameters that can change the business case from positive to negative, ensure these are fully discussed and give reasons why you do not believe that the negative scenario will be realised.

Review and development of the business case

- Ensure that you specify particular measures (inputs, outputs and measurable outcomes) that can be used to review and validate the robustness of the initial business case.
- Design the collection of these measures into the initiative.
- Where the measured outcomes differ from any assumptions made in the business case, ensure you reflect these changes in the business case and report any variances.
- Continually review the validity of any assumptions and report any variances.
- Produce the full business case as soon as you can rather than leaving it until after the initiative has been trialled. If the case is positive, this should be communicated to all parties at the earliest opportunity so that they can start to plan for it in their future strategies and plans.

4.3.3 Planning

One of the criticisms we frequently heard was that the strategies that were developed at the senior level within the LSP, and the delivery of actual activities on the ground were disjointed.

Anything local authorities and their partners can provide to support planners in translating strategy to action will be well received. Gloucestershire's Health and Well-being Partnership strategy is a good example of how strategies can be translated into actions by using clear priority areas.

Gloucestershire: Translating strategy to action

Healthy Gloucestershire 2008-2018 is the strategy of the Gloucestershire Health and Well-being Partnership. To help ensure the strategy is translated into action at the district level, Gloucestershire have constructed action cards to accompany the strategy to be taken up and used by the districts to inform their delivery plans. They are also intended to ensure that the strategy can be effectively communicated as widely as possible to partner organisations and local residents. Named 'sponsors' and 'leads' have been identified for each priority area. The sponsors provide board level accountability for each priority area, as well as named leads for each action card.

Each action card presents key facts about that priority area and examples of what is currently being done to improve health and reduce health inequalities. The cards, which were refreshed in March 2010, set out where Gloucestershire wants to be in three years' time (i.e. what they expect to be different) and how they propose to get there (the action plan). Information on how the topic areas link to Local Area Agreement (LAA) outcomes, relevant local strategies, plans and work-streams is also included.

The priority areas for action are:

- healthy workplace;
- reducing alcohol-related harm;
- improving sexual health;
- reducing smoking prevalence;
- reducing obesity;
- putting people first;
- improved emotional health and well-being;
- accessible, safe, healthy and affordable housing; and
- safeguarding adults.

Planning for sustainability

Case study participants encountered difficulty engaging key decision makers where the evidence base was weak, or where early benefits appeared to fall outside the organisation. **They found external funding, e.g. from the social reform grant, POPP and LinkAge Plus, attracted the attention of key decision makers and provided funds that acted as a catalyst to support delivery of the initiative and thereby enabling the benefits of some of these innovative ideas to be demonstrated.**

In all our case studies the challenges associated with getting mainstream funding for an initiative that has been funded initially by some external source were cited. There was universal agreement that when an initiative has proven itself, the goal should be to mainstream it, not retain it as a separately funded activity or project. In some cases, where benefits have been realised, it has been possible to mainstream the activity. In other cases, even where benefits have been realised, this has not happened and the initiative has been discontinued. Leicestershire County and Rutland PCT gives an example of this from the case studies.

Leicestershire County and Rutland PCT: Specialist screening of need for residential care

Leicestershire County and Rutland PCT noted that the number of older people being admitted to residential care by GPs was rising and that this was stressing the capacity of the residential care homes.

A pilot project was initiated that funded a geriatrician consultant to spend time with older people identified by GPs as potential candidates for residential care, and to assess their needs from an holistic perspective. This resulted in the older people being advised on ways to look after themselves and remain independent. Consequently, the number of admissions to residential care homes arising from GP referrals reduced.

Despite the anecdotal evidence associated with the number of residential care beds being saved by this service, at present there is no intention to mainstream it. The problem seems to stem from the fact that the GPs (PCT) would have to pay for the service but the savings would accrue to the residential care provider.

Reasons provided for why some initiatives did not get mainstreamed included: changes in personnel mean that key decision makers or sponsors have moved on; there have been changes in strategic priorities; or, the initiative was seen as a 'flavour of the month' and interest has waned. The case studies suggest that successful mainstreaming appears more likely where the local authority and its partners:

- **establish a strategic framework** – co-ordinated with other key strategies, e.g. commissioning within which the initiative will be developed and sustained;
- **select enthusiastic, committed and competent personnel** – to implement the initiative;
- **design third sector and community initiatives to be as far as possible self-sustaining;**
- **actively sell the initiative** – to senior decision makers, staff and the general public;
- **plan how to monitor and evaluate the initiative from the start** – to provide evidence both to optimise the design of the initiative and to support the business case for mainstreaming;
- **plan how the initiative will be mainstreamed from the start** – including allocating budget to the transition.

It is important to plan for the transition to mainstream as a part of the initiative. If a transitional period between project funding and mainstream funding is not planned in from the start, then there is a danger that when the project funding dries up, the initiative will stop. Once it is stopped it will be harder to get it restarted as other priorities will take its place. The transition phase serves two purposes; firstly, it sets a natural point for reflection to determine whether or not the initiative is really worth mainstreaming; and secondly it should help ensure continuity of service.

For some initiatives it may take time to realise benefits. If, however, positive progress can be demonstrated it will be easier to make the case to invest in the activity through mainstream funding and to embrace a more strategic approach to system reform. The following example from Leicestershire shows what can happen if the transition is not planned ahead.

Leicestershire: Transition challenges

In Leicestershire there was a pilot initiative to explore the potential value of assistive living technology in older people's homes in reducing PCT costs (e.g. through reduced clinic attendance). The initiative was funded by DH and coordinated by the council. At the end of the trial however, the person who had coordinated the trial had moved on and when the equipment was returned from people's homes, it was put into storage as no one knew who was responsible for it. Irrespective of the success or otherwise of the pilot study, the equipment went into cold storage when it could have been usefully redeployed elsewhere.

If the plan had included a consideration of the transition challenges, then this problem could have been avoided.

Funding

From the case studies it was clear that funding provided an important catalyst for developing joined-up working. This sentiment, which was widely expressed in the interviews and workshops is summarised by the following quote:

'Money provides focus and brings people together, it oils the wheels.'

(Senior manager, local authority)

In the clear majority of the case studies pump priming with external funding had acted as a catalyst to demonstrate the benefits of joined-up working. It has also helped bridge the barriers created where the costs and benefits of an initiative fall to different organisations – although as illustrated above, unless resolution of these issues is tackled as part of planning an initiative, external funding may only act as a temporary solution.

Finding funding to invest in future innovative ideas and 'kick-start' change is going to be a significant challenge. Case study organisations have used a number of routes to find funding and increase the value of existing initiatives. In addition to applications to national schemes such as the social reform grant, LinkAge Plus and POPP initiatives, approaches have included:

- reviewing existing spend internally and on the third sector, to ensure that it aligns closely with the new objectives with a move from grant funding to more contract based funding;
- age-proofing mainline services to increase value from existing spend;
- seeking funding from sources such as the Big Lottery Fund where the ability to demonstrate access to a strong network of providers (for example) helps strengthen the case for funding.

Commissioning for empowerment

Joint commissioning is seen as a powerful tool for joined-up working and had been put in place in a number of the areas we have visited. However it was early days in most of the case study areas and translation of strategies into actions can take time so the effectiveness of this is not well established. Furthermore, there is a feeling that the individuals appointed to their joint commissioning posts tend to see the world from the perspective of the organisation that they came from (e.g. commissioning managers drawn from the NHS will tend to adopt a medical model of care).

A clear message from areas that have successfully contracted third sector organisations (e.g. Lancashire and Bradford) is that **new forms of contracting and contracts are required.** Traditional

contracts do not support true partnership working. For example, contracts that are competitive in the price sense (as opposed to broader value for money measures) limit innovation and promote a relationship focused on contract conditions. A traditional contract monitoring (i.e. ‘us and them’) approach is also seen as potentially counter-productive.

Lancashire: Contracting with the third sector

LCC has contracted with four third sector organisations to deliver the Help Direct service. The contract and contracting process was carefully designed to encourage local third sector providers to apply, from the decision to let four regionally-based contracts, to the requirement to work in partnership with other bodies. At the expression of interest stage they held an event so potential partners could meet one another. Tenderers were told the budget and asked to demonstrate how they would: introduce innovation to the work; how they would bring other local partners and third sector organisations on board; and how they would seek other sources of funding. Responsibilities for this were then built in to the contract. Lancashire were careful to make their expectations in terms of outcomes and outputs clear but empowered the contractors, through the contract and subsequent support, to decide how best to deliver the requirement.

The Department of Health has produced a model contract, the Compact agreement. Experiences with this appear to have been mixed. Bradford found that the level of detail and performance measures expected is impractical for most third sector providers. Whilst template contracts sound attractive, they need to be flexible and not impose too much measurement to the detriment of service provision.

Warrington and Bradford: Experience of the Compact agreement

The Compact agreement in Warrington was regarded as an innovative and fair way to approach commissioning relationships between the first and third sectors – although recent financial cutbacks by NHS Warrington have threatened this.

Bradford also has a Compact agreement. Their experience is that the level of detail and performance measures expected in the Department of Health’s model contract is impractical for most third sector providers.

One feature of the planning process that should be considered as areas move towards a more commercial commissioning regime (i.e. competitive tendering as opposed to grant funding), is how to support the third sector to develop competencies around performance management, marketing and bidding for work.

A clear message emerging from the case studies is that partnerships only work where all bodies have a clear understanding of, and engagement with, the objectives of the partnership and their, and others’, role in delivering them. **It is important, therefore to ensure that these are discussed and agreed early in the association and built into formal documents.**

Planning for evaluation

It is important to build an evidence base to inform evolution of services and communicate achievements. This is made much easier if a performance framework is devised and methods identified to gather information put in place from the start. We found evidence in our case study areas that the need to plan for evaluation was recognised and this was happening in some places.

Case study participants suggested that successful frameworks:

- include a balance of input, activity, output and impact measures – this ensures that reasons for good or bad performance can be identified both at formal project reviews and in support of active learning;
- are aligned with local strategic objectives – so that partners can clearly demonstrate how the service contributes to these;
- involve service providers, users and the broader community of older people;
- do not place too much of a burden on partners in terms of data gathering.

See also Section 4.3.5: Review and evaluation, on determination of data to collect, monitor and review.

4.3.4 Implementation

Starting small

Contrary to what some of the national guidance seems to suggest our case study participants did not find it necessary to try to do everything at once. As noted above, **many people we visited advocated a staged approach, starting small with pathfinders to test ideas and gather evidence.** Quick wins and success stories can then be used to build good publicity and reputation. The following example shows how Leicestershire built up the case for HART.

Leicestershire: Evaluation of HART

Leicestershire's Home care Reablement Team (HART) was started in 1999. The new team was piloted in one area of the county. The pilot was evaluated by De Montfort University. Following the evaluation the pilot did not stop, some changes were made to the original design and the scheme was rolled out across the county.

As evidence builds, it becomes easier to 'sell' the business case to senior managers and attract more attention from budget holders.

'It can be surprising how quickly some decision makers want to be associated with successes, and this can help build up momentum.'

(Senior manager, local authority)

Empowering staff and providers

Empowering people including, both internal and external service providers, was identified by many of our participants as critical. The model should be 'tight but loose', that is it should establish clearly what must be achieved but not specify how. The approach should break down traditional competitive models of doing business. This means new governance arrangement and new forms of contract and new ways of working together.

This objective is captured in the following quote:

'This is about first sector working with third sector, about new ways of working and new ways of looking at support'

(Management team, local authority)

Local third sector and user-led organisations must be empowered to take a more active role. This will include the design, management and delivery of services, the creation and maintenance of networks, community engagement and empowerment, dispersal of grants and the development and implementation of initiatives to build capacity in the third sector and local communities.

To enable this, a more active and supportive approach is required to contracting. Commissioners will need to provide consultancy support, tools and frameworks for service delivery organisations and the broader community of providers to use. Learning sets can be used to get people together constructively, to work together to understand problems and find solutions. The following example from Lancashire shows how this can be achieved.

Lancashire: Supporting third sector providers

Help Direct is a commissioned service from four third sector providers, Age Concern Lancashire, Age Concern Central Lancashire, N-Compass and Calico Enterprises, but the actual development of the service has been a partnership between them, the council and beyond this with the broader community of providers. They had to work hard to achieve this in some cases.

They took a positive decision to use the design of service delivery to build capacity in the third sector and the community. Their relationship with the providers is one that shifts responsibility for many aspects of service maintenance and development to the providers.

Some opposition should be expected as some third sector organisations see new approaches as a threat to their funding and independence. Lancashire experienced this as they developed the Help Direct service. Third sector organisations should be encouraged to collaborate more; if there are common services that they use then they should be encouraged to share these rather than duplicate them internally, as shown in the Warrington example.

Warrington: Sharing facilities

Warrington Borough Council has invested in the 'Gateway' facilities in the centre of Warrington. Several key third sector organisations are based there along with certain statutory services. The objective is to make this a hub for developing relationships between the statutory and third sectors and to provide a capacity building function.

Communication and culture change

'We have to change people's view of what they expect to get, and frontline staff's view of what they can expect to give'

(Director, Local Authority)

The quote synthesises a sentiment expressed by many of the case study participants, specifically the need to communicate at all levels. The need to communicate with members, staff, partners, clients to ensure that all players understand the vision and are committed to it, was widely understood. All players must be 'on message' and senior management support is required to drive culture change through the organisation. Managers need to continually 'sell' the change.

Without the support of **members** and the commitment of **senior management** it will be difficult to achieve material change in how services are thought about and delivered, to find internal funding to kick-start any initiative or the support to mainstream the initiative.

Frontline staff need to understand the concepts underpinning any new initiative and know when they can use it, they need confidence to depart from the traditional 'safe' way of doing things.

Frontline staff will be nervous about letting volunteers work with vulnerable people and afraid of allowing public money to be misdirected (e.g. some aspects of personalised support such as paying for a football team season ticket may look inappropriate to people outside the service).

A vital aspect of implementing any change is to raise awareness of it. **Users** must know what is changing, what opportunities are available to them, and where they can go for more information, as shown in the examples from Warrington and Leicestershire.

Warrington and Leicestershire: Raising awareness

Warrington's Arts and Sports Engagement Team (ASET) worked with older people in the community to write, act in and direct a series of mini films to highlight certain key health and social care issues (e.g. 'It's only a jab in the arm' – to encourage uptake of flu jabs by older people). The dramas were filmed and distributed on DVD to clinics, libraries and other community facilities where they were played to target audiences of older people.

Leicestershire's older people's month joins up agencies and organisations from across the county to raise awareness of a very wide range of different activities, services and organisations. Voluntary agencies, emergency services, health and local authorities join forces to engage with older people in their own communities, providing information and advice on what services and activities are available, and listening to their views on services in their local areas. Each year a booklet is launched that promotes positive messages about later life, to encourage everyone approaching and past retirement age to keep active and healthy, and to give information about services and activities which are available.

There is also a need still to change attitudes to ageing in the **community** and **service providers**. This is something that was achieved well by Manchester's Positive Images Task group.

Manchester : Changing prejudices about older people

One of the Valuing Older People initiatives was Manchester's Positive Images Task group. This was formed in late 2004 and has developed a ground-breaking programme of work which promotes a positive and healthy approach to growing older. For example, they produce an annual calendar with images of older people, linked to common themes that challenge the public, agencies and older people to reconsider their attitudes towards ageing. In 2010 the calendar theme was 'The Age of Technology' and includes images of older people using i-pods, mobile phones, computers etc.

4.3.5 Review and evaluation

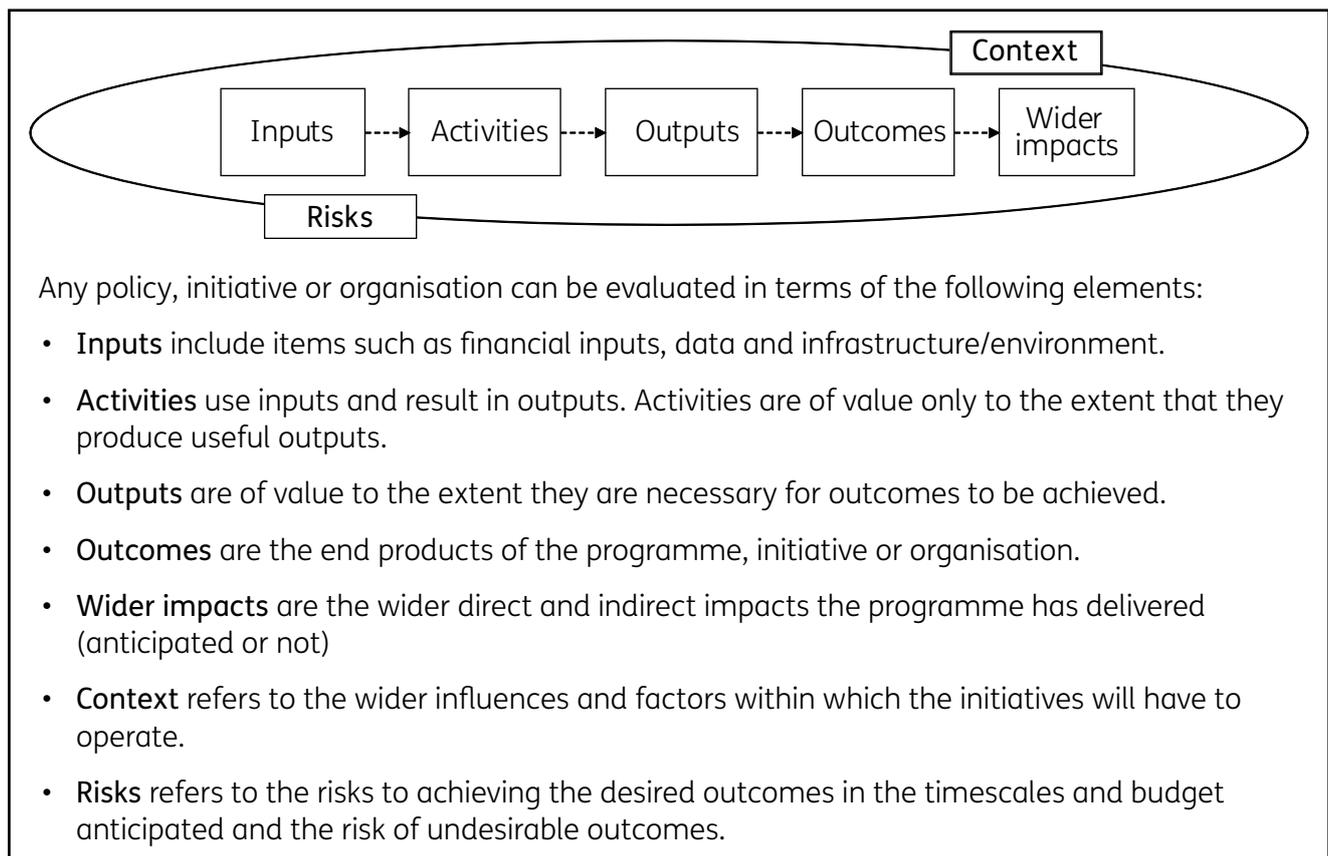
It is important to formally assess how well a new service is achieving its aims at set points during implementation and operation.

All the people involved in delivering the service being evaluated, including the service provider and users, should participate in formal evaluations. While internal reviews and evaluations are useful, independent input helps add authority to the results. Independence may be provided by an expert panel including, for example, academics, users and managers from other authorities tackling similar issues. Academic organisations are being used by several of the case study areas (for further information see the Bradford, Manchester, or Leicestershire case studies in Appendix B) to help evaluate the value of certain joined-up service initiatives.

It is important to put an evaluation framework in at the start, but it can be challenging to find useful measures that do not overburden teams. A useful framework used by the National Audit

Office (NAO) among others is the programme logic model; this is illustrated in Figure 4.2. By selecting elements from across the model it is possible to determine whether an initiative is working as intended, if so, why and if not, why not. This provides a basis for both improving the initiative and determining whether it is worth mainstreaming.

Figure 4.2 Elements of an evaluation framework based on a programme logic model



Measuring outcomes is important, but impacts may take time to become visible, the model allows conclusions about value for money to be reached even where evidence of impact is sparse by identifying intermediate and final outputs and quality of process measures.

From the case studies we found that participants were building activities to collect information into the design of new activities, and crucially contracts, from the start. This enabled them to collect data in the most effective and efficient way. Flexibility was needed in contract design as often understanding of what data was feasible and useful to collect changed as experience grew. Warrington provides a good example of this.

Warrington: Measuring outcomes

Warrington has implemented an initiative called ‘Stronger Together’ that is funded by the DCLG ‘Safer and stronger communities’ programme. The town has been separated into six neighbourhoods for the purposes of planning and delivering the changes. Neighbourhood Area Boards have been set up to direct the activities in each neighbourhood and this is made up of a third each of residents, elected councillors and statutory organisations.

Based on a thorough assessment of the existing data as well as what they wanted to achieve, 21 performance indicators have been identified for monitoring progress in each neighbourhood. These are monitored closely as they will form the main evidence base for mainstreaming the initiative once the three year funding runs out. Any short term benefits are communicated widely and clearly both within the neighbourhood itself as well as to the Local Strategic Partnership to ‘sell’ the benefits sooner rather than later.

Evaluations should be used to identify and communicate success stories. The results, however, will need to be tailored for particular audiences, as shown by the experiences in Warrington, Manchester and Merseyside.

Selected examples of communicating success

Quick wins should be celebrated and communicated to the target community through newsletters or some other specifically designed communication vehicle. The **Warrington Stronger Together** initiative publishes a neighbourhood based newsletter called Our Streets.

In **Manchester**, the day-to-day work of the **VOP Team** is reported in an e-bulletin that is sent to a list of interested stakeholders. This is primarily aimed at communicating good news and raising awareness of events. In addition to this they periodically report a set of performance measures and indicate how these are contributing towards Manchester’s strategic goals, objectives and targets. This is aimed at senior partners in the LSP.

As they have re-engineered the service, **MFRS** has continually published data on safety risk performance. For example, between 2004/05 and 2008/09, the number of incidents attended across Merseyside reduced by almost 30 per cent. In addition they keep a record of every home that they have visited and the numbers of smoke alarms that they have fitted. This allows them to evaluate whether or not the reduction in fire incidents is correlated with their fire prevention activities.

4.4 Summary

Evidence for how joined-up working has been achieved by local authorities and their partners has been elicited in the case studies. Realising joined-up working requires a change in many aspects of the way that things have been traditionally done. On the basis of this research, we have developed a framework for change that incorporates the lessons learned from this research and can be used to support joined-up delivery of services.

The framework follows the well known management cycle which incorporates the following elements:

- **Vision and leadership** – a clear, shared vision is required. Time and effort should be invested in ensuring that the objectives and direction of travel articulated in separate strategies are aligned.

- **Assessment** – plans for change need to be supported by a robust assessment of the implications of the change.
- **Planning** – the plans need to be aligned between all parties and they should look beyond the short-term activities being considered to incorporate longer-term sustainability, funding and evaluation.
- **Implementation** – there are enormous benefits to be had by demonstrating quick wins rather than trying to go for the ‘big bang’. Any short-term benefits make it easier to ‘sell’ the benefits to decision makers to support longer-term support.
- **Review and evaluation** – it is important to implement a system to formally review and address how well the desired objectives are being met. This system should be designed so that the lessons learned can be incorporated in any redesign of the joined-up services.

At every stage in the change cycle there is a need to ensure that the following underpinning principles are proactively addressed and incorporated:

- engage, consult and involve older people;
- empower the third sector, local communities and individuals as equal partners in the design and delivery of local services; and
- continually learn and evolve services to reflect learning.

5 Conclusions

5.1 Overview

5.1.1 The nature of the challenge

It was clear from our case studies that the challenge local authorities and their partners face, introducing and mainstreaming new ways of working, is not trivial. Whilst the focus of our research was on how joined-up working can better serve the needs of older people, a general consensus was that this should be seen as an important part of joined-up working for adult services more generally. The issues are socially complex and do not sit conveniently within the responsibility of any one organisation. There is no unique, 'correct' view of the issues and the solution will involve coordinated action by a range of stakeholders including public, private, third sector and individuals, all of whom may have conflicting objectives and motivations. Despite this, the case study areas have succeeded in introducing some inspirational and often innovative examples of joined-up working.

5.1.2 Drivers for change

In addition to demographic and economic drivers for change, key influences we found at the local level included:

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

A particularly strong driver of change at the local level was the role of local champions or enthusiasts. These champions were identified at all levels within the local authorities and their partners ranging from council members through to heads of service and third sector volunteers.

5.1.3 Breadth of vision

Joined-up working can mean different things to different people. Tackling the demographic and economic challenges ahead requires a major shift in how society thinks about and delivers services. This research leads to the recommendations that thinking about and talking about joined-up working should embrace not just health and social care needs but also:

- **the full range of support and services available to promote independence and well-being;** incorporating approaches that improve the quality of life and well-being of all older people (universal services), to the provision of support to those with complex needs;
- **the full range of different providers and modes of provision:** public sector, 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.

In these terms the scope and breadth of vision in the examples of joined-up working we found in the case study areas varied.

Lancashire's Help Direct service, for example, is implementing a broad vision for universal services to help adults of all ages get the most out of life and to prevent or delay referrals for funded social care support packages, coupled with improved case finding of those in need of funded care services.

Manchester's successful strategic partnership between health and social care, which reports directly to the chief executive of the council, has delivered a robust older people's strategy within which many initiatives involving a wide range of partners have been implemented.

In contrast, Merseyside's largely informal network of public and third sector groups initiated by the Fire and Rescue Service, focuses on ensuring that vulnerable adults and older people get the help they need to remain safely in their own homes. Unlike the Lancashire and Manchester initiatives, the impetus for this initiative came from an organisation not traditionally involved with older people's services, but one which has acted as a catalyst for change in the area.

The area where case study participants appear to have encountered most difficulty is in establishing joined-up working between health and social care. The need for closer integration of health and social care approaches has been recognised from the earliest stages of policy development in this area. The fact that it still remains a sticking point is significant and needs to be addressed at the highest levels.

The exemplars and case studies (see Appendix B) presented in this report, contain many good examples of joined-up working and in many cases we saw evidence of a more strategic look at how services were being developed and delivered. From this research it appears that the pace, and extent, of change could still be improved.

5.1.4 Application of the LinkAge Plus principles

We explored the extent to which the principles for joined-up working identified through the LinkAge Plus pilots were relevant to these case studies. While participants were often unaware of the LinkAge Plus principles, they did recognise them as being fundamental to what they were trying to achieve and we found many examples of the principles in action in the case study areas. This suggests that the core principles of LinkAge Plus, amended as set out in Section 2.4.1 and outlined below, should be communicated and adopted more widely across all local authorities and their partners, as an extremely useful building block for the development and enhancement of services for older people and indeed for all adults.

Having reviewed the LinkAge Plus principles in the light of the case studies and recent policy developments, including the 'Big Society' and Ageing Well, we found that they capture most of the attributes of successful initiatives. We have suggested some amendments. These are:

- an increased emphasis on localism and empowerment;
- inclusion of the need to continually learn and evolve services; and
- an increased emphasise on the importance of treating older people as an integral part of the general adult population.

We note that the principles can be divided into those that describe what joined-up working should deliver, and those that relate to how it should be designed and implemented. Having reviewed the guidance available we found that there is less information available on the second aspect: how to achieve changes at the strategic level, and this is an area which may benefit from future guidance.

5.1.5 Barriers

Our case study organisations encountered significant barriers both to introducing new ways of joining-up working and sustaining it beyond initial trials. These included:

- resistance to change embedded in the governance structures and organisational culture of both public and third sector organisations;
- continuous change in the NHS, funding concerns, and different ways of thinking about care making sustaining effective partnerships between local authorities and health trusts difficult;
- silo thinking within and between organisations and an inability to think creatively;
- difficulty finding funding to act as a catalyst for change; and
- a lack of joined-up thinking and the number of different strategies, initiatives and performance indicators coming out of central government.

5.1.6 Achieving and sustaining change

The case studies demonstrated many features that we suggest are important factors underpinning successful implementation. We have drawn on these to develop a framework for implementing and sustaining more joined-up working. The framework is very similar to the ‘policy, plan, implement and review’ management cycle with the enhancement of three additional elements at the heart of the framework that are important at every stage and emphasise the need to:

- engage, consult and involve older people;
- empower the third sector, local communities and individuals as equal partners in the design and delivery of local services, and;
- continually learn and evolve services to reflect learning.

The framework (see Chapter 4) and other findings from this report would be applicable both to wider adult services and to other changes that address the same aims. Focusing on separate strategies for older people is useful in the short term to raise awareness of the issues faced by this increasingly important segment of the demographic, but care may need to be taken to ensure that this is not done in isolation from development of adult community services more generally.

5.2 Ten key success factors

We have synthesised the learning points from throughout this research into ten key success factors for local authorities and their partners to help them realise joined-up services. They are consistent with, and build on, the LinkAge Plus principles and the activities identified by Ageing Well. These ten factors come under the broader headings of: vision and leadership; planning; implementation and learning; and review and evaluation. They are shown in the following box.

Ten key success factors

Vision and leadership

- 1 Have a clear vision and objectives:** Local authorities and their partners need to be clear about what they want to achieve, why and who they will need to work with to make the vision reality. The vision should be formalised as a set of agreed objectives. Time and effort should be taken to ensure that all members of the partnership buy into the objectives and understand their, and their partners', role in delivering it.

Local authorities and their partners should be prepared to encounter resistance and plan to address it. This could come from:

- procurement departments, who will be concerned about risks to the public purse;
- frontline staff, who will be concerned about risks to more vulnerable customers of new ways of working;
- third sector organisations who may see new ways of working in partnership (and new methods of funding) as a threat; and
- colleagues and district councils who may see changes as straying into their area of responsibility or who do not see older people as their responsibility at all.

Particular resistance can be expected where the costs and benefits of a change fall to different organisations, or on different budgets. These are legitimate concerns that must be tackled constructively. It should be recognised that whatever efforts are taken some parties will remain uncomfortable and will resist change.

- 2 Put energy and effort into selling the vision:** The vision should be actively sold not only to prospective delivery partners but also to council members, senior decision makers, frontline workers and to the community. It is important to engage these partners because:
 - without the commitment of senior management it will be difficult to find internal funding to kick-start any initiative, or the support to mainstream the initiative or achieve any material change in how services are thought about and delivered;
 - if frontline workers do not understand what the change is trying to achieve and buy into it, they will revert to old patterns of thought and behaviours;
 - if potential users are unaware of a new service, or do not understand the reasons for changing an existing service, take-up will be low and there could be substantial opposition. Conversely, if potential users like a new service it will strengthen the case for mainstreaming.

Success stories should be communicated widely and the message tailored to the audience. Communication is a two-way process, partners need to listen and learn from what people are telling them and reflect this in their plans.

Continued

Planning

- 3 Actively involve older people in the design and delivery of services at all levels:** The need to engage and consult older people is well recognised, but traditional models of consultation, which tend to focus on telling people what is going to happen – or in the worst case justifying what has just happened – are not enough.

At the strategic level older people should be actively involved in developing strategies as equal partners; service commissioners need to listen to what people want, not just anticipate what they need. At the local level, local people are best placed to identify local needs and indeed, to collaborate in delivering them.

The time and effort needed to establish and maintain effective networks should not be underestimated, but local authorities need not try to do everything themselves. Many of the most successful networks are maintained and delivered by user-led organisations. Key parameters such as requirements to reach traditionally ‘difficult-to-reach’ groups and ethnic minority groups, and to use innovative ways of reaching beyond the individuals who are visible and easy to access in communities, should be discussed and agreed.

- 4 Help people to think outside the box:** It can be hard for people under multiple pressures to think outside their particular area of work, to put themselves into other people’s shoes or to accept ways of working other than tried and tested ones. Active involvement of older people will help break conventional modes of thought, in addition partners should seek to:

- learn from others – partners can look at what other people have tried elsewhere;
- get people in from other walks of life to help convert the vision into a reality – these will bring a different perspective and will not be constrained by ideas of ‘how things should be done’;
- establish joint teams and locate them outside traditional reporting lines – a social care team, will think in terms of social care, a health team will think in terms of health care – a joint team, reporting into senior levels, will have greater freedom to think of, and implement joint ways of working. There is a need, however, to consider how this model will affect mainstreaming; the goal should always be to share effective new ways of working, not to keep them as separate initiatives;
- get others involved in delivery – partners should seek to turn traditional ways of thinking on their head for example, when thinking about who should deliver a service ask ‘*what aspects of this service are other partners better placed to deliver?*’ rather than ‘*what aspects can’t the local authority achieve itself?*’.

Continued

5 Plan how to mainstream activities from the very start: Partners should not be afraid to start small but should plan how they will demonstrate value, roll-out and mainstream the initiative into regular service from the start. It is important to make budgetary provision for the transition, to plan what resources are needed and where these will come from. Sources of additional funding and added value could come from:

- reviewing existing services to identify where they can be made more accessible or usable to older people, made more efficient or decommissioned;
- reviewing third sector funding to ensure that it is aligned with the vision; consideration should be given to converting one-off grant funding to more systematic contract funding, where appropriate, with clearer objectives and obligations; and
- encouraging third sector partners to look for funding from other sources.

Plans to gather local data to support the business case should also be built into initiatives from the beginning (see success factor 10). Evidence from others' experience can be useful, but local data to support the business case to transition from small initiatives to a regular, ongoing service is more persuasive.

Implementation and learning

6 Harness enthusiasm: Enthusiastic and committed individuals lie at the core of successful change and ways to attract and retain them in key roles should be explored. Enthusiastic and committed people in other organisations (public as well as third sector) should be fostered. Core competencies will include natural sales ability and networking skills (i.e. people who can 'broker' introductions and facilitate relationship development).

7 Empower others to deliver: Local issues require local solutions. Joined-up working is all about empowering those best placed to identify needs and implement solutions to do that. Empowerment means:

- changing the way delivery of services is thought about, and getting on and solving problems that are important to local people. Administration processes and structures that support local working are needed, but the focus should be on the frontline delivery of services. Existing support or administration structures should be used as far as possible to maximise efficient use of resources;
- making sure engagement structures and processes (forums, partnerships and networks) are as effective as possible and deliver value for money. Again, existing structures should be used as far as is possible, supporting those that are best placed to deliver services most effectively;
- making sure that governance structures, contracts and monitoring arrangements are light touch and flexible enough to cope with an evolving landscape of suppliers and do not stifle innovation;
- designing contracts that are clear about what outputs and outcomes are required but give contractors the freedom to decide how best to deliver the requirement. It is important, however, to keep in touch with what is happening and that help and guidance is provided if needed. Contracts must have sufficient flexibility built into them to accommodate learning;

Continued

- making sure third sector and community organisations can get the support they need to operate in an environment they may not be familiar with, e.g. that they have the commercial skills they need to bid for work;
- establishing the right environment for true partnership working – It is important that partners can be open and honest about what they cannot do, as well as what they can, problems arising should be worked through constructively.

8 Build capacity and encourage others to build capacity in the third sector and in the community: Continuous monitoring of the needs expressed through the various engagement groups should be undertaken and areas where there are gaps identified. Partners should work with the third sector to help identify any such gaps and to seek out ways or routes to meeting the needs. If there are genuine gaps in the market, mechanisms to support the development of new initiatives and ways of meeting them should be provided.

9 Be flexible: The approach should be continually reviewed and adapted with experience and to accommodate organisational changes. Contract and governance structures will need to support a continual learning process (see success factor 7). Mechanisms like active learning sets should be used to allow partners to share experience and learn from one another. This will help strengthen the partnership, identify and break down barriers and improve the initiative. Active learning sets must be constructive open sessions and attendees must be empowered to take lessons away and implement them in their own organisations.

Review and evaluation

10 Plan evaluation in from the start: The measures, and therefore data, needed to establish performance and to build evidence of effectiveness should be established early on. Partners should:

- build mechanisms into contracts and systems to collect the information, being careful not to overburden small organisations with too much measurement;
- regularly review performance and progress towards objectives, but being sure, in managing contractors to complement formal review with opportunities to discuss progress and how to improve (see success factor 9);
- consider using independent analysts, or an independent expert panel, to help devise how to best monitor performance and to carry out reviews and evaluations;
- commit to communicating success stories and evidence of effectiveness; and
- use the evidence both to improve the initiative and to build the business case for mainstreaming.

5.3 Implications for support from central government

Due to the current pressures on government spending there is likely to be little opportunity for new funding from central government to support new initiatives unless there is a substantial business case. Existing budgets will also be coming under increasing pressure and scrutiny to ensure that all resources are used to their maximum efficiency. Following the change of Government in May 2010, there has been a change of emphasis and greater importance placed on the themes of partnership, decentralisation and localism. These have been developed and given greater prominence under the banner of the 'Big Society'. This should provide an opportunity for supporting local partnerships to work more effectively in a joined-up way with communities and voluntary groups.

From this research we have identified four areas where action by central government could help bring about strategic change in supporting local joined-up working to improve the lives of older people. These are:

- **Demonstrate joined-up thinking in future policy design:** Many of the participants in the case studies commented on the large number of related strategies and initiatives emanating from different departments. This appeared to them to demonstrate a lack of joined-up thinking and creates difficulties for local authorities and their partners aligning their strategies and plans, particularly when it comes to mainstreaming initiatives.
- **Emphasise and facilitate maintenance of partnerships and joined-up working through reorganisations, especially in the health sector:** Constant reorganisation in the health sector has been a real barrier to joined-up working, as personnel move on to other posts. There are also cultural issues and difficulties in mainstreaming initiatives are encountered where the costs fall to one side and the benefits to another.
- **Make it easier for local partnerships, including voluntary and community organisations to access funding:** Many interviewees highlighted the fact that most of the initiatives being considered would not have got off the ground without external funding. In the absence of new funding, central government needs to consider how best to support partnerships in allocating and utilising existing budgets and available resources in innovative ways; to ensure that maximum use is made of available resources to help innovative or good ideas for joined-up working, get off the ground.
- **Look at how future policy developments can strengthen drivers for truly cross-cutting and strategic change at the local level:** National and local priorities need to be aligned to ensure longer-term needs are not overcome by local, short-term priorities.

Appendix A

Methodology

We carried out the research between January and July 2010 primarily through a series of qualitative case studies of non-pilot local authority areas that have adopted a LinkAge Plus joined-up approach to the delivery of local services for older people.

Key activities

The key activities were:

- reviewing LinkAge Plus evaluation materials and other relevant documentation including documents describing government strategy in this area;
- discussions with Department for Work and Pensions (DWP) officials to identify candidate local authority areas;
- case studies of a sample of eight candidate local authority areas involving:
 - visits to the candidate local authority area to:
 - undertake depth interviews with between three and seven key partners involved in a joined up service for older people. These included, elected representatives, council officials and partner organisations; and
 - a workshop involving up to 12 representatives from partner organisations from the statutory and third sector to openly and collectively discuss and identify the strengths and weaknesses of the local approach;
 - follow-up telephone conversations to discuss and clarify any themes or points emerging from the overall analysis, to reach partners who could not come to the workshop.

Case study selection

The case study locations chosen were: Bradford; Camden; Gloucestershire; Lancashire; Leicestershire; Manchester; Merseyside; and Warrington.

The main objective of the research was to find and describe exemplars of joined-up working, and we undertook background research to identify local authority areas where a particular initiative around delivery of services to older people had received recognition in some way, e.g. a beacon authority award or was identified by the project steering group as one where the lessons learned may be particularly informative. Areas were identified which displayed aspects of a LinkAge Plus approach to joining up services but were not themselves LinkAge Plus pilots.

This resulted in 15 local authority areas being identified as potential candidates for the research. The initial 15 were selected to ensure there was a reasonable geographical distribution of potential candidates as well as a mix of two-tier county, metropolitan, London borough and unitary authorities. This list was then discussed, refined and filtered down to eight with the project steering group.

An introductory letter laying out the background for the research and inviting each area to participate was then sent from the DWP to key individuals in each candidate area. This was followed up by Risk Solutions and substitute areas were selected where the original candidate indicated that they did not want to participate in the research.

The approach taken in each area followed that described above with one exception. In the case of Camden we held a discursive workshop where we presented back the main findings from our research and asked the workshop participants to comment on the validity of our findings on the basis of their experience in Camden.

Interviews and workshops

The depth interviews lasted approximately one hour and the workshops lasted between two and four hours. The interviews were semi-structured, following a topic guide outlining key research questions and topics, and which is presented below.

Key research question	Topics
<p>What characterises your area?</p> <p>What types of service are implemented using a fully integrated approach?</p>	<p>Please tell us about your area and organisation and the challenges it faces, particularly with respect to provision of services for older people.</p> <p>Please describe the nature of the services you provide to older people.</p> <p>To what extent do you provide access to a wide range of more integrated, joined-up services?</p> <p>What does this include?</p> <ul style="list-style-type: none"> • e.g., housing, transport, health and social care, work and volunteering opportunities. <p>To what extent does your approach:</p> <ul style="list-style-type: none"> • put older people at the forefront of service design and delivery – being driven by the needs and aspirations of older people themselves – person-centred • provide better access to services (‘no wrong door’) and information especially for the more isolated or ‘difficult-to-reach’? • develop stronger partnership working between local government and the voluntary and community sectors? <p>What are the most innovative elements of your approach?</p> <p>Who are your principal partners:</p> <ul style="list-style-type: none"> • within your organisation? • outside your organisation (e.g. fire services, PCT, community transport)? <p>What would you say are the most innovative partnerships you have developed?</p> <p style="text-align: right;">Continued</p>

Key research question	Topics
<p>What motivated or stimulated local authorities and their partners to adopt this approach?</p>	<p>What attracted you and your partners to buy into an integrated approach?</p> <p>Did the principal drivers come from within your organisation or from outside?</p> <p>Where did the leadership come from to pursue this approach?</p> <p>Is it part of an overall strategy of joined-up working and/or person centred approaches being adopted by your area, or has it been implemented independently of higher level strategy?</p> <p>How does this fit with wider strategic pressures and priorities in the area? How does its prioritisation compare to other local services?</p> <p>What data was available to you to inform your strategy and service design?</p> <p>How long have you been undertaking the approach?</p> <p>Did this develop organically or was it implemented as a fully formed policy?</p> <p>Were you influenced by the LinkAge Plus pilots or from other sources? What were these?</p>
<p>What actions can help implement the approach successfully?</p>	<p>Culture change</p> <p>Was cultural change required to successfully implement the approach?</p> <p>How successful have you been achieving this:</p> <ul style="list-style-type: none"> • amongst your own staff? • in your partners? <p>How did you achieve this?</p> <p>Do you think this change is really embedded in the partnership or might it just be the result of enthusiastic individuals?</p>
<p>What actions can help implement the approach successfully?</p> <p>What barriers can be encountered and how have these been overcome?</p>	<p>System change</p> <p>Have you brought about changes in systems and processes?</p> <p>What are these?</p> <p>How have you achieved this?</p> <p>Effective actions</p> <p>What action or actions have had the most impact?</p> <p>Do you have any formal or informal procedures for evaluating the impact of actions?</p>
	<p>Learning points</p> <p>Are there any easy wins?</p> <p>What actions could be applicable to all local authorities and their partners?</p> <p>What actions were specific to your circumstances? How might other areas identify these?</p> <p>What barriers did you come up against?</p> <p>How have these been overcome?</p> <p>Were any solutions particularly innovative in nature?</p>

Continued

Key research question	Topics
<p>What barriers can be encountered and how have these been overcome?</p> <p>What enablers were identified and how were these built upon?</p>	<p>Do you think these barriers and approaches will be the same as those found in other local authority areas?</p> <p>What helped make achieving success easier?</p> <p>How were these enablers built upon?</p> <p>Do you think these enablers and approaches will be the same as those found in other local authority areas?</p>
<p>How is the partnership financed?</p>	<p>Value for money</p> <p>Has adopting a LinkAge Plus approach proved value for money?</p> <p>What are the outgoing costs of adopting the approach?</p> <p>What are the financial benefits and savings?</p>
<p>How is the partnership financed?</p> <p>How are effective partnerships built and maintained?</p>	<p>Sharing budgets</p> <p>Do partners pool budgets?</p> <p>How does shared budgeting work in practice?</p> <p>What are the barriers, are there perverse incentives?</p> <p>Accounting</p> <p>How is budgeting accounted for across a partnership?</p> <p>If the benefit of a LinkAge Plus approach is gained elsewhere how is this recognised and compensated?</p> <p>Additional funding</p> <p>Do LinkAge Plus style partnerships receive extra funding?</p> <p>Where does this come from?</p> <p>Sustainability</p> <p>What evidence exists of long-term sustainability?</p> <p>What do you think are the issues for long-term sustainability?</p> <p>Leadership</p> <p>Who leads or manages the partnership?</p>
<p>How are effective partnerships built and maintained?</p> <p>What is the impact, how is this evaluated?</p>	<p>Where have partnership structures had an impact on joined-up provision? e.g. Chief Executives of both local council and PCT.</p> <p>If there is a shared leadership does joined-up working happen naturally?</p> <p>How do these impacts differ from joined-up working lower down the partnership?</p> <p>Actions</p> <p>How was the partnership established?</p> <p>How were partners identified?</p> <p>How is it maintained?</p> <p>Barriers and enablers</p> <p>How do performance frameworks (e.g. National Indicators, NHS Vital Signs) contribute or hinder partnership working?</p> <p>Does alignment to them promote the approach?</p> <p>What is the effect of commitments to existing service contracts?</p> <p>What impact does this have on the potential for innovative approaches?</p> <p>What other barriers or enablers are there to partnership working?</p> <p>What would improve partnership working?</p>

Continued

Key research question	Topics
	What is the impact of an integrated approach on: <ul style="list-style-type: none"> • organisations providing services for older people? • on service users or the elderly population in general in the area? How many people have benefited and in what way? (numbers not percentages) Have you decommissioned any services?
What is the impact, how is this evaluated? In conclusion	Do you have any procedures for evaluating the impact? Looking forward, what do you think will most help you maintain and develop your partnerships and service into the future?

Analysis

Interviews were generally recorded and transcribed and thematic analysis carried out by examining the transcriptions, notes of workshops, and policy documents for common themes and examples of innovation and notable practice.

We focused particularly on how local authorities and their partners achieved successful change in the way they thought about and delivered services in support of active ageing and in particular joined-up working.

In identifying how success has been achieved in some local authority areas, we have not attempted to test whether or not this was tried in any of the other local authority areas, and if so what their experience was. In that sense the findings from this research do not provide a robust evaluation of what has worked and what has not worked. Our remit was to identify where successes have been achieved and to describe these.

In the course of this research we have encountered numerous sources of really useful information on case studies, guidance, evaluations, etc. which we have incorporated into our findings as far as possible. It was beyond the scope of this research to carry out a systematic review of this material. However, we have referenced this information, where appropriate, throughout the report and provide brief summaries in Appendix C.

Appendix B

The case study reports

In this appendix we present reports from each of the eight case study areas. These are:

- Bradford;
- Camden;
- Gloucestershire;
- Lancashire;
- Leicestershire;
- Manchester;
- Merseyside; and
- Warrington.

The reports of specific initiatives or activities address the following:

- **Drivers of change:** what led to the activity being initiated?
- **What is it?** description of the activity.
- **Partnerships:** who is involved? how?
- **Is it working?** results of any evaluation.
- **Sustainability** has the activity been, mainstreamed, if not what are the challenges to sustaining it?
- **Key success factors** key learning points.
- **For more information** where to go to for more information.

B.1 Bradford

The Bradford case study focused on the Community Involvement Project (CIP), devised to promote good mental well-being for people with emerging mental health needs.

Drivers of change

Over 500,000 people live in Bradford. It is forecast to have the fastest growing population of any major city in the UK, with particular growth in older and younger people. Bradford is a spearhead local authority as it has major inequalities in health across the city with areas of significant deprivation. It has a large number of people in the Black and Minority Ethnic (BME) group and in the Asian community in particular, the numbers of people aged over 80 is increasing.

In 2006, as part of the Partnerships for Older People Projects (POPP) initiative, the Department of Health (DH) awarded Bradford Metropolitan District Council £2.36m to redesign services for older people with mental health problems. The **Health in Mind** programme was intended to affect a whole system change to these services and was to result in the expansion of mental health support across specialist, mainstream and third sector services.

The Health in Mind programme in Bradford included the following elements to achieve the required whole system change:

- CIP;
- managed clinical networks;
- learning and teaching in mental health;
- intensive support teams;
- assistive technology – telecare; and
- expert evaluation and analysis of programme benefits from the University of Bradford.

Data collected at the start of the programme highlighted that older people with mental health problems were more likely to come into care services in crisis at a later date without some form of ‘safety net’. Local population and ageing demographics also showed that service configurations were unsustainable, highlighting the need to introduce preventative measures at the community level to promote well-being and at the intermediate level to prevent admissions to hospital and long-term care. In addition, an inclusive review in Bradford highlighted gaps around older people with emerging mental health needs.

The CIP was established in 2006 to provide funding and support to improve the ability of voluntary and community sector (VCS) organisations to respond to the needs of older people with mental health problems and carers.

What is it?

The CIP arose from a whole system review of older people’s mental health services in 2005. This review engaged older people, carers, specialist and non-specialist services and created a vision for older people’s mental health with a core goal of moving mental health from the margin to the mainstream. A core project team was set up to work with local VCS organisations, older people and carers to help achieve the project’s aims. In September 2009 the core project team (also known as the community involvement team) was made up of:

- one Project Manager;
- one Information Support Officer;
- two Community Involvement Officers; and
- one Café Development and Support Officer (seconded from the Alzheimer’s Society).

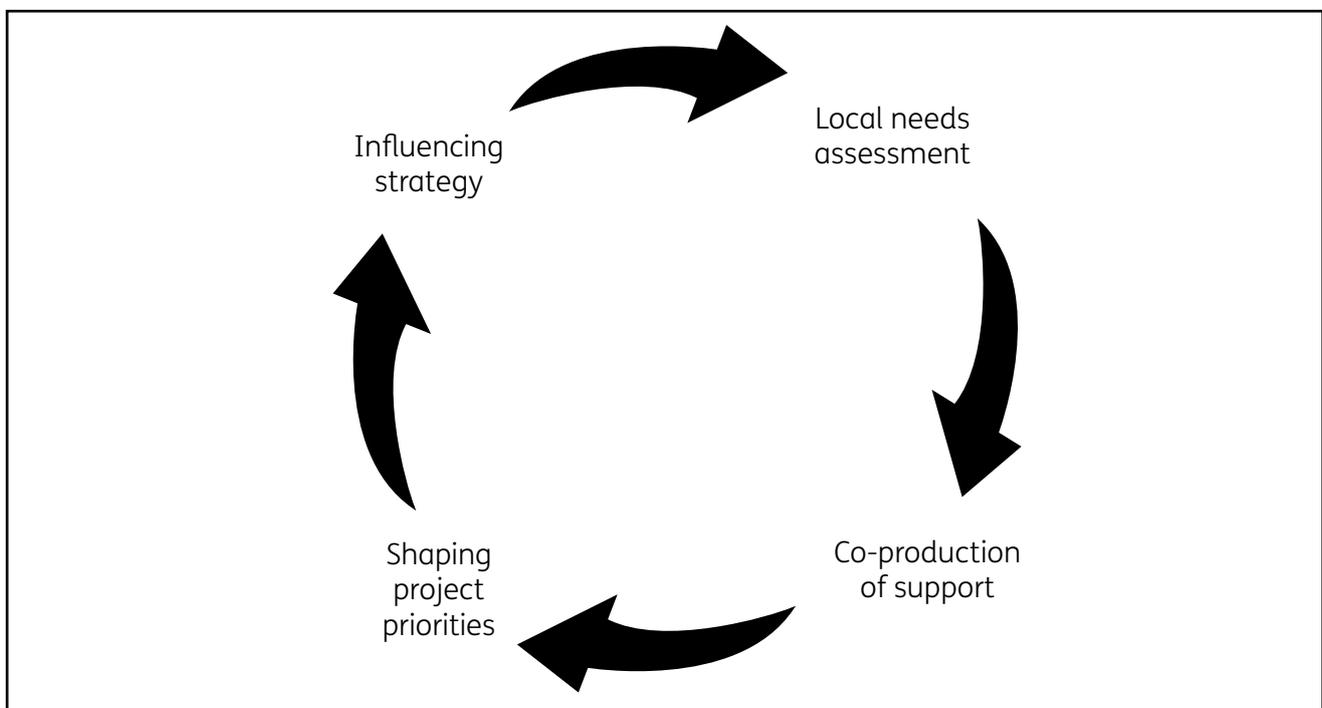
These groups have worked together to create a range of innovative services under this project. The main elements of the CIP are:

- a network of 16 well-being cafés;
- the well-being activities fund;
- the mental well-being training programme;
- capacity building and networking in the VCS to deliver mental well-being; and
- rigorous evaluation through the University of Bradford and DH.

The project typically engages with smaller VCS organisations run by and for older people. Engagement with Bradford’s BME communities has been very successful, with well-being cafés created to support East European, African Caribbean and South Asian communities and 29 BME community organisations contributing to the activity programme.

Engagement processes were clearly scoped into the initial project delivery plans and briefings were held across Bradford prior to project launch through which terms of engagement were refined.

Figure B.1 Steps in the engagement process



The engagement process includes four steps:

- 1 Local needs assessment** – The core project team of community involvement officers engage with VCS organisations, older people and carers in needs assessment through quarterly design team meetings. There are four geographical teams with a fifth design team targeting BME communities and communities of interest. The project engages with the expectations of local older people through these meetings and ensures services commissioned by the project build on existing resources and are relevant to local needs. Core team members also attend local neighbourhood forums to ensure older people’s mental health needs are owned within this wider locality agenda.
- 2 Co-production of support** – The core team supports smaller VCS organisations to develop well-being activities for people with emerging mental health needs. Groups can apply for grants of up to £5,000 to deliver their activity and the core team provide training and start-up support. Many groups supported had not applied for funding before and yet were run by committed older people who provided a ‘lifeline’ in relatively isolated communities.
- 3 Shaping project priorities** – Café and activity organisers and volunteers attend quarterly network meetings with the core team at which project issues and progress are discussed. These meetings have been very motivating, cultivating a sense of shared purpose. Commissioning priorities are generated through the design teams and network meetings and published in the well-being fund application pack. Older people are represented on the well-being fund application appraisal panel and so determine which projects are funded.
- 4 Influencing strategy (completing the circle)** – Issues raised through network meetings concerning sustainability led to the creation of the Well-being and Independence Programme Planning Initiative with a brief to develop a strategic approach to commissioning well-being services across health and social care.

The following sections describe some of the services established by this team.

Well-being cafés

A network of 16 well-being cafés has been developed, which are located within communities and neighbourhoods across the Bradford and Airedale district. Well-being cafés enable both carers and older people who feel isolated, depressed or who are becoming forgetful, to meet up with others going through a similar experience, in a social and relaxed environment. They meet on a monthly basis and deliver a programme of entertainment, health education, exercise and provide open door access to other support services for older people.

Three of the 16 cafés are ‘communities of interest well-being cafés’ which cater for Bradford’s largest diverse communities. These take account of diversity of cultures, languages and religious considerations. They are:

- Meri Yaadain – supporting the South Asian Community;
- Sharing Voices – supporting Black & African Caribbean communities; and
- Polish Community Association – supporting Eastern European communities.

Well-being activities

The intended outcome of the Well-being Activity Fund is to improve the well-being of older people with mental health needs and their carers. It does this by supporting voluntary sector organisations via the social activity programme. Projects supported address at least one of the following priority areas:

- providing support for older people with mild/moderate mental health needs;
- providing opportunities for older people with mental health needs to stay physically active;
- providing opportunities for older people with mental health needs to make new/retain friendships and social contacts;
- supporting older people with mental health to maintain hobbies, interests or occupational pursuits, including volunteering; and
- supporting carers of older people with mental health needs, or older carers whose own well-being is affected by their caring role.

Mental well-being training programme

The CIP facilitates a mental well-being training programme, primarily aimed at VCS organisations, to increase mental health knowledge and enhance the quality of support they provide to older people using their services. The training is free to VCS organisations.

A VCS Mental Health Training Programme was launched in April 2009. Themes and topics that have been delivered include:

- values and attitudes, and respecting cultural diversity in mental health;
- influences on mental health and well-being;
- common mental health problems in later life;
- recognising mental ill-health and ill-being;
- assessing the mental health needs of older people;
- promoting recovery and well-being;
- the Mental Capacity Act;
- emergency First Aid; and
- safeguarding adults.

As of September 2009, 11 training sessions had been undertaken. In four months 112 people attended. The training was delivered by a number of providers including: a qualified ‘Peer Educator’³; the Alzheimer’s Society; Keighley Voluntary Services Bradford LINKS, and Bradford Council’s Safeguarding Adults Team.

Over 90 people who have attended came from a range of organisations in the VCS including: Age Concern, Alzheimer’s Society, Carelink, Befriending Scheme, Hindu Cultural Centre, Roshini Ghar, Italian Senior Citizens, Bradford Alliance on Community Care (BACC), Pondsides Neighbours, Women zone, etc.

There has also been representation from statutory organisations, including Adult and Community Services units or teams, for example Beckfield and Harbourne Resource Centres, Meri Yaadain and the Oaks Day Centre, plus PCT projects such as Seniors Show the Way and the Reach Project. Such interest clearly highlights the continued need for the delivery of mental health training within the sector.

³ A ‘Peer Educator’ is an individual who has successfully completed a one-year accredited course Leading and Teaching Mental Health delivered by the Bradford Dementia Group, University of Bradford.

As a result of this evident need from statutory sector staff for this sort of training, the CIP has established links with the council's Workforce Development Department, and is working with them to plan and allocate training places according to need. Access to council training for VCS colleagues has also been widened as a result of this collaboration.

Information, publicity and networks

The core project team has a well developed system of co-ordinated data collection and performance management. The CIP Information Support Officer regularly sends out information to their network of contacts which was funded and developed through the CIP, as well as to other VCS organisations through a number of publications, including the VOICE (Age Concern Newsletter), Bradford CVS' Briefing Bradford, Bradford Older People's Alliance (BOPA) and BACC newsletters. The CIP has also developed its own publicity materials which it uses for dissemination in conferences, events, meetings, etc. The project team also provides monitoring and evaluation support via its networking meetings.

Partnerships

The CIP Board (a multi-agency partnership, including older people) meets regularly and has helped to steer the project in achieving its Health in Mind programme objectives. The Board has also played a significant role in appraising and making decisions on well-being activity funding.

As part of the Adult and Community Services departmental restructure, the CIP is now part of the Older People Well-being Team, which now sits within the Health and Well-being Partnerships. An inter-agency advisory group will support the new expanded team, ensuring good connections with key partners, including older people and their organisations.

The CIP also facilitates the VCS Older People's Mental Well-being Forum. The 'forum' is the ideal platform for all specialist mental health organisations or projects that have a special focus on older people's mental health, to come together and raise and share issues and address gaps in current service provision as well as identifying future areas of work. The forum also promotes greater networking and partnership working in the voluntary sector.

As of September 2009, the forum members were: the Alzheimer's Society; MIND; ISIS Project; Cellar Project; Sharing Voices; Roshni Ghar; Naye Subh; the South Asian Women's Health Awareness Association; Meri Yaadain; Bradford and Airedale Mental Health Advocacy Group.

Age Concern, Keighley Volunteer Service, Help the Aged and Carers Resource have attended the forum as support organisations.

Is it working?

An output, outcome and benefit framework was devised for the CIP, at the start of the project. Measures used have been both qualitative and quantitative with the following headline benefits now being realised:

- **Improved access to support:** In 2008/09, about 1,200 people participated in the well-being cafés with over 300 of these being new older people. 138 of the new referrals were self-referred, 138 were from VCS organisations, ten from GPs, 16 from mental health services and 25 from other health professionals.

In the same period 5,470 older people attended well-being activities provided by over 80 VCS organisations. About 1,090 of these older people were new in the period with 615 self-referred, 271 from VCS organisations, 15 from social services and 25 from GPs.

- **Improved well-being:** The University of Bradford’s evaluation reported ‘*A positive shift in depression scores was observed alongside reported improvements by some end users with respect to social inclusion and well-being.*’
- **Development of the third sector:** The project has significantly increased VCS organisation capacity to support older people with mental health needs and their families. In September 2009, a network of 60 organisations was providing services under the Well-being Activity Fund and the majority of these organisations were not providing mental health support before. A third of these organisations support Bradford’s BME communities which were previously under-represented in statutory mental health services so this is a step forward in improving access to mental health.

In addition, the University of Bradford’s evaluation reported that ‘*There has been a significant increase in the capacity of voluntary and community organisations to support older people with mental health problems through the provision of well-being cafés and well-being activities. While these had unanticipated set up and running costs for host organisations, they did result in improved networking across the voluntary and statutory sector.*’

- **Social cohesion:** A huge benefit, has been the engagement of older people as volunteers, with many activities being run by older people and by ex-carers, enabling them to provide truly personalised and knowledgeable support and maintaining their own health, well-being and sense of community spirit.

‘Four years ago no one knew each other in the bungalows and now it’s a community and most never went out on their own and now they call for each other to come to meetings. One lady does shopping for at least three people, and two ladies who lived opposite but never spoke have become friends.’

(Network user)

- **Cost effectiveness:** In 2008/09, grants to Voluntary and Community Organisations (VCOs) averaged £4,000 per annum with each VCO supporting an average of 35 people per annum. The benefits described above are being achieved at a cost of £165 per person per year, or £3.17 per week.

Sustainability

The Health in Mind Programme was sustained after the end of POPP funding on an ‘invest to save’ basis, tapering the budget over three years. However, applying the taper to the CIP budget is not sustainable as the savings from the preventative work will accrue elsewhere. The principle of sustaining and mainstreaming the budget has been accepted. The new mental health strategy for older people is predicated on the development of a strong older people’s VCS to promote good mental health.

A high priority objective for the Health and Wellbeing Partnerships Manager is to secure the long-term budget for the CIP and embed the team into the restructured department.

Key success factors

Key success factors identified include:

- investment in development of capability and capacity of the third sector;
- active involvement of older people from all backgrounds in the older people's partnership and other key initiatives;
- embedding continuous evaluation into key initiatives;
- early identification of the outcomes from the community involvement project that would be measured to assess success or not;
- contracting with the third sector (Age Concern) to support BOPA;
- willingness to learn from other areas and to try out alternative ways of working (West Yorkshire Fire and Rescue Service).

For more information

Visit: <http://www.localinnovation.idea.gov.uk/idk/core/page.do?pageId=17451928>

Other initiatives in Bradford

The **Older People's Partnership** was established in 2005 to champion and lead on strategic working for older people aged 50 plus and their related issues across the Bradford district. The Partnership brings together a broad range of partners from both the public and voluntary sector, and includes older people themselves who are elected onto the Partnership through the Bradford and District Older People's Alliance (BOPA). The Partnership has its own Board which meets on a quarterly basis and is chaired by the Strategic Director of Bradford Council's Adult and Community Services. Older people sit as equal and key members at every level of the Partnership.

The Partnership has six action groups directly underneath the Board. These are:

- Healthier Communities and Older People (HCOP);
- Housing and support in the home;
- Neighbourhoods and Community Life;
- Economy, Employment and Learning (EEL);
- Transport; and
- Older People's Implementation Team (OPIT).

The older people's partnership involves the following organisations:

- Department of Adult and Community Services;
- Regeneration, and Housing and District Older People's Alliance;
- Bradford District Senior Power;
- Age Concern Bradford and District;
- Pensions Service;
- Police;
- West Yorkshire Fire & Rescue;

- Learning Partnership;
- Careers Bradford;
- Jobcentre Plus;
- Bradford and Airedale NHS;
- Portfolio Holder Adult Social Care;
- Older People’s Champion, Councillor Malcolm Sykes;
- Supporting People;
- Bradford Community and Voluntary Service;
- Neighbourhood Services;
- Culture, Leisure, Tourism;
- Benefits Service;
- West Yorkshire Metro;
- Economic Partnership;
- Incommunities;
- First Bus.

The Partnership has overseen the appointment of an **Older People’s Fire Safety Coordinator** within West Yorkshire Fire and Rescue Service using a Local Area Agreement (LAA) 2005-08 Pump Priming Grant. This initiative involves other agencies and partners, e.g. Pensions Service, Telecare, and mobile libraries, particularly around data sharing amongst partners for those older people who are assessed as being most vulnerable or at risk.

The fire service had been looking at domestic fire deaths and domestic fire injuries where they started to identify high risk groups including older people. In addition they were able to identify other factors combined with age, e.g. mobility or misuse of alcohol that would possibly increase people’s risk. In parallel, the council was picking this up as an issue of concern to older people. Consequently, LAA funds were allocated to fund a specialist post within the fire service who would work as part of the Older People’s Partnership to look at this issue.

This led to some creative partnership work such as:

- improved fire safety communication (moving away from videos and leaflets to face-to-face focus groups);
- working with other agencies (e.g. the home care service and telecare) to increase the number of smoke alarms in people’s houses;
- joint training between telecare and the fire service so that if either organisation is going into someone’s house, they can assess the need for smoke alarms or telecare equipment and will cross-refer as appropriate (the fire service is now the biggest source of telecare referrals);
- working with the NHS to exchange information about hospital discharges so that if someone is discharged with specialist equipment (e.g. Oxygen masks), this automatically triggers a fire service home fire safety check.

West Yorkshire Fire And Rescue Service has implemented a High Risk Intervention Team. In addition they offer home safety awareness training to these ‘carers’ or frontline workers so they can identify hazards in the home and encourage a Home Fire Safety Checks (HFSC) visit through a referral.

Although there have been slight increases in accidental dwelling fires and injuries between 2008/09 and 2009/10⁴, the overall trend over the last five years continues to decrease. The improvements seen correlate to an increase in the number of HFSC visits carried out and the targeting of this activity at vulnerable and hard to reach groups.

BOPA is an umbrella body for 102 organisations and provides a mechanism for eliciting views and providing the voice for older people. BOPA is run by Age Concern, Bradford and the administration of BOPA is funded by the council.

BOPA is linked through to several partnership boards and committees:

- Older People’s Partnership;
- the Health and Wellbeing Partnership;
- the Stronger Communities Partnership;
- the Social Care Improvement Committee; and
- the Safer and Stronger Improvement Committee.

⁴ http://www.westyorksfire.gov.uk/aboutUs/au_corporate_performance.htm

B.2 Camden

London Borough of Camden have implemented a range of joined-up services for older people, focusing both on improving access to services to everyone as they age, and improving well-being for older people with specific support needs. The case study focused on the Kilburn Older Voices Exchange (KOVE) and the Home care Services Partnership (HCSP).

1 Kilburn Older Voices Exchange

Drivers for change

KOVE was developed by members of the Promoting Independence Group and representatives from the local community with the aim of giving older people in the Kilburn and West Hampstead area a collective voice and addressing the changing needs of an ageing population.

What is it?

‘Camden does listen when we express our concerns about things like home care.’

(Camden older citizen)

KOVE works to help raise the profile of older people in the local neighbourhood, ensuring that they are aware of engagement opportunities and giving them a collective voice.

The group meets once a month in Kingsgate Resource Centre and employs a facilitator to service the group and take its work forward. It operates as a panel, which discusses a variety of issues affecting older people, looking for practical solutions that can improve the quality of life for older people in the area. The group consists of older people, linking up with other groups in the area and is involved in various projects and initiatives.

KOVE targets vulnerable and excluded older people, ensuring they are fully represented and able to take part. The KOVE facilitator visits people whose health has got frailer with time but wish to remain involved.

Projects KOVE is involved in include:

- keeping safer – older people tackling the fear of crime;
- lobbying for improved street seating in Kilburn;
- campaigning for a community toilet scheme;
- raising awareness of road safety and seeking safer road crossings;
- helping to improve home care standards with service users involvement ;
- SHOPPP (Safe and Happy Older People and Parents with Pushchairs) scheme for better access to retail outlets;
- improving local bus journey experience.

KOVE produces its own films to show evidence of older people’s concerns. These films are available on KOVE’s website.

Partnerships

KOVE is a citizen led organisation and all KOVE's projects are in response to issues, concerns and interests raised by members of the group. A robust partnership has been developed between providers, commissioners and service users. During the last three years partners have included:

- Acting Up;
- Camden Adult Social Care;
- Camden Engineering Service;
- Camden Primary Care Trust (PCT);
- Caversham Elder Person's Organisation;
- Compass – (Economic and Social Research Council) Centre on Migration Policy and Society;
- Henna Asian Women's group;
- Kilburn and West Hampstead Partnership;
- Kilburn Town Centre Management;
- Kingsgate Resource Centre;
- Local shops and businesses;
- OPAAL (Older Peoples Advocacy Alliance);
- Safer neighbourhoods team;
- Somali Cultural Centre;
- Stroke Survivors group;
- SureStart;
- Swiss Cottage Older People's Project;
- Transport For London.

Sustainability

Over the years the Group has been supported both financially and with other capacity building resources by the council. Camden's Kingsgate Resource Centre hosts and provides hospitality for KOVE meetings. It also seeks and received support from a wide range of sources including: the City Bridge Trust, Hampstead Wells and Camden Trust, The Capital Community Foundation – Grassroots Grants, Metropolitan Police, Borough Commanders Fund. BSG (British Society for Gerontology) for Kilburn Debates programme.

For more information

Visit: <http://www.kove.org.uk/>

2 The Home Care Services Partnership

Drivers for change

Over a period of time older people raised concerns about home care services and the quality of the care provided in people's home. Officers had attempted many times to implement improvements to the service and ensure the quality of care met the expectations of older services users. However these changes had never been regarded as satisfactory. This was an issue KOVE had returned to several times. In particular, several members of the group had first-hand experience of receiving home care and wanted to work with the providers to improve the service. The Older Voices Team supported KOVE to develop a proposal for a Home Care partnership in the Kilburn and West Hampstead area between home care providers, commissioners and service users which focused on improving the quality of the service. This became the HCSP.

What is it?

The HCSP, created in November 2005, aims to raise standards and to influence policy and good practice in home care. The HCSP works closely with service providers and commissioners but also with services users, on what is a unique user led intervention. HCSP influences home care services by placing service users at the heart of its development while at the same time working directly with strategic commissioners.

To identify what was good and bad about the home care services, KOVE interviewed users in their own homes where they would be more at ease. KOVE then partnered with a multimedia organisation to train older members of KOVE to use multimedia equipment and film interviews. These audiovisual interviews with home care users powerfully illustrate examples of good and bad practice in services users' own words.

HCSP is now in its second stage and is focusing on working more closely with BME communities and developing advocacy. Camden Strategic Commissioners support the developments of the HCSP's objectives and are working with the group to take these objectives further.

Camden now includes as a requirement in its block contract for home care provision that the providers must meet regularly with older people's forums, such as HCSP. The specification also includes that all staff should view the KOVE DVD and training materials and undertake group sessions regarding its contents, with reference to good practice guidelines drawn up between Camden Council and KOVE.

Is it working?

The outcome of this has been an improvement in the quality of care delivered in the home and a greater sense of satisfaction amongst older people using the Home care Service.

This collaborative model is conducive to the informed improvement of standards of home care and could be used in other areas of Camden. The model nurtures strategic partnerships between the voluntary sector, strategic commissioners, service users and providers.

KOVE ultimately aim to mainstream this model as an indispensable way of actively involving older people and users of home care in the development and delivery of services. Further still, the model could be used by other sections and service providers.

KOVE have made presentations about the HCSP at several conferences, one being the national Care Service Improvement Partnership event. Their workshops were very well received with many participants contacting them later to ask for copies of the DVD to use in training about dignity in care.

Sustainability

Camden's Older Voices Team helped KOVE secure funding from the LAA Innovations Fund, which the group used to consolidate good practice and development of the HCSP's Resource Pack (including the development of common standards for meeting and greeting and guidelines for shopping for home care users) and to commission the evaluation and dissemination of its partnership model.

Key success factors

KOVE partnered with Acting Up, a multimedia organisation, to train older members of KOVE to use multimedia equipment and film interviews in line with HCSP objectives. To gather users' experiences, KOVE interview them in their own homes. The combination of being filmed in their own homes by other older people has meant that interviewees have felt more at ease and have been more able to discuss their experience of Home care and give examples of things they liked and things they did not like about the service.

These audiovisual interviews with home care users powerfully illustrate examples of good and bad practice in services users own words. The impact of this DVD has been significant and Home care agencies are now using these as a training tool for staff.

For more information

Visit: <http://www.localinnovation.idea.gov.uk/idk/core/page.do?pageId=17451934>

B.3 Gloucestershire

Gloucestershire is made up of Gloucestershire County Council and six district councils with an additional layer of parish councils. Responsibility for setting overall direction and strategy for the health and well-being of older people sits with a multi agency partnership known as Gloucestershire Health and Community Well-being Partnership (GHCWP). The case study outlined here captures the thoughts and views of several of the organisations charged with delivery of the partnership's strategic objectives (Healthy Gloucestershire 2008-2018).

Representatives from the following organisations contributed to the case study:

- NHS Gloucestershire;
- Stroud District Council;
- Gloucestershire Village Agents;
- Gloucestershire Older Persons Assembly;
- Uplands Care Service;
- Cotswold District Council;
- Campden Hub;
- Forest of Dean District Council;
- Gloucestershire County Council;
- Age UK (formally Age Concern Gloucestershire).

Drivers of change

The demographic situation in the county mean that it faces some real challenges as the population gets older. Much of the county is rural and this means that older people in geographically isolated communities may find that it is harder to be heard. One of the key priority action areas of the Healthy Gloucestershire Strategy is Accessible, Healthy and Safe Housing. Another is the transforming social care programme, Putting People First⁵ (PPF) which focuses attention on:

- access to information and advice to promote self-reliance for the whole population;
- harnessing and promoting the use of local people and community resources;
- promoting independence and reablement;
- ensuring that people who need more formal support have more choice and control.

Future demands on these issues are shaping relationships with the third sector and the County joint commissioning group are trying to work together in areas where most gains can be made through partnership working. All this must be placed in the context of the GHCWP's initiatives and strategies, e.g. Healthy Gloucestershire and the fact that Gloucestershire is a three tier authority including the parish councils.

⁵ (<http://www.gloucestershire.gov.uk/index.cfm?articleid=98833>)

What is it?

The GHCWP strategy, *Healthy Gloucestershire 2008-2018 – Gloucestershire’s Health and Community Well-Being Strategy* set out the County’s ten-year goals, including priority areas for action. This has since been updated with a three-year Partnership Plan that sets out the medium-term goals of the Partnership. Joint Strategic Commissioning Plans (annual delivery plans) support the Partnership Plan and Strategy and are updated annually. See the GHCWP website for full details: <http://www.gloucestershirehlp.nhs.uk/healthylivin236282>

There are nine Joint Strategic Commissioning Plans with key facts about each topic area and examples of what is currently being done to improve health and reduce health inequalities. Information on how the topic areas link to LAA outcomes, relevant local strategies, plans and work-streams is also included. The plans cover a range of cross-cutting topics i.e. Healthy Workplace; Reducing Alcohol Related Harm; Improving Sexual Health; Reducing Smoking Prevalence; Reducing Obesity; Putting People First; Improved Emotional Health and Wellbeing; Accessible, Safe, Healthy and Affordable Housing and Safeguarding Adults.

A wide range of initiatives and services have been implemented under the strategy for example:

- PPF is part of the county’s health and well-being strategy, Gloucestershire’s approach is known as ‘your circle™’, which aims to help people build their own personal support network of trusted people, services or even places, to help them live the way they want to. This is supported by a stand-alone information portal (website: yourcircle.org.uk). The website is designed to help adults and older people find information and advice about the wide range of services and support available in Gloucestershire, such as: help available at home; ideas for things to do; advice on home adaptations or moving house; and support available from the county council.
- The jointly funded and integrated **Intermediate Care service** follows a preventative agenda, supporting people to remain in their own homes as independently as possible for as long as possible. Its aim is to avoid hospital or care home admission and to reduce the need for long-term formal support. More recently the team mix has been extended with mental health nurses who have been undertaking intensive training with staff supporting their continued good practice, to ensure effective rehabilitation for people with dementia and other mental health difficulties. The Community Steps service has the same aims as the Intermediate Care service for those not requiring therapy programmes, but who will benefit from some short-term support to promote independence. A new reablement pathway is being developed so that the joined-up working with health and social care partners ensures a clear and seamless pathway to the most appropriate services for local people. This will support the further development of multidisciplinary, locality- based health and social care teams, and will improve capacity to ensure that a greater number of people will be able to participate in enablement or rehabilitation programmes than at the present time.

Meeting the needs of older people is a priority for Gloucestershire. Joint funding of the Gloucestershire Older People’s Assembly (GOPA) and Village Agents are intended to support these needs and provide a route for ensuring that their voices are being heard.

- GOPA’s vision is for Gloucestershire to be ‘*a community that cares*’. The organisation aims to provide a more effective voice for all those aged 50 and over who live in the county, particularly on matters relating to age. GOPA is an independent organisation with a remit to:
 - **consult:** GOPA supports local older people’s forums, seniors’ networks and local hubs (networks) of service providers. Five of the six districts/boroughs, have older people’s forums, such as Stroud District Council, or seniors’ networks, such as the Forest of Dean and Tewksbury.

GOPA's community engagement co-ordinators and volunteers go out into communities to find out what older people want and need to help them realise dignity, care, healthy and independent living. GOPA volunteers are used by the county and district councils as well as NHS Gloucestershire to consult on a wide range of issues affecting health and well-being in the community.

- **influence:** GOPA seeks to represent the views of older people to influence health and social care providers as well as influence local, regional and national government policy in ways that reflect the views and needs of older people.
- **recruit and train:** GOPA recruit and train older people to act as facilitators and community researchers to gather information and to help develop stronger links between care homes and their local communities.
- **Village Agents** bridge the gap between the local community and the statutory and voluntary organisations able to offer help or support. The service is aimed primarily at the over 50s and is based in the rural parts of the county. Village Agents provide high quality information and put people in direct contact with the agencies that are able to provide the services they need. They can carry out a series of practical checks and identify unmet need within their communities. Village Agents work in 204 of the 253 parishes across Gloucestershire. The Village Agent scheme was initially funded by the Government under LinkAge Plus and is now supported by the county council and the PCT working with Gloucestershire Rural Community Council who manage the scheme to cover clusters of more rural parishes.

The POPP-funded Working in Care Homes initiative looked at care homes as part of the community. As a result of the POPP work:

- different relationships have evolved between the private sector and the third sector;
- additional training of the workforce has been undertaken to develop care providers;
- a care home health multidisciplinary support team (to support the care home staff themselves in their roles) has been developed.

Other older people's initiatives in the county include Stroud's People for You initiative, Cotswold District Council's 'befriending' service:

In Stroud the **People for You** initiative has been operating for eight years from a community shop and provides a special visiting service for older residents in the district via a paid co-ordinator managed by Care and Repair (Home Improvement Agency). It aims to give people, especially those in rural areas, easy access to information about housing, benefits, care and social issues and also operates a regular lunch club and outings. Referrals come from a range of agencies including GPs, district nurses and people can self-refer. The Neighbourhood Wardens service, which is funded by the district council work alongside People for You together with Police Community Support Officers.

Cotswold District Council has been funding and running a **befriending** service for several years and the scheme comprises over 40 volunteers. Referrals for this support can come from GPs, district nurses, neighbours, etc. A volunteer will typically visit once or twice a week for a chat. It is at this point that the volunteer learns about the concerns and problems which a client experiences in their links with the community. It is aimed at older and isolated people with mental and physical disabilities. All volunteers receive full training and are CRB checked. It can also involve going out for lunch, a trip to the theatre/cinema, transport to shops, and driving support. The main function is to reduce the feeling of isolation but the volunteers can provide a signpost to other services – usually through the befriending coordinator.

To avoid duplication, both these schemes work alongside the Village Agents scheme.

Partnerships

As well as the County Partnership, Local Strategic Partnerships (LSPs) meet regularly in each district across the county.

The NHS and the county council have a well established joint commissioning post for older people that is jointly funded by the county council (Community and Adult Care) and NHS Gloucestershire. A joint commissioning strategy has been developed that provides a direction of travel. Examples of partnerships between the local authority and the NHS include:

- Stroud and Cotswold District Councils were awarded Beacon status for Services to Older People in 2004-05. The work involved closer working between different council services such as health and well-being services; housing; community safety and leisure services.
- NHS Gloucestershire and the county council's Community and Adult Social Care have a number of senior joint appointments whose remit includes strengthening the working links between the NHS Gloucestershire and other agencies in the two areas. Through these arrangements, where health and social care community teams were not co-located, 'virtual' teams were created. The membership includes district council staff and local community and voluntary agencies.

In addition to GOPA's recruitment and training of facilitators, organisations that help ensure a strong voluntary and community sector are:

- **Gloucestershire Association for Voluntary and Community Action (GAVCA)** is a local development and support organisation that works with a range of partners in the public, private and third sectors to promote equality, and support and represent the VCS.
- **Gloucestershire Rural Community Council (GRCC)** was established in 1923 to engage with Gloucestershire's rural communities to enable sustainable community development and empower community groups, work in partnership with individuals and organisations and seek to influence policy makers at local, regional and national level. Both of these are strong organisations, the latter is long established with excellent networks. They both do a lot of training for the third sector.

In addition to these strategic partnerships a number of partnerships help deliver services:

- Care and Repair (Stroud), Anchor 'Staying Put' in Cotswolds, and local Home Improvement Agencies, are key partners with a client base that is almost exclusively older people and the disabled. These organisations have been supported by the councils in developing reactive and preventive services for older people in the district. Older and disabled people are more likely to proceed with repairs and adaptations if they are assisted to do so. Home Improvement Agencies help and advise people from all income groups and take an holistic approach to their work, accessing some of the more hard to reach groups.
- Development in both districts of private sector renewal strategies has taken place and the needs of some vulnerable elderly householders have been met by providing grant aid and loans to help with high risk repairs and Disabled Facilities Grants for adaptations, enabling people to remain in their homes for as long as possible. Home Improvement Agencies pull in charitable and other money to help people who are not eligible for grant aid.

Establishing and maintaining relationships in Gloucestershire is challenging during periods of major organisational change. Good relationships are a vital ingredient for good partnership as well as: vision; trust; stability; and integrity.

Is it working?

The process of setting strategic priorities in the county has resulted in numerous examples of good practice in older people's service delivery being implemented in both Stroud and Cotswold Districts including:

- Active Lifestyles – exercise on referral by GPs and use of leisure centres;
- Fairshares – a project bringing together the generation in a timebank framework;
- falls prevention classes – aimed at providing exercise advice on future falls prevention.

Housing Benefits has also taken a lead and had a successful drive to increase numbers of older people claiming both Housing Benefit and Pension Credit. Additionally, the joint county council Financial Assessment and Benefits team, who are co-located with the Pensions Service team and accredited to do each other's work, ensure those seeking help from Adult Social Care have their benefits maximised.

Sustainability

There is a need to capture the attention of 'movers and shakers' in order to encourage mainstream funding. The LinkAge Plus pilot project in Gloucestershire (Village Agents) and POPP (Working in Care Homes) pilot studies were both able to achieve this.

The Gloucestershire Village Agents works well because it was a simple idea developed by the county council with help from Gloucestershire Rural Community Council that was able to be delivered at low cost with maximum benefit to the older, more rurally isolated residents of the county. It provides them with information on services available, enabling them to make informed choices about their present and future needs. Continuation of funding from the obvious key stakeholders, namely Gloucestershire County Council and NHS Gloucestershire, was assured because of the positive response from older people themselves. It also attracted national publicity and was well received politically.

Independent care providers (including day centres) fear that there is a risk to them associated with the shift to personalised budgets. They fear that organisations that depend on a certain level of core funding to be sustainable will close if, for example, 20-25 per cent of their funding is unavailable due to a number of people choosing self-directed support and going elsewhere.

There is recognition that the third sector will become more important for joined-up services and that this will need investment in order to deliver additional capacity and capability. Investment has been made through the PPF programme into the sector to support and facilitate them prepare their strategies to be sustainable in a world of personal budgets. During the POPP Working in Care Homes pilot, it was felt that the NHS was moving faster than the third sector could cope with. As a result, since then, the county council and PCT has been investing in building third sector capacity, e.g. through GOPA's recruitment and development of facilitators. There are, however, a number of barriers that make it difficult for the voluntary and third sector to sustain involvement:

- Governance requirements in the public sector can mean that there are complex structures established to cover overlapping areas of service provision. The time and effort required to engage with all of these structures (which can vary from county to county) means that it can be difficult for representatives from the third sector or VCS organisations to sustain involvement and to get to know the relevant decision makers in statutory organisations.

- Regulation can mean that it can take an extremely long time for any bright idea or new initiative to get off the ground. For example, ‘Best Foot Forward’ is a home care foot care service provided as a joint venture between Health and Social Services (Gloucestershire podiatry service and Gloucestershire home care services). The scheme (which has been running in two or three districts for several years) involves training a number of Home care Assistants, previously known as Home Helps, to undertake four basic foot care tasks: Toe nail cutting; toe nail filing; foot bathing and application of foot creams. Gloucestershire County Council wanted to outsource the service and talked to some potential suppliers. Age Concern Gloucestershire (now Age UK Gloucestershire) expressed their interest in this and in anticipation of the tender coming out piloted a limited foot care service in some clinics. When the tender came out (about three years later), it contained TUPE undertakings and obligations on the potential bidders, for the staff being transferred. Age Concern did not feel they could take on these obligations and liabilities so they submitted a non-compliant tender. Whilst their tender was the only bid, they were unsuccessful.

Regulated services all require Care Quality Commission (CQC) registration. Some voluntary services (particularly where personal care is involved such as during some types of home visit) may also require CRB checks and CQC registration. This can be a problem for an organisation that relies on volunteers, and ‘red tape’ is seen as a barrier to entry in areas where ideally they are looking for a good neighbour that can be supported with a little bit of training.

Key success factors

Gloucestershire identify the following key success factors:

- ensuring that there is a common understanding of objectives and priorities;
- ensuring that the means of delivery are well articulated; and
- engaging directly with the parties who will be affected by any proposed change.

It is important to engage directly with the parties who will be affected by any proposed initiative so as to get their buy-in to the initiative. For example, GPs have been recruited onto the county’s Dementia Strategy Board as they are important frontline contacts for people starting to exhibit symptoms of dementia.

Looking forward:

- For the third sector to grow in capacity and capability there will need to be more emphasis on outcomes rather than process. This may require a shift in emphasis towards doing rather than evaluating.
- At the LSP level there is increasing pressure to move towards sharing resources to ensure best use of the available public resources, particularly when they are diminishing. Further integration across health and social care is planned to help deliver joined-up health and social services.

For more information

Visit: <http://www.gloucestershire.gov.uk/index.cfm?articleid=9211%20>; or

http://www.stroud.gov.uk/docs/health/older_forum.asp; or

<http://www.yourcircle.org.uk/kb5/gloucs/yourcircle/home.page>

B.4 Lancashire

The Lancashire case study focused on Help Direct, a service designed to help adults (not just older people) to get the right practical support or simply the right information and advice they need before a small problem becomes a crisis. The service is delivered by four third sector organisations.

Drivers for change

‘We have to change. We can’t sustain ‘more of the same’ and it’s not good for people either.’

(Head of department, Local Authority)

The LinkAge Plus pilot in Lancaster was a key catalyst. This introduced the idea of a different way of doing things at a time when realisation was growing that the current system of care was not going to hold up in face of an ageing population, and that it was not very good for people anyway. Putting People First, the Our health, our care, our say White Paper, the transformation agenda and related strategies were all gathering pace; all pointing towards a need for more personalised, targeted and sustainable care.

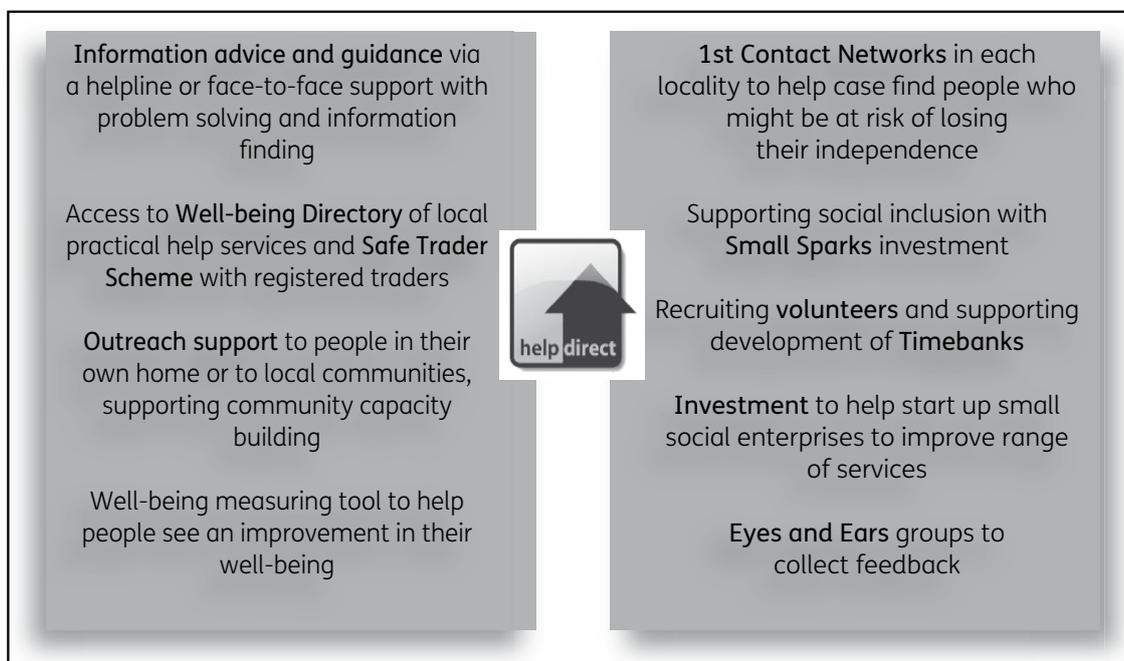
Against this background Lancashire County Council (LCC) had started reviewing care provision, with an eye to improving lower level support and preventative measures. Potentially this would be funded by tightening the Fair Access to Care Criteria. As part of this process they carried out a major consultation of all partners in provision – voluntary, community and faith sector (VCFS) organisations, PCTs, etc. to ask both what people wanted and what was available.

At the same time they looked at what other authorities were providing, e.g. through LinkAge Plus and POPP. From these they selected those elements that seemed best suited to Lancashire, adapting and adding to create a model for the Help Direct Service. The consultation did not in the end much change the model they developed, but it helped engage partners in the ideas and get them talking together about the issues.

Early in the planning process for Help Direct the DH offered access to Social Reform Grants. Lancashire used this money to help fund Help Direct without needing to change their Fair Access to Care Criteria. It was expected that this funding would only be available for 18 months to two years.

What is it?

Figure B.2 What Help Direct does



Help Direct is aimed at people who want more practical, everyday type of support to help them get the most out of life. It supports people to make their own choices and decisions about what works for them. It offers a listening ear and follow-up as well as access to practical help. It helps people gain in confidence, hopefully sufficiently enough for them to make a contribution to their local community, for example through volunteering. It became operational in November 2009.

It is more than just an information service. It also includes:

- Outreach;
- support for volunteering and timebanks; and
- support for social inclusion, e.g. via the Small Sparks fund.

‘It’s all about community.’

(Help Direct team, local authority)

The specific aims of Help Direct are to:

- enable people to get access to the help and support they need at a stage in their lives before a problem has become a crisis so delaying or avoiding a referral for a funded social care support package;
- offer to all adult citizens a free information and signposting service (universal offer) to support improved well-being and to meet people’s more everyday needs;
- help identify people who might be in need of support or at risk (targeted offer) by developing outreach support to people through local 1st contact networks and other case finding approaches;
- help people gain confidence and make a contribution to their local community, for example through volunteering or through timebanks;
- help shift the focus of the work of the council towards prevention and early intervention and facilitate a ‘whole community perspective’ in terms of people’s broad social support needs;
- encourage VCFS agencies to work more collaboratively to help build capacity in local communities.

Ultimately, the aim is to transform how care is delivered to a more personalised, more sustainable model rooted in the community. This requires a culture shift not only among care providers, but also in the general public.

Partnerships

The key partnerships are internally within the council and externally with four Help Direct providers and the broader community of VCFS agencies.

These four voluntary providers deliver the Help Direct service regionally and can be accessed via a single low-cost telephone number. The service is not intended to duplicate services available elsewhere, but to provide better access to, and co-ordination of, the range of services already available from a wide range of sources.

Each area has a steering group with representation from the district councils, PCTs, LSP and the VCFS sector.

The Help Direct providers are incentivised to collaborate with local providers and to review what support services are wanted and needed locally and make proposals to fund social enterprises to fill the gaps. This should help service providers grow and evolve to meet evolving needs. The council is currently undertaking a review of their funding of VCFS agencies to ensure that they are meeting the council’s objectives. This may mean more organisations being brought under the Help Direct umbrella.

Apart from representation on steering groups health trusts are not actively involved in Help Direct to a great extent, but arrangements for joint commissioning are currently being put in place in all the regions. Awareness of Help Direct is growing and the team is aware of requirements to link services into Help Direct being included in recent invitations to tender for health care services.

Is it working?

It is too early to say whether Help Direct has achieved its aims, and how sustainable the new approach would be if achieved, but by designing an evaluation framework into the initiative from the beginning they are able to monitor progress and identify and implement improvements as they go along.

Over the first 12 months, they had nearly 8,000 customer contacts generating over 9,000 requests for information, advice or practical help. The feedback from the people using the service has been positive with 77 per cent of the people who participated in the research rating the service either excellent or very good and 97 per cent of the people saying they would be prepared to use the service again.

Examples of things Help Direct has achieved include:

- One Voice is for people with any type of disability. They had people who wanted to volunteer but whose needs were too complex and they were turned down. Help Direct helped them define a volunteer co-ordinator and gave some funding that was LSP matched.
- A number of organisations had outreach workers covering the same locations. Thirty hours additional outreach worker time would cost a single organisation £25,000. By sharing the load with Help Direct meant they could get 80 extra hours for the same amount.
- In the bad weather the providers got out there to see who across the partnership could help ensure that older people in their communities got food.

One area where the initiative is adding value is that it is enabling parties involved to leverage funding from other sources more effectively by demonstrating that they have sound structures through which to deliver services.

Barriers encountered have included the difficulty developing a ‘whole system’ approach across all 12 local districts, which took longer than anticipated and was challenging. The lack of a single number to access the service also slowed down overall development. Getting contracts in place with the four providers also took longer than expected.

Communication is still an area that requires attention. Internal communication could be stronger. There is a need for better presence and engagement with frontline staff. Staff worry about the risks of, for example, using volunteers to deliver services. There is a need to keep drip feeding the message to frontline staff. Also better communication of the service to potential users needs more attention. While PCTs have not been brought fully into the partnership, where frequent re-organisation has proved a barrier, the Health and Well-being Boards are fully supportive and provide a formal route to communicate about Help Direct to members including local authority and health trust members. There are communication plans both at county and each provider level which include formal and informal channels. The informal channels are important.

The local authority is still struggling to implement individual budgets and the team have plans to strengthen the links with care services so that social workers will use Help Direct as a resource to support more innovative ways of delivering personalised services.

Developing the evaluation framework was a challenge – there were so many measures they could have chosen, they have selected the ones they think will be most useful and built mechanisms for capturing information into contracts, etc. Outcome measures come from putting people first and are linked to national indicators and LSP and LAA indicators.

Sustainability

Initially the plan was to fund the service by raising the Fair Access to Care Criteria (see above). However, funding became available from the DH Social Reform Grant and Adult Community Services provided matched funding. Funding from the Social Reform Grant comes to an end in November 2011 but Help Direct is seen as a key investment in the LCC's Well-being and Prevention Strategy and part of the wider agenda of capacity building. LCC are committed to continuing the service.

The current review of VCFS funding is likely to feed into future considerations, with a move away from traditional grant funding to contracting which is seen to offer better value for money. They are also looking at non-care services managed by Welfare and Prevention with a view to decommissioning some of these where they can be more efficiently delivered through Help Direct.

Within Help Direct sustainability is a key consideration. Any proposals to develop new services to fill gaps must show how they will be sustained after Help Direct 'seed corn' funding ends.

Key success factors

The following are key success factors identified by the case study participants.

How to do it – Summary

Keys to success identified include:

- have the idea;
- be clear about it;
- put energy and effort into selling it;
- engage and involve users, staff, the community, partners at all levels – listen and learn;
- identify, ahead of the game, what resources you need and how you will get them;
- do not be too tight in the specification but be clear what you want;
- give people space to run, but make sure you know what is happening;
- work hard to learn from evaluation continuously and build the evidence base – let the system evolve;
- find out how it has been for individuals longitudinally – keep following up.

Vision and leadership – the right people

- Get commitment from senior management: This was absolutely critical, Help Direct needed champions at a high level, prepared to take a step into the unknown – a leap of faith:
 - knowing it is the right thing to do – some but little hard evidence of outcomes and savings;
 - knowing it is a difficult thing to do, both for local authorities and their partners.

- Develop ownership across the authority: All departments must see the benefit and provide input, e.g. the Environment Directorate supported the Safe Traders scheme, the transport directorate were looking for ways of enabling independence for people.
- Engage:
 - an enthusiastic champion: with capability, credibility, knowledge and seniority;
 - an enthusiastic and capable implementation team: energetic, salespeople – to sell the idea internally, with third sector providers, etc.
- Adopt a true partnership approach: Help Direct is a commissioned service from the four providers (Age Concern Lancashire, Age Concern Central Lancashire, N-Compass and Calico Enterprises) but the actual development of the service has been a partnership between them and the council and beyond this with the broader community of providers. They had to work hard to achieve this in some cases.
- Promote community leadership: A robust Older People’s voice, e.g. Older People’s partnership groups or fora or LINKs (NHS Local Involvement Networks) will keep the service focused on needs.

Design and planning

- Establish governance and organisational structures: Steering groups with user representatives, joint commissioning, processes to ensure that anyone applying for grants for services, or planning to commission new services goes to Help Direct first, contracts with partnership provisions built in.
- Have a clear framework: Help Direct is built around five core services and two supporting services – this framework provides a focal point for drawing in existing initiatives, reviewing other spending on the third sector and other services provided by the authority.
- Meet local need: There are plenty of ideas out there, the key is to select the ones that best suit the specific circumstances adapting them to the need – share ideas with others, get out to conferences, talk to other people, everyone is having to tackle the same issues and there is a lot to learn from. Use of steering groups with representation from key client groups helped to keep focused on the need, rather than the supply.
- Think holistically: Do not just go for the easy option of another information and advice service. You need to build a community network which must be strong and self sustaining.
- Start small: Chose an idea you know will meet a need and test it in one area, see how it works, then build from there.
- Plan carefully: Identify, ahead of the game, what resources you will need and how you will get them. External funding is not essential for change, but always helps to drives change – it provides a focus and gets people to the table. Funding needs to be sustained as success will take time, but the goal should be to operationalise the initiative, not retain it as a separately funded initiative.
- Think about the commissioning process: Think about your aims, do you want to support the local third sector? Be clear about what you want to achieve, build in flexibility for the providers to decide how to deliver, develop standard contracts for this type of commissioning – they will look quite different to traditional contracts.
- Reviewing what you already have: Look at what funding you are already providing to the third Sector, how can you ensure it is aligned with the new approach and delivering value. Make sure you are not duplicating provision.

Implementation

- Empower people: Both internally and providers. The model should be ‘tight but loose’:
 - make it clear what is required, but do not tie people (internally or third sector) down on how to achieve it – this allows the service to evolve in response to local need (bottom-up) but within an overall framework (top-down);
 - make sure governance structures give people room to innovate and take risks
 - make sure the tender process encourages partnership. help people get to know each other – ‘speed dating’ events, encourage people to form consortia, etc.;
 - break down traditional competitive models of doing business: VCFS organisations need to work together in partnership, ways of making this happen need to be designed in (e.g. through the learning sets and the contract):
 - monitor hard numbers with a focus on outputs and outcomes; but also
 - hold hands – provide tools and frameworks for service delivery organisations and the broader community of providers to use – use learning sets to get people together constructively – always be prepared to work together to understand problems and find solutions;
 - expect to put some third sector noses out of joint and to work hard to bring groups on board;
 - do not just walk away – this needs an active and supportive approach.
- Design the contracts to support partnership working:
 - contracts should not be competitive in the price sense – instead evaluate them on who could deliver the most innovation and collaboration for the budget;
 - successful organisations must demonstrate how they would bring other local partners and third sector organisations on board;
 - a traditional contract monitoring (us and them approach) was not adopted. Instead quarterly management reviews review targets but monthly learning sets are used to share ideas and learn from each other;
 - targets are set specifically on finding harder to reach people on the cusp of falling into the traditional care system, to try to prevent this, and if possible recruit people to be volunteers rather than risk them becoming isolated, depressed and therefore in need of help themselves.
- Expect resistance internally: Finance people in particular may not think money in the third sector has been well spent, also expect resistance from district councils: ‘not our responsibility’.
- Provide cross-county infrastructure: Consider IT directory, training platform, linked systems and the customer services centre system. The decision to have a single customer services centre, including social care services, has increased the number of people going to Help Direct.

Communication and engagement

- Ensure you get active engagement and oversight from users: A robust Older People’s Partnership Board or similar engagement forum is important.
- Involve providers early: An innovative aspect of the service was the involvement of the providers from day 1 – this has been important in ensuring that everyone was bought into the aims of the service.

- Sell the approach actively: There is a need to communicate at all levels, with your members, your staff, your partners, your clients. All players must be ‘on message’. The message needs to be matched to the audience:
 - Members must be engaged – some feel there is cost shunting from health to social care, so focus messages on Social and Community benefits: ‘people do not like being in hospital ...’
 - LA management has to be engaged – it is a cultural shift to talk to people outside your own area, even across the county, moving to a learning and sharing organisation is not easy – also this is public money and the probity agenda can effectively tie people’s hands.
 - Frontline staff need to understand the concept and know when they can use it – they need confidence to depart from the traditional ‘safe’ way of doing things. Frontline staff will be nervous about letting volunteers work with vulnerable people and afraid of allowing public money to be misdirected (e.g. some aspects of personalised support such as paying for a season ticket may look inappropriate to people outside the service). Frontline staff are also a valuable source of input, trust your staff – ask them ‘what would change your life as a social worker’.
 - Develop a strong independent brand and advertise – Help Direct needs to be better advertised. The development of a single neutral brand for Help Direct, without accompanying provider branding, and a single contact number have been very positive. The providers were at first resistant to this – they wanted to use their own brand, but the team persevered and this has paid off. It was also important not to brand Help Direct as a council service; many people do not want to go to the council for help, the branding should move away from associations with care and social services. However, it is important to acknowledge the council’s financial support and LCC’s funding for Help Direct is made clear in all the literature and on the website.
- And continue to sell: This is not a one off activity but something that needs continual reinforcement.

Review, evaluation and learning

- Take a flexible approach and adapt with experience: Organisational structures and other factors will change and a flexible response will be required. Evaluate continually and learn from this.
- Put an evaluation framework in at the start: Identify what information you need to demonstrate impact, continually improve and monitor contract performance. Build activities to collect information in to contracts and design of the process from the start. Use the evaluation to identify and communicate success stories.
- Use active learning to help strengthen the partnership: Active learning helps identify and break down barriers and improve the initiative. It was promoted through:
 - monthly learning set meetings look at different topics, discuss issues, what needs solving;
 - active learning sets every two months with invited experts and guest speakers;
 - four to six weeks meetings with Help Direct managers;
 - Attitude of leaders.

For more information

Visit: <http://www.localinnovation.idea.gov.uk/idk/core/page.do?pageId=17451928>,

B.5 Leicestershire

The Leicestershire case study talked to people in the local authority and PCT about the challenges they face, and successes they have had, implementing joined-up working for older people.

We have focused here mainly on The Home care Assessment and Reablement Team (HART). HART is provided to people who need support to live in their own homes. It aims to help people to achieve their maximum level of independence and thereby remain in their own homes within the community.

We also highlight a number of other activities below.

1 Home care Assessment and Reablement Team (HART)

What is it?

HART provides an enablement service for people, including those coming out of hospital, requiring support to live in their own homes. For a period of up to six weeks, care assistants identify what people can do for themselves and assist them to regain their skills of daily living. Support is specifically tailored to meet the needs of the individual. It focuses on people's strengths and abilities with a strong philosophy of people setting their own goals. Care staff encourage and support people to do as much as they can for themselves – doing tasks with people rather than for them.

HART is put into place very quickly once a difficulty has been identified therefore preventing crises occurring. It focuses on difficulties which impede people's independence at home thereby reducing the need for people to go into a care home or hospital unnecessarily. The service enables people to have more active lives in their own communities, for longer, which is what they want.

Once HART's intensive input is over, some people may still need on-going care and support. This is provided by independent sector providers, but is often at a reduced level, given the skills and confidence that people have regained.

Partnership

HART has required trust and co-operation between:

- commissioning teams;
- colleagues such as occupational therapists in health and social care – with fast-track access available through jointly funded posts;
- independent providers for those needing ongoing support.

High levels of trust have been built up between the partners and independent providers have welcomed HART as it has clarified the role of the in-house service and strengthened collaborative working.

HART is also linked to local Health Intermediate Care Schemes, this has involved:

- fast track access and Single Assessment Process Pilots;
- charges waived during joint involvement;
- social care staff following therapy programmes;
- priority given to avoid admission/early discharge to/from hospitals.

Drivers for change

Triggers for change included the availability of the Promoting Independence Grant and the Government’s rehabilitation agenda.

A Best Value Review was carried out and the HART pilot project was begun in 1999 as a result of this. The pilot established one ‘new’ team in one area of the County implementing the ‘new’ way of working.

Is it working?

The Centre for Group Care and Community Care Studies, De Montfort University, carried out an evaluation of HART. The aim was to evaluate the extent to which it enabled people to achieve their maximum level of independence and thereby remain in their own homes within the community. To achieve this they carried out:

- a statistical analysis of the number of service users who have returned to live at home, remained living at home or been provided with a residential or nursing home placement and a comparison with a matched group of service users who did not participate in the project;
- a qualitative analysis of the project that included audits of the pilot scheme’s structure, inputs, processes and outputs;
- a comparison of how the experience of the pilot project compared with projects elsewhere in the UK.

The statistical analysis indicated the following:

- Overall very few service users of HART or in the matched group were admitted to hospital, nursing or residential homes during the time span under examination.
- Larger packages of home care were initially commissioned for service users of HART than their counterparts in the matched group (eight hours per week per person, compared to 5.6 hours per week per person in the matched group).
- Outcomes for people at the first six-week review showed a significant improvement in independence when compared with those that had followed a ‘conventional’ home care package as shown in the table.

Table B.1 Comparison of outcomes for people at the first six-week review of Leicestershire’s Home care Assessment and Reablement Team with a ‘conventional’ home care package

Home care package at first review			
	Matched service users (control group)	Reablement pilot (selective)	Reablement roll-out (intake)*
Care package required post- first review (six weeks)	%	%	%
Discontinued	5	62	58
Decreased	13	26	17
Maintained	71	10	17
Increased	11	2	8
Total	100	100	100

* Initially the pilot adopted a selective approach but then moved to a deselected approach which is more commonly used within intake and assessment services.

The qualitative analysis confirmed that the pilot scheme is distinctively different from ‘traditional’ home care schemes both in terms of its underpinning principles and in the way these are put into practice. The evaluation concluded that HART had set high standards of practice. In particular the Team was found to undertake social care tasks and processes well – for example setting targets, helping service users to do things for themselves rather than ‘do’ for them and recording.

The project had not been without problems, in particular a very slow rate of referrals from commissioners, and in the spring of 2000, a period of industrial action by the Department’s care staff in its residential and home care services.

The evaluation made a number of recommendations as follows:

- there were strong grounds for extending the scheme to other areas of Leicestershire;
- all service users should have access to reablement opportunities;
- measures to establish clarity amongst commissioners should be adopted;
- the way initial assessments were carried out should be reviewed; commissioners, particularly in access teams, needed to have the time and skills to undertake holistic assessments and to set clear aims, objectives and timescales;
- close support of multi-disciplinary colleagues with occupational therapy and physiotherapy backgrounds and provision of training and development opportunities for home care staff are essential to the replication of the scheme elsewhere; quality of staff is essential to the success of the team.

The detailed evaluation report is available by clicking this link or from the Care Service Efficiency Delivery (CSED) website which also includes reports on the impact of a number of reablement schemes (including HART):

- Home care Reablement: Benefits of Home care Reablement for people at different levels of need;
- Home care Reablement: Retrospective Longitudinal Study November 2007.

Leicestershire confirm that it took much longer than anticipated to implement HART fully. The action plan for HART was drawn up in 2002, to be completed in 12 months; it actually took four years to complete. This was largely due to the need to get understanding and buy-in to HART from key stakeholders including the Department Management Team and the Cabinet. It also took time to raise the awareness and knowledge of the commissioning teams. Senior support helped to overcome concerns.

At the time the HART initiative was being looked at, in parallel, Leicestershire was looking to outsource the mainstream home care services. The idea was to refocus the internal home care provision to be more specialist. However, the capacity of the private providers market was not able to bear the proposed volumes of work and this took time to develop. Work had to be re-tendered on a zone basis (district and sub-zones).

Sustainability

HART has now been rolled out across the county. Some changes were made to the original design, for example:

- staff are trained by their occupational therapist colleagues on assessing for minor aids and adaptations;
- home care managers now carry out reviews;

- entrance has been extended to all newly assessed (or re-assessed following significant change) service users unless there is clear indication that reablement could not benefit them; and
- home care managers commission any ongoing care packages to the independent sector via a broker.

All teams across the county have been restructured to ‘specialist’ areas of work. These are

- HART;
- HART Dementia Teams;
- Child Care Teams (under a Service Level Agreement with Children’s and Young Person’s Service).

During roll out:

- the independent sector agency capacity has been increased;
- existing staff have transferred to their preferred area of ‘specialism’ as maintenance cases transferred out;
- a broker system was introduced to facilitate better co-ordination of locality commissioning;
- the approach was continually ‘sold’ to stakeholders – commissioners and independent sector agencies.

Further ongoing development includes:

- a more robust activity reporting system;
- improved ‘seamless’ working in partnership with DH;
- stimulating the market further to enable quicker transfer of all maintenance cases and determine the right ‘size’ of each team in each locality.

Financial savings reported have been significant. In 2008/09, 2,092 people received the HART service:

- 56 per cent required no further home care support at a gross saving of £65,000 per week;
- 34 per cent achieved a 29 per cent reduction in ongoing support needs at a gross saving of £13,000 per week⁶.

Key success factors

The following key success factors have been identified:

Communications and engagement:

- ‘sell’ the approach to all stakeholders;
- develop trust between commissioners and ‘providers’: Home care Managers have taken back some commissioning functions, e.g. amending care plans, reviews, ordering aids to daily living/basic equipment;
- improve relationship and co-operation between in-house and independent sector agencies: Develop processes and contracts that ensure they no longer view each other as direct competition;
- give clear, consistent message to service users.

Continued

⁶ Information provided by Leicestershire County Council for this study.

Design and implementation:

- ensure consistency of care delivery:
 - service users have a small number of Home carers (two to four) to ensure consistency;
 - all members of the team aim to help service users to do things for themselves – withdrawal of services are framed for service users as due to their achievements;
- invest more time at the beginning of the work with service users: The first two days of the service are free;
- place emphasis on a social care model rather than medical model of reablement: for example, goals can include enabling service users to build up social networks;
- ensure a quick response to referrals from commissioners;
- hold regular team meetings: regularly review service users' progress and adjust goals;
- identify and eliminate delays/bottle necks.

Staff development – capability and capacity:

- proactively manage staff working in the 'new' way;
- provide specific training for example on report writing, goal setting and rehabilitation techniques.

For more information

Visit: http://www.leics.gov.uk/index/social_services/support_home/rehabilitation/hart_team

2 Other activities

HART is just one initiative implemented by Leicestershire to support older people's well-being and independence. The county has an active programme of work in this area in support of its strategy Ageing Well in Leicestershire.

Ageing Well in Leicestershire and the Joint Strategic Needs Assessment

This strategy was developed in partnership with the Older People's Engagement Network (OPEN) and the County Integrated Partnership for Older People (CIPOP). It outlines a set of high level objectives and priorities intended to ensure that older people are not excluded from participating fully in the community in which they live. The strategy was recently refreshed. An assessment using the Department for Work and Pension's (DWP's) Self Assessment Tool was carried out to support this exercise.

NHS Leicestershire County and Leicestershire and Rutland County Council also produced a Joint Strategic Needs Assessment (JSNA) in 2009. This identifies the short-term and long-term health and well-being needs of the local population. It aims to help community partners to make key decisions about health and social care planning.

Total Place

Leicester and Leicestershire also participated in Total Place. The Total Place initiative aimed to demonstrate the greater value to be gained for citizens and taxpayers from public authorities putting the citizen at the heart of service design and working together to improve outcomes and eliminate waste and duplication.

As part of the Total Place initiative, Leicester and Leicestershire mapped provision of customer services. They identified almost 450 face-to-face service points (employing 350 full-time equivalents), 65 separate call centres (employing 470 full-time equivalents), at a combined cost of £15 million per annum; plus 75 separate websites providing customer services (a further cost of £1.5 million). They have now developed a single customer service strategy that would include reducing the number of call centres (to 25) and the number of face-to-face access points by 2011. The vision will deliver services that reflect local needs, increase customer satisfaction, increase confidence in public services, and lead to value for money and cashable savings. It is estimated that the change could realise £3.75 million to £5.25 million savings per annum by 2013/14.

The Frailty Group

This successful pilot looked at admissions at three residential care homes where there was a high pressure on admission numbers. It was noted that the number of older people being admitted to residential care by GPs was rising and that this was stressing the capacity of the care homes.

A pilot project was initiated that funded a geriatrician consultant to spend time with the older person and determine their needs. This resulted in the older people being advised on ways to look after themselves and remain independent. Consequently, GP referrals to residential care homes reduced. The geriatrician adopted a whole person approach.

The pilot showed that with a little more time spent diagnosing the issues, less admissions to nursing homes would be needed and that there was a good financial case for adopting this approach. Despite this evidence, at present there is no intention to mainstream it. The problem seems to stem from the fact that the GPs (PCT) would have to pay for the service but the savings would accrue to the residential care provider.

Older Person's Month

A key event in Leicester, Leicestershire and Rutland each year is Older Person's Month. Older Person's Month takes place in September each year. A whole range of events aimed at older people takes place during the month across Leicestershire and Rutland. They include a number of older people's meetings, leisure, sporting and health promotion activity days.

Voluntary agencies, emergency services, health and local authorities join forces to engage with older people in their own communities, providing information and advice on what services and activities are available, and listening to their views on services in their local areas.

Older people's groups are invited to set up stands and providers invited to visit the stands and ask questions about how their services were received, gaps in provision, etc.

Each year, at this event, a **booklet** is launched that promotes positive messages about later life, to encourage everyone approaching and past retirement age to keep active and healthy, and to give information about services and activities which are available. The booklet also provides lots of information on other events and organisations and how to access information on, for example, benefits and allowances.

Each year there is a theme. The theme in 2009 was 'Safe, active and independent'. Activities and events promoted in the booklet include the involvement of a wide range of local organisations working together – including PCTs, social care departments, local authorities, voluntary sector agencies, adult education, library services, emergency services, government agencies, community groups, local commercial interests and local older people.

Trial of specialist geriatric support

Leicestershire county and Rutland PCT noted that the number of older people being admitted to residential care by GPs was rising and that this was stressing the capacity of the residential care homes.

A pilot project was initiated that funded a geriatrician consultant to spend time with older people identified by GPs as potential candidates for residential care, and to assess their needs from an holistic perspective. This resulted in the older people being advised on ways to look after themselves and remain independent. Consequently, the number of admissions to residential care homes arising from GP referrals reduced.

Despite the anecdotal evidence associated with the number of residential care beds being saved by this service, at present there is no intention to mainstream it. The problem seems to stem from the fact that the GPs (PCT) would have to pay for the service but the savings would accrue to the residential care provider.

Trial of assistive technology

In Leicestershire there was a pilot initiative to explore the potential value of assistive living technology in older people's homes in reducing PCT costs (e.g. through reduced clinic attendance). The initiative was funded by DH and coordinated by the council. At the end of the trial however, the person who had coordinated the trial had moved on and when the equipment was returned from people's homes, it was put into storage as no one knew who was responsible for it. Irrespective of the success or otherwise of the pilot study, the equipment went into cold storage when it could have been usefully redeployed elsewhere.

If the plan had included a consideration of the transition challenges, then this problem should not have been realised.

3. Key success factors

Key challenges identified by participants in the case study included:

- prioritising which partnerships and strategies are most important and ensuring you get a proper voice on these partnerships;
- making integrated thinking work given the differences between the 'medical model' compared to the 'social care model'; GPs have a very strong medical model mindset that tends to constrain their approach to older people.

How to do it – Summary

Keys to success identified include:

- putting older people at the centre of thinking;
- stability of relationships;
- enthusiastic people in key roles including people to 'broker' introductions and to facilitate relationship development;
- being honest about 'what you cannot do' as well as 'what you can';
- listening to ideas from the ground;

Continued

- co-location of teams (PCT/local authorities);
- developing a ‘coaching’ culture (which would demand consistency of advice and mentoring) rather than a ‘directing’ approach;
- making sure the impact of any initiative is understood and communicated.

B.6 Manchester

The Manchester case study focuses on the work of the Joint Health Unit (JHU), and in particular its Valuing Older People (VOP) partnership. This is an initiative to improve life for older people in Manchester involving a number of different services, organisations, agencies and most importantly, older Manchester residents.

Drivers for change

As a participant in the European Healthy Cities initiative (<http://www.euro.who.int/healthy-cities>), and informed by measurable demographic changes: particularly the fact that the growth of Manchester's ageing population did not mirror national norms; there was increasing awareness that the narrative for older people needed to change from the traditional 'what health and social care support do you need?', to 'how do we grow older as citizens?'.

Three planks were used to support development of this vision:

- encouragement of active citizens – to tell us what they want;
- design and configuration of services to be more responsive;
- establishment of a strong evidence base – by developing a range of academic partnerships and an expert adviser team.

What is it?

The Joint Health Unit: In 2002 the JHU was set up to focus on strategic planning and partnership working for health improvement and to tackle health inequalities. It is based with the council, but jointly funded by the council and NHS Manchester. Following a feasibility study by the University of Durham into how it could be organised, the JHU was established in the council's Chief Executive's Department rather than into health or social care agencies. This was designed so that it would:

- prevent silo thinking (focusing on the wide determinants of health); and
- it would give the unit more clout across all other departments.

Through the JHU, Manchester City Council and the NHS PCT have worked well together at the local strategic partnership level. Several factors have helped this:

- a clear and shared vision of what should be done;
- continuity of individual relationships at very senior levels.

The last point was seen as particularly pertinent – particularly as there have been major reorganisations of the NHS in Manchester over the period of consideration (in 2006 the north, south and central PCTs merged into NHS Manchester).

Valuing Older People: In 2003, the VOP partnership was established with the aim of improving life for older people in Manchester. The partnership involves a number of different services, organisations, agencies and older Manchester residents.

The initiative was established with four key underlying principles:

- involvement of older people as peers and citizens;
- political support (from council members);
- involvement of chief officers (currently social care, housing, deputy chief executive);
- recognition of need for some innovation (e.g. developing age-inclusive strategies and services).

A VOP team was set up within the JHU. From the beginning there has been strong support for this team from the council's elected member Older People's Champion and the Deputy Leader. The VOP team have grown to six full-time equivalent posts. The team co-ordinated production of the first older people's strategy, Quality of Life Strategy for Manchester in 2004, reported on progress between 2004-08 in the VOP Update Report and launched *Manchester: A Great Place to Grow Older 2010-2020*, which presents a vision of Manchester as a place where older people are more empowered, healthy and happy.

The team has implemented the strategy broadly, in two phases:

- Phase 1 (establishing the networks, organisation, lines of communication etc.);
- Phase 2 (implementation and delivery) – the infrastructure is in place to deliver the outcomes.

Phase 1 is complete. Phase 2 is ongoing.

Engaging with older people: Engaging older people in decision making has been central to the VOP initiative. Experience from Phase 1 showed that a range of engagement opportunities is needed to establish a good network of contacts with older people and that it requires a dedicated resource to reinforce, sustain and develop multiple engagement mechanisms. At present engagement is supported through a board of older people, a city-wide forum, developing local networks and a range of topic specific task groups.

The first **Valuing Older People Board** meeting was held in 2004 and meets every six weeks. The key activities of the board are to: agree and plan priorities; debate key issues; and hold to account officers from a wide range of agencies. It comprises up to 15 Manchester residents, drawn from a wide range of backgrounds, neighbourhoods and organisations. The Older People's Forum meets up to four times a year, attracts up to 200 people and provides a mechanism for a wider range of community representatives and individuals to express their opinions on themed topics such as housing and transport. VOP local networks have been developed for certain defined geographical areas.

The **VOP small grants scheme** was launched in 2004 and 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. In its second year it provided £26,900 of support across 39 groups. The allocation panel consists of a majority of older people who visit groups to learn more about them and their suitability for awards, as well as taking part in the monitoring process.

Partnership

Manchester NHS and Manchester City Council have developed a robust and productive partnership helped by the commitment of senior decision makers and continuity of very senior personnel on both sides. The VOP partnership includes a range of service providers, organisations, agencies and older Manchester residents. Initiatives developed with the support and encouragement of the VOP team have seen increasing involvement of many other groups, including older people, who have been instrumental in the design and delivery of many initiatives.

In order to provide the necessary breadth of experience to deliver a strong, innovative programme, the VOP team convenes an expert, multi-disciplinary and academic, advisory panel to provide input, and to monitor and review the progress being made and, most importantly, to challenge the partnership on their plans. The VOP Advisory Panel meets annually and is made up of representatives from:

- the Audit Commission
- academia (Manchester Metropolitan University, Southampton University, University of Manchester, University of Keele)
- the Age and Employment Network
- local authorities (LCC, other local authorities)
- Manchester JHU
- community service volunteers
- Age UK.

Is it working?

Because the JHU and the VOP team reported into the Chief Executive's Department, it has been relatively easy to ensure that the cross-cutting aspects of ageing are being addressed at the strategic level. Notable achievements have been described below. **One of the key measures of success cited for the VOP team is that for every £1 invested in the team, it has successfully attracted £3 of additional funding.**

Notable achievements include:

Crime and community safety: The Manchester Crime and Disorder Reduction Partnership has targeted distraction burglary (most victims are over 66), a programme of alley-gating and target-hardening has been implemented across burglary hot spots with older people prioritised.

Transport: In December 2005, VOP hosted a conference to elicit older people's views on local transport priorities. In April 2006, free off-peak travel on buses, trams and trains was introduced in Greater Manchester for the over-60s. In June 2007 the Manchester Road Safety Team and VOP launched a road safety guide *Older and Wiser*, for older people who use public transport, cycle or drive. VOP have supported Manchester City Council engineers who put in a successful bid for road safety and improvement of pedestrian routes. The intention is to target wards where there have been a high number of incidents involving older people to reduce the numbers of falls and collisions involving the over-65s.

Housing and the home: Manchester's Home Improvement Agencies deliver home safety assessments and services, handyperson services and a decorating service for carers. POPP funding extended Care and Repair's handyperson service to all wards so it reached 1,000 households by 2007 where 600 had 'falls prevention' measures fitted.

Economic life and income: The council has promoted the take-up of entitlements, such as Pension Credit, through targeted publicity, including 10,000 VOP leaflets and one-to-one advice.

Health and social care: The adult social care in-house home care service is moving towards a 'reablement' service. This follows a successful pilot of the Short Term Assessment and Rehabilitation (STAR) service and Home care Pathway of Central Manchester intermediate care. This service provides intensive short-term support (six weeks or less). Early indications were that over 40 per cent of those people who received the service, had no care need at the end of the support, and the service went city-wide in 2008.

Healthy ageing: The VOP Healthy Ageing task group has prioritised two areas: preventing falls and increasing physical activity. There have been a range of community-based activities and opportunities encouraging gentle exercise. These were promoted through a 'Falls Prevention' day in

June 2007. The VOP team, Manchester PCT and Manchester Leisure, secured funding to introduce free swimming for the over-60s in Manchester's pools in 2008, ahead of the national government initiative. Despite a recent announcement to withdraw national funding, Manchester has identified resources to continue this offer.

Neighbourhoods: Since 2004, VOP networks have been developed in local areas across Manchester. They are coordinated by local officers from the statutory, voluntary or independent sectors and bring together local service providers, community groups and older people to develop local objectives and support projects.

Cultural life and lifelong learning: In 2005, VOP partners funded the training of a group of older residents to write, edit, produce and present their own local radio show. The 'Grey Owls' is a weekly, two hour show by older people for older people, addresses local issues and invites comments through regular phone-ins.

The growth in the **Full of Life** festival, an annual celebration of ageing in the city, has been associated with a growth in the programme of free cultural activities managed by the Library Theatre Company including workshops provided by Manchester Art Gallery, Urbis, Cornerhouse, the Hallé Orchestra, Manchester Museum and many others.

Local agencies have provided IT training in libraries for about 800 people each year.

More information about what has been achieved in Manchester can be gleaned from *Valuing Older People – Update Report 2004-2008*.

Communicating success: A VOP website can be accessed from the council's website and an e-bulletin is issued monthly to 1,200 officers and organisations working with older people in Manchester. 13,000 copies of the VOP newsletter are printed quarterly and in addition to older residents, are issued to libraries, resource centres and home care teams. Older people have been involved in the editorial duties associated with publishing the newsletter.

One of the big success stories instigated by the VOP team has been the award-winning **Positive Images of Ageing** campaign. This is intended to promote a positive and healthy attitude towards ageing and to challenge some of the negative stereotypes of older people. Older people are involved in the design and planning of the campaign. Since 2005 there has been an annual calendar and billboard campaign to support this. The 2005 calendar featured a 90 year old rugby player and the 2010 calendar highlights older people's use of modern technologies. The calendars have often attracted local media interest and have been cited as good practice by the Audit Commission.

Older people are also involved in the design and planning of the **Full of Life** festival. The festival has grown from a one-day event at the Town Hall in 2004 to a fortnight-long series of events across the city. In 2009, over 4,000 older people visited over 100 events. The 64 grant-assisted local group events saw them recruiting 85 new members and volunteers.

Sustainability

Manchester's strategy for ageing was published in October 2009. *Manchester: A great place to grow older, 2010-2020* lays out Manchester's vision for the next ten years and details a series of two-year actions. The strategic objectives will be delivered through the extensive partnership structures that have been developed over the life of the programme, as well as the central programmes of work that are the responsibility of the core team.

Key success factors

Success factors identified include:

- a clear and shared vision at senior levels in the LSP;
- continuity of individual relationships at very senior levels;
- enthusiastic leadership and motivated managers;
- promotion of the initiative to 'sell' the benefits;
- innovative ways of raising awareness of the issues (e.g. 'positive images of ageing');
- establishment of an independent expert advisory panel to monitor and check progress.

For more information

Visit: http://www.manchester.gov.uk/info/500099/valuing_older_people/3428/valuing_older_people_vop/1

B.7 Merseyside

The Merseyside case study focused on changes that have been introduced in the Merseyside Fire and Rescue Service (MFRS) and how these have then resulted in development of joined-up working with other agencies in the Merseyside region.

Drivers for change

About ten years ago the Chief Fire Officer and his deputy decided that the nature of the services delivered by MFRS needed to change. Standards of response had not changed in over 50 years despite the fact that the world had changed significantly over that period. Their view was that the services provided needed to change from primarily a response-based service to one that supported a more proactive and preventative agenda.

They saw that MFRS had three critical strengths that meant that they believed they could turn this vision into a reality. These were:

- **The brand** people trust the fire service
- **The staff** because so many people want to be fire-fighters, they can be incredibly selective about the type of people they employ who tend to therefore be innovative, entrepreneurial, creative and problem solving
- **Capacity** fire-fighters only spend about ten per cent of their working lives fighting fires.

This visionary change was being considered at a time when more detailed and quantitative information about the nature of fires; who was affected, where, at what time and by what cause, was being collated and analysed. Prior to 1999, the Integrated Risk Management Plan (undated) indicates that the average annual number of fatal fires was over 20 and in the five-year period up to April 2002, the average annual number of dwelling fires was about 2,900⁷. Furthermore, an analysis of the 12 fire-related fatal deaths recorded in 2002/03 showed that nine (75 per cent) of the victims were over the age of 60, and eight of the 12 died in the room where the fire started.

On the basis of this type of data, they were able to identify the fact that older people were disproportionately at risk from dwelling fires than other demographic groups.

What is it?

As they approached their 25th anniversary, the Chief Fire Officer decided to apply to the Fire and Rescue Authority for £25,000 to install smoke alarms. The proposal was to use the £25,000 to buy the smoke alarms which would be fitted in homes by fire-fighters. When this money was used up he offered to fund an ongoing programme of smoke alarm fitting through cost savings. The vision was to visit every home in Merseyside and make it safer as a result of this campaign. Last year they visited 100,000 homes in Merseyside.

Initially, because there was no readily available resource to inform a targeted campaign, the programme involved fire-fighters knocking on doors to raise awareness of the initiative. In the absence of better information, the streets targeted initially were in areas of significant deprivation. The face-to-face encounters on the door step meant that potentially vulnerable, older people could be identified immediately, and they were also able to use the conversations on the doorstep to inform them about where older people in the area resided.

⁷ Data extracted from http://www.merseyfire.gov.uk/asp/pages/irmp/irmp_final/analysis.htm

As MFRS gained more experience, it became clear that for older people there were a range of factors that contributed towards whether or not they were likely to be particularly vulnerable to fire risk. These included things such as:

- their mental health (e.g. signs of dementia);
- their physical health (e.g. whether they were unsteady on their feet and liable to fall);
- the type of heating used in the house (e.g. electric bar heaters, open fireplaces);
- whether or not they smoked;
- whether or not there were signs of an alcohol or drugs problem.

Consideration of any these factors would require time and was well beyond the remit of fire-fighters fitting smoke alarms in homes. In many cases, however, these were at the core of the root cause of a potential fire. Consequently, and entirely aligned with the focus on a preventative rather than reactive agenda, it was decided that it would be advantageous to employ someone specifically to take on responsibility for these wider issues and to interact with the appropriate agencies or organisations so that an appropriate intervention could be coordinated.

The person selected for the role of this ‘older peoples advocate’ was recruited from the community of older people as it was felt that this would encourage empathy with the target audience and a better understanding of the issues being faced. Since the establishment of the first advocate, the system has been extended so that there are now five advocates for older people (one for each local authority area) out of a total pool of about 26 advocates covering harder to reach communities such as drug and alcohol users; deaf people; Somalis, Yemeni, Chinese, etc. Whilst in most cases the advocates have been recruited from outside the fire service, they all wear the fire service uniform when they are working to reinforce the ‘brand’ and the trust that comes with it.

MFRS also supports other activities aimed at improving the health and well-being of people living in Merseyside:

In Knowsley, smoking cessation drop-in clinics have been held in a couple of fire stations and participation in the National No Smoking Day resulted in advice being given to 120 people who also signed up for free smoke alarms. Through the advocates system, information is shared between MFRS and the PCT so that smoking cessation advice can be better targeted.

In the Wirral, MFRS in partnership with Wirral Heartbeat has supported the development and opening of outreach gyms in six fire stations. These gyms enable patients who are completing their cardiac rehabilitation programme at the Wirral Heart Support Centre to continue exercising in a safe, secure and supervised environment. The development of these facilities supports the development of community health and in addition the fire-fighters get access to a state of the art gym.

MFRS has also supported a trial of assistive technology in the Wirral with fire-fighters being trained in assessing an individual’s needs for these technologies. Assistive technologies can be used to help support the prevention of fire safety risk and also support independence and well-being.

Partnerships

MFRS covers the whole of the Merseyside metropolitan county area and it works with each of the constituent boroughs of: the City of Liverpool, Sefton, Wirral, Knowsley and St Helens. Each of the boroughs operate effectively as unitary authorities and they each have LSPs. Some of the boroughs include MFRS at the most senior level of the LSP, some include them only at a level below this, e.g. on boards addressing particular themes or strategies.

From the early days when fire-fighters knocked on doors and installed smoke alarms, in conjunction with the various partners, a system has been developed so that when the fire-fighter is in the home, they complete a very simple check box proforma that involves a visual inspection of various physical attributes of the home (e.g. location of radiators, stairs, toilets, clutter) and an initial assessment of the health and well-being of the residents (a Home Safety Fire Check – HSFC). A simple risk scoring system is then applied to the initial assessment which then, in turn, can trigger a referral to another agency such as the PCT or adult social services.

An example of a particularly strong partnership is with Wirral Metropolitan Borough Council. Through funding initially provided by the neighbourhood renewal fund but now mainstreamed, Wirral employs nine advisers under the Promoting Older People's Independence Network (POPIN) whose role it is to provide a low level advisory and signposting service to individuals referred into them, to help promote their health and well-being and preventing them having to use adult social care services in the future. Referrals can come in from various sources: self-referral; NHS/PCT; the fire services; and the third sector. The POPIN adviser will undertake a home visit and perform a detailed assessment of the individual's needs. Depending on the original referral source, this can then lead to referrals to other services such as: occupational therapy; handy person services; benefits advice; and fire services.

The partnership between Wirral and MFRS has developed so that they can share information about the location and specific ailments associated with individuals. Consequently, when a fire-fighter undertakes an HFSC, they are forewarned that this person has dementia or has a history of falls. Armed with this information the fire-fighters are now making judgements as to whether or not a traditional smoke alarm is suitable for the individual or whether more assistive technology solutions would be more appropriate.

Wirral has invested in training over 230 people (including fire-fighters) so that they are qualified to make appropriate judgements about the need for assistive technology to help them maintain their independence, health and well-being.

Other partnerships that Wirral has developed to help support older people include:

- housing – they have invested in 'extra care housing', managed by a social landlord, that are designed to capture approximately 40 per cent of those who would otherwise have been admitted to residential care;
- NHS Trust – they are working with the trust on joint commissioning of services to support carers and the third sector.

Is it working?

MFRS has been awarded several Beacon authority awards: 2004-05 – services for older people; a Beacon in 2006 under the Children at risk agenda, 2008-09 – reducing health inequalities.

MFRS' HFSC campaign began in 2000 and by February 2009 has generated 420,000 home visits covering 42 per cent of households. MFRS believes that the campaign has contributed to its high overall public satisfaction rating, evidenced by the high ratings obtained in its survey of HFSC public satisfaction. Between 2004/05 and 2008/09, the numbers of incidents attended by MFRS reduced by 28 per cent from 33,716 to 24,253. Over the same period the number of accidental dwelling fires attended reduced by 13 per cent from 1,504 to 1,307.

Assistive technology has been trialled in Wirral and 230 people (including fire-fighters) trained in assessing an individual's needs for these technologies. In March 2010, the Cabinet approved⁸ an investment of £8.9m over three years (2010 to 2013) subject to satisfactory evaluation at the end of the first year, to deliver efficiencies of £22.3m, of which an estimated 50 per cent is cashable. This followed a DH-funded trial between 2006 and 2008 where 504 people benefited from the trial and efficiency savings of £1.3m were realised. Wirral's experience was that the benefit-cost ratio for adopting assistive technology was 2.5 to 1.

Sustainability

The changes in the nature or focus of the services being provided by MFRS (i.e. encouraging a more preventative agenda rather than reactive), has been undertaken during a time of severe financial pressure and organisational change. The HFSC campaign has been taking place in a period when the number of fire-fighters in the Merseyside region has reduced from about 1,550 to 850. The cost savings associated with this level of reduction in staff numbers means that the costs associated with purchasing the smoke alarms for home fitment and the costs associated with employing 40 advocates has been self-financed.

MFRS has now installed about 700,000 smoke alarms across the Merseyside region since the campaign started about ten years ago with about 100,000 being installed last year.

Key success factors

The initial vision and leadership of the Chief Fire Officer and his deputy, and the strength and tenacity to see things through has been critical to the MFRS success story.

The fire service brand, and the trust instilled in this by the public, has meant that the change to a more preventative agenda involving face-to-face engagement with people has been easier to implement.

The advocate system has supported the development of a broader range of services that has demanded the engagement and involvement of other agencies and organisations. The presence of enthusiastic and highly motivated individuals in key posts in these organisations has also been an important factor.

For partnership between various organisations to work effectively, information needs to be shared. Data protection restrictions and database incompatibilities have proven to be difficult obstacles to effective sharing of the information. To overcome this, Wirral and MFRS have developed and agreed an Operational Information Sharing Agreement for data sharing. This is being used as a template for information sharing between MFRS and other borough councils.

Looking forward

The plan is now to move towards a more targeted intervention strategy, rather than campaign based. They are looking to use predictive technologies (e.g. smart modelling and simulation tools) to inform this but this will require better sharing of information between agencies to facilitate profiling of those most vulnerable to fire safety risk.

For more information

Visit: <http://www.merseyfire.gov.uk/asp/pages/beacon/index.htm>

⁸ Wirral Council, Cabinet 18 March 20120, Report of the Director of Adult Social Services, *Progress towards the transformation of adult social services assistive technology*.

B.8 Warrington

The Warrington case study focused on the work of the Older Person's Engagement Group (OPEG) and the Older People's Partnership Board (OPPB) and the Stronger Together initiative leading to the establishment of Neighbourhood Area Boards. OPEG/OPPB represents older peoples' interests in the Warrington area. The Widening Active Participation of Older People scheme is a subgroup of OPPB and has funded a range of initiatives that aim to increase and expand opportunities for people aged 50 and over.

Drivers of change

Warrington is a spearhead authority with significant health inequalities within its borders and some areas of particular deprivation. The OnePlace⁹ comprehensive area assessment that reported in March 2010, resulted in three red flags being assigned to the areas of:

- reducing health inequalities;
- prospects for employment for people in the most deprived communities; and
- safeguarding children in Warrington.

In addition to these pressures, NHS Warrington is under severe financial stress having reported¹⁰ a budgetary overspend of £13 million in 2009/10. Furthermore for the 2010/11 budget they have reported¹¹ a £24 million shortfall between what the budget should be according to Payment by Results (PbR) tariffs and what the PCT can afford.

What is it?

Some of the drivers for change described above are relatively recent. Prior to this, to ensure that older people's opinions and views were properly taken into account, Warrington established OPEG. This has been a successful initiative and is jointly chaired by a volunteer from the older people community (who is also a voting member of the LSP). OPEG consists of a committee of 15 people supported by a panel of 170 older people from across Warrington which meets collectively six times per year and is charged with:

- representing the views of older people;
- ensuring older people are consulted on service provision;
- presenting the views and concerns of older people to decision makers;
- empowering older people to ensure that they have a voice.

OPEG members are represented on the OPPB alongside representatives from the council, local health organisations, faith communities and statutory and third sector organisations. The OPPB is jointly chaired by the Chair of OPEG and the Council's Assistant Director, Neighbourhood and Cultural Services. It meets four times per year and is a sub-group of the Healthier Communities and Older People thematic group of the Warrington Partnership.

⁹ <http://oneplace.audit-commission.gov.uk/infobyarea/region/area/pages/areaoverview.aspx?region=53&area=418>

¹⁰ Report to NHS Warrington Board (7 April 2010), Agenda item 91/10, Report Title: Strategic Recovery Plan.

¹¹ Report to NHS Warrington Board (7 April 2010), Agenda item 101/10, Report Title: Finance & Performance Committee 29 March 2010– Board Briefing.

The council has also supported the **Widening Active Participation of Older People (WAPOP)** initiative which is run by the arts and sports engagement team, that aims to increase and expand opportunities for people aged 50 and over. The initiative is overseen by a sub-group of OPEG and works with a range of partners who represent the needs and interests of older people, including Age Concern, Help the Aged (both now Age UK), University of the Third Age (U3A), NHS Warrington and a number of council services.

WAPOP has a portfolio of projects, initiatives, classes and groups which it supports in order to promote mental and physical well-being. Past and present projects include:

- Daisy daisy – adapted cycling project;
- fitness and general information films;
- arts training for people working in care settings;
- WAPOP awards for older people participating in arts and sports activities;
- mature movers – gentle exercise classes;
- Full Of Life Day – participation day highlighting opportunities for older people;
- intergenerational choir;
- intergenerational poetry/rap project.

A relatively recent initiative has been the introduction of the **Neighbourhood Area Boards** that build on the experience of Stronger Together in Warrington, a government-funded pilot project that started in 2006. In light of the pilot project's success Warrington was further segmented following Cheshire Constabulary neighbourhood policing units into five areas and a board has been set up for each. Neighbourhood Area Boards have equal representation from residents, service providers and elected members (ward and parish). The objectives are to support the development and delivery of neighbourhood plans; target resources to areas of need; identify local priorities and develop local solutions with a wide range of partners. By closing the gap between the hard pressed and more affluent areas the ambitions contained within the Sustainable Communities Strategy can be realised at the same time as building capability and capacity across the borough. The issues faced by older people cut across several of the thematic groups being addressed by Warrington's LSP which are:

- children and young people's trust;
- environmentally responsible and attractive;
- healthier communities and older people;
- prosperous and vibrant;
- safer and stronger communities.

Partnerships

Warrington Partnership is the brand applied to Warrington's LSP which is made up of representatives from the public, private and third sectors. There are over 1,200 registered community and voluntary sector organisations in the Warrington area. Engaging with this large number of organisations is a continual challenge.

OPEG and OPPB are regarded as being well established mechanisms for consultation and involvement of older people in decision making around older people's issues in Warrington.

NHS Warrington and the council have been developing overarching joint commissioning strategies for adults' and children's services to act as an umbrella for specific commissioning in common areas. Currently, the NHS and the council undertake joint commissioning across a range of services including learning disabilities services, equipment services, intermediate care, assistive technology (developing at the moment), mental health and continuing health care, the last of which is where the local authority procures services under its contract for the NHS. A new intermediate care plan is being jointly commissioned by NHS Warrington and Warrington Borough Council which will see an increase in the number of people receiving this service with a shift from bed-based to home care. Pressure on finances provides both an opportunity and a threat and it is vital joint approaches to efficiency are developed.

The council has invested in the Gateway facilities in the centre of Warrington. Several key third sector organisations are based there (where the council or the PCT funds rent and support services) along with certain statutory services. The objective is to make this a hub for developing relationships between the statutory and third sectors and to provide a capacity building function.

Is it working?

OPEG/OPPB has had a number of successes. In response to a number of negative experiences reported by older people about their discharge from Warrington Hospital, OPEG commissioned a survey of its members. This highlighted the fact that older people were frequently placed in the hospital discharge lounge for an extended period. Furthermore there were cases where people were being discharged from the hospital without any assessment of whether or not they needed home assistance, or whether their home was adequately prepared (e.g. food and drink) for their return. The NHS Trust has responded to the findings by closing the discharge lounge and introducing a process for better communication of the discharge arrangements with social services and the clients' carers.

Under the umbrella of the WAPOP initiative scheme and in response to feedback from older people that they were 'fed up of reading leaflets', Warrington's Arts and Sports Engagement Team (ASET) worked with older people in the community to write, act in and direct a series of mini films to highlight certain key health and social care issues (e.g. 'It's only a jab in the arm' – to encourage uptake of flu jabs by older people). The dramas were filmed and distributed on DVD to clinics, libraries and other community facilities where they were played to target audiences of older people.

In order to provide evidence for whether or not the Stronger Together in Warrington pilot project is delivering, a lot of attention has been paid to identifying key measures as part of an ongoing evaluation. Based on a thorough assessment of the historical data as well as what they wanted to achieve, 21 performance indicators have been identified for monitoring progress. These are monitored closely as they will form the main evidence base for mainstreaming the initiative once the Department of Communities and Local Government's (DCLG's) Safer and Stronger Communities funding runs out. Any short-term benefits are communicated widely and loudly both within the neighbourhood itself as well as to the LSP to promote the benefits of neighbourhood working and to keep residents fully informed.

Sustainability

The effectiveness of the Neighbourhood Area Boards will also be monitored. There have been some initial difficulties in establishing and sustaining partnerships with some services/organisations.

Different organisations have quite different cultures and when coupled with significant changes in personnel at senior levels can result in discontinuities in relationships and disrupt common thinking and partnership development. Nevertheless this has not stopped real progress being made.

The Compact agreement in Warrington was regarded as an innovative and fair way to approach commissioning relationships between the public and third sectors – although the current financial position of NHS Warrington has put pressure on it.

A difficulty faced by potential alternative service providers when it comes to working with the NHS and the council is that the procurement processes for commissioning a £20,000 service (e.g. from a third sector provider) are essentially the same as those applied to commissioning a £200,000 piece of work (e.g. infrastructure maintenance). Some organisations within the third sector struggle to bid for work on a commercial basis and have limited experience of monitoring their outputs/performance. Whilst there is clearly an obligation on public services to ensure that they get best value for money, there are significant challenges associated with applying standard procurement processes to the third sector.

Warrington faces some particularly difficult challenges in the future including:

- how to get mainstream funding for the neighbourhood area boards (particularly in the current economic environment);
- how to build on the cooperative working already established in some areas to include all partners.

Key success factors

Key success factors identified include:

- OPEG is chaired by a particularly enthusiastic and motivated individual, supported by an effective committee.
- OPEG works well in a cooperative manner with the OPPB and its partner organisations.
- together the organisations have been very successful at identifying funding sources to support new initiatives (e.g. DCLG's Safer and Stronger Communities fund and the Connected Care pilot project).
- The Neighbourhood Area Boards help build strong, area-based partnerships to address local priorities. By reporting all successes and communicating these to residents continued involvement is optimised.

Appendix C

Further information

This appendix lists the publicly available documents we referred to in the course of this work. It splits them into three categories:

- national policy/strategy documents from central government and others;
- programmes implemented in support of the strategies;
- a selection of guidance documents.

National policy/strategy documents

The figure below illustrates some of the key national and local strategies. The table below describes the documents we reviewed, with an emphasis on those specifically relating to older people.

The policy framework – an overview

Document	Description
<i>National Service Framework for Older People (2001)</i>	This was established to look at the problems older people faced in receiving care in order to deliver higher quality services.
<i>All Our Tomorrows – Inverting the triangle of care (2003)</i>	This discussion paper from the Association of Directors of Social Services (ADSS) and the Local Government Association (LGA) detailed the progress made in building better services for older people and set out a positive vision for the way forward. It recognised many of the challenges now being tackled by the Social Care Transformation Agenda and made recommendations for addressing them.
<i>Opportunity Age (2005)</i>	This set out a strategy for older people that recognised the valuable contribution that older people make to their community and economy as citizens. The strategy focuses on three key areas: work and income, active ageing and services.
<i>Sure Start to Later Life – Ending Inequalities for Older People (2006)</i>	This report by the Social Exclusion Unit presents a model for improving the well-being of older people based on the approach of Sure Start in galvanising communities and reshaping children’s services. LinkAge Plus was designed to test out the Sure Start approach and the model was also piloted through other programmes including Partnerships for Older People Projects (POPP), Local Area Agreements (LAAs) and supported by the White Paper on Primary and Community Care.
<i>Our health, our care, our say: a new direction for community services (2006)</i>	The proposals in this White Paper aimed to: <ul style="list-style-type: none"> • provide better prevention services with earlier intervention; • give people more choice and a louder voice; • do more on tackling inequalities and improving access to community services; • give more support for people with long-term needs.

Continued

Document	Description
<i>Putting people first (2007)</i>	This sets out the Government's commitment to independent living for all adults. It outlines the shared aims and values which will guide the transformation of adult social care. It is unique in establishing a collaborative approach between central and local government, the sector's professional leadership, providers and the regulator.
<i>The Independent living strategy (2007)</i>	<p>In July 2006, the Independent Living Review was set up to develop a five-year strategy for independent living. The aims of the strategy are that:</p> <ul style="list-style-type: none"> • disabled people (including older disabled people) who need support to go about their daily lives will have greater choice and control over how support is provided; • disabled people (including older disabled people) will have greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life. <p>The strategy contributes towards the Government's work to ratify the UN Convention on Disability Rights.</p>
<i>Don't stop me now – Preparing for an ageing population (2008)</i>	<p>This Audit Commission study aims to help local public services adapt to the needs of an older and more diverse society.</p> <p>It concludes that central government's Opportunity Age initiative to improve the quality of life of all older people has had limited impact because it was not backed up by an implementation strategy. It identifies solutions that can be implemented quickly and explores how councils should plan strategically for the wider challenges ahead.</p>
<i>Transforming adult social care (2008)</i>	This local authority circular sets out information to support the transformation of social care as signalled in the Department of Health's (DH's) social care Green Paper, <i>Independence, well-being and choice</i> (2005) and reinforced in the White Paper, <i>Our health, our care, our say: a new direction for community services</i> in 2006. It describes the vision for development of a personalised approach to the delivery of adult social care and the context in which this policy is grounded.
<i>Getting on well together: councils working with older people (2009)</i>	This report (a joint LGA and IDeA – now known as LG Improvement and Development) publication examines how local authorities and their partners will cope socially and economically, with an ageing population. The report draws on numerous examples of best practice by local councils. It examines research, pilot projects and best practice. It also illustrates how both local and central government can design services to support older people and plans for an ageing population. It reports six key messages for effective ageing strategies from the Older People Action Learning Sets (OPALS).
<i>Building a Society for All Ages (2009)</i>	<p>This develops the Government's 2005 strategy, Opportunity Age. It builds on a foundation of recent reforms to the pensions and health systems for older people. It brings forward a series of proposals to help instil a major cultural shift and help Britain prepare for demographic change which is seeing people live longer lives.</p> <p>This strategy sets out the challenges presented by demographic change and the steps the Government intends to take so that we can all make the most of our longer lives.</p>
<i>Making Policy Count: Developing performance indicators for health and social care partnerships (2010)</i>	This paper reports on work underway to develop new performance indicators for adult social care, and health and care partnerships.

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Document	Description
<i>Total place: a whole area approach to public services (2010)</i>	Total Place sets out a new direction for local public services and significant new freedoms from central control. The Total Place initiative aimed to demonstrate the greater value to be gained for citizens and taxpayers from public authorities putting the citizen at the heart of service design and working together to improve outcomes and eliminate waste and duplication.
<i>The Equality Act 2010</i>	<p>This Act is intended to provide a new cross-cutting legislative framework to:</p> <ul style="list-style-type: none"> • protect the rights of individuals and advance equality of opportunity for all; • update, simplify and strengthen the previous legislation; and • deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. <p>For older people the Act will help ensure that they are treated fairly, have fulfilling lives and are able to play a full part in society. The Act contains a prohibition on age discrimination in services and public functions.</p>
<i>National Care Service White Paper – Building the National Care Service (2010)</i>	<p>This White Paper proposes a comprehensive National Care Service that is universal and free when you need it. It will offer high quality care and support for all adults in England. The White Paper states that it presents a bold vision, and signals the biggest reform to the Welfare State since the National Health Service was founded in 1948.</p> <p>The reform will be underpinned by six pillars:</p> <ul style="list-style-type: none"> • prevention and well-being services to keep people independent; • nationally consistent eligibility criteria for social care enshrined in law; • a joined-up assessment; • information and advice on care and support; • personalised care and support services, giving people choice and control; • fair funding, with collective responsibility for paying for care and support shared between the State and the individual. <p>As such it is bringing together many of the themes identified in previous strategies and policy documents.</p>
<i>The Big Society</i>	The Big Society champions a new relationship between citizens and the State, advocating social and personal responsibility over State control. The State will empower citizens, revitalise public services and remove the barriers to civic participation. This will seek to address the most challenging, persistent and complex social problems in our society, tackle social injustice, and improve the lives of the most disadvantaged. It recognises the challenges presented by the current economic situation, in particular, ensuring that there is sufficient funding to make the plans a reality, and managing the changing relationship with those who are going to be responsible for implementation, particularly in the third sector.

Some relevant programmes and initiatives

Document	Description
<p><i>Older People Action Learning Sets (OPALS)</i></p>	<p>Improving the quality of life for older people was one of seven shared priorities agreed between central government and the LGA in July 2002. The Shared Priorities Action Learning Set programme was established with funding from the Office of the Deputy Prime Minister (capacity building funds), DH and Department for Work and Pensions (DWP).</p> <p>The link is to the IDeA document: <i>Overview, improving the quality of life for older people</i> published after the action learning sets ended in 2006. Other documents published by IDeA provide guidance including:</p> <ul style="list-style-type: none"> • summary of key messages; and • a set of linked guides: <ul style="list-style-type: none"> – <i>why bother?</i> – <i>engaging with older people</i> – <i>working as a whole system</i> – <i>developing quality of life strategies</i> – <i>case studies;</i> • turning policy into outcomes.
<p><i>The Supporting People programme (2003 –)</i></p>	<p>This programme provides housing-related support to vulnerable people to enable them to live more independently. It began on 1 April 2003, bringing together seven housing-related funding streams from across central government. It is a grant programme administered through 152 top-tier authorities in partnership with Housing, Health, Social Services and Probation, and is delivered largely by the voluntary and community sector, and housing associations. Supporting People services aim to prevent individuals experiencing crises and requiring more costly service intervention; and to enable vulnerable people to live independently through the provision of housing-related support services. Data about clients who enter Supporting People services and the outcomes that they achieve can be found at: https://www.spclientrecord.org.uk/login.cfm</p>
<p><i>Care Services Efficiency Delivery (CSED) Programme (2004 –)</i></p>	<p>This programme helps councils to identify and develop more efficient ways of delivering adult social care. CSED was first established in June 2004 by DH to support the implementation of the recommendations of <i>Releasing Resources to the FrontLine – the Independent Review of Public Sector Efficiency</i>, led by Sir Peter Gershon.</p> <p>Increasingly, the work of CSED is directed towards identifying efficiencies that will support the sustainable transformation of adult social care, the policy direction set out in <i>Putting People First</i>. CSED aims to help councils bring about the transformation of services in the most efficient way possible, so that users get the maximum benefit.</p>
<p><i>Partnerships for Older People Projects (POPP) programme</i></p>	<p>This programme was launched in 2005 to develop and evaluate services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care.</p> <p>The focus of the POPP programme has been to test and evaluate different models of service through 29 local authority-led pilots. The pilots have aimed to create a sustainable shift in resources and culture away from institutional and hospital-based crisis care for older people towards earlier, targeted interventions for older people within their own homes and communities.</p>

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Document	Description
<i>LinkAge Plus</i>	<p>This builds on the proposals in <i>Opportunity Age – Meeting the challenges of ageing in the 21st century</i>, published in March 2005. This was the first ever cross-government strategy specifically focused on the issues facing society as people live longer, healthier lives.</p> <p>One commitment in the report was to build on the success of the LinkAge Phase One developments (Joint Teams, Alternative Offices and the Partnership Fund) and pilot a LinkAge Plus service, to provide access to fully integrated services for older people.</p>
<i>The UK Advisory Forum on Ageing (2009 –)</i>	<p>This gives older people a direct line to Government to comment on new policy ideas, services, legislation and what areas they feel the Government needs to address. The Forum has a clear focus on helping to improve the independence, health and well-being of older people through effective engagement and addressing the opportunities and challenges of an ageing society. It aims to ensure that the views of older people are heard and responded to.</p>
<i>Commission on the Funding of Care and Support (2010 –)</i>	<p>The Government has established an independent commission to advise it on the funding of care and support. The Commission will make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England, both in the home and other settings. The Commission is intended to accelerate the reform process and report within a year.</p>
<i>Ageing well</i>	<p>This is aimed at helping local authorities improve their services for older people. The programme builds on previous strategic developments in this area, current best practice from local authorities and the lessons learned from earlier pilot activities, as well as harnessing leading innovative thinking. The aims of the programme are to:</p> <ul style="list-style-type: none"> • provide a better quality of life for older people through local services that are designed to meet their needs, and recognise the huge contribution that people in later life make to their local communities; • support authorities to improve efficiency whilst still delivering quality services; • encourage local authorities to engage with older people and to include them in service design and delivery; • encourage partnership working with other organisations to join up services and provide innovative solutions to local issues.

Some guidance documents

Document	Description
<i>Making a strategic shift to prevention and early intervention – practice guide (2008)</i>	<p>This DH document is designed to provide practical guidance to local authorities and health communities on how to make a strategic shift to prevention and early intervention.</p> <p>It draws on the experiences and evidence emerging from the first two years of the POPP programme and also on other related initiatives including the DWP's LinkAge Plus programme.</p> <p>The guide is intended to develop over time to include transferable learning for other client groups but currently focuses on promoting the independence and well-being of older people.</p>
<i>Strategic Shift to Prevention – assessing the strengths and challenges (2008)</i>	<p>This self-assessment tool has been developed to assist local authorities and their partners to identify areas for improvement in order to make the shift towards promotion of independence, prevention and early intervention, and well-being.</p> <p>It focuses on nine key domains where local government needs to have effective systems and processes in place to support this (enablers) rather than on outputs or outcomes.</p>
<i>Ten questions to ask if you are scrutinising the transformation of Adult Social Care (2009)</i>	<p>Adult social care is undergoing major changes to transform the way services are designed and delivered.</p> <p>This guide aims to enable overview and scrutiny committees to consider the whole process of reform, to see how the elements fit together and how they impact on each other and the wider provision of social care and health.</p> <p>The guide will also be of interest to other councillors, including the executive lead for adult social care, to local authority officers and to organisations such as Local Involvement Networks (LINKs)</p>
<i>Scrutinising the Transformation of Adult Social Care – Practice guide (2010)</i>	<p>This guide discusses key elements in the transformation programme that will allow overview and scrutiny committees (OSCs) to assess the extent to which their local authority is planning, commissioning and delivering better social care.</p> <p>The guide provides pointers to good practice the scrutineer should look for and guidance on carrying out a scrutiny review under the ten key questions</p>
<i>SCIE Guide 17: The participation of adult service users, including older people, in developing social care</i>	<p>Whole-systems approaches have become a popular way of thinking about the steps that organisations need to take in order to achieve change.</p> <p>This practice guide proposes that organisations adopt a whole-systems approach to developing participation. This involves looking at organisations as a jigsaw consisting of four pieces: culture, structure, practice and review.</p> <p>This is one example of detailed practice guidance available – other examples can be access via the websites listed opposite.</p>
<i>LinkAge Plus shared learning DVD</i>	<p>Learning from LinkAge Plus is available on an interactive DVD. This brings together information, resources, tools, good practice and real life case studies. It demonstrates a real partnership approach, providing links to other government departments and initiatives, local government and the voluntary and community sectors into one place. A copy of the DVD can be requested from the DWP via the link. www.dwp.gov.uk/policy/ageing-society/products-tools-goodpractice/linkage-plus/#sldvd</p>

Continued

Document	Description
Web-based guides	
<p><i>Ageing society Resources, good practice, reports and research</i></p>	<p>This DWP resource provides information about initiatives and links to resources and good practice to help meet the challenges presented by an ageing society. This includes links to guidance, case studies, tools and evaluations in the areas of:</p> <ul style="list-style-type: none"> • pensions and retirement planning (Directgov); • Age Positive on the Business Link website; • Age isn't an issue (380KB); • Ageing in the UK (ONS website) – an interactive mapping tool which allows you to see how the population has aged over time and is projected to continue to age, in local authority areas; • intergenerational activity – additional resources; • good practice designing services for older people to meet (PSA17); • LinkAge Plus; • International Plan of Action on Ageing; • POPP (Department of Health website).
<p><i>Care Services Efficiency Delivery (CSED) Programme (2004 –)</i></p>	<p>CSED helps councils to identify and develop more efficient ways of delivering adult social care.</p> <p>The CSED website provides access to a range of material including:</p> <ul style="list-style-type: none"> • efficiency tools – a range of databases and online planning and commissioning tools; • guidance, case studies and evaluations of services and activities such as: <ul style="list-style-type: none"> – home care enablement; – telecare; – crisis response; – demand forecasting and planning; • many more related topics.
<p><i>DH Care Networks</i></p>	<p>CSED is one of the DH's Care Networks, other networks tackle subjects including:</p> <ul style="list-style-type: none"> • Integrated Care, Integrated Care Pilots; • Personalisation Network; • Prevention and Early Intervention; • Building Community Capacity to Put People First; • Housing, Telecare; • Dignity Champions Network; • Better Commissioning; • Dementia Network; • Common Assessment Framework (CAF) for Adults Network; • Personal Health Budget Learning Network.
<p><i>SCIE guides</i></p>	<p>SCIE guides are designed for social care practitioners, presenting key findings, current legislation and examples of what is working well to guide and inform practice.</p>

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This report presents findings from qualitative research into local areas that have joined up the delivery of services for older people. This builds on the lessons learnt from LinkAge Plus (funded by the Department for Work and Pensions, 2006-08), in looking at local authority areas that display features of a 'LinkAge Plus approach' to service delivery. The findings address why and how local areas have joined up these services, discussing how barriers can be overcome and providing examples of good practice suitable to be shared across the local authority community.

Joining up services in the context of this report is broadly defined as the linking together of service delivery across a range of types of provision as well as across a range of partners. Partners working together may include: local authorities; other public sector and statutory organisations (e.g. fire and rescue services); voluntary and community organisations (including charities and social enterprises); and older people themselves. This has resulted in a number of innovative ways of working to deliver a wide range of services for older people. The research is based on qualitative interviews and focus groups conducted in eight case study areas in England.

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