

Local Government Association and Association of Directors of Public Health response to the work of the Centre for Ageing Better Consultation Paper (March 2015)

20 May 2015

Introduction

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government. We are a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. We are a membership organisation. In total, 414 authorities are members of the LGA for 2015. These members include 350 English councils, the 22 Welsh councils via the Welsh LGA, 31 fire authorities, 10 national parks and one town council.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes. Directors of Public Health (DsPH) are the frontline leaders of public health working across health improvement, health protection, and health care service planning and commissioning. ADPH has a strong track record of collaboration with other stakeholders in public health, including those working within the NHS, local authorities, government and other sectors. www.adph.org.uk

1. Vision, aims and objectives

The LGA is aware of both the challenges of continuing to maintain current levels of support for older people and the imperative to improve the experiences of our ageing population. To this end we are campaigning to ensure the funding of social care is placed on a sustainable footing (see the LGA's "show us you care" campaign - www.local.gov.uk/show-us-you-care) and that financial and legislative flexibilities and freedoms are devolved (the LGA's DevoNext campaign - www.local.gov.uk/devolution/-/journal_content/56/10180/6945767/ARTICLE) to local government to enable us to adequately address the issue of ageing amongst our other local imperatives.

As such, we welcome the opportunity to help the Centre for Ageing Better (CfAB) shape its role, ways of working and priorities. We will be publishing a report written by an LGA Task and Finish Group on Ageing: "Ageing: a strategic opportunity for local government" on 24th June and are keen to share the findings of the report and discuss any opportunities for jointly taking forward resulting work streams.

The main conclusion of the report from the LGA Task and Finish Group on Ageing was the need to reframe the discussion on an ageing population to look at the economic and social contributions that people in this age range make. In particular, the report sets out the increasing economic contribution older people can make, if councils are financially and legislatively enabled to address ageing strategically rather than reactively.



Submission

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However, local government funding for services for older people has been reduced significantly with funding cuts across the sector (40% since 2010ⁱ). The cuts to local government funding have impacted on specific services for older people including both social care and also wider wellbeing services such as; leisure, transport, etc. Future funding for local government services to help achieve improved health and wellbeing for older people will likely continue to be under stress and demographic pressures and upwards demand will continue to impact on health and social care budgets.

The funding gap between revenue and spending pressures across all local government services threatens the future viability of a range of council services including preventative services for older people.

2. How the Centre for Ageing Better will work

The Centre's evidence-based approach to prioritising and directing its resources is very much supported by the LGA. We would also encourage the consideration of longer-term outcomes where the evidence may not be available during a 10-year organisational lifespan, but where the interventions may be the very ones that have the greatest impact. The local government public health agenda is an obvious area where interventions now are likely to see their impact further down the line. In all the proposed work streams, we suggest a focus on realistic, achievable and replicable programmes of work.

We are also encouraged by your focus on partnership. Hopefully this will avoid duplication and will offer the opportunity to build on the good work that already exists, supporting the Centre's ambition to not just assess the work of others but fund initiatives as a 'do-tank' rather than a 'think-tank'.

Advice and information is useful and welcomed, but we would urge you to adopt the LGA's principles of sector-led improvement, where practical initiatives that have achieved real results, undertaken by people working in these areas every day, are shared between respected practitioners. Building on our positive relationship, we could work with you to adopt this approach in your work programme, and we could explore what works at a local level in partnership with local authorities.

As our forthcoming report on ageing sets out, local authorities are pivotal in enabling people to age better. The role of local government, as the local place-shaping agency, deliverer of essential services and led by democratically elected members of the local community; and its relationship with key health partners, means that the sector can have a significant impact on the wellbeing of older people.

The impact and cost-effectiveness evaluation of the Centre's work programme will be valuable to local government and its partners, particularly in the context of financial austerity. To this end, we also welcome the commitment to share when things don't work, as this information is also valuable to help save money from the public purse.

Co-design and coproduction are essential principles for any work to address the issues being faced by older people, and we welcome your commitment to ensuring the views and voices of older people are embedded in your work. We recommend that this approach also includes affected agencies and professionals, such as council officers, practising social care workers, service commissioners and providers. This will ensure that the areas

identified for further work are those of real interest and concern to older people as well as their service providers and commissioners. It will also ensure that any findings can be made available as the programmes progress, rather than as a huge body of work at the end.

Linked to this, we recommend linking the central role of the workforce to the Centre's 'theory of change' vision. Any cultural change resulting from the Centre's work will need considerable workforce engagement. This could be included in the feasibility assessments for your work streams.

Local councillors, as elected representatives of their local communities, will also be local advocates for older people in their areas and will have local level insights into the issues affecting them. The LGA could facilitate engagement with our member councillors. Coproducing with these groups will also enable the evidence gained from the research to become adopted.

We support and are encouraged by the appointment of a chief executive from a local authority as a trustee on the board, and take this as a demonstration of your commitment to working with councils, and we recommend that a senior official or elected member continues to play this role. We also recommend that local government is represented on your strategic and delivery partnerships, and make the offer to facilitate this if it would be helpful.

There are currently several organisations gathering evidence on ageing and older people, including the National Institute for Health Research (NIHR), the School for Public Health Research, NICE, What Works Centres, the Centre for Policy on Ageing and Age UK. To help the Centre carve out its own unique offer in this arena, the LGA recommends a focus on 'cutting through the noise', rather than adding to it, and using the previously mentioned principles of sector-led improvement to establish programmes that can deliver real change, be replicable and be easily adopted by the organisations and agencies that will be doing the delivering.

The LGA also hosted an improvement programme, funded by DWP, on ageing: Ageing Well. The LGA and DWP commissioned Ipsos Mori to carry out the evaluation of the programme, and the research included online surveys with local authorities, qualitative interviews and observations with a selection of case study authority areas, and analysis of management information collected as part of the programme activity. This report could provide the Centre with an insight into improvement programmes that work and is available at www.local.gov.uk/ageing-well/-/journal_content/56/10180/3491587/ARTICLE.

What Works Centres

The LGA has some concerns regarding the approach of the 'What Works Centres', with whom you state you are intending to work closely with. It is our impression that they are currently not joined up and have little central focus from the Cabinet Office. The investment in the What Works Centres comes at a time of severe public funding restraint and we want to ensure that the What Works Centres provide a positive outcome for local government. We have some concerns that there is a trend for the development of a series of centres that are creating their own programmes that either cross or duplicate what others are doing. There is currently no way of either bringing all of this together or, indeed, spotting the gaps in what is being done. There is also no readily agreed way in which outputs will be disseminated and to whom. As such, the LGA would recommend a degree

of caution in readily disseminating information via this forum, and again would advocate a sector-led approach to the sharing of information and delivery of improvement.

3. Priorities of Centre for Ageing Better

The LGA's Task and Finish Group on Ageing used the World Health Organisation's 'Age Friendly Framework' to examine issues relating to an ageing population. These were: economic activity and civic engagement, housing and neighbourhoods, outdoor spaces and buildings, transport, information and advice, social participation, respect and social inclusion and health and wellbeing. We would be particularly keen to work with the Centre on priorities that overlap with these themes.

The LGA would particularly support the Centre focusing on the following priorities:

- Health living for all
- Sustaining independence in the home
- Ready for ageing locally

Healthy living for all

A healthy lifestyle is undoubtedly a key issue for a better later life. Targeting at risk people and empowering them to change their behaviour to mitigate poor health later in life is a core ideal of the public health agenda. With local government's responsibility for the delivery of public health, we regard this area as a priority for our sector, where a lot of work is already taking place. The LGA has produced numerous publications and case studies in this area. Segmentation of the local population and identification of at-risk groups is already being undertaken. The challenge is after identification; consistent engagement, behaviour change and how to really support these groups to improve their long-term health in a way that is also practical and affordable for the agencies involved.

As the consultation has stated, much work is already being undertaken in this area. Evaluation of research is helpful, but could also be undertaken by another organisation. As stated previously, we work on the principle that information is best shared and received if it is done by people working within the sector.

We would support the Centre seeding locally-led pilots that look at what works to change behaviour in at-risk groups, and the evaluation of business cases for the most effective interventions within the context of practicability, resources, replicability and sector-led improvement. We could facilitate connections with local authorities on this topic. We also suggest the Centre liaises with the Association of the Directors of Public Health.

Extending working lives

The benefits of enabling older people to continue working, should they wish to, have been highlighted to the LGA by the LGA Task and Finish Group on Ageing's to-be published report: "Ageing, a strategic opportunity for local government". Unemployment amongst those who are 50 or over can be particularly serious as it can be extremely difficult for them to get back into the jobs market again. LGA-commissioned research by the Centre for Economic and Social Inclusion indicates that there are 734,000 people over 55 claiming out of work benefits. This is 12.1 per cent of the over-55 population. Most (77 per cent) are on Employment Support Allowance (ESA) or Incapacity Benefit (IB). Only 49 per cent of over-55s who say they are unemployed claim Job Seekers Allowance (JSA) – 165,000 are looking for

work but receive no financial or other support. There are currently over 1 million people aged 50 to State Pension age who are not working because of sickness or disability which represents 45% of all ESA/IB claimants.

There is currently no national programme dedicated to older claimants. The over-50s have the worst performance on the Work Programme – they are 10% below the Work Programme average. The Work Programme was launched in June 2011 to help people gain employment and works alongside Universal Credit benefit reforms.

Senior entrepreneurship is at its highest level ever with approximately 600,000 individuals over 50 engaged in early stage entrepreneurial activity. Older entrepreneurs also tend to be more successful in terms of start-up survival rates: 70 per cent of start-ups founded by older people were found to last longer than three years in contrast to only 28 per cent of those created by younger entrepreneurs.

The LGA is lobbying for the Work Programme to be decentralised to allow local government to tailor it better for its community's needs, particularly for people over 55. The LGA would support an analysis of which sectors were more likely to have early retirement or unemployment, rather than just targeting the largest employers.

Social Connectedness

Councils are becoming increasingly aware about the societal impacts of loneliness, and their role in addressing the issue. In particular, council staff are likely to be one of the few contacts people experiencing loneliness may make, and public buildings and facilities provide opportunities for interaction. Many councils are strategically addressing the issue of loneliness, such as Bristol City Council, who received funding through the Big Lottery's Ageing Better Programme. They have used this funding to deliver a strategy on loneliness that includes improving public understanding, working with GPs surgeries, social prescribing, working with volunteers, using schools as hubs of intergenerational activity, etc.

We disagree with the Centre's proposal to use the inclusion of loneliness in local health and wellbeing strategies as a good indicator of implementation of action on loneliness – the issue may be being addressed elsewhere, for instance, in a housing department, and this type of single issue analysis could lead to a simple 'tick box' exercise. Local health and wellbeing strategies have to address the most important local strategic health needs for their area – as agreed via the evidence in the Joint Strategic Needs Assessment (JSNA) and through democratic agreement. If there is insufficient evidence about the prevalence of loneliness and its impact, and if other local issues are considered a higher priority, then it may not be in the local health and wellbeing strategy, but that does not mean it is not being addressed locally by the council or local health agencies. We advocate a smarter approach to evaluating success and mapping the current state of the field than a word search, and we are confident that the process of coproduction will help the Centre better evaluate outcomes should this area become a priority.

The most helpful practical projects in this area would be establishing if there are core, easily replicable interventions that councils could undertake to address this issue, rather than isolated innovative practice. Loneliness and Social Connectedness could be synthesised within the Healthy Living for All priority, as there are many cross-cutting and interrelated factors.

Sustaining independence in the home

The LGA strongly supports this as a priority for the Centre for Ageing Better. Two Task and Finish Groups for the LGA have recently considered this issue, the LGA Task and Finish Group on Ageing and the LGA Task and Finish Group on Housing and Vulnerable Adults. The importance of the home in later life cannot be overstated. The majority of older people will live in existing homes, and we support the Centre's decision not to focus on the supply of new homes. As the paper states, the current framework for home improvement is complex, and a sector-led improvement approach would be welcomed to ensure any research, pilots or recommendations reflect local circumstances. The proposal could also be broadened to look at the benefits of rehabilitation and reablement as well as assistive technology.

An increasing proportion of the whole population, including older people, are living in rented accommodation. Where an older person requires adaptations to their property, the landlord/tenant relationship can make this challenging. There is also no directory or collection of properties available for rent that have had accessibility improvements made to them, making it very difficult for older people to find suitable rented accommodation. Whilst these properties would be classed as 'decent', they may not be adapted to the needs of an older person. A business case for the private rented sector on the rentability of such properties, to increase the volume available, would be welcomed.

We recommend that, in light of the significance of the rental market, the goal of the Centre be reviewed so that it is not just people who have their own homes who get support to have it adapted, but also landlords and tenants. To this end, the Centre could also approach the National Landlords Federation, the Citizen's Advice Bureau and Generation Rent.

We particularly welcome proposals to enhance the evidence around the outcomes and costs/benefits for health and social care of adaptation; to identify several localities who have recently changed approach and help them disseminate information; to identify the best way to target limited resources to those most at risk, and working with the LGA to review and change the system for aids and adaptation and advice. We would also propose a work stream that incorporates the market-shaping requirements of the Care Act. We recommend that all of these are taken forward within the framework of sector-led improvement, and the LGA could work with the Centre to take this forward.

Ready for ageing locally – what works

The LGA would also very much support ready for ageing locally – what works, as a priority for the Centre, and proposes that this would be most effectively taken forward in collaboration with the LGA. We support the consultation's statement that localities are at the forefront of better ageing. We also support the Centre's assertion that age friendly localities are not purely about delivering better health and social care, but also about planning, transport, housing, volunteering, community safety, accessibility, open spaces, and local identity.

Any programmes in this area will need to consider this in the context of diminishing council budgets, the increasing spend on social care, and the freedom of councils to be able to legislatively undertake interventions at the local level without increased devolution of decision-making and power.

We also want to emphasise that “localities are the sum of their parts, and that many sectors play a role in determining their age-friendliness.”

Reviewing the Centre’s proposals for theory of change in this area:

- The ability to assess an area in terms of readiness for ageing is useful, but we strongly advocate that this be a useful self-assessment that is sector-led and linked to practical interventions, not scores, points or league tables. The LGA has significant experience in this area and could coproduce this with the Centre for Ageing Better, if our members agree for the need for such a tool.
- Localities will benefit from knowing what strategic planning good practice looks like in the context of ageing better, and again the LGA would advocate co-design and coproduction of any evaluation of existing practice and in any implementation or pilot projects. The LGA could facilitate this.
- The process of involving local people in decision making to the point of coproduction is valuable in ensuring the right decisions are made at a local level. Local councillors, as locally elected representatives, should form a key component of this process. Examples of local coproduction of policies that have worked, are affordable and practicable, and are being implemented would be of significant value to the local government sector. Again, the LGA could work with the Centre to facilitate a sector-led approach in this area.
- Sharing of good practice in local models of accountability for ensuring coordination between planning and delivery of services to support older people is welcomed, again within the context of sector-led improvement.

Reviewing the Centre’s example early interventions:

- Rather than regional evaluation benchmarks and traffic light systems, we would recommend locally relevant self-assessment linked to practical and cost effective examples of good practice.

We would support the use of local area champions for ageing better, and support the proposal that these be both urban and rural – and this could extend to coastal and sub-urban. We support the focus on sharing good (rather than best) practice and lessons learned, with an additional remit of being realistic, replicable, achievable and affordable for other local areas (e.g. not if the intervention is only achievable if a European Grant is obtained). We are pleased to see that discussions have been held about Greater Manchester working with CfAB. In addition, the LGA could help facilitate the sharing of information and the recruitment of other ‘champion areas’.

We very much support the sharing of existing research on good practice in planning and the proposal to support its implementation in select localities, again with a view to creating interventions that are realistic, replicable, achievable and affordable – with an appreciation that the issues will be different based on the location of a local authority, its local population, and its particular circumstances. Again, the LGA could help facilitate the sharing of this information, and indeed, would be best placed to do so.

Ageism: Understanding its perception and impact

There are emerging examples of local food practice in this area. For example, Manchester is developing age awareness and practice capabilities for front line staff who work with older people, after a successful local pilot. A key emphasis will be on promoting positive change in practice with older

people and in organisational cultures. Having undertaken the training, front line staff will be able to understand the concept of the life course and its application to practice and promoting well-being for people as they age, apply in practice an approach which celebrates diversity in older age and is committed to challenge age based discrimination, develop skills to improve personal practice with older people and develop leadership skills to transform organisational cultures towards promoting positive lives for people as they age.

It is unlikely that the LGA would be in a position to contribute to this topic area, but given the good practice in areas such as Manchester, there is the opportunity to wrap the issues into 'Ready for Ageing Locally' as one that local authorities are beginning to address.

Inequality in Ageing Outcomes.

The LGA recognises that the Centre will want to fully understand inequalities in ageing outcomes as it priorities its work and embarks on it programme. The LGA's information tool, LG Inform, may be able to provide spatial information that the Centre could use to contribute to its research in this area. LG Inform brings together a range of key performance data for authorities, alongside contextual and financial information, in an online tool. Users can view data from over 1000 individual items, make comparisons between their authority and other councils or groups of councils, or construct their own reports bringing several data items together. Importantly, the data is updated quickly after being published at its source

The LGA is keen to remain informed of emerging themes in this area, particularly relating to place and health, and to contribute to information gathering in this area where we can.

The contribution of older people to a better later life

A key message of the LGA's Task and Finish Group on Ageing was that older people should be part of any solution to the issues that affects them. The LGA would be supportive of pathfinder projects with local authorities to explore the enabling role they could play to encourage community support of older people. Key questions will be what capacity does the community and voluntary sector have, and the expectation that this will be different across the country.

4. Summary

There appear to be several areas of cross-cutting interest that the Centre for Ageing Better and the LGA could collaborate on. The LGA could contribute to the emerging programme of the Centre in terms of bringing its understanding of the local authority policy and practice landscape, the insight from its membership, and also through its principles of sector-led improvement. The LGA could also sign post contributors to individual research work and contribute suggestions for further areas of research based on discussions with our members. The LGA could also sit on any research advisory board that you may have to help ensure your outputs are useful for councils and research areas are pertinent. All LGA involvement will be subject to the availability of our resources and the priorities of our members.

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ⁱ Adult social care funding: 2014 state of the nation report