

The background of the cover is a photograph of a landscape. In the foreground, there is a body of water with a grassy bank where a person is standing. Several white birds are on the bank. Behind the water is a dense forest of green trees. In the background, there are large, rounded hills with green and brown patches, under a cloudy sky.

Improving Service Delivery to an Ageing Population: *Strategies for UK Local Authorities*

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IMPROVING SERVICE DELIVERY TO UK OLDER PEOPLE

EXECUTIVE SUMMARY

In the coming decades both the number and proportion of older people—people aged 65 and over—will increase across the United Kingdom (UK) at an unprecedented rate. In the 25 years from 2006 to 2031, the number of older people is projected to increase from 9.7 million to around 15.8 million. This 6.1 million increase is over five times the 1.2 million increase in older people over the preceding 25 years. From 2006 to 2031, the proportion of older people is projected to increase from 16 percent to 22 percent. It took 25 years for the proportion to increase from 15 percent to 16 percent. Figures 0.1 and 0.2 illustrate these demographic changes, which will be significant during the next decade. In 2017, for example, there are expected to be around 12.5 million older people—two million more than today—making up nearly 19 percent of the total population.

Figure 0.1 – Number of older people in the UK, 1981 to 2031¹

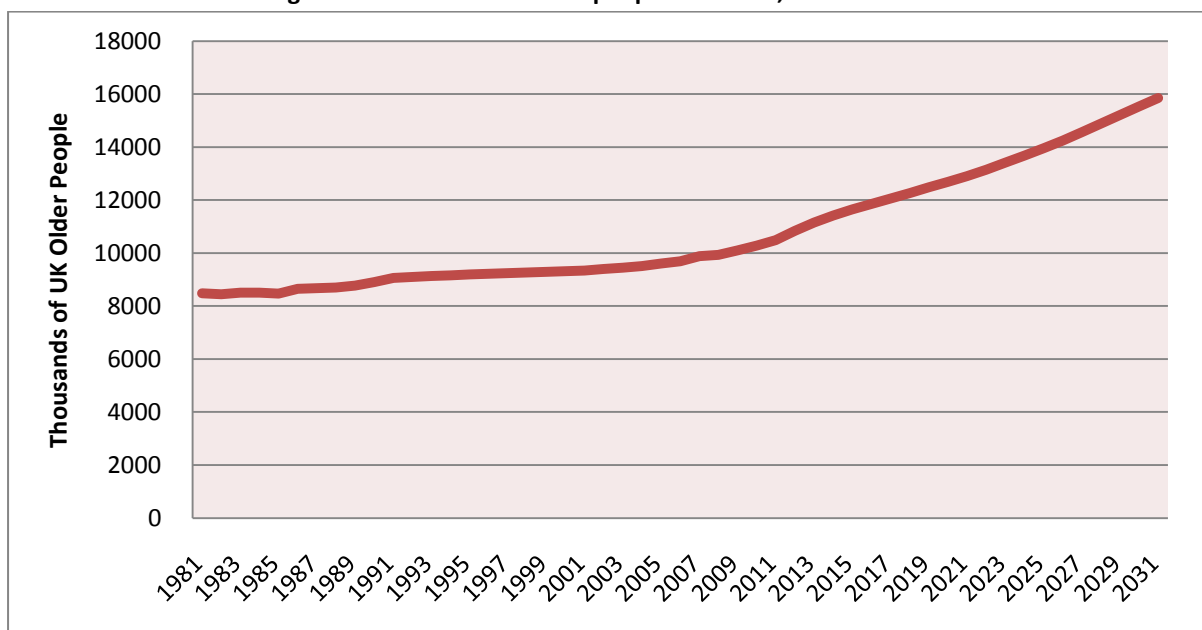
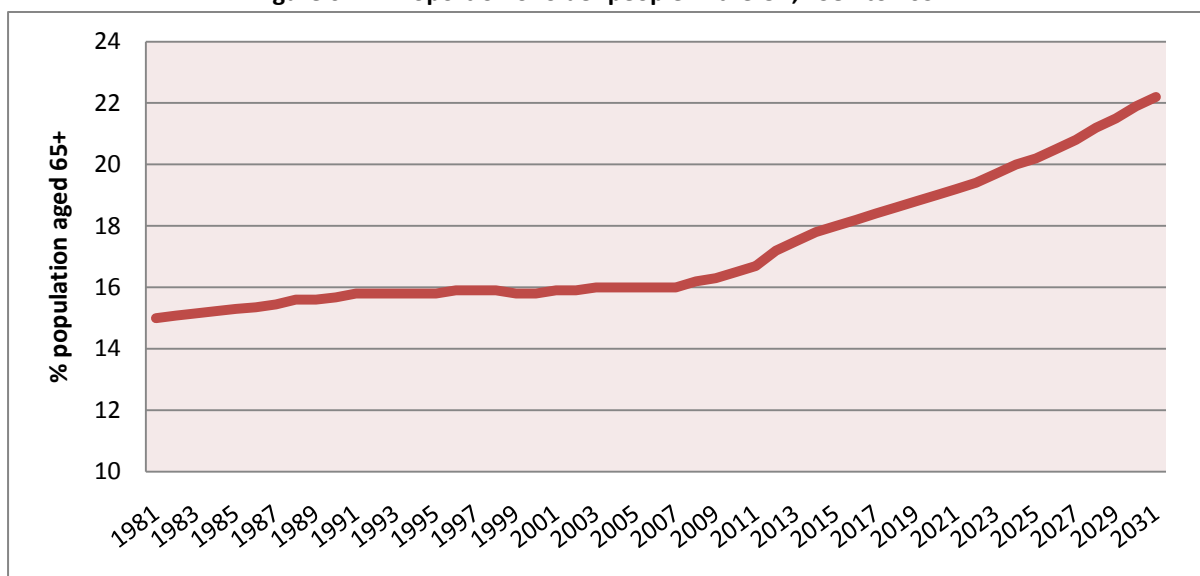


Figure 0.2 – Proportion of older people in the UK, 1981 to 2031²

The process of population ageing will have significant financial consequences for local authorities. This is because authorities are largely* responsible for delivering public services to older people. Older people use a wide range of services, including social care, housing, leisure and adult education. Most of local authority spending on older people, however, is concentrated on personal social services.³ In 2007-08, English local authorities spent approximately £8.8 billion on these services, most of it on residential care (43 percent), home care (23 percent) and nursing care (17 percent).⁴ This spending comprised approximately 10 percent of total local authority expenditure on all public services.⁵ Total expenditure on personal social services is projected to more than double to over £20 billion a year by 2031.⁶

Part I

We present an original and innovative three-dimensional model that describes the different effects of the ageing process on the demographic profiles of 148 English local authorities from 2009 to

2031. We use the model to map the “intensity” of the population ageing problem for

We define the problem of population ageing and describe its major implications for local authority service delivery.

* The significant exception is health services.

individual, and types and groups of, local authorities. We find significant variation in intensity, which supports our argument that authorities should develop local responses to population ageing. We also find that the implications of population ageing vary significantly across authority types. A group of around 30 authorities faces the most serious implications. These are shire counties and unitary authorities. We show that most London boroughs sit at the other end of the spectrum and face the least serious population ageing challenge. We argue that policy makers should take our measure of problem intensity into account in the allocation and targeting of public resources. We further argue that authorities facing intense problems must respond with radical approaches that reduce costs, manage demand and diversify services, although we acknowledge that incentives and sanctions may be needed to encourage these responses.

We assess the preparedness of local authorities for the process of population ageing.

Part II

We present the findings of three new pieces of research. The first is an index that measures the performance of local authorities in delivering social care services to older people. The overall index is statistically significantly correlated with national performance assessment

frameworks. We find that while most local authorities are

medium performers, a group of authorities are both performing poorly and facing serious population ageing challenges. The second piece is an index that measures the “joined-up-ness” of local authorities, which is based on a detailed census of authority web sites. We find that local authorities’ scores have increased significantly since 2006, which is when the census was first developed and implemented. This finding suggests that authorities may have increasingly joined-up their services over the past four years. However, we find room for improvement in critical areas including health and social care. We find no correlation between our measure of joined-up-ness and care-focused measures of local authority performance. The third piece is a detailed census of 46 local authority older people’s strategies and associated action plans. Our most significant findings are the following: local authorities have a very limited understanding of their demographic profile; there is limited

evidence of meaningful engagement between local authorities and certain key stakeholders in the development of strategies; strategies indicate good coverage of areas and issues that are important to older people, but also show inadequate targeting of services towards older people most at risk of losing their independence; and local authorities could be doing much more to drive performance through targets, as well as have a limited understanding of their strategies' cost implications.

Part III

In our first section, which is based on a series of interviews, we find that local authority officials and stakeholders: are giving far more attention to information systems linking older people to services than other service innovations; are also focused on schemes to engage older people and give them a greater voice in service delivery; and have a poor knowledge of the innovative practices of other local authorities. In our second section, we present the results of a census of 101 accounts of local best

We assess local and international best practices in service delivery and evaluate whether authorities can use them to respond to the challenges of population ageing.

practices that have been published in the last five years. We find these practices are drawn predominantly from urban rather than rural authorities, focus on engagement schemes rather than other important types of practices, and are not correlated with either local authority performance or population ageing intensity. In our third section, we identify and describe best practices from five comparable countries. We find that there is great potential for extrapolating some of these practices into the UK in order to address preparedness gaps established in the previous sections of our report.

Part IV

Drawing on all of our methods, findings and recommendations, we present a case study of Cumbria.

We describe Cumbria's specific population ageing challenge, explore how well it is prepared to face this challenge, and assess what it can potentially learn from other local and international authorities. This case study

showcases a practical application of our research and demonstrates the linkages between our various assessment methods.

¹ Office for National Statistics. Various years. *Mid-year Population Estimates*.

² Office for National Statistics. 2008. *2006 Subnational Population Projections for England*; Office for National Statistics. Various years. *Mid-year Population Estimates*.

³ UK Audit Commission. 2010. *"Under Pressure: Tackling the financial challenge for councils of an ageing population"*. Local government report. 54.

⁴ The Health and Social Care Information Centre. 2007-08. *Personal Social Services Expenditure and United Costs England*. Table 2:1.

⁵ Chartered Institute of Public Finance and Accountancy. 2009. *Finance and General Statistics 2007-08*. General Revenue Account.

⁶ Personal Social Services Research Unit. 2006. *Future demand for long-term care, 2002 to 2041: Projections of demand for older people in England*.



POPULATION AGEING AND LOCAL AUTHORITIES

1.1 Introduction

A significant challenge confronting local authorities is building the capabilities to provide suitable and sufficient services to meet the needs of a rapidly growing older people population. The main problem is that older people demand different types and higher quantities of high-cost social care services than other sectors of the population. Increased costs are particularly daunting for authorities facing overall reductions in public spending growth and increased

Accurately tracking population growth and diversity is essential for authorities to respond to the ageing problem.*

– Director of Adult Care and
Social Services in an East
Midlands County Council

pressure for efficiency savings – both attempts to reduce public debt flowing from the recent financial crisis and recession. Without a precise and comprehensive understanding of the implications of population ageing, however, local authorities will be unable to create the capabilities today to deliver public services for older people effectively in the future. While the voluminous literature on population ageing discusses individual pieces of the problem, it does not put these pieces together and

link them to local authority service delivery. In this part, we contribute towards filling this gap with an original and innovative model that describes the different effects of population ageing on 148 English local authorities.⁷

We proceed as follows. In the first section, we describe how population ageing will change the profile of the local authorities' service users. We segment local authorities' "customers" into three dimensions and show how the effect of population ageing on each of these dimensions varies markedly among authorities. The second section presents this segmentation in a three-

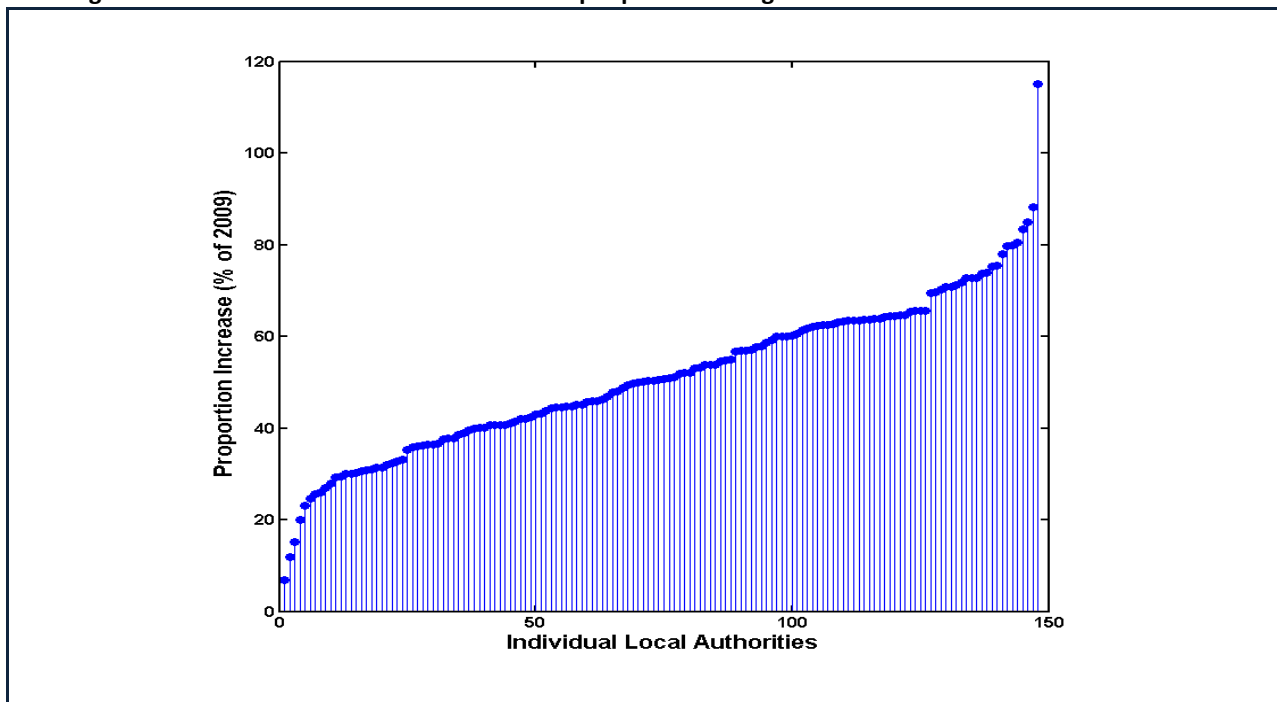
dimensional model and uses it to analyse the intensity of the population ageing problem for individual, and types and groups of, local authorities. The third section briefly describes three major approaches authorities can employ to respond to these implications.

1.2 The Three Dimensions of Population Ageing

1.2.1 Changes in the number of older people

There is a great deal of variation in the extent to which population ageing is projected to change the number of older people in local authorities over the next two decades. While some authorities will experience a major rise in the number of older people, other authorities will experience only a relatively small increase. Figure 1.2.1 shows the increase in the number of older people in 148 English local authorities from 2009 to 2031 as a percentage of the 2009 older people population, sorted from lowest to highest for clarity.

Figure 1.2.1: Increases in the number of older people in 148 English local authorities from 2009 to 2031⁸

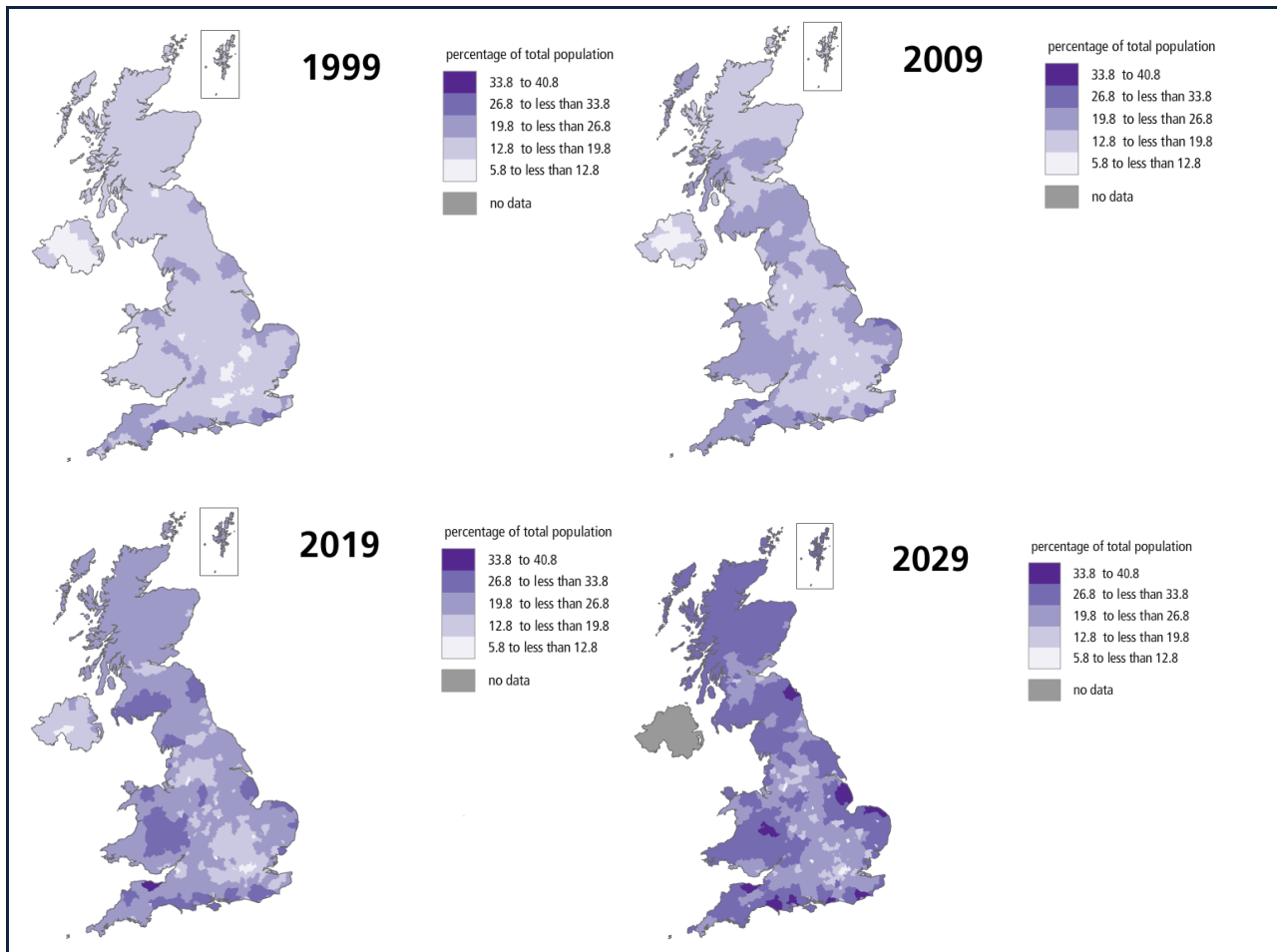


1.2.2 Changes in the number of younger people

There is also significant variation across local authorities in projected changes in the number of younger people—people aged between 0 and 64—over the next two decades. One reason that this dimension is important is that it may affect local authorities' capacity to respond to large increases in older people. It also ensures our model, which is outlined in the next section,

captures changes in the entire population. Key drivers of the number of younger people are births, deaths, immigration and internal migration. This younger people dimension is also important because it is the changing relationship between the number of younger people and the number of older people that dictates changes in the proportion of older people. Figure 1.2.2 presents snapshots of the geographic concentration of older people across UK local authority regions in 1999, 2009, 2019 and 2029.

Figure 1.2.2: Proportion of older people by local authority in 1999, 2009, 2019 and 2029⁹



1.2.3 Changes in the characteristics of older people

Local authorities will face a more diverse population of older people in 2031. This is significant because it means that in the future local authorities will need to cater to older people with a different range of needs.¹⁰ The main aspects of this dimension are changes in:

- the numbers of old older people (people aged 85 and over);
- the number of older people in black and minority ethnic (BME) groups;
- health and disability levels;
- demands, expectations and attitudes; and
- marital status, family networks and living arrangements (see Figure 1.2.3).

As this dimension is so diverse, in our view, it is likely to be the most challenging one for local authorities.

Figure 1.2.3: The major aspects of the characteristics dimension

ASPECT	IMPLICATIONS	PROJECTIONS	SIGNIFICANCE	EXAMPLE
Age	More old older people (people aged 85+)	48 percent increase in the number of people aged 85+ in England between 2009 and 2031 ¹¹	On average have a more diverse and greater need for services	Around 23 percent of women aged over 85 say they are unable to manage washing themselves without help compared to 3 percent of women aged 65-69 ¹²
Ethnicity	More older people from BME groups	The number of people from BME groups is projected to increase from 175,000 in 2006 to over 1.8 million in 2026 ¹³	More likely to be in financial difficulty and poor general health, as well as reside in bad housing; and may have distinct religious, cultural or other needs ¹⁴	After the onset of dementia, people from BME groups can revert to speaking only in their first language ¹⁵
Health	More sick and disabled older people	Healthy life expectancy is not increasing at same rate as life expectancy ¹⁶	More likely to need care services	People spending more time living with conditions such as arthritis or dementia
Attitudes	Changing attitudes amongst older people towards services	Most of the new older people between 2009 and 2031 will be from the baby boomer generation	More demanding older people with higher expectations ¹⁷	Older people likely to value good health more than previously ¹⁸
Marital status, family size, household composition	Older people more likely to have a partner and/or children; large numbers of older people living alone	Higher marriage rates until 2021, higher number of children until 2030 and falling household numbers amongst older people ¹⁹	Partners and close relatives provide informal care to older people; associations between living alone and adverse health consequences and suffering from social exclusion ²⁰	While over 40 percent of women aged 85 and over lived with family in the early 1970s, today over 50 percent live alone and over 20 percent live in care facilities ²¹

1.3 Modelling the Implications of Population Ageing

1.3.1 The basic ageing model

The basic ageing model in Figure 1.3.1.1 combines the three dimensions of population ageing to describe the effect of population ageing on the future customer base of local authorities from 2009 to 2031. Each of the 148 blue cubes represents the unique position of a different English local authority. The three axes of the model capture the changes in the three dimensions of population ageing from 2009 to 2031:²²

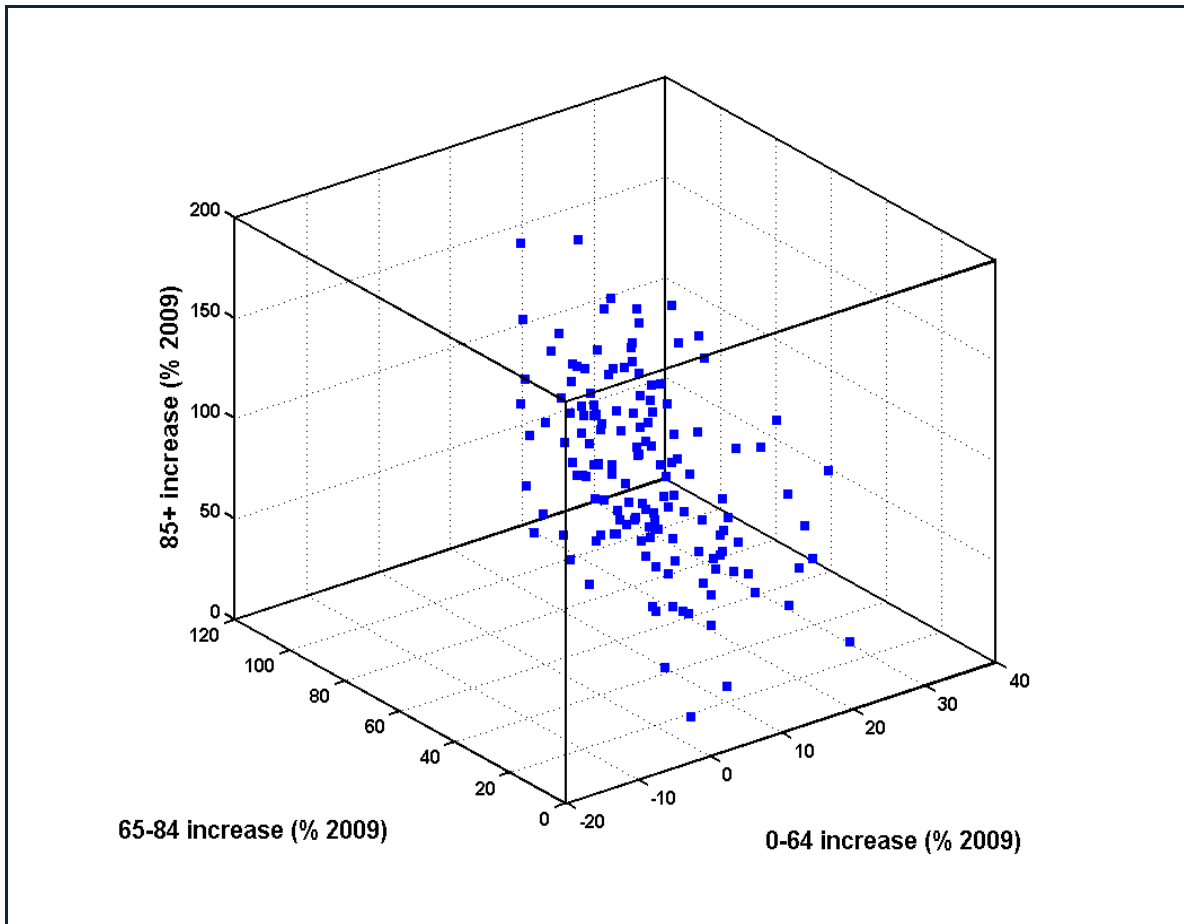
- ❖ the X axis represents the younger people dimension with the projected change in the number of people aged 0 to 64;
- ❖ the Y axis represents the older people dimension with the projected change in the number of people aged 65 to 84;^{*} and
- ❖ the Z axis represents the characteristics dimension with, in this version of the model, the projected change in the number of people aged 85 and over.

We have used the 85+ segment of the population as a proxy for characteristics for three reasons. Firstly, local authority officials we have interviewed consider this segment of the population to be particularly challenging and expensive to serve.²³ Secondly, there are high quality data projections available of the 85+ segment at the local authority level. Thirdly, and most importantly, the number of old older people embodies the challenges of the characteristics dimension. In the future, there will not just be more old older people; future old older people are likely to be more disabled, ill, ethnically diverse and demanding compared to those of today.

The major benefits of the basic model are that it describes accurately[†] and holistically the varying relative effects of population ageing on English local authorities. We can see

^{*} The reasons for this segmentation are explained below.

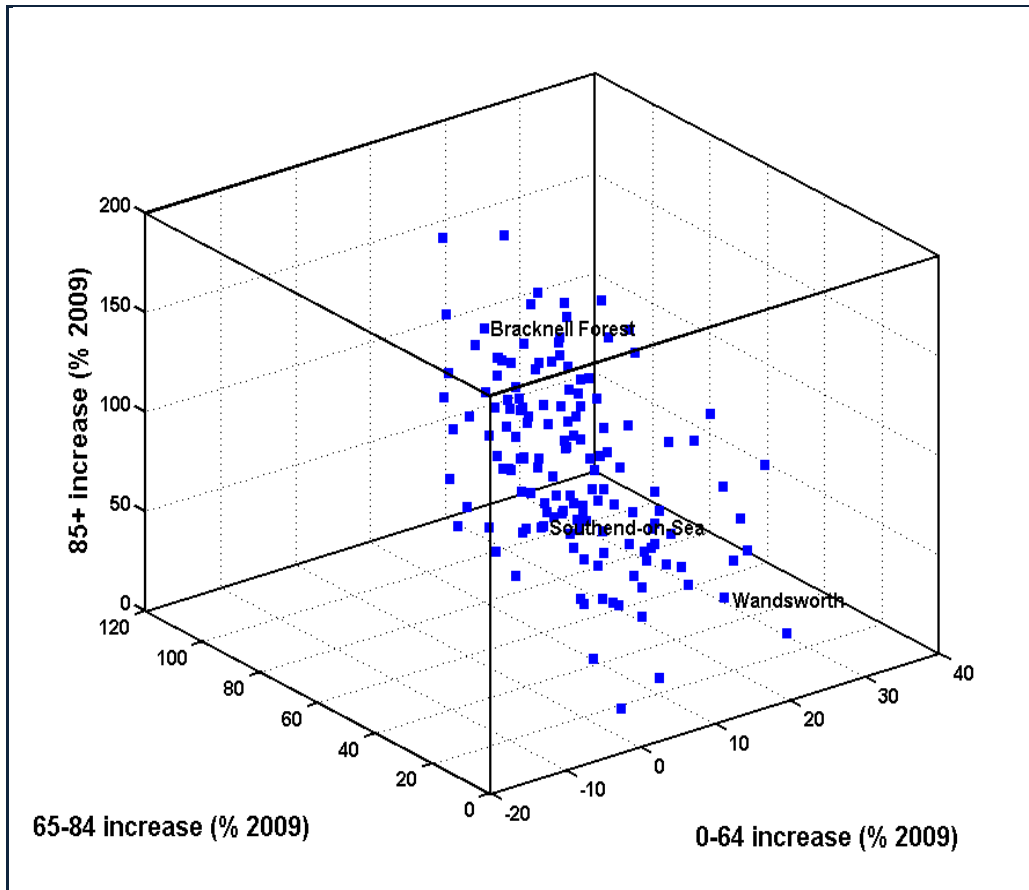
Figure 1.3.1.1: Basic ageing model



this variation in the positions of Wandsworth, Southend-on-Sea and Bracknell Forest (Figure 1.3.1.2). The challenge of population ageing for these three authorities will be different in magnitude across the three dimensions over the next two decades (Box 1.3.1.4). The precise “make-up” of this challenge is defined by the point in the three-dimensional space. To overcome the difficulty in interpreting a three-dimensional model in two dimensions, Figure 1.3.1.3 provides three different two-dimensional cross sections of the model. The position of England as a whole is marked with a red cube.

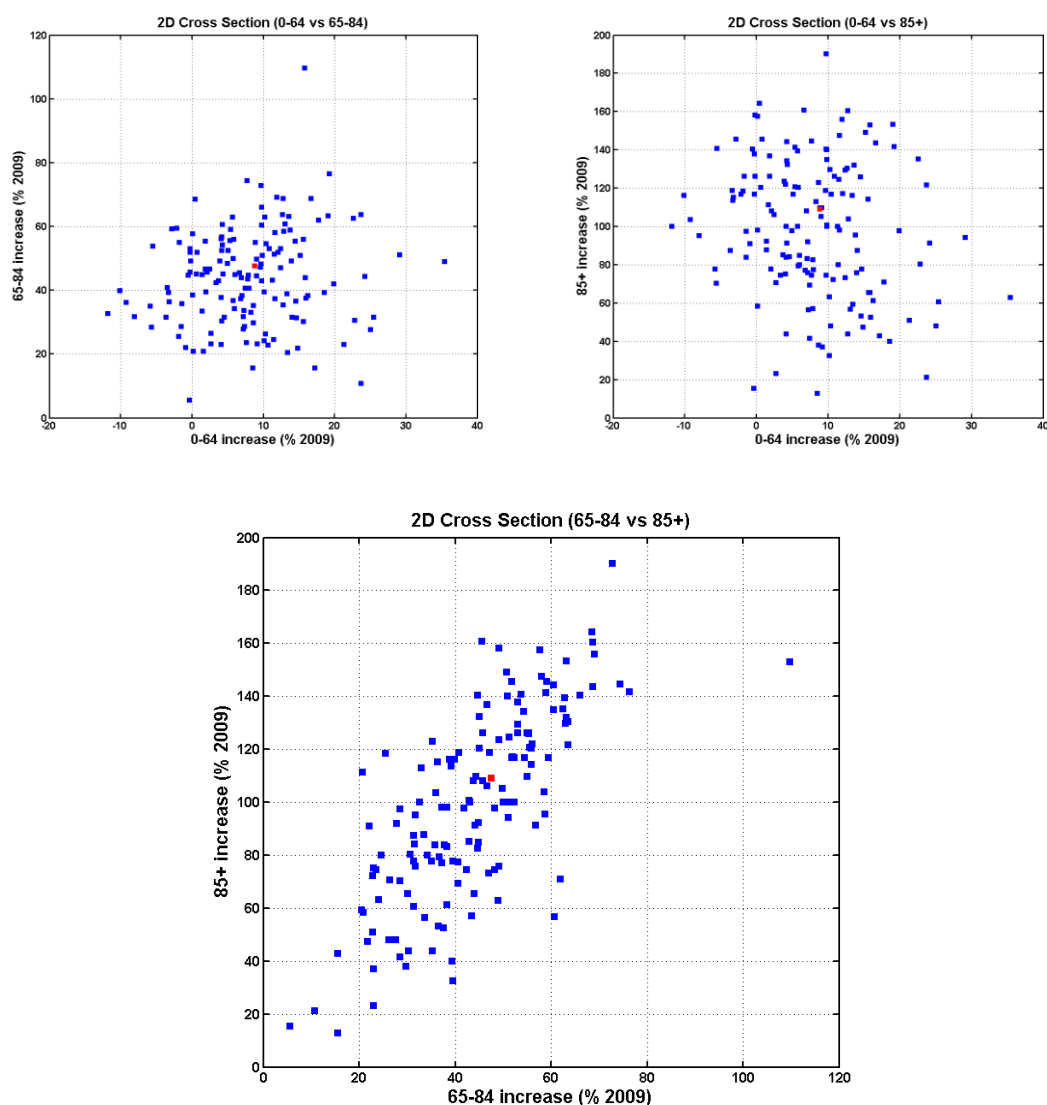
[†] This depends on the accuracy of the population projections.

Figure 1.3.1.2: Basic ageing model with three local authorities



In the basic ageing model, the characteristics dimension (Z axis) removes a segment of the population from the older people dimension (Y axis). This has three key benefits. The first is that it ensures the dimensions are mutually exclusive and exhaustive with respect to the whole population. The second is that it allows for easy interpretation of the points in space. Moving a point in any direction specifies a population change and the direction of movement (broken down along the three dimensions) shows which parts of the population are changing and in what ways. A move upwards and parallel to the z axis, for example, implies that the 85+ population is increasing while the other two sections of the population are staying constant. The third benefit is that the point in space represents the total relative population increase, where relative is in relation to the starting population along each of the three dimensions. This is, however, only one proxy for the characteristics dimension; we consider an alternative proxy below.

Figure 1.3.1.3: Three cross-sections of the basic ageing model



Box 1.3.1.4: Change in the three dimensions of population ageing in Wandsworth, Southend-on-Sea and Bracknell Forest, 2009 to 2031²⁴

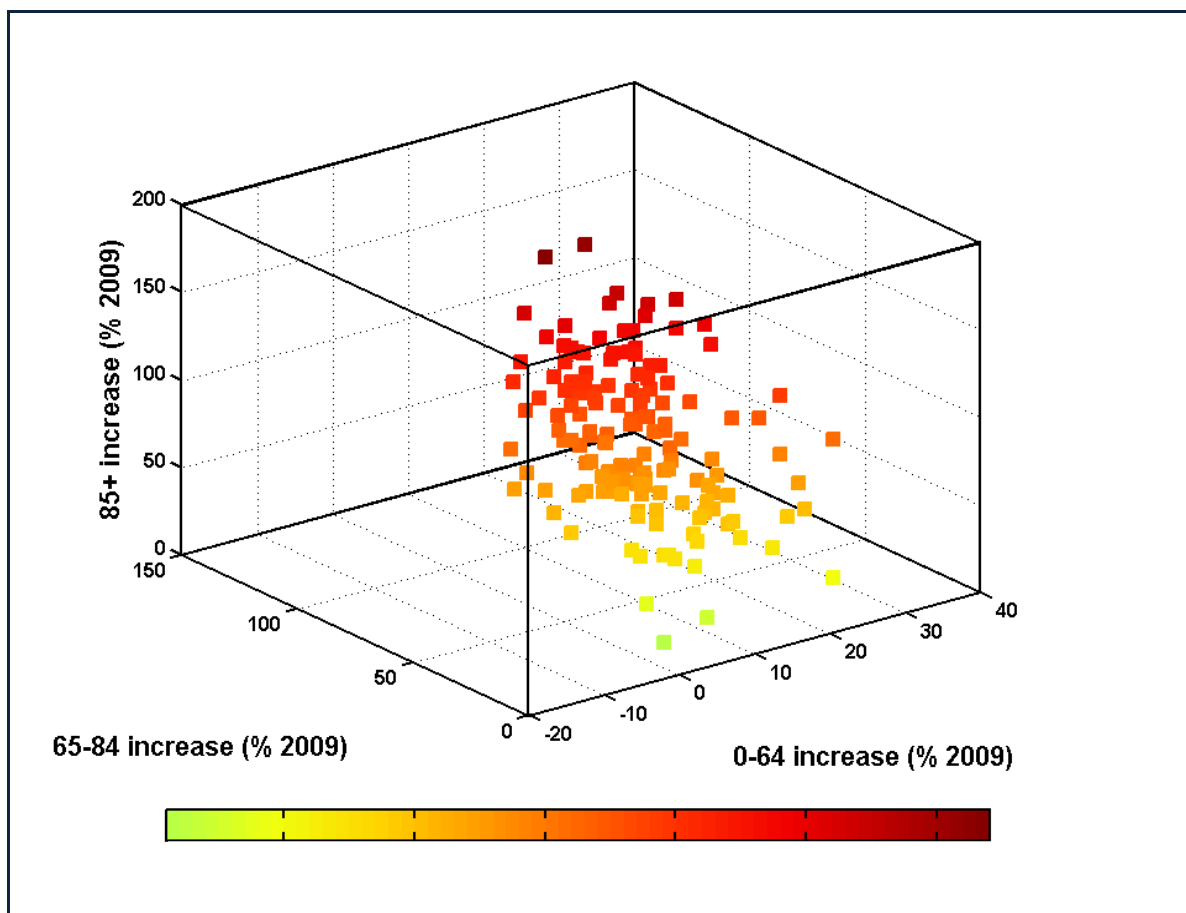
Local Authority	0-64	65-84	85+
Wandsworth	17.2	15.5	42.9
Southend-on-Sea	3.3	42.0	75.0
Bracknell Forest	7.7	74.4	145.0

1.3.2 Extending the basic ageing model

Representing problem intensity with colour

The model in Figure 1.3.2.1 uses colour as a fourth dimension to represent the variation in the intensity of the population ageing “problem” for local authorities. The colour changes along a spectrum, from green to yellow to orange to red, as the problem increases in relative terms from least to most intense. This effectively reduces intensity to one dimension, which makes it easier to interpret. Our two major assumptions in

Figure 1.3.2.1: Ageing model with problem intensity



shading the points are that the same increase along each dimension is equally problematic with respect to the magnitude of the problem and that the problem intensity increases linearly. One way of extending the model further would be to specify the relationships between the dimensions more accurately. Cost of service provision

provides one way to do so and would allow more precise modelling of the cost implications of population ageing. For example, determining the average cost for local authorities of a representative member of each dimension would allow the problem intensity to be weighed according to the cost increase in that segment of the population. This data does not appear to be available to the general public. We consider that the characteristics dimension is likely to be the most expensive and so would tend to “dominate”, even more so than in the current model, problem intensity for most authorities.

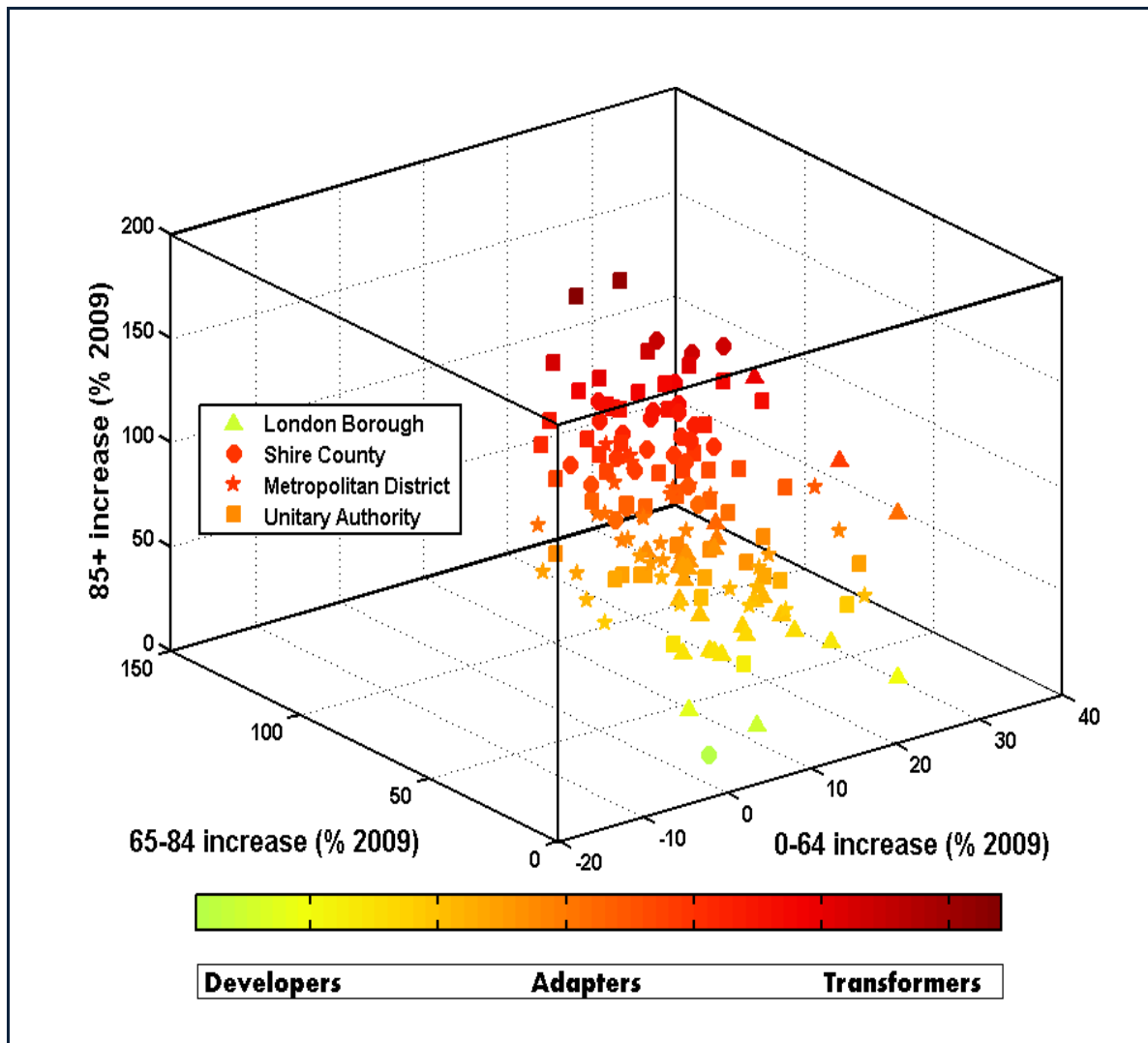
Categorising authorities by problem intensity

The model in Figure 1.3.2.2 incorporates two more extensions that are both designed to facilitate analysis of the variation in the intensity of population ageing for the different types of local authorities. First, we have distinguished the type of authority as the fifth dimension using the shape of the data point. London boroughs are represented as triangles, shire counties as circles, metropolitan districts as stars and unitary authorities as squares. The main service responsibilities of these council types differ, which may affect their ability to respond to the problem (see Box 1.3.2.3). Second, we have divided the authorities into three categories, which were created by splitting the total problem space into three equal sections, using the least and most extreme intensity values as boundaries (see appendix 1). We have called these categories developers, adapters and transformers, with problem intensity linearly increasing from developers to transformers. Figure 1.3.2.4 provides a high-level summary of these categories and the number and types of authorities that fall within them.[‡]

This model and its segmentation show that the implications of population ageing, as we have defined it, vary significantly across council types. Shire counties and unitary authorities face the most severe implications of population ageing, making up 29 of the

[‡] Information at the authority level is available on our data cd.

Figure 1.3.2.2: Ageing model with problem intensity and authority type

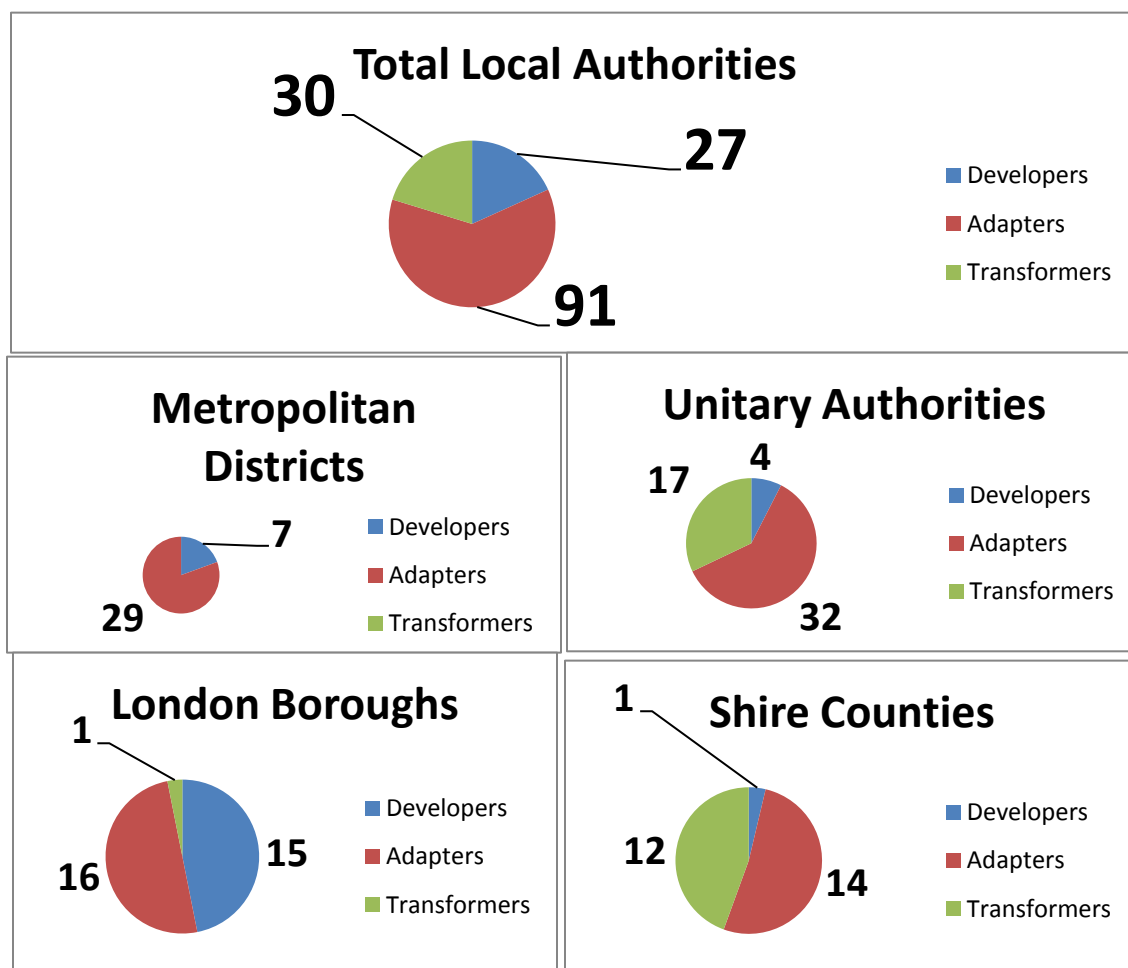


30 (97 percent) transformers. At the other end of the intensity spectrum, London boroughs face the least severe implications, making up over half of the developers. Most authorities—61 percent—are adapters and face medium-level implications. Turning to individual council types, London boroughs face low to medium implications, most metropolitan districts face medium implications, and unitary authorities and shire counties face medium to high implications.

Box 1.3.2.3: The main types of local authorities in England²⁵

Council Type	Number in England	Major service responsibilities
Shire counties	27	Upper tier of a two-tier administration responsible for most public services including education, social services, transport, and libraries (District councils provide more local services)
Unitary authorities	55	Single tier administration that is responsible for all local services
London Boroughs	32	Similar responsibility to Unitary Authorities, except the Greater London Authority has responsibility for certain services such as transport, regional development and police
Metropolitan Districts	36	Responsible for local services including housing, highways, building, environmental health, refuse collection and cemeteries

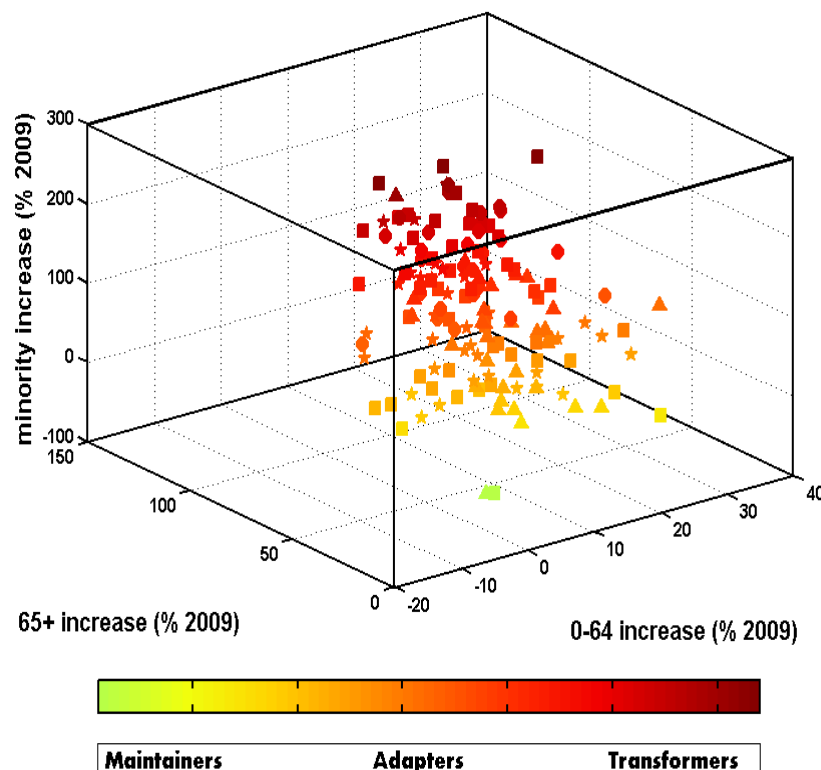
Figure 1.3.2.4: Number of authorities per intensity category



Using ethnicity as a proxy for characteristics

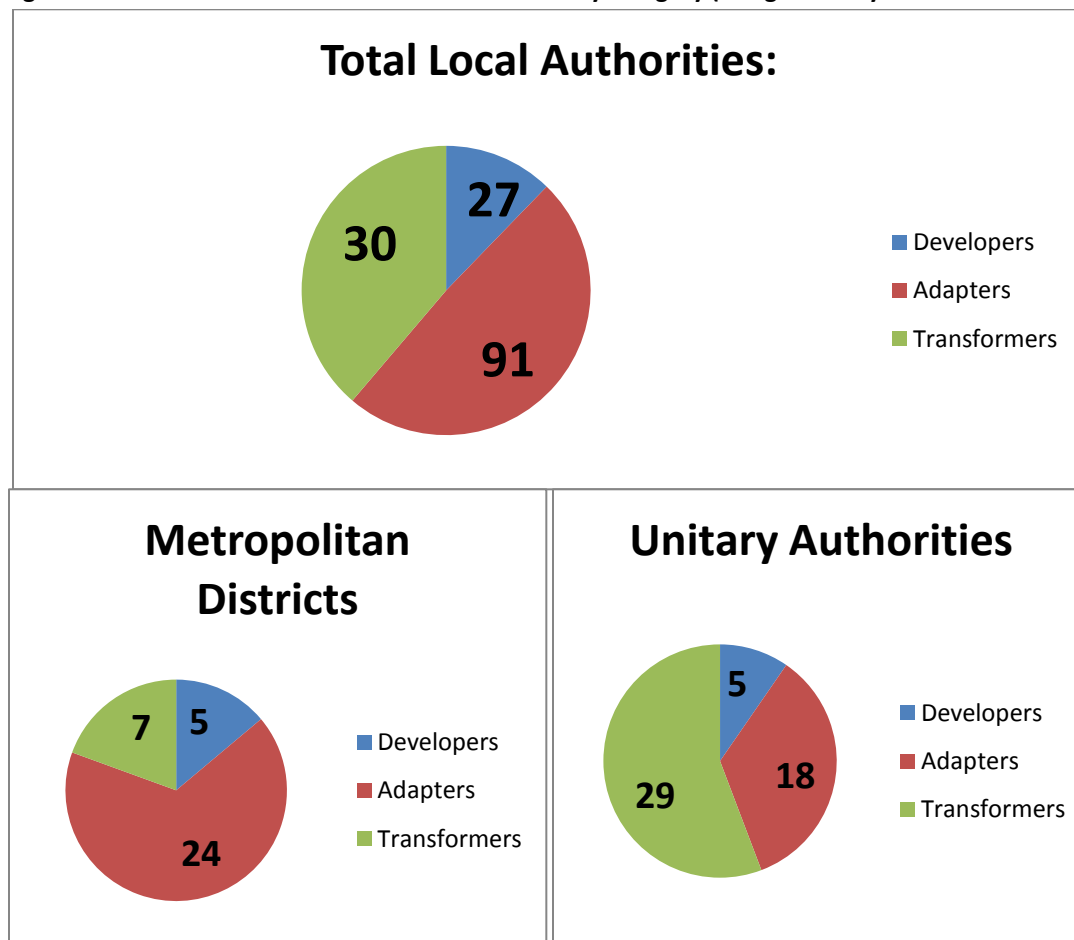
The major change to the model in Figure 1.3.2.5 is that ethnicity instead of old older people is the proxy for the characteristics dimension. On the Z axis is the change in the number of older people from black and minority ethnic (BME) groups between 2009 and 2031, expressed as a percentage of the 2009 population. This data is imperfect. It is based on disaggregated data from the 2001 census, which the Office of National Statistics has projected to 2007. The ethnicity categories used in the census means that the data includes many British-born BME people along with foreign-born BME people. Appendix 1 explains how we projected the data to 2031. Another change in this model is that the Y axis is the change in the number of people aged 65+ between 2009 and 2031. The final change is that it contains 147 instead of 148 authorities.²⁶

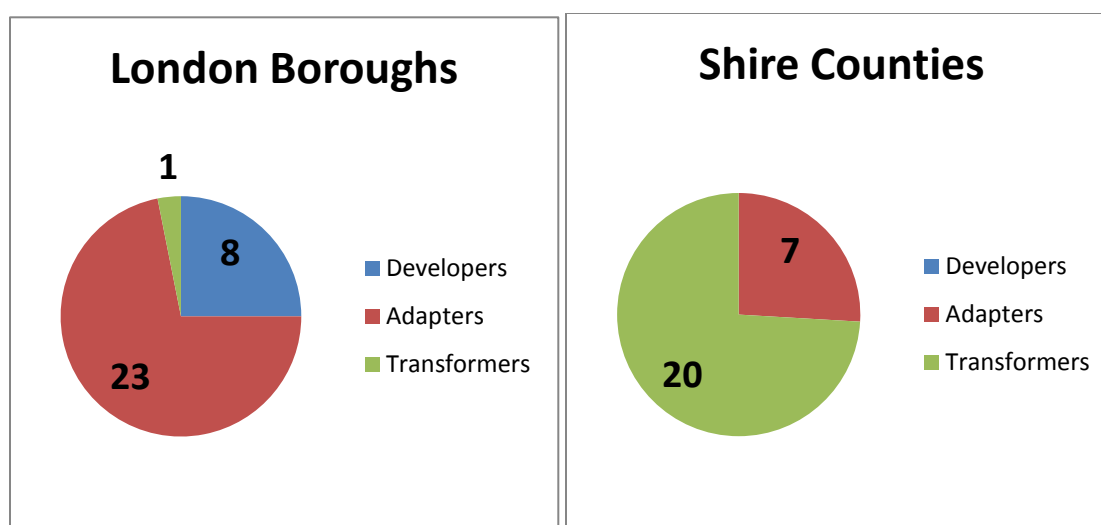
Figure 1.3.2.5: Ageing model with ethnicity as a proxy for the characteristics dimension



This model shows that the various aspects embodied in the characteristics dimension may have different implications for local authorities in terms of the effect of population ageing. Figure 1.3.2.6 summarises the types of authorities in the new developers, adapters and transformers categories. Nearly half—65—changed categories from the earlier model (Figure 1.3.2.4). However, shire counties and unitary authorities still comprise most—86 percent—of transformers. London boroughs comprise nearly half—44 percent—of the developers category. Turning to individual authority types, most London boroughs face medium implications from population ageing, metropolitan districts also face medium implications, unitary authorities face medium to high implications and most shire counties face high implications from population ageing.

Figure 1.3.2.6: Number of authorities in each intensity category (using ethnicity for characteristics)





1.4 Responding to the implications of population ageing

1.4.1 Reducing costs of service provision

Local authorities should seek to reduce the cost of delivering services to older people.

This reduction is particularly important because of the significant impact of the financial

The maximum gross weekly expenditure of one authority on meals per older person receiving them was £82, which was over three times the average expenditure of £26.²⁰

crisis on future public spending. The Audit Commission has found that some authorities spend over three times more than the average authority per person on certain services.²⁷ The Commission, along with the Department of Work and Pensions and Bristol University, have advocated four strategies for controlling costs (see Figure 1.4.1.1). Implementation of these strategies will require a system-wide approach.

Figure 1.4.1.1: Audit Commission's strategies for local authorities to control costs

Strategy	Actions
Don't spend public money	<ul style="list-style-type: none"> ▪ Prevent need ▪ Encourage self-support ▪ Increase charges for service users ▪ Tighten eligibility criteria
Reduce spending	<ul style="list-style-type: none"> ▪ Reduce or delay need ▪ Support carers ▪ Support active ageing and community development
Prevent waste	<ul style="list-style-type: none"> ▪ Improve service commissioning ▪ Redesign processes ▪ Remove duplication ▪ Maximise income recovery
Achieve better outcomes for the same, or fewer, inputs	<ul style="list-style-type: none"> ▪ Collaborate ▪ Target spending on the things that older people value most ▪ Develop community resources

1.4.2 Demand management

Local authorities should also use low-cost preventative measures and early interventions to reduce the need, and intensity of need, for high-cost services. As the UK strategy unit has acknowledged, “[p]ublic services have to get better at halting problems in the making in order to cope with growing pressures on services”.²⁸ Local authorities need to take an “invest-to-save” approach. The logic of demand management is to use cheaper services—such as housing, leisure, adult education or general council services—to improve older people’s physical, mental and social wellbeing.²⁹ These improvements reduce the demand for high-cost care services

because the main causes of social care need are poor housing, health and mobility, breakdown of informal support and social isolation.³⁰ Leisure classes for older people are one example of this approach. Evidence from pilot schemes suggests that £1 spent on balance classes resulted in social care savings of £1.40.³¹ The demand management approach is important because without intervention the costs of care are projected to nearly double between 2010 and 2026.³²

1.4.3 Diversifying services

Councils should diversify their services to accommodate the changing characteristics of older people. Two examples illustrate diversification responses. Firstly, some local

Telecare can transform services by supporting or replacing formal services and allowing older people to remain in their homes for longer

- Authority official overseeing a Promoting Independence Group for a London borough ²⁶

authorities are successfully using telecare—a type of assistive technology—to transform their provision of social care. This technology comprises a range of equipment that helps people cope with problems in areas including health, mobility and communication. An example is a product that allows health professionals or family members to monitor older people’s health and medication remotely. This transformation

reduces costs. North Yorkshire County Council estimates it is saving £1 million per year using telecare, while Essex County Council estimates from a small sample that it is saving £3.80 per pound spent.³³ Secondly, local authorities are successfully “joining-up” their services with those of their partners to improve the efficiency of their services. LinkAge Plus, for example, is a pilot program for local authorities to join-up services with central government, the voluntary and community sector, and other partners to provide a single point for older people to access services. The program transformed services with a holistic approach to delivery in eight authorities. The evaluation of the pilot

found the approach yielded a range of benefits, embodied in a net present value of £2.65 per pound invested.³⁴

1.5 Conclusions

The main purpose of this part has been to give a clear and comprehensive account of the implications of population ageing for service delivery in English local authorities. We have argued that the three dimensions of this problem are an increasing number of older people, an increasing number of younger people, and older people with a different range of needs. The ageing model shows the degree to which these three dimensions are projected both to change over time and to vary between individual, and types and groups of, local authorities. Authorities can use the model to help understand and meet the future needs of their customers. The significant variation suggests that local authorities should individually take account of these dimensions when building their capability to deliver public services to older people in the future. Approaches such as reducing costs, managing demand and diversifying services represent the type of radical responses that will be important for authorities with intense ageing problems. Addressing the changing characteristics of older people, in particular, will be crucial. However, an understanding of the problem may not be sufficient to motivate the types of responses necessary to adequately respond to population ageing. The option of conducting business as usual may be attractive when compared to options that require coordination, investment and creativity with long-term and potentially diffuse benefits. Incentives and sanctions may be needed to encourage suitable responses, particularly among shire councils and unitary authorities.

Recommendations

Part I



⁷ We do not include Isles of Scilly or City of London because the Office of National Statistics considers that population projections are not robust enough for such small areas. Isles of Scilly are incorporated into the projections for Cornwall.

⁸ Office for National Statistics. 2008. *2006 Subnational Population Projections for England*.

⁹ Office for National Statistics. 2009. *Ageing in the UK*. <http://www.statistics.gov.uk/ageingintheuk/agemap.html>. (Accessed 10 March 2009).

¹⁰ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. 16.

¹¹ Office for National Statistics. 2008. *2006 Subnational Population Projections for England*.

¹² Economic and Social Research Council. 2007 Demographic Aspects of Population Ageing. *ESRC Seminar Series: Mapping the Public Policy Landscape*. 17.

¹³ UK Office of the Deputy Prime Minister. 2005. *"A Sure Start to Later Life: Ending Inequalities for Older People."* London. 102.

¹⁴ *Ibid.*

¹⁵ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. 16.

¹⁶ HM Government. 2009. *Shaping the Future of Care Together*. Cm 7673. 39.

¹⁷ HM Treasury. 2006. *Long-term opportunities and challenges for the UK: analysis for the 2007 Comprehensive Spending Review*. 3.53-3.59.

¹⁸ *Ibid.*

¹⁹ Economic and Social Research Council. 2007. Demographic Aspects of Population Ageing. *ESRC Seminar Series: Mapping the Public Policy Landscape*. 9-12.

²⁰ *Ibid.* 13.

²¹ *Ibid.* 12.

²² Each change is expressed in relative terms. This means that the change in each population for each authority is expressed as a percentage of the current population for the respective authority. Our specific approach was to divide the change in population between 2009 and 2031 by the 2009 population and express this number as a percentage by multiplying it by 100.

²³ Please see Private Sources List, #2.

²⁴ Office for National Statistics. 2008. *2006 Subnational Population Projections for England*.

²⁵ UK Office of National Statistics. <http://www.statistics.gov.uk/geography/england.asp>; and Directgov. http://www.direct.gov.uk/en/Governmentcitizensandrights/UKgovernment/Localgovernment/DG_073310. (Accessed 10 March 2009).

²⁶ This is because Rutland had zero ethnic older people between 2001 and 2007 (according to our definition), which made projections to 2031 impossible.

²⁷ UK Audit Commission. 2010. *"Under Pressure: Tackling the financial challenge for councils of an ageing population"*. Local government report. 32.

²⁸ UK Cabinet Office Strategy Unit. 2006. *"Power in People's Hands: Learning from the World's Best Public Services"*. 48.

²⁹ UK Audit Commission. 2010. *"Under Pressure: Tackling the financial challenge for councils of an ageing population"*. Local government report. 36; UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. 58.

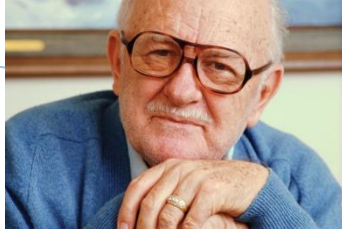
³⁰ UK Audit Commission. 2010. *“Under Pressure: Tackling the financial challenge for councils of an ageing population”*. Local government report. 4.

³¹ Davis, Howard and Katrina Ritters. 2009. *LinkAge Plus national evaluation: End of project report*. Department for Work and Pensions Research Report No. 572. 3.

³² UK Audit Commission. 2010. *“Under Pressure: Tackling the financial challenge for councils of an ageing population”*. Local government report. 11.

³³ *Ibid.* 43-44.

³⁴ Davis, Howard and Katrina Ritters. 2009. *LinkAge Plus national evaluation: End of project report*. Department for Work and Pensions Research Report No. 572. 3.



ASSESSING THE RESPONSES OF LOCAL AUTHORITIES

2.1 An Index for Delivering Older People Services

2.1.1 Review of Existing Performance Measures

There are two main sets of national measures assessing local authorities' service delivery performance. Firstly, the Audit Commission analyses how well authorities are serving their communities using the Comprehensive Performance Assessment (CPA), which was later consolidated into the Comprehensive Area Assessment (CAA). Secondly, the Care Quality Commission regulates and assesses health and adult social care services in England.* These two measures, however, are each limited in helping us understand how well authorities deliver services to older people. The CAA scores only overall authority performance, i.e., it does not include a disaggregated assessment of older people services, and focuses on a qualitative, "narrative-form" type of analysis.³⁵ Turning to the CQC, their social-care focused metrics primarily measure outcomes such as "Improved Health and Social Wellbeing" and "Freedom of Discrimination and Harassment".³⁶ While outcomes are important, they are difficult to quantify, measure, and compare across local authorities and also do not capture other important aspects of the service delivery process. Our index seeks to overcome these various deficiencies.

2.1.2 Methodology

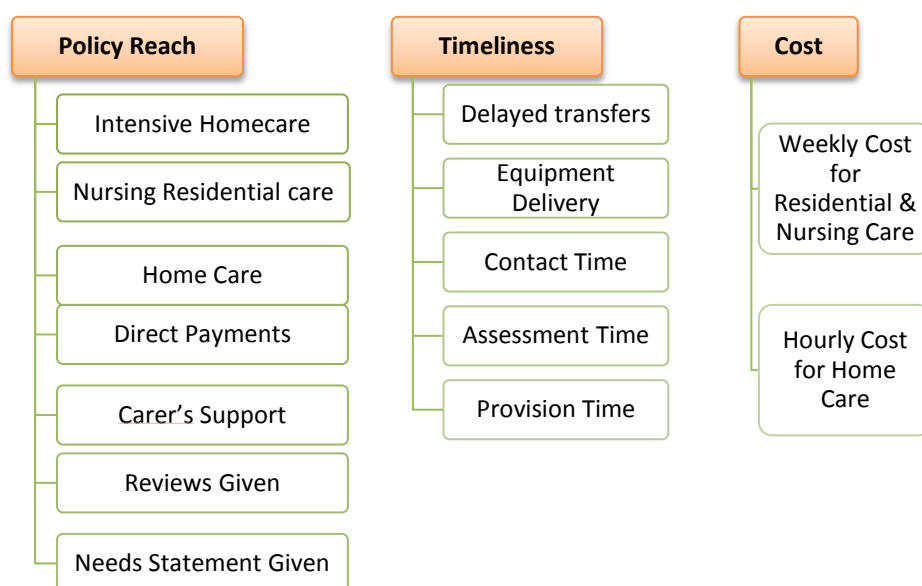
We constructed the service index based on indicators available from the Performance Assessment Framework (PAF) dataset, which includes information from local authorities with social care responsibilities and cover a broad range of service areas.³⁷ Beyond their relevance to service and social care, the indicators have several attractive attributes that further motivated their use. Firstly, they are quantitative metrics that are easily comparable across local authorities. Secondly, a subset of these indicators are specifically focused on older people. Thirdly, the indicators, although covering a broad range of service areas, provide an additional layer of depth above and beyond the standard assessment frameworks such as the CAA. Fourthly, an especially important point for our analysis, the data-quality aspect of these indicators is very high.

* Care Quality Commission Website: <http://www.cqc.org.uk/>

Among the indicators available, we selected 14 indicators of service delivery for older people and grouped them into three categories: current service delivery capacity (reach), timeliness and cost effectiveness in delivering those services. The reach category includes indicators of the level of service provision to older people population (per 1000 population aged 65 and above). The timeliness category measures the percentage of the service transaction that meets a predetermined service standard. One indicator, for example, is percentage of items of equipment and adaptations delivered within seven working days. The cost effectiveness indicator measures local authorities' unit costs of providing services, which facilitates comparisons across authorities.

The three broad categories of sub-indicators were mapped into a single Older People's Service (OPS) Index, as described in Appendix 2. For the purpose of this analysis, we categorised local authorities into three groups – low, medium, and high – according to their respective scores on the OPS Index. For simplicity, the groups were determined by creating three equally-sized bins bounded by the lowest and highest possible values of the OPS Index and each local authority was placed into one of these bins based on its index score.[†]

Figure 2.1.2 Sub-indicators for the Older People Service Index



2.1.3 Assessing Local Authorities

Most local authorities fall in the 'medium' band (64 percent), while 17 percent of local authorities are in the 'high' band and 20 percent of local authorities are in the 'low' band. The OPS Index itself is statistically significantly correlated with standard national assessment frameworks (at the 1 percent level for both the 2008 CPA and 2008 CQC assessments and at

[†] Note that this implies the categorisation only provides a relative (as opposed to an absolute) ranking.

the 5 percent level for the 2009 CAA), although the correlation coefficient is at times low[‡]. The low correlation is likely due to the different areas of focus of the other performance measures. While the CPA/CAA assesses overall performance and the CQC assesses older people outcomes, the OPS index focuses on the service delivery aspect of older people services. Nonetheless, the strong statistical significance lends additional credibility to our index as an appropriate and stand-alone measure of performance.

Figure 1.1.3.1

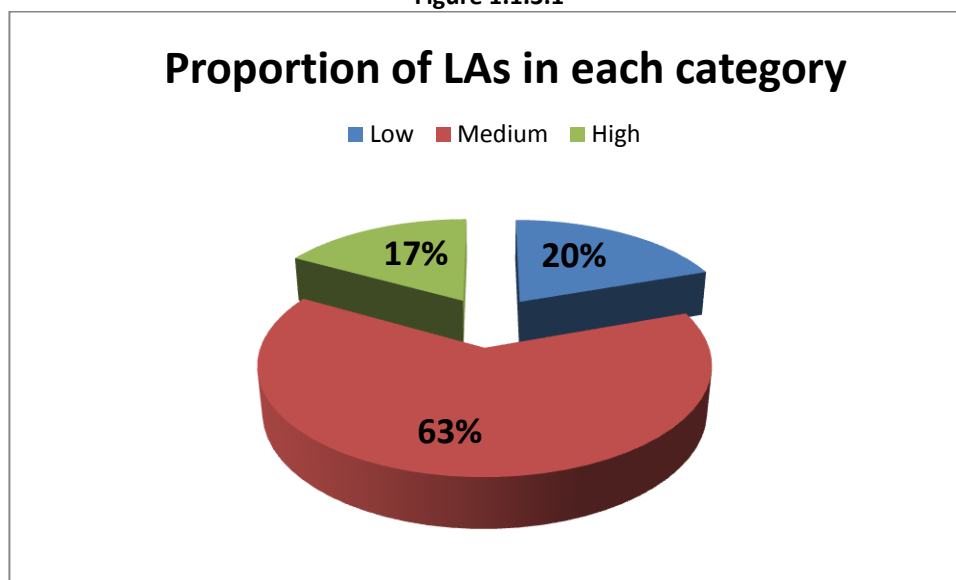
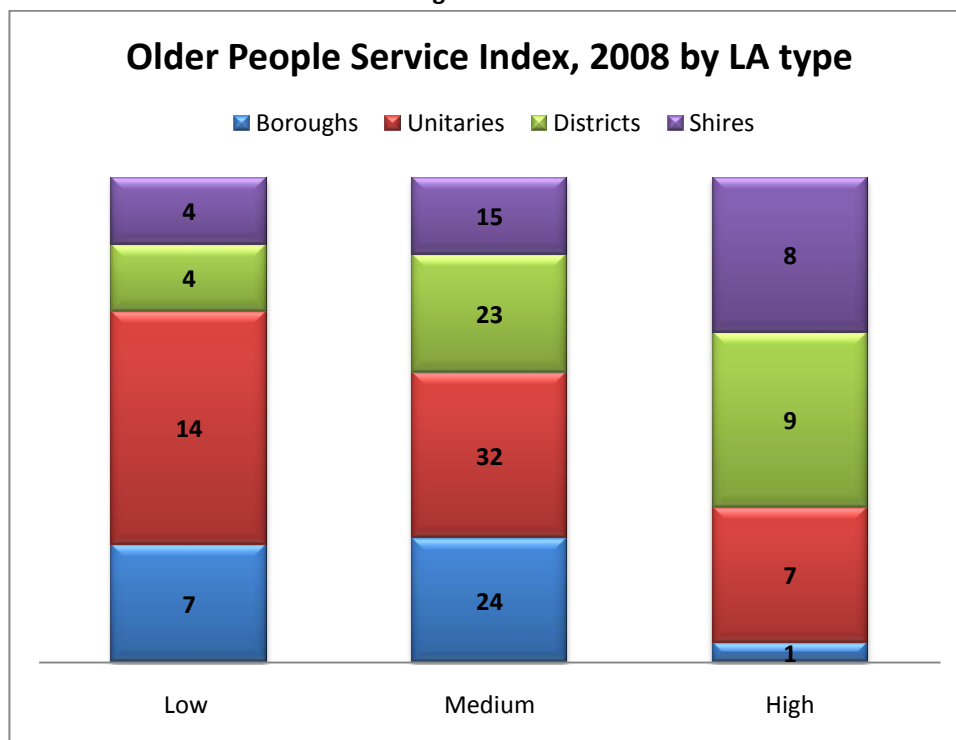


Figure 2.1.3.2



[‡] 0.26 for the 2008 CPA, 0.17 for the 2009 CAA, and 0.44 for the CQC.

If the scores are disaggregated according to local authority type, unitary authorities metropolitan districts, and shire counties all make up nearly equal proportions of those authorities scoring 'high' on the OPS Index. North Yorkshire is an example of a shire county that scored highly relative to its peers. In contrast, there is only one London borough in the 'high' category. This is despite their relatively high scores on other assessments such as the CAA. The disparity may be due to the high unit costs of service provision in London boroughs, which is a key consideration for our index but not the other assessments.

2.1.4 Linking the service index to problem intensity

Framing performance in the context of population ageing, we found that most local authorities with poor OPS Index scores face a relatively low to medium problem intensity. While there are 30 local authorities with low scores, 5 are 'developers' and 20 are 'adapters'. Arguably, they have less to worry than Milton Keynes, for example, which was one of the five local authorities with low scores on our index and are considered "transformers" with respect to problem intensity. Also, among those local authorities with similar problem intensities, performance varies. For example, North Yorkshire scored well on the OPS Index despite facing a high problem intensity.

Table 2.1.4 Older People Service (OPS) Index Summary Score

Category	High Score	Medium Score	Low Score
Developers	04	19 Wandsworth	05
Adapters	20	55 Southend-on-Sea	20
Transformers	05 North Yorkshire	16 Bracknell Forest	05 Milton Keynes
Total	27	91	30

2.1.5 Conclusion

The OPS index helps identify individual local authority's performance relative to the long term demographic challenge they may face. For example, while Wandsworth has an average score on the OPS Index, its demographic challenge is one of low intensity. In contrast, Southend-on-

Sea has the same index score but has a higher intensity ageing challenge (it is in the adapters category). Bracknell Forest faces the most intense population ageing challenge among the three and, given that it is not as prepared as the other two authorities in terms of our OPS Index, it will need to make the greatest transformations in its service delivery to meet this challenge.

Using the OPS Index we are able identify adaptors and transformers who have scored relatively badly, i.e. local authorities that have a medium to high population ageing problem intensity with low scores on the index. These are the local authorities that are likely the least prepared for population aging and therefore, special attention should be paid to them.

2.2 Joined-Up Governance (JUG) Index

2.2.1 Rationale for JUG Index

A key focus of the UK central government under Tony Blair was to reform the public sector through joined-up governance.³⁸ Joined-up governance refers “to consistency between the organizational arrangements of programs, policies, or agencies, which may enable them to collaborate,”³⁹ although joining-up has become an “umbrella term” encapsulating the many ways in which government tries to align its various objectives.⁴⁰ There are various potential benefits to joining up. As outlined in the 2003 National Audit Office (NAO) report entitled *Developing Effective Services for Older People*⁴¹, joined-up governance can help overcome organisational boundaries, reduce duplication of services and streamline customer interactions with the provider. Joined-up working can also broaden accessibility of services and ensure faster service delivery, increased innovation, and improved cost-effectiveness.⁴² Additionally, as a similar study was done in 2006,⁴³ by updating the results and further expanding on the methodology, we can analyse trends in joined-up governance (and their effects on service delivery) over time and develop deeper insights into the mechanisms that underlie any notable changes.

2.2.2 Methodology

In order to measure the level of JUG for each local authority, we conducted a census to evaluate each local authority’s level of ‘joined-up-ness’ based on the information available on their websites. This involved the replication of the census and integration index developed and used in the 2006 LSE study. Since the focus of the 2006 study was on the service delivery for older people, the index was designed to measure the horizontal integration in various dimensions, covering the integration of both frontline services and back-office operations.

The dimensions were as follow:

Table 1.2.2 Dimensions of JUG Index

<u>Frontline Services</u>	
General	To check for the presence of sites, contacts, and persons who are specifically available for and targeted at the elderly
Health	To measure integration with health partners such as the NHS
HC and RC (Homecare and Residential Care)	To measure integration with other social care partners (e.g. private nursing homes)
Benefits	To measure integration with DWP & others on benefits & pension matters
NGO (Non-Governmental Organizations)	To measure linkages with other non-government partners
Other Services	To measure integration with other partners (e.g. bus companies) that provide services to the elderly
<u>Back Office Operation</u>	
Coordination	To find evidence of joined-up structures and/or strategies
Co-author	To find evidence of integration with other non-government partners
Evaluation	To find evidence of being performance-driven
Joint Finance	To find evidence of joint-financing of initiatives

For purposes of comparison, this study uses a similar set of questions⁵ from the 2006 report to capture these various dimensions of joined-up governance. These questions were binary (either yes or no) such that scores of 1 or 0 were respectively assigned and the integration index score was then calculated by summing up the score and normalising it.

Nevertheless, there are limitations to the methodology. Due to the division of labour in conducting the web census among team members, there is the risk of individual team members using different definitions and standards of assessment when answering questions. To mitigate this risk, the team had a trial run in the initial stages and clarified ambiguities in definitions. This helped to create a common understanding of definitions and standardised the assessment approach.

While intra-team differences are minimized, the risks of different assessments of the 2006 and 2009 teams still persist. For example, our “common understanding” of definitions may have been biased (in a stricter or more lenient sense, e.g.) in comparison to that of the previous team. We may have also used different search methods (e.g., Google’s advanced search as opposed to manual search), which can bias our results upwards as we are more likely to find the information we are targeting. Finally, the technology underlying the websites may have improved over the span of the last few years. Improvements in layout, directory structure, and the web sites’ own search engines can lead to improvements in overall scores, but these

⁵ The 2009 questions have been updated to reflect new policy changes and streamlined to eliminate repeated or redundant questions. Nevertheless, the questions used in the 2009 are largely the same as the one used in 2006. The complete set of questions can be found in Appendix 3.

increases could not be attributed to improvements in joined-up-ness. Hence, one should be mindful of these limitations when comparing web census results across time.

2.2.3 Main Findings

The web census was conducted on 108^{**} local authority (at the single tier and county council level) websites in England. These included 34 London Borough, 43 Unitary Authorities and 31 County Councils.

Table 2.2.3.1 shows the top and bottom five performers:

Table 2.2.3.1 Selected JUG Scores

Local Authority	Normalized Score
<u>Highest Performers</u>	
Greenwich	93.83
Leicestershire	92.59
Surrey	91.36
Wandsworth	87.65
Islington	85.19
<u>Lowest Performers</u>	
Peterborough	17.28
Nottingham	30.86
<u>Central Bedfordshire Council</u>	34.57
Torbay	34.57
Stockton on Tees	37.04

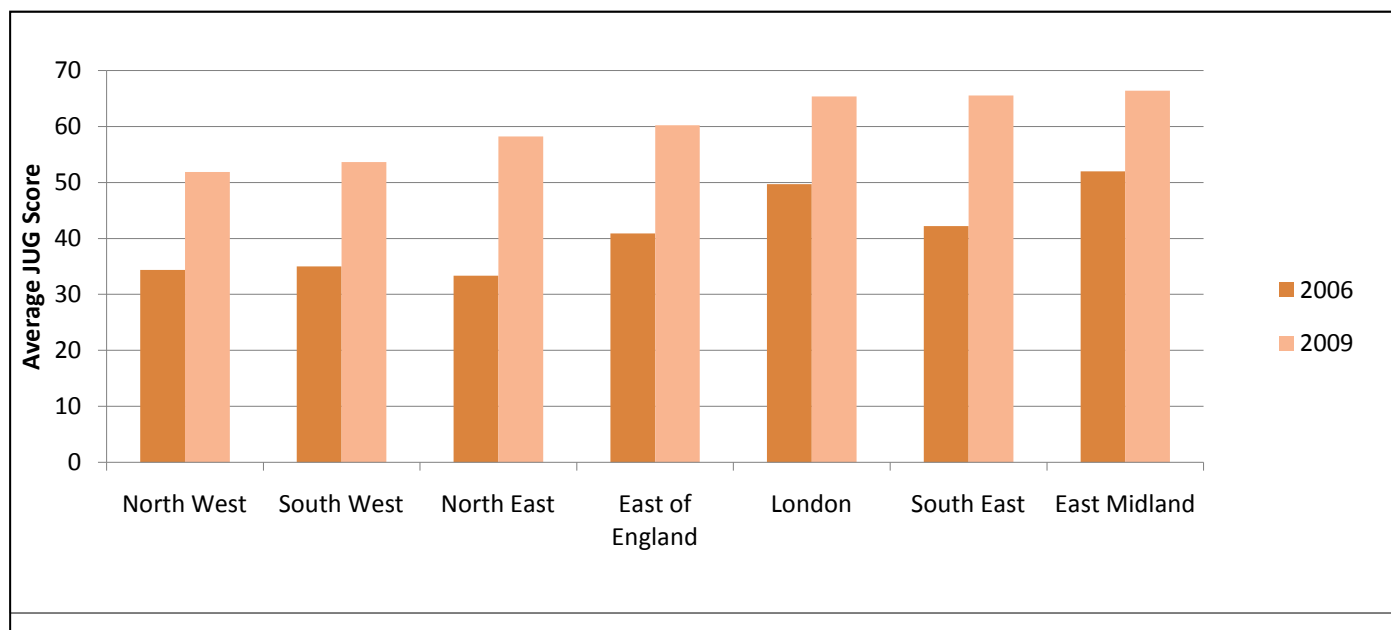
(See Data CD for results of all local authorities surveyed)

In 2009, the top performing regions were in the East Midlands, the Southeast and London, whereas the Northwest, Southwest and Northeast were regions scored the lowest. However, comparing both 2006 and 2009 results, a marked improvement was observed across all regions. The largest improvements were in the Northeast region, which was up 42 percent from its 2006 score. This overall improvement may be due to the recent push by the UK government for local authorities to join up.⁴⁴

^{**} There were 111 in the original study, but 3 of these do not currently exist due to council restructurings that have taken place across the UK.

Figure 2.2.3.2

JUG score by regions (2006, 2009)

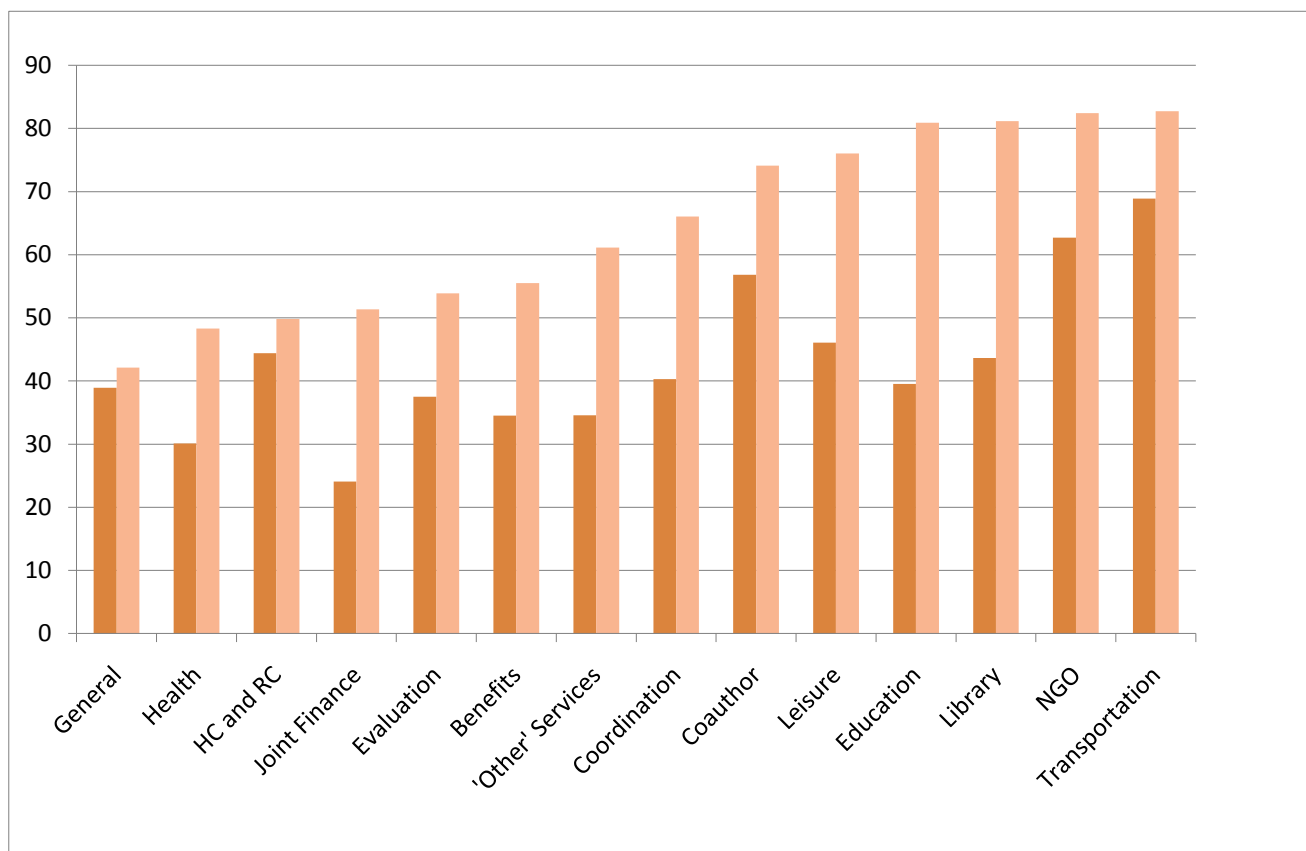


When we disaggregated the scores according to the different dimensions of joined-up governance, we found uneven performance across the different categories. On average, local authorities did relatively well in providing information on everyday services that an older person might use, such as transportation, library, adult education and leisure activities.

However, local authorities are not performing as well in critical areas such as healthcare and homecare/residential care, which are significant drivers of service delivery costs. The low score in the general category indicates that there is still a lack of older person-specific contact points and champions. Hence, while local authorities have made general improvements from 2006, they appear to be struggling to integrate vital services such as health and homecare/residential care.

Figure 2.2.3.3

JUG score by dimensions (2006, 2009)



2.2.4 Linking JUG with Outcomes

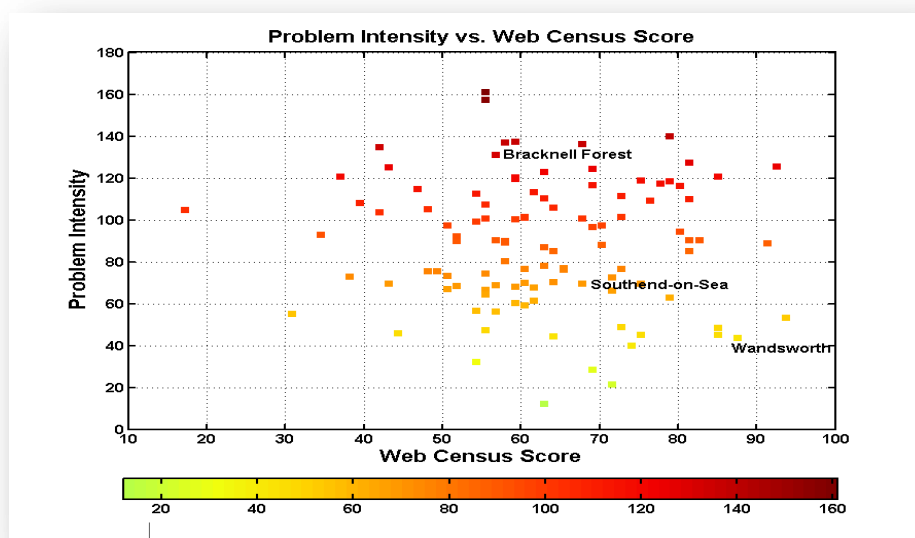
To determine the impact of JUG on outcomes, we used regression analysis to measure the correlation between the 14 elderly indicators used in the OPS Index above and JUG (defined by the JUG Index score). Control variables were included for the local authority's budget, the local authority's staff size, the size of the elderly population, a local authority's income, as well as size of middle class.^{††}

In general, there was no correlation between the overall JUG Index and any of the 14 outcomes. This echoes the results 2006 LSE study. Hence, despite seemingly increasing level of joined-up governance from 2006 to 2009, there is little evidence to suggest this has translated into better outcomes. One possible explanation is that local authorities up till now have concentrated on the aspects of joining up that that are easier to implement but also have limited impact on outcomes, i.e., are of the low-cost, low-benefit variety. Another possible explanation could be that there is a time lag between joining up and its impact on improving outcomes.

2.2.5 Joining Up to prepare for Demographic Challenges?

Figure 2.2.5 shows that there is no correlation between the level of JUG, taken as a proxy for local authorities' preparedness, and the demographic challenges that they face in 20 years' time. This finding implies that preparedness varies within the different problem intensity categories.

Figure 2.2.5



^{††} See Appendix 4 for a detailed explanation of data sources, regression model and results.

2.3 Census of Local Authority Older People's Strategies

2.3.1 Introduction

Many local authorities encapsulate their approach to older people in the context of population ageing in a single document. These older people's strategies provide a unique insight into the strategic preparedness of local authorities for population ageing. There has, however, been no fine-grained assessment of these strategies. In this section we contribute to filling this gap. We present the main results of a detailed census of 46 local authority older people's strategies and associated action plans. We assess the extent that local authorities understand their changing demographic profile, engage meaningfully with older people and other key stakeholders in the service delivery process, cover issues that older people consider to be important, and drive performance through targets. First, we briefly summarise the existing research on local authorities' preparedness for population ageing. Second, we describe the assumptions and limitations of our strategy census. Third, we present and analyse the main results. We conclude with an assessment of local authorities' preparedness relative to the intensity of their population ageing problem.

2.3.2 Assessing Local Authorities' Strategic Approach to Older People Services

The Audit Commission formally assessed local authorities on several aspects of their strategic approach to older people through the CPA. The CPA used a star rating from zero to four stars to measure the performance of individual authorities compared to other authorities in England. The Commission prioritised a strategic approach to delivering services to older people as one of the sub-themes of the "key lines of enquiry" for corporate assessments. The specific focus of its inspection was the extent to which the authority was working with its partners and older people to:

1. develop a strategic approach to older people that goes beyond health and social care and covers the areas that older people say are most important;
2. undertake meaningful engagement with older people and their representative groups on all aspects of the strategic approach and service provision; and
3. deliver a comprehensive, co-ordinated range of services to older people.⁴⁵

The older person sub-theme was not scored individually, but along with four other sub-themes it contributed to a score for authority “achievement”.

While many local authorities responded to this assessment framework with a formal expression of their strategic approach, these older people strategies have been subjected to limited analysis. The Audit Commission published an assessment of local authority preparedness for population ageing in 2008.⁴⁶ The Audit Commission equated preparedness for population ageing with the publication of an older people’s strategy.⁴⁷ It found that out of the 111 authorities assessed: 28 percent were performing well and had meaningful engagement with older people, well-developed cross-cutting strategies and coordinated services; 45 percent had started to make progress, but were at an early stage of strategic development; and 27 percent focused solely on social care and made no other provision for older people. However, there was no link in the Commission’s view between preparedness and overall CPA performance and only a weak link to spending or performance on adult social care.⁴⁸

2.3.3 Assumptions and Limitations of the Strategy Census

One of the key assumptions underpinning the census is that an older people’s strategy encapsulates to a high degree a local authority’s current and planned future approach to delivering services to older people. This relationship might not hold if, for example, a local authority produces a strategy document merely to satisfy performance assessment requirements rather than to inform the services it delivers. A strategy might also become increasingly out-of-date over time. While we cannot overcome these two potential problems entirely, there is a variety of mitigating factors that suggest there is an adequate match between strategies and practice. Many of the strategies were created in the last several years. They are all accessible on the internet and many in hard-copy form. The prospect of Audit Commission inspection also incentivises local authorities to keep strategies updated. Older person charities and older people themselves may also play monitoring roles, especially because most strategies involved them in the development phase. Finally, several strategies explicitly state they are “living documents”, which further supports their use for our purposes. We are cautious, however, about putting too much weight exclusively on these documents and stress that our results should be considered alongside findings from our other methods.

In order to facilitate the triangulation of our results, our sample of local authority strategies are derived from the authorities that we found in our web census to possess a strategy document for older people.⁴⁹ This means our sample does not contain any

strategies from metropolitan districts, which are one of the four types of local authorities included in the population ageing model. This limits the external validity of the strategy census and therefore our ability to generalise results across all the types of local authorities.

2.3.4 Key Findings and Recommendations

This section presents a summary of our key findings and recommendations. It is divided according to the six main categories of questions:

1. Strategy Basics (length, start and end year, contact person, etc.);
2. Understanding the Local Demographic Profile;
3. Understanding the Needs and Priorities of Older People;
4. Strategic Approach and Coverage;
5. Joined-up-ness; and
6. Targets and Funding.

A complete list of the census questions can be found in Appendix 5, while the response statistics are available on our data CD.

1) Strategy Basics

Findings: *There is wide variation in depth and coverage of the older people's strategies, suggesting that a significant number of local authorities base their approach on relatively short time horizons.*

Our findings indicate that there is significant variation in the depth and coverage of strategies. Many of the strategies are significant documents. As illustrated in

Figure 2.3.4.1: Histogram of strategy word counts

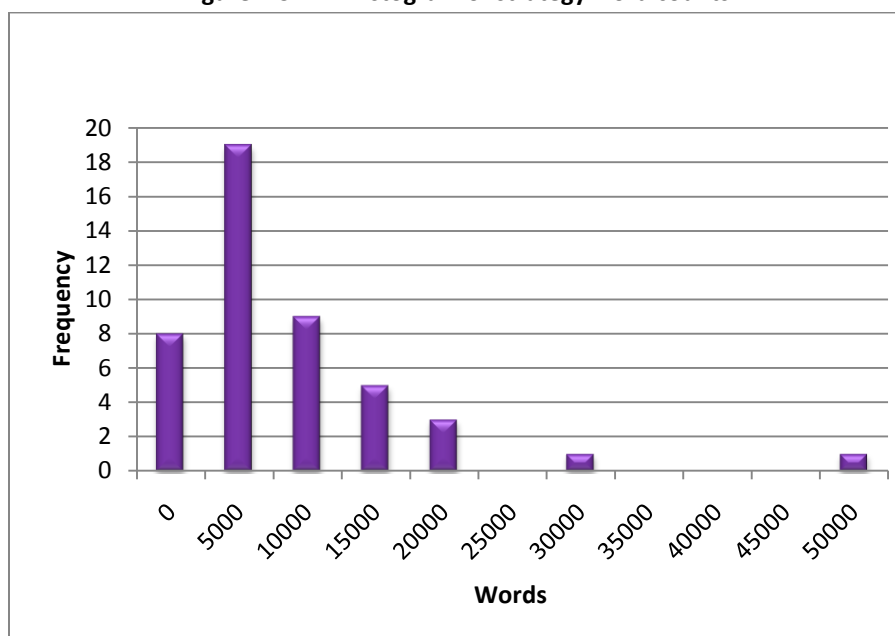


Figure 2.3.4.1, most strategies (19) have word counts (excluding appendices) in the 5,000 to 10,000 range, although a large number are much longer. Thurrock County Council's strategy is at the high extreme with over 50,000 words. Similarly, the time frames of the strategies, which can proxy for how forward looking an authority is, vary considerably, as evidenced in Figure 2.3.4.2. Some strategies commence as early as 2004 and span a range of a few years while others begin much more recently and last for over 10 years.⁵⁰ As can be seen from the figure, the most frequent start and end dates are 2008 and 2011 respectively, suggesting a relatively short time span covered. Another potential proxy for a local authority's forward-focus is the latest year mentioned in the strategy. We found a 40-year difference between the maximum and minimum values across strategies. Although this difference is quite large, it has to be taken in context. Almost all of these last year references were for population projections, data which is available from the Office of National Statistics (ONS). Overall, this latter evidence suggests that quite a few of the local authorities have relatively short time horizons when considering older people's issues beyond age. Since the latest years mentioned in the strategy are most frequently references to population projections, the strategy end year is a better indication of how forward-looking an

Some strategies commence as early as 2004 and span a range of a few years, while others begin much more recently and last for over 10 years.

authority is and as can be seen from the figure below, over half of the strategy documents end at or before 2011. This point is concerning as the ageing problem is projected to be particularly severe for certain local authorities in the next decade.

Figure 2.3.4.2: Statistics on Strategy Time Coverage

	Strategy Start Year	Strategy End Year	Latest Year Mentioned in the Strategy
Minimum	2004	2008	2011
Maximum	2009	2021	2051
Median	2008	2011	2025
Mode	2008	2011	2025

2) Understanding the Local Demographic Profile

Findings: *Local authorities have a limited understanding of their demographic profile, both in terms of its current composition and, especially, how that composition will change over time.*

According to the Audit Commission, underpinning authorities' strategic approach to population ageing should be a good understanding of the current and future demographic profile of older people, including their age, life expectancy, health issues, ethnicity, gender, employment, and marital status.⁵¹ As Figure 2.3.4.3 shows, in discussing the current demographic profile, the majority of strategies do not mention life expectancy, gender, employment or marital status. There is even less discussion of the characteristics of older people in the future. With the exception of age, the majority of older people's strategies did not discuss how the various demographic characteristics of older people will change over time. This is particularly significant because these characteristics define the diversity dimension of the population ageing problem (see 1.2.3 above). Less than half of the older people's strategies mentioned how the proportion of older people will change over time, information which underpins another crucial dimension of the population ageing problem. Discussions of the current and future demographic profile of older people were not very data-driven, with few

supporting charts used as evidence. This highlights a need for more and better statistics, whether it be from the ONS or other, perhaps more local, organisations.

Local authorities should develop a better understanding of the current and future demographic profile of their older people. The specific focus should be on the characteristics dimension - as proxied by life expectancy, health, ethnicity, gender, employment, and marital status - as well as how the proportion of older people will change over time.

Most older people's strategies did not discuss how various demographic characteristics other than age will evolve over time. This is particularly significant because these characteristics define the diversity dimension of the population ageing problem.

Figure 2.3.4.3: Discussions of local demographic profile, its trends, and supporting charts

	Current profile No Discussion	Future profile No Discussion	No Supporting Charts
Age	13 percent	9 percent	37 percent
Life Expectancy	63 percent	85 percent	93 percent
Health Issues	50 percent	72 percent	74 percent
Ethnicity	37 percent	63 percent	83 percent
Gender	83 percent	100 percent	100 percent
Employment	70 percent	96 percent	91 percent
Marital Status	76 percent	89 percent	93 percent

3) Understanding Needs and Priorities

Findings: *There was limited evidence of meaningful engagement and involvement of various stakeholders in the service delivery process, particularly the private sector.*

In developing their strategies, local authorities were expected, at a minimum, to engage meaningfully with older people and their representative groups, as well as partner agencies. As can be seen from Figure 2.3.4.4 below, in the majority of the strategies there was evidence that the authority had engaged central government policies, local Primary Care Trusts (PCTs), older people and charities. The private sector was mentioned least frequently with evidence of it being engaged present in only 8 (19 percent) of the strategies. Similarly, older people, charities, and PCTs were frequently cited as strategy partners, while the private sector was only recognised as an official

There was evidence of private sector engagement in strategy creation in only 8 (19 percent) of the documents. Similarly, the private sector was only recognized as an official partner in 4 (9 percent) of the cases.

partner in only 4 (9 percent) of the cases. Private sector involvement may be limited because the majority of older people's expenses are care-related and, since the local NHS and PCTs are publicly-funded, the private sector may not be considered as one of the key stakeholders in the service delivery chain (although it is likely that the private sector works with these local organisations in some capacity). However, with rising costs and the potential to benefit from economies of scale and other efficiency gains through outsourcing, there is room for mutually-beneficial partnerships among local

authorities and the private sector, both in care as well as other service areas. Hinckley and Bosworth Borough Council, for example, shares its IT with neighbouring council Oadby and Wigston. Both authorities receive services from the private supplier Steria.⁵² The local authorities save money because they pay less than if they had provided the IT services themselves, while Steria makes a higher profit since it only needs to pay marginally more to provide services to two versus one authority.

Figure 2.3.4.4: Evidence of engagement

	Yes (percent)
Central Government Policies	65 percent
Local Primary Care Trusts (PCTs)	85 percent
Private Sector	17 percent
Older People	91 percent
Charities	80 percent
Adult Social Care Directorate	35 percent
Other Directorates	33 percent

4) Strategic Approach and Coverage

Findings: *In the strategy documents, there was good coverage of issues important to older people. However, there was inadequate evidence of targeting of services for those groups of older people deemed most at risk. There also seems to be unrealised potential for using technology to improve various aspects of service delivery.*

Local authorities were assessed on whether they went beyond just social care services and provided a broad range of services that addressed older people's "seven dimensions of independence".⁵³ These include housing, neighbourhood (and safety), transport (getting out and about), income, information, health and healthy living, as well as social activities, social networks, and keeping busy. As can be seen in Figure 2.3.4.5 below, a large majority of older people's strategies "thoroughly mentioned" these dimensions (i.e., the

Most older people's strategies provided detailed descriptions of all the primary categories which older people find important.

descriptions of these categories were longer than one paragraph), with the lowest value for transport at 59 percent.

Figure 2.3.4.5: Discussions of categories important to older people

	No Discussion	Brief Mention (1-2 sentences)	Detailed Mention (1 paragraph)	Thorough Mention (1+ paragraph)
Housing	9%	13%	4%	74%
Neighbourhood	15%	11%	2%	72%
Social Activities	11%	20%	2%	67%
Transport	22%	15%	4%	59%
Income	11%	13%	4%	72%
Information	11%	15%	11%	63%
Health	2%	9%	4%	85%

A core aspect of the preventative approach discussed in Part 1 is to target services at older people at risk of social isolation, ill health and dependence. People at high risk include those: aged 85 and over; living alone; without access to transport; living in rental accommodation; with a mental illness or physical disability; from minority groups; with low income; and without access to a telephone.⁵⁴ However, our census found evidence of inadequate services for these older people. As can be seen in Figure 2.3.4.6, there was reasonable coverage across the strategies of services for the mentally ill, poor, disabled, and minority groups. Most of the strategies, however, did not describe specific services for the “old old” or older people living alone, without transport access, living in rented accommodation, and without phone access. The “old old” and those without phone access received the worst coverage with respectively 2 and 1 local authorities discussing services targeted at these groups.

Most of the strategies did not describe specific services for the “old old” as well as those living alone, without transport access, living in rented accommodation, and without phone access.

There are a number of possible explanations for this finding. First, there could be an information gap if local authorities are unaware that these are the most at risk groups or

do not know the local statistics on these groups. This is plausible given the limited discussion of the local demographic profile in the majority of the strategies. Second, local authorities with limited resources could be simply focusing on mainstream service provision. There is some evidence for this as 18 of the older people's strategies explicitly propose steps to ensure that mainstream services are available to as many people as possible, hinting that this may currently be a higher priority. Third, local authorities could have limited time horizons and are focusing on short-term fire fighting. Given the short time span of some of these strategy documents and the fact that many of the national assessments primarily evaluate current performance (as opposed to preparedness for future delivery), we should not be surprised that local authorities are focusing attention on improving their present service provision.

Figure 2.3.4.6: Percentages of older people's strategies that described targeted services for the most at risk groups

Group	Yes
"Old old"	4%
Living alone	35%
Disabled	52%
Mentally ill	59%
No Transport Access	26%
Living in Rented Accommodation	20%
Poor	50%
No Telephone Access	2%
Minority	57%

Technology received variable coverage across the strategies. As shown in the figure below, at least half of the older people's strategies did not even mention the word internet. Technology was discussed more often and was specifically cited as a solution to service delivery issues. The type of technology was mostly limited to assistive technology such as telecare and telemedicine. A few strategies did describe initiatives aimed at increasing older people's use of the internet and computers, as well as interactions with younger communities such

There may be an unrealised potential for technology to improve other aspects of service delivery, as its current use is primarily limited to assistive forms, i.e., telecare and telemedicine.

as the Silver Surfers program. According to Bristol's Older People's Strategy: "[a]t these (Silver Surfers) events students from local secondary schools 'buddy' an older person, encouraging and supporting them to access the web, send an email and gain basic IT skills." These seemingly narrow uses of technology lead us to believe that there may be an unrealised potential for technology to improve other aspects of service delivery, and we will return our attention to this issue in the best practice section of the report.

Figure 2.3.4.7: Internet and technology word counts

	Min	Max	Median	Mode
Internet	0	10	0	1
Technology	0	33	1	3

Local authorities should understand who are the most at risk groups of older people within their jurisdictions and should better target services for these groups. In transforming their services, local authorities should consider leveraging technology to a greater degree.

5) "Joined-up-ness"

Findings: *There is limited use and understanding of joined-up service delivery.*

When assessing the extent of joined-up service delivery, we found that in 38 (83 percent) of the older people's strategy documents there was evidence of integration. Most strategies mentioned the words "joined-up" at least once. However, less than a third of the older people's strategies described reasons for joining-up and only one local authority discussed obstacles to integration or how to overcome those obstacles. Furthermore, with the exception of the health and healthy living dimension, the majority of strategies did not describe joined-up initiatives for categories of importance to

Less than a third of the older people's strategies described reasons for joining-up and only 1 local authority discussed obstacles to integration or how to overcome those obstacles.

older people. These findings shed additional light on our web census finding that there did not seem to be a strong correlation between a local authority being more joined-up and having improved service outcomes. From these results, it seems that a lot of local authorities may not have a deep understanding of joined-up service delivery, specifically in terms of its resource requirements, where it is appropriate, and how to make it effective. There is a danger that joined-up is merely a buzzword and local authorities have jumped on the “joined-up-ness” bandwagon without first performing a cost-benefit analysis on joining-up various aspects of service delivery.

Local authorities should develop a better understanding of joined-up services so that they may utilise them if and when appropriate. Specifically, local authorities should understand the cost and resource implications of joining-up, how to overcome obstacles to joined-up service delivery, and how the benefits of joined-up working can best be realised given their specific context.

6) Targets and Funding

Findings: *Local authorities could be doing much more to drive performance through targets and have a limited understanding of their strategies’ cost implications.*

The final section on targets and funding was by far the weakest area across all local authorities. We found that 19 (41 percent) of the strategies were not accompanied by an action plan, although a subset of 10 of these included targets as part of the main document. As evidenced in Figure 2.3.4.8, the action plans which were available spanned quite different time ranges.⁵⁵ Some plans ended a few years ago (and we could not find updated plans on the local authorities websites or acquire copies by contacting the local authorities directly⁵⁶) while others go far into the next decade. 35 (76 percent) of the local authorities did not include a description of how initiatives would be funded and only 1 authority (Lambeth) included costings for proposals. There is also evidence that local authorities are not considering the financial implications of population ageing in their financial plans either. The Audit Commission recently found

35 (76 percent) of the local authorities did not include a description of how initiatives would be funded and only 1 authority (Lambeth) included costings for proposals.

that while “[j]ust over half of the plans included a reference to demographic change, but only one-tenth made any estimate of the financial impact of an ageing population.”⁵⁷

Figure 2.3.4.8: Action Plan Time Frames

	Minimum	Maximum	Mode	Median
Start Date	2005	2009	2008	2008
End Date	2007	2018	2009	2010

Taking a more detailed look at targets, the most frequently cited targets were outcome-based, although outputs were also mentioned. Although we answered yes in 17 of the action plans when assessing whether the targets were measurable, there were several cases in which only a small subset of the targets fell in this category. The vast majority of action plans had short (12 month) to medium-term (2-5 year) targets, 24 and 19 strategy documents respectively, and only one strategy had an overall target listed. As can be seen in Figure 2.3.4.9, if we combine all the targets listed in the strategy and action plan, most of the areas of importance to older people have targets associated with them, with the exception of “getting out and about.”

Figure 2.3.4.9: Targets Listed in Areas of Importance for Older People

	Yes (percent)
Housing	63 percent
Neighbourhood	61 percent
Social Activities, Social Networks and Keeping Busy	63 percent
Getting Out and About	48 percent
Income	65 percent
Information	67 percent
Health and Healthy Living	76 percent

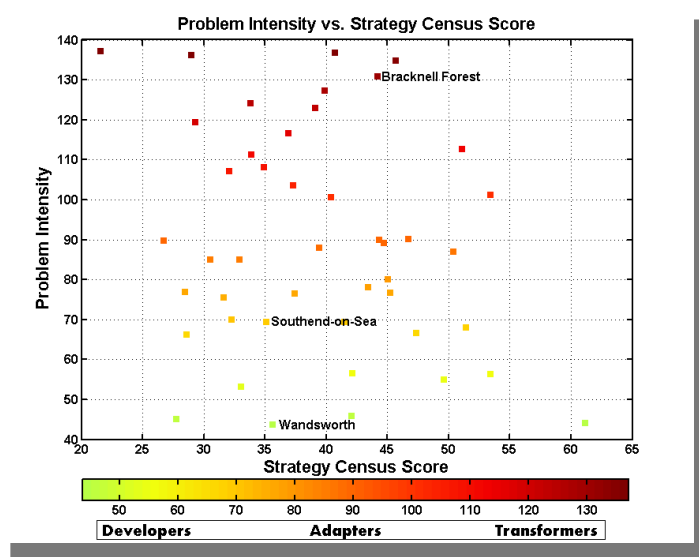
There was significant variability in the number of targets included in the strategy and action plan; some older people's strategies had no targets overall while others had many (and over 100 at one extreme). For targets that cut across organisational boundaries, most frequently (in 15 of the action plans), it was unstated who was responsible for the targets. In fact, many authorities did not list a person responsible for individual targets. Finally, 18 (39 percent) of the strategies specified when the achievements of the targets would be measured, only 1 authority said it was required to report on the performance of targets, 3 councils made performance against targets available to the public, and 12 (26 percent) of the strategies specified how the achievement of targets would be measured.

Local authorities should be more strategic in their approach to older people and population ageing. This includes the need for local authorities to:

✓	Develop clear action plans that are regularly updated (ideally annually)
✓	Include targets that are measurable and cover outputs and outcomes
✓	Create an accountability framework for those targets by listing persons responsible for overseeing their fulfillment
✓	Regularly assess progress against targets and make this information available to the public for scrutiny
✓	Understand the cost implications of ageing and service delivery scale-ups, shifts, and diversifications

2.3.5 Assessing Level of Preparedness Relative to Problem Intensity

Figure 2.3.4



We developed an overall quantitative score^{††} to provide a relative ranking of the level of preparedness across local authorities, as proxied by the strategy census. If we now return to the ageing model and look at the relationship between preparedness and overall problem intensity, see Figure 2.3.5 above, there is a wide variation across both dimensions. Southend-on-Sea and Wandsworth, for example, have very similar strategy census scores (one of our proxies for preparedness) and yet are in different categories of problem intensity (Wandsworth is a developer while Southend-on-Sea is an adapter). A particularly concerning finding is that about half of the authorities in the transformer category (in this sample) have scored in the lowest third across all authorities in the strategy census. These authorities are potentially the least prepared for population ageing and yet are facing one of the most severe demographic challenges. They will need to make a significant transformation to their service delivery capabilities to meet this challenge and can benefit greatly from additional resources and targeted initiatives, whether from the central government or other authorities. Our results are supported by those of the Audit Commission.⁵⁸

^{††} Full details of the approach can be found in Appendix 5 and individual authority scores can be found in the data CD.

Recommendations

Part IV

When assessing local authorities, we should consider both performance and problem intensity. Local authorities that are scoring low on measures such as the Older People's Service (OPS) Index yet are facing higher intensity of the problem are at higher risk of being ill-prepared for the future demographic challenges.

Local authorities should do further analysis to determine which areas of service delivery can achieve the best cost-benefit ratios from joining-up. The local authorities should then focus on joining up these areas.

Given there is much uncertainty over the relation between joined up governance and actual outcomes, more empirical research should be done in this area.

Local authorities should develop a better understanding of the current and future demographic profile of their older people. The specific focus should be on the characteristics dimension - as proxied by life expectancy, health, ethnicity, gender, employment, and marital status - as well as how the proportion of older people will change over time.

Local authorities should understand who are the most at risk groups of older people within their jurisdictions and should better target services for these groups. In transforming their services, local authorities should consider leveraging technology to a greater degree.

Local authorities should develop a better understanding of joined-up services so that they may utilise them if and when appropriate. Specifically, local authorities should understand the cost and resource implications of joining-up, how to overcome obstacles to joined-up service delivery, and how the benefits of joined-up working can best be realised given their specific context.

Local authorities should be more strategic in their approach to older people and population ageing. This includes the need for local authorities to:

- Develop clear action plans that are regularly updated (ideally annually)
- Include targets that are measurable and cover outputs and outcomes
- Create an accountability framework for those targets by listing persons responsible for overseeing their fulfillment
- Regularly assess progress against targets and make this information available to the public for scrutiny
- Understand the cost implications of ageing and service delivery scale-ups, shifts, and diversifications

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- ³⁵ UK Audit Commission *et al.* 2009. Comprehensive Area Assessment Framework Document. 61.
- ³⁶ Care Quality Commission. (n.d.). Information for councils. <http://www.cqc.org.uk/guidanceforprofessionals/socialcare/councils.cfm> (Accessed 25 February 2010).
- ³⁷ Care Quality Commission. (n.d.). Previous years' PAF reports. <http://www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/performanceassessment/performanceassessmentframew/previousyearspafreports.cfm> (Accessed 17 November 2009).
- ³⁸ Ling, T. (2002). "Delivering Joined-up Government in the UK: Dimensions, Issues and Problems." *Public Administration* 80(4). 615.
- ³⁹ 6, P. (2004). "Joined-Up Government in the Western World in Comparative Perspective: A Preliminary Literature Review and Exploration." *Journal of Public Administration Research and Theory* 14(1). 106.
- ⁴⁰ Ling, T. (2002). "Delivering Joined-up Government in the UK: Dimensions, Issues and Problems." *Public Administration* 80(4). 616.
- ⁴¹ UK Audit Office. 2003. *Developing better services for older people*. London.
- ⁴² Comptroller and Auditor General (2001). *Joining Up to Improve Public Services*. N. A. Office. London. HC 383 Session 2001-2002: 7 December 2001. 18.
- ⁴³ Bellows, Lindsay, Frederico Leo, Natalia Nolan, Dat Pham and Ana Rodado. Unpublished 2006. *Does Joined-up Governance Improve Service Delivery for Older Persons?* London School Of Economics and Political Science. The rerun of the 2006 study is specified in the terms of reference, 3(i).
- ⁴⁴ Darlow, A., J. Percy-Smith, et al. (2007). "Community Strategies: Are they Delivering Joined Up Governance?". *Local Government Studies* 33(1). 117. The CAA also has a significant focus on joining up.
- ⁴⁵ UK Audit Commission. 2005. *CPA. Key Lines of Enquiry for Corporate Assessment, February 2006*. 30.
- ⁴⁶ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*.
- ⁴⁷ *Ibid.* Compare Figure 7 with Figure 8.
- ⁴⁸ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. 23.
- ⁴⁹ The web census found 87 authorities that possessed a strategy document for older people, but 41 were eliminated because the document was not a general strategy document, but related to specific areas like housing, mental health, service commissioning etc.
- ⁵⁰ It is worth noting that for several of the older people's strategies, the time frames which document spanned were unclear.
- ⁵¹ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. p.37.
- ⁵² "Shared Services: Pooled Resources Fight the Recession." <http://www.guardianpublic.co.uk/shared-services>. (Accessed 11 March 2010).
- ⁵³ UK Audit Commission. 2005. *CPA. Key Lines of Enquiry for Corporate Assessment, February 2006*. 31.
- ⁵⁴ UK Audit Commission. 2008. *Don't stop me now: Preparing for an Ageing Population*. 58.
- ⁵⁵ Several action plans did not list start and end dates.
- ⁵⁶ We used the latest action plans associated with the strategy for the census. Since only 20 (43 percent) of the strategies included a contact person, tracking down the appropriate person to inquire about action plans was not an easy task. A few of the councils got back to us with an action plan; others responded saying there was no action plan; and the rest never responded.
- ⁵⁷ UK Audit Commission. 2010. *"Under Pressure: Tackling the financial challenge for councils of an ageing population"*. Local government report. 21.
- ⁵⁸ *Ibid.* 23.



LEARNING FROM BEST PRACTICE

3.1 Introduction

Learning from accounts of best practices may be a valuable approach for local authorities seeking to develop suitable responses to the implications of population ageing. We define a best practice account simply as a concrete example of a solution to a service delivery problem.⁵⁹ The authority's approach is to seek to contrive similar positive effects in four main ways: replication, adaptation, experimentation or inspiration.⁶⁰ Which approach they choose depends critically on the fit between the practice and a local authority's objectives, problem and resources, as well as available alternatives.⁶¹ In this part, we assess the extent to which local authorities can learn from best practices employed both locally and internationally. In the first section we draw on a series of interviews to describe how local authorities and their stakeholders understand best practices. In the second section we present the findings of a census of a body of 101 local best practices published in the last five years. In the third section we present a number of international best practices that can potentially be extrapolated to the UK authorities' contexts.

3.2 Perceptions of key local authority officials and stakeholders

3.2.1 Methodology

The data for this section came from 14 interviews that we conducted with local authority officials and stakeholders from across the UK. We chose interviewees who worked for or alongside high performing local authorities. High performance in this context meant one of two things. Firstly, we targeted authorities that had performed well on our web census. This approach also helped us to deepen and triangulate our findings on preparedness in Part 2.⁶² Secondly, we interviewed stakeholders connected to an authority that had been cited for an innovative practice in the Audit Commission's 2008 report "Don't Stop Me Now." We covered a total of nine local authorities facing a range of different implications from population ageing: five were developers, three were adapters and one was a

transformer. We interviewed directors of social services, local Age Concern directors, and leaders of Older People's Forums. The interview format comprised three open-ended questions that were designed to elicit non-structured responses. First, what are the most important ways the local authority is responding to an ageing population? Second, what innovations are occurring within that local area or elsewhere? Third, what is the local authority's approach to joining-up service delivery to older people? Each interviewee was assured that their responses would not be personally attributed. Interviews ranged from half an hour to two hours, with a mean time of one hour. One team member conducted all but one of the interviews.

Three significant themes emerged from these interviews. Firstly, interviewees considered that in order to respond to population ageing, local authorities have a high need for information systems that more efficiently connect older people with local services. Secondly, interviewees most commonly cited engagement schemes as examples of innovations, although whether or not these programs reflect the areas of highest need for the authority was unclear. Thirdly, there appeared to be an overall lack of both knowledge and use of best practices.

3.2.2 The Importance of Information Systems

Many local authorities suggested that ensuring older people are adequately connected to existing services is a higher priority than developing innovative services in anticipation of ageing populations. These schemes may play a key role in the "demand management" and "preventative" approaches to population ageing outlined in Part 1. Officials from two shire county authorities stressed the value of information systems. Both authorities face medium-level implications from population ageing: they are in the adapters category outlined in Part 1, with one a transformer if ethnicity is used instead of 85+ as a proxy for characteristics. Both authorities were running pilots of the LinkAge Plus program. The pilot scheme was overseen by the Department of Work and Pensions, which funded eight authorities to integrate, through a single access point, services related to housing, employment, volunteering, transport, health and social care for older people.⁶³

One East Midlands shire scheme jointly trains workers from a number of service organisations so that when they visit an older person's home they can perform tasks from a checklist of potentially unrelated work orders and prevent multiple visits.⁶⁴ If a fireman is called to a home to fix an alarm system, for example, a central data system

The manager of one East Midlands shire county information system said its focus was simply "to prevent older people from having to tell their story more than once."⁶

will notify him to complete other tasks that might be due for service, such as making home energy improvements.

In a shire county in the Cotswolds, the authority built a new information system after evidence emerged that older people felt intimidated calling officials of the authority for assistance. It now hires people who are “local contacts anyway,” meaning people who are friendly samaritans and are usually the ones in local parishes to direct their elderly neighbours to the appropriate services. According to the lead manager of the program, the authority can now train these local contacts to ensure that information is spread accurately and targeted toward groups where preventative services can have the biggest impact.⁶⁵

Each of the managers of these two LinkAge Plus pilots claimed that the information systems produced cost-savings. They provided a number of supporting reasons, but could not cite specific evidence. Firstly, they said that having information systems which reached all parts of their local areas allowed them to better monitor and inform older people. Secondly, while most of these older people may currently be independent, a large portion is at risk of losing this independence in the next decade or two. This segment of the population, one

According to a London borough LinkAge Plus manager, authorities should choose whom to target strategically once information systems are in place: a majority of older people follow what services are available, a small minority are already in trouble and likely receiving costly services, but the other 10 to 15 percent of the population that is out of touch and may fall into trouble should be of greatest concern and receive support.⁸

LinkAge Plus manager in a London borough said, are likely to drain a huge and disproportionate amount of resources in years to come and it is far cheaper for authorities to address their needs in the present.⁶⁶ That pilot created one-stop shops with social workers to target the 10 to 15 percent of the older people population deemed to be most at risk. This is the essence of the preventative approach outlined in Part 1.

Age Concern leaders in other authorities spoke of their desire to see information systems implemented locally, but mentioned the joining-up challenges of implementing them. The

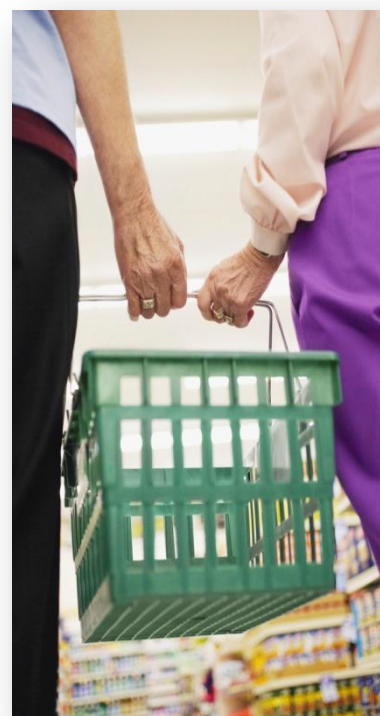
head of care assessments in one outer London borough said the barriers to joined-up governance and integrated information systems are not necessarily structural, as much as a matter of buy-in or the geographic spread of council offices.⁶⁷ Moreover, cultural differences among offices, including institutional languages barriers, can hamper efforts to

integrate services, said a director of adult social care and health in a county council in central England.⁶⁸

The emphasis on development of information systems, whether or not related to joined-up services, seems to encompass the fact that such models will serve as prerequisites to new policies required to adapt to population ageing. Some authorities have started simple directory booklets of older people's services, while others are using advanced technologies. However elaborate the information system, this may prove to be an area for the invest-to-save approach; elderly populations will not be able to take full advantage of cost-cutting resources if information about services is not spread efficiently.

3.2.3 An Emphasis on Engagement Schemes

The second theme to emerge from interviews was a widespread emphasis on engagement schemes. While this aligns with the previous finding that mechanisms must be put in place to connect older people with council services before innovations can have meaningful impact, many engagement schemes were not directly service-related. In fact, a majority of the engagement programs that interviewees cited were those that simply gave older people a voice in their communities. This voice, interviewees argued, allowed them to help shape policies in ways that best reflect their current needs. Whether or not these activities are helping authorities prepare for the changing characteristics of ageing populations is unclear. At best they ensure that changing needs are taken into account on an incremental basis.



One seaside region has created a formal council for older people based on those required of all Danish towns and cities. The group of nine elected officials has no formal powers, but regularly meets with the city council. Its status as an elected body gives it more credibility when advocating the views of older people. One of these councillors said that in the last decade authorities have grown weary of the constant bombardment by the central government with new ways to deliver services to older people. This weariness with the top-down approach, in his view, may explain the movement toward increased engagement with local older people.⁶⁹ The older people's council focuses on the needs of the present-day older people population. When asked about helping the city council prepare for an ageing population, the councillor said the group opens its doors to anyone interested in

participating, but no formal mechanism exists to gather opinions of those who will be members of the older population in coming decades.

One local authority in a London borough has taken a forward-looking approach to engagement. The council is about to build new care homes to address increases in the number of older people, but has sought to include perspectives from those residents in their 30s and 40s. According to an official, the authority has held meetings to understand how these residents will want to live during their aged years.⁷⁰

Age Concern directors in London and the East Midlands recited long lists of engagement events, from black and minority ethnic forums, to lesbian bisexual gay transgender outreach, to running an Older People's Month.⁷¹ They were mostly social in nature, although some were more explicitly targeted towards expanding the inclusivity of the community and adding quality to the lives of those who participate. These activities can help take pressure off local authorities and allow them to focus on service delivery.

One London borough Age Concern director called the local council's preparations for an ageing population "dreadful" despite high recent CPA ratings, citing large turnover of officials and an overall lack of institutional memory.¹⁴

According to several interviewees working outside of authorities, the need for engagement between older people and councils is of high importance, but not necessarily in high demand by the councils.⁷² The secretary of a London borough older people's forum said the local council does not like too much community involvement and, rather than being invited by the council to participate in the service planning and development process, the group is forced to listen for rumours and keep track of what the central government requires of the local authority.⁷³ However, when local authorities do plan such engagement schemes, there appeared to be a

general lack of emphasis on issues related to the service preparations needed for population ageing, but rather on either current or apolitical social issues that may be easy to organise but do not have a precise targeted purpose.

The extent to which these engagement schemes successfully improve communications between older people and their authorities remains unclear, as does the extent to which they help authorities prepare for ageing populations. Giving older people greater voice in service delivery offers a number of potential benefits.⁷⁴ In particular, it allows authorities to take direct account of older people's needs and wants and also to receive useful information about, for example, problems with services. The engagement mechanisms may allow an authority to respond to changing needs as the population ages. However, the

mechanism may fail to cope with the increasing diversity of older people needs linked to the changing characteristics dimension outlined in Part 1. The speed of demographic changes in coming decades may also challenge these schemes. The engagement approaches also tend to ensure, in our view, that responses are more likely to be incremental and conservative. They may even serve to dampen more radical options of service improvement. In summary, given the intensity of the population ageing challenge for some authorities, there are risks in schemes that keep the eyes and ears of local authorities focused on the present rather than the future. Local authorities need to ensure engagement scheme efforts are forward-looking and do not distract or move focus away from the need to develop new service efficiencies.

3.2.3 A Lack of Collaboration Among Authorities

The third theme to emerge from the interviews was a general lack of collaboration between local authorities, including neighbouring authorities, on successful service delivery approaches. Each interviewee was asked to identify service delivery innovations in other authorities.

Most failed to name any practices. Of those who were able to cite practices, only the two rural LinkAge Plus pilots with innovative information systems were mentioned.⁷⁵ This was not surprising given that those two practices have been featured in various government reports and BBC television programs. But word of mouth will not adequately connect unique local authority challenges with the appropriate best practices. Local authorities need to expand their lens and proactively track best practices from elsewhere in the UK that may prove adaptable to their own context (see Part IV).

One leader of an agency created by the county council to improve engagement with older people's groups admitted that she simply has not had the time or resources to research best practices in other authorities.

3.3 A Census of Local Best Practices

3.3.1 Motivation and Methodology

Numerous accounts of best practices on local authority service delivery to older people feature in official reports and policy papers. These practices are significant because they have an official "stamp of approval" and are normally published by bodies that monitor and assess local authorities. These are the accounts most accessible to local authorities seeking to replicate or adapt exemplary practices. There has not, however, been any analysis of this

body of best practice literature. We conducted a census of the practices cited in recent government reports to understand its makeup.

We extracted 101 best practices cited in six high-profile reports published in the past five years. We consider that these are most likely to have been read by local authority officials. Most older people's strategies, for example, included listings and often summaries of these reports. The reports included in the best practice census were:



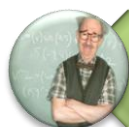
"Good Practice in Services for Older People," Commission for Social Care Inspection, Audit Commission, Healthcare Commission, 2005



"Living Well in Later Life," Audit Commission, 2006



"Don't Stop Me Now," Audit Commission, 2008



"Never Too Late For Living: Inquiry into Services for Older People," All Party Parliamentary Local Government Group, 2008



"Building a Society for all Ages," HM Government, 2009



Cases from the Audit Commission main website, 2010

We first divided the best practices, which were from 45 local authorities, into one or several of five different categories:

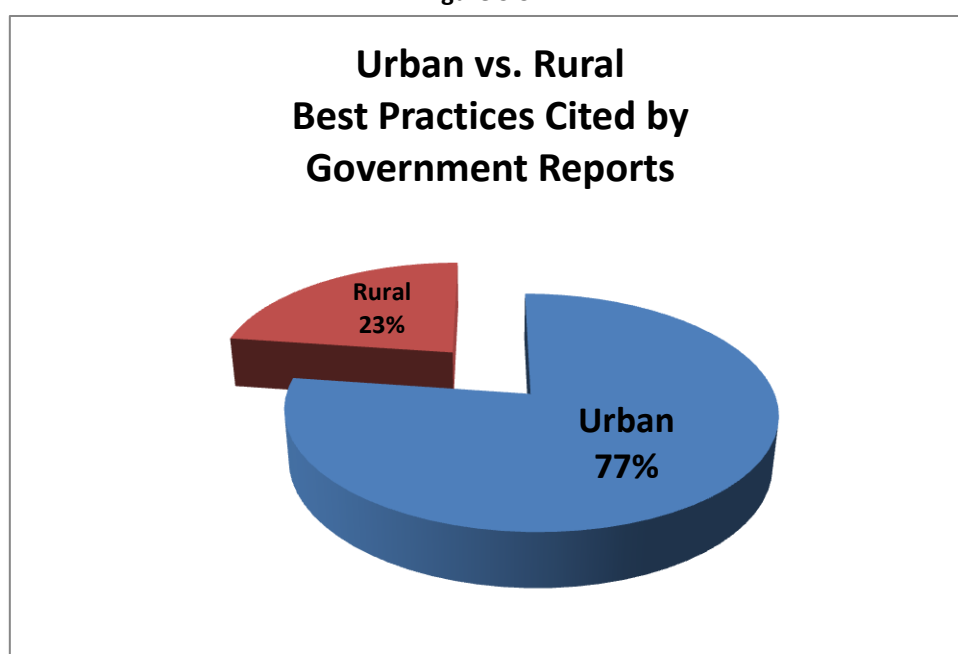
- 1) *Activity/Education/Leisure;*
- 2) *Health/Care-related;*
- 3) *Information Systems;*
- 4) *Engagement Schemes; and*
- 5) *Preventive/Cost-savings.*

Each local authority cited was also categorised as either urban or rural.⁷⁶ A small minority of authorities were largely mixed among urban and rural populations, so we decided to split these authorities' points evenly among the urban and rural groups.

3.3.2 Results

A majority of the practices cited were from urban authorities despite the actual division between authorities in England of 52 percent rural and 48 percent urban.* We found over three quarters of best practices cited by the government reports came from urban local authorities (See Figure 3.3.2.1). This suggests that most of the best practice literature will be less relevant to rural authorities, which is significant because they face the most intense population ageing challenges.

Figure 3.3.2.1

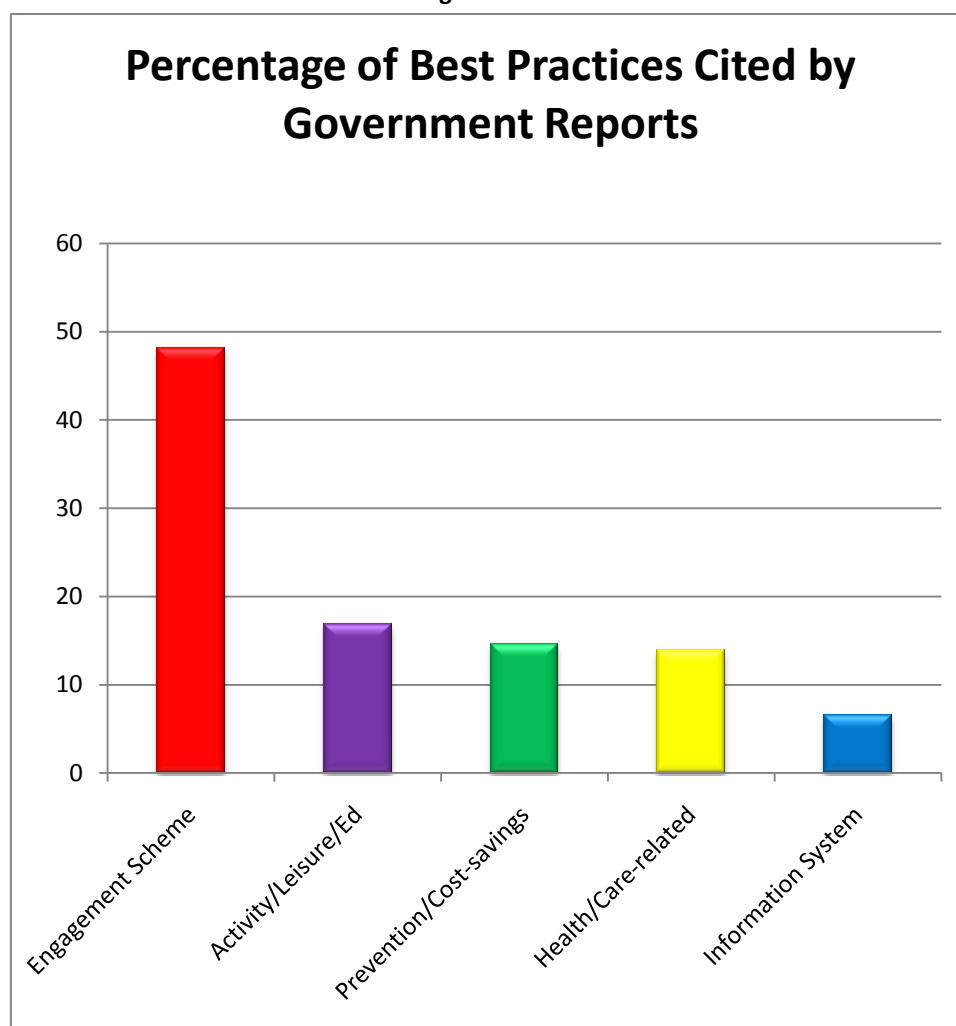


Engagement schemes comprised the majority of the cited practices, which aligns with the interview results. Engagement schemes made up over 48 percent of those best practices cited, with activity/leisure/education making up about 17 percent, prevention/cost-savings 16 percent, health/care-related 14 percent, and information systems just 6 percent (see Figure 3.3.2.2). This may be because engagement schemes are more prevalent and easy to identify. Firstly, however, this breakdown does not help authorities preparing for ageing populations that need to adopt the more radical approaches outlined in Part 1. Secondly, while health and care-related services will make up the vast majority of older people spending for local authorities, they make up less than a sixth of cited best practices. Thirdly,

* While we were able to classify over 95 percent of authorities either urban or rural, we split a few large authorities 50-50 that have significant urban and rural populations within them.

information systems only made up about 6 percent of cited practices, which confirms the interview finding that a lack of progress has been made in this area.

Figure 3.3.2.2



We found no significant correlation between the number of times local authorities were cited in reports and performance on the older people service index outlined in section 1 of this Part (Figure 3.3.2.3). Simply because local authorities were cited for a best practice does not necessarily mean they are performing well delivering services to older people. We did not find a significant correlation between degree of population ageing intensity and the number of times local authorities were cited for best practices (Figure 3.3.2.4). Finally, there was also no significant correlation between best practice citations and political party territory; the percentage of councils controlled by the three major parties was very similar to the percentage of best practices coming from councils under each of those parties' rule (see Appendix 6).

Figure 3.3.2.3

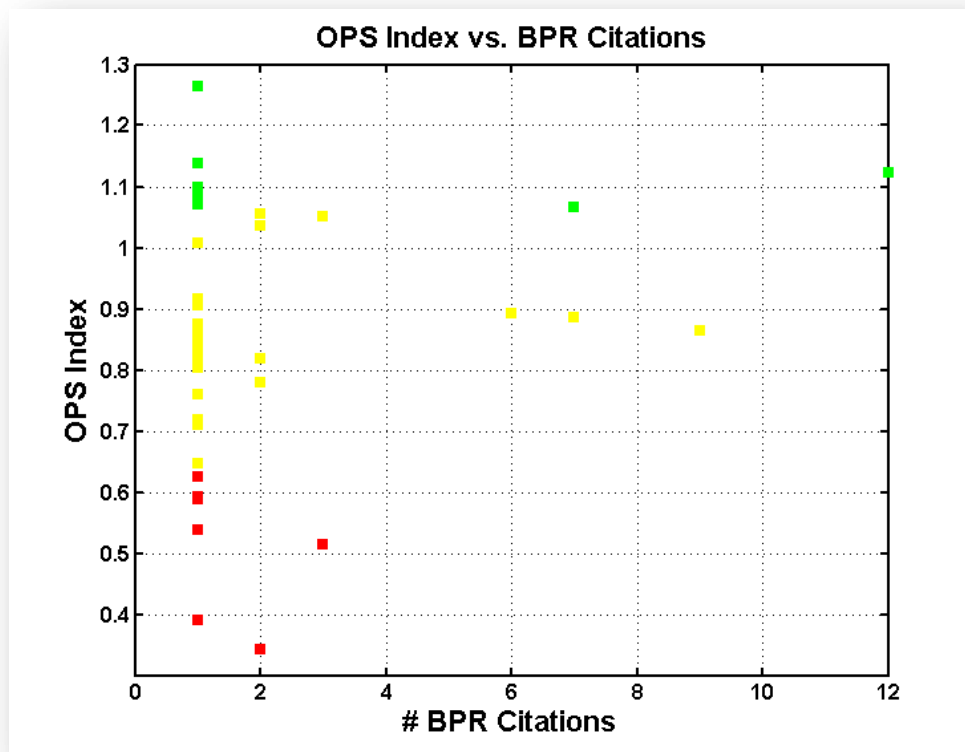
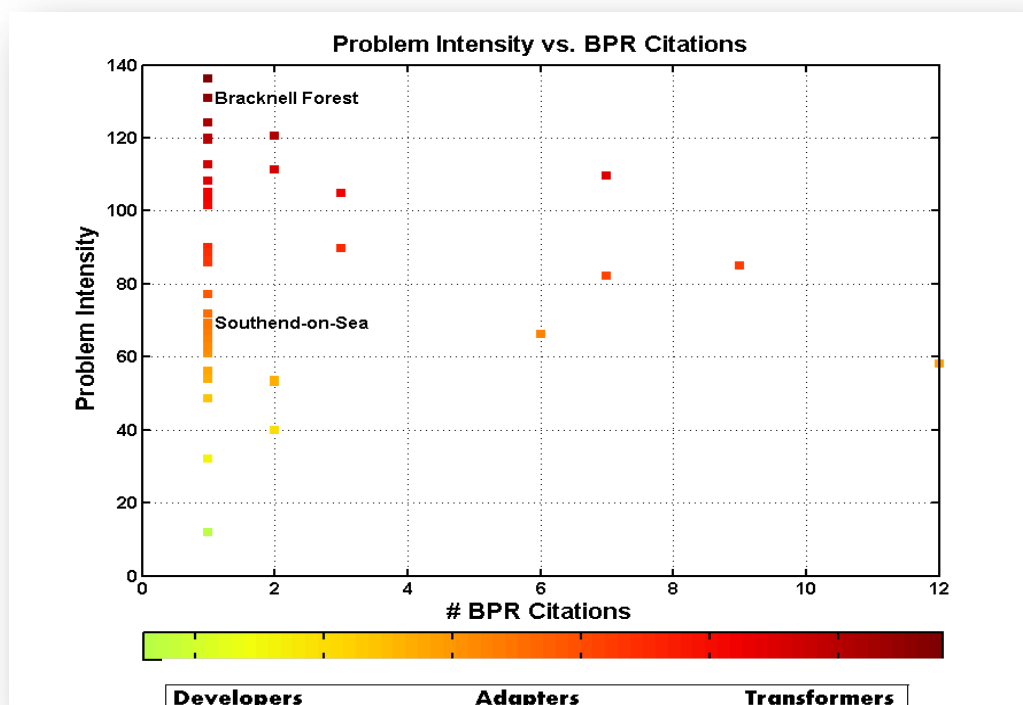


Figure 3.3.2.4



3.3.3 Conclusion

The results of our best practice census are consistent with how a research manager at the Audit Commission described the way fieldwork sites are selected. The manager said there were diverse criteria, but they emphasised CPA performance, geography, demographics and council types.⁷⁷ On the issue of selecting best practices, the manager said that “the main criteria is that the example is notable and of interest to other councils, rather than where it comes from.”⁷⁸ This is understandable, and many of the practices cited in Audit Commission reports are of high value. However, local authorities need to understand the immense challenges of taking best practices from one system and adapting them to another, given the extensive diversity of contexts and varying intensities of population ageing problems.

Local authorities should be cautious in relying on the best practice literature when seeking to prepare for an ageing population. They face a major problem extrapolating practices. The practices do not properly take account of rural authorities, critical approaches to delivery, intensity of ageing problem or performance in older people service delivery. Local authorities need to be strategic in how they identify and employ best practices. They should understand their own demographic profile and should target promising practices from councils with similar make-ups and structures. Authorities should also carefully choose which service areas would be most beneficial to target, and then look for best practices in those areas. We conclude this report with a case study illustrating this strategic approach.



3.3 Identifying International Best Practices

3.3.1 Introduction

Examining how other countries deliver services to older people can be a useful way to identify new approaches for UK local authorities. As a recent report from the UK strategy unit argued, “[l]ooking at leading-edge practice across the world should spark our thinking about how public services should develop – there is much we can learn from others”.⁷⁹ Many other developed countries share the challenges of population ageing, although the intensity varies greatly between them. The purpose of this section is to identify and describe some of the service delivery innovations of five countries comparable to the UK. We acknowledge that not all of these innovations can be easily replicated, as many depend, for example, on different public service structures, local conditions and financial constraints. The main benefit of these practices, in our view, is that they can be adapted, fuel new ideas and challenge conventional wisdom.

3.3.2 Methodology

We used three factors – level of demographic challenge, level of spending, and political framework of service funding and provision – to choose five countries suitable for identifying innovative approaches to delivering services to older people (see Table 3.3.2.1). These countries were Australia, Denmark, Finland, Sweden and the United States (US).

Table 3.3.2.1: Basis for comparisons between five countries⁸⁰

	UK	Australia	Sweden, Denmark, Finland	USA
Growth of 65+ demographic	Moderate	Severe	Moderate	Moderate
Growth of 85+ demographic	Moderate	Severe	Moderate	Strong
Proportion of GDP spent on long term care	1-1.5%	1-1.5%	<2%	1-1.5%
Provision of services to older people	Mix of public and private	Mix of public and private	Public	Mix of public and private
Funding of services to older people	Mostly public	Mostly public	Public	Mix of public and private

When seeking to learn from international best practices, local authorities should focus on solutions from countries that share similar demographic characteristics and similar ways of funding and delivering service to older people.

To identify best practices, we conducted a literature review of reports and award schemes of national, international, public and private agencies in these five countries. We identified four main reports:



"Ageing-in-place: Implications for local government", Australian Local Government Association, 2006



"Mindalert Awards", "Healthcare and Ageing Awards", American Society for Ageing, various years



"ICT & Ageing: Users, Markets and Technologies – Preliminary Findings", European Commission, 2008



"Healthcare Strategies for an Ageing Population", Economist Intelligence Unit, 2009

Within these reports, we extracted 96 accounts of public sector organisations delivering services to older people.[†] These practices represent some of the broad strategies that countries are taking to help older people age more healthily and allow them to live independently at home for longer. We describe some of the practices in further detail below. We chose this selection because of their links to the three approaches outlined in Part 1.

We relied on the methodology of these organisations to identify innovative practices. The Australian Local Government Association highlighted best practices in its reports based on the local authorities' active development of a response to the diversity of its older

[†] These are reproduced on our data cd.

population. Among the criteria for selection of the American Society for Ageing's Awards were innovativeness and ease of replication. We chose several cases from among the awardees. The European Commission Study was carried out by researchers from the Empirica Gesellschaft für Kommunikations und Technologieforschung mbH, the Work Research Centre (Dublin), and the Vienna University of Technology. They searched for leading practices that incorporated information technology in service delivery for the elderly. The Economist Intelligence Unit study sought to identify strategies to deal with an ageing population and contained innovative practices to illustrate these strategies.

3.3.3 Lessons for the UK

Several international reports suggest that countries are trying to shift demand to more affordable forms of care. Home care is now an increasingly attractive option as it is much cheaper than institutional care,⁸¹ but it requires certain innovations to support older persons in their homes. Countries are also emphasising preventive care to avoid higher costs later in life as well as to respond to older peoples' preferences. Various initiatives in healthcare systems and new technologies, e.g., telehealth, are among the enabling factors. But other solutions revolve around the innovative use of community and social networks and public-private partnerships to ensure that the older persons' needs are met if and when they live at home.

Ensuring that homes are age-friendly is an important factor that determines whether older people can remain living at home. Local authorities can fund improvements to homes to allow older people to remain there for longer. These may be simple modifications, such as the provision of heating, to more complex systems such as adding devices that improve mobility and reduce the risk of falling.

The council of Nillumbik in Victoria, Australia, won the inaugural Australian government Ageing Community award for its *Homewise Kit*.⁸² The Kit is a collection of strategies designed to facilitate age-friendly homes. It is targeted not only at older people, but also at architects, draughtsmen, builders and landscapers. The purpose of the Kit is to raise awareness about the value of designing and renovating homes to make them fit for independent living for older people. It covers issues to do with building sites, maintenance, security, energy use, and room structuring. The council promotes the Kit through its own channels and through partnerships with local builders and architects.





Transport infrastructure is another area in which UK local authorities could learn from international practices to reduce costs. The UK funds a bus pass scheme for older people to access public transport. There are practices followed in Australia that might enable cost savings while also improving the quality of life of older people. In Brisbane and the Gold Coast, local

authorities have introduced the *Council Cab* scheme, which is a subsidised weekly shopping trip in a shared cab for older people from their home to the community shopping centre.⁸³ The scheme involves a local taxi company or local authority vehicles during off-hours. Among the benefits are improved social networks for older persons, the ability to remain at home for longer, and less pressure on the public transport network. Local authorities could study whether public transportation routes or frequencies could be rationalised in light of this scheme. The need for improvement in the area is significant. At the recent Guardian “Older People and Ageing Britain Conference”, one older woman and president of a healthcare charity said, “I’m too scared to ride public transit,” and noted that it is not accommodating to many older people.⁸⁴

Some technological approaches to service delivery include invest-to-save strategies. The UK could learn from the experience of the US Veterans' Administration (US VA) on how to scale-up the use of telehealth. The US VA programme *Care*



Coordination/Home Telehealth (CCHT) serves over 30,000 veterans.⁸⁵ The programme coordinates care for veterans with chronic conditions with a goal of lowering rates of admission to long-term institutional care. The program involves health informatics, home telehealth, and disease management technologies. Some common devices enable veteran patients to communicate with a VA hospital using video and messaging technology that gather vital signs and symptom information.

Carers can then, with the counsel of a physician, proceed to “arrange treatment changes, set-up clinic appointments or arrange hospital admissions”.⁸⁶ This technology is currently being used in scrutinising the effects of trauma for the combat-wounded and for

rehabilitation services[‡] and for veterans who have suffered a stroke.[§] One branch of the program screens veterans with diabetes for retinopathy using tele-retinal scanning. The system also works for radiology and dermatology.⁸⁷ CCHT has an annual cost of \$1,600 for every veteran, which is well below other institutional care programs as well as nursing home care,⁸⁸ which all contribute to veterans' abilities to live at home in both urban and rural areas.⁸⁹

The UK could learn from the example of Palm Harbor, Florida, and the program *Care-Giving at Life's End*. This is a training program for people providing care to older people who are near to death. The project consists of “(1) a national needs assessment, (2) a national train-the-trainer program, (3) an innovative model of caregiver education, (4) a comprehensive training toolkit, (5) a spectrum of organizational partnerships and (6) local caregiver education services”.⁹⁰ The program trains caregivers both at the local and national levels. Volunteers and teaching professionals help family and informal carers fulfil their roles in a way that is stable and emotionally fulfilling, which is important given the difficulties of providing long-term care, especially for those at the end of life.



Pilot projects in telehealth have been carried out, on a small scale, in Scandinavia.⁹¹ Many questions still arise regarding the ability to scale-up technological initiatives. Scandinavian countries are exploring how to make telehealth available in a format that is both familiar and acceptable to users. The digital literacy of older persons will also be a key factor in the



wider implementation of telemedicine as will the assuaging of concerns that telemedicine is a somewhat less human form of care than to what older persons have been accustomed. “Older people are becoming increasingly isolated by new technologies”, said the leader of a London borough older people’s forum, noting that a lack face-to-face interactions can decrease one’s quality of life.⁹²

[‡] Telerehabilitation involves video teleconferencing which allows various services for the stroke affected or disabled such as monitoring functionality and equipment needs to diagnoses by speech pathologists.

[§] The polytrauma sysem links four Polytrauma Rehabilitation Centers and 17 Polytrauma Network Sites (PNS’s) together to share clinical expertise on physical, mental and psycho-social problems.

Therefore, local authorities should consider balanced approaches to these new forms of technologies.

The Sister Gudrun project in the Blekinge region of Sweden has attempted to take advantage of a technology familiar to many older people.⁹³ This is a healthcare channel that allows patients to communicate with healthcare providers using their televisions. The older persons interact with their TV through the channel, which shows the image of their doctor or healthcare provider; they press buttons on their remote control, which allows the doctors to examine them and provide answers to medical questions. The project rests on a neutral TV portal which can be used by various suppliers who offer the patient their services in an 'open-to-competition' environment.⁹⁴ The designers are working to provide the same service on mobile phones to extend access to this form of healthcare support even more widely.




There are also other new telecare devices being developed and piloted in the US. The Massachusetts Institute of Technology (MIT) is developing smart personal advisers, which utilise radio-frequency identification (RFI) and wireless technology to consider the personal needs of an older person.⁹⁵ The devices consider these needs and provide shopping guidance for food as well as "intelligent" cardiopulmonary decision systems to alert high risk individuals about heart failure risk.⁹⁶ Beyond the management of illnesses, these devices could be used as part of a strategy for preventive care as well.

3.3.4 Conclusion

We have identified a number of international practices that UK local authorities might consider adapting. Not all of these practices can easily be adapted. At the very least, however, international practices should instigate a process of re-examining existing local practices and inspire implementation of new solutions. Cost reductions can be achieved by shifting demand to more affordable forms of care such as home care, by establishing more efficient private sector partnerships, and by involving the third sector in service delivery. Investing in technology to save on costs in the future can also prove effective. International best practices offer ideas on how to scale up healthcare services and also how to diversify services through the introduction of new programs, such as increased training and support for carers of the older old. What is clear is that all local authorities will need to adapt, some will also have to develop, and others additionally transform their services to respond to the changing profiles of older people in their jurisdictions.

Recommendations

Part III



Information systems should underpin the preventative approach, as older people will not be able to take full advantage of cost-cutting resources if information about accessibility is not spread efficiently.

Local authorities should ensure engagement scheme efforts are forward-looking and do not distract or move focus away from the need to develop innovative services.

Local authorities need to expand their lens and proactively track best practices from elsewhere in the UK.

Local authorities need to understand the immense challenges of taking best practices from one system and adapting them to another, given the extensive diversity of contexts and varying intensities of population ageing problems.

Local authorities should be strategic in how they identify and employ best practices. They should understand their own demographic profile and should target promising practices from councils with similar make-ups and structures. Authorities should also carefully choose which service areas would be most beneficial to target, and then look for best practices in those areas.

When seeking to learn from international best practices, local authorities should focus on solutions from countries that share similar demographic characteristics and similar ways of funding and delivering service to older people.

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- ⁵⁹ Barzelay, Michael. 2007. "Learning from Second-Hand Experience: Methodology for Extrapolation-Oriented Case Research". *Governance*. 20(3). 522.
- ⁶⁰ Bardach, Eugene. 2004. "The Extrapolation Problem: How Can We Learn from the Experience of Others?". *Journal of Policy Analysis and Management*. 23(2). 216.
- ⁶¹ *Ibid.*
- ⁶² King, G., R. Keohane and S. Verba. 1996. *Designing Social Inquiry: Scientific Inference in Qualitative Research*. Princeton, Princeton University Press.
- ⁶³ UK Department for Work and Pensions. *LinkAge Plus*. <http://www.dwp.gov.uk/policy/ageing-society/resources-good-practice-reports/linkage-plus/>.
- ⁶⁴ Please see Private Source List, #4.
- ⁶⁵ *Ibid.* #5.
- ⁶⁶ *Ibid.* # 2.
- ⁶⁷ *Ibid.* #6.
- ⁶⁸ *Ibid.* #1.
- ⁶⁹ *Ibid.* #7.
- ⁷⁰ *Ibid.* #3.
- ⁷¹ *Ibid.* #8.
- ⁷² *Ibid.* #9.
- ⁷³ *Ibid.* #10.
- ⁷⁴ Le Grand, Julian. 2007. *The Other Invisible Hand: Delivering Public Services through Choice and Competition*. Princeton University Press. Princeton. 31.
- ⁷⁵ Please see Private Source List, #11.
- ⁷⁶ The Poverty Site. *Rural/urban classifications*. <http://www.poverty.org.uk/summary/rural%20intro.shtml> (accessed 5 February 2010).
- ⁷⁷ Please see Private Source List, #12.
- ⁷⁸ *Ibid.*
- ⁷⁹ UK Cabinet Office Strategy Unit. 2009. *Power In People's Hands: Learning from the World's Best Public Services*. 6.
- ⁸⁰ Jacobzone, S., E. Cambois, E. Chaplain, and J.M. Robine. 1997. *The Health of Older Persons in OECD Countries: Is It Improving Fast Enough to Compensate for Population Aging?* Labour Market and Social Policy - Occasional Papers No. 37. OECD. Paris; OECD. 2005. *Ensuring Quality Care for Older People*. Policy Brief - March 2005. OECD. Paris.
- ⁸¹ Economist Intelligence Unit. 2009. *Healthcare Strategies for an Ageing Population*. 23.
- ⁸² Australian Local Government Association. 2005. *Age-friendly built environments: Opportunities for local government*. <http://www.alga.asn.au/policy/healthAgeing/ageing/resources/publications/builtEnv.php#a1> (accessed 1 February 2010).
- ⁸³ Australian Local Government Association. 2006. *Ageing-in-place: Implications for local government*, Occasional Paper No.1.
- ⁸⁴ Claire Rayner, President of the Patients Association, panel speaking at the Guardian "Older People and Ageing Britain Conference". 9 December 2009.
- ⁸⁵ Empirica Gesellschaft für Kommunikations- und Technologieforschung mbH, Work Research Centre (Dublin), Institute "Integrated Study", Vienna University of Technology (TUW). October 2008. *ICT & Ageing: Users, Markets and Technologies – Preliminary Findings*. European Commission Study and

Care Coordination Home Telehealth. <http://www.carecoordination.va.gov/telehealth/ccht/index.asp> (accessed February 1, 2010).

⁸⁶ Care Coordination Home Telehealth

<http://www.carecoordination.va.gov/telehealth/ccht/index.asp>.

⁸⁷ Store and Forward Telehealth <http://www.carecoordination.va.gov/telehealth/ccsf/index.asp>.

⁸⁸ Darkins, A., P. Ryan, R. Kobb, L. Foster, E. Edmonson, B. Wakefield and AE. Lancaster. 2008. Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. *Telemed J E Health*;14(10):1118-26.

⁸⁹ Darkins, A., P. Ryan, R. Kobb, L. Foster, E. Edmonson, B. Wakefield and AE. Lancaster. 2008. Care Coordination/Home Telehealth: the systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. *Telemed J E Health*;14(10):1118-26.

⁹⁰ American Society for Aging. 2005. Healthcare and Aging Awards. Caregiving at Life's End: The National Train-the-Trainer Program.

http://www.asaging.org/asav2/awards/han_2005.cfm?submenu1=han.

⁹¹ European Commission. *ICT & Ageing – Users, Markets and Technologies study*. http://www.ict-ageing.eu/?page_id=405.

⁹² Please see Private Source List, #10.

⁹³ Empirica Gesellschaft für Kommunikations- und Technologieforschung mbH, Work Research Centre (Dublin), Institute “Integrated Study”, Vienna University of Technology (TUW). October 2008.

European Commission. *ICT & Ageing: Users, Markets and Technologies – Preliminary Findings*.

http://www.ict-ageing.eu/?page_id=423 (Accessed 10 March 2010).

⁹⁴ ICT & Ageing – Users, Markets and Technologies study, European Commission

http://www.ict-ageing.eu/?page_id=423.

⁹⁵ Economist Intelligence Unit. 2009. *Healthcare Strategies for an Ageing Population*. 27.

⁹⁶ *Ibid.*

CASE STUDY

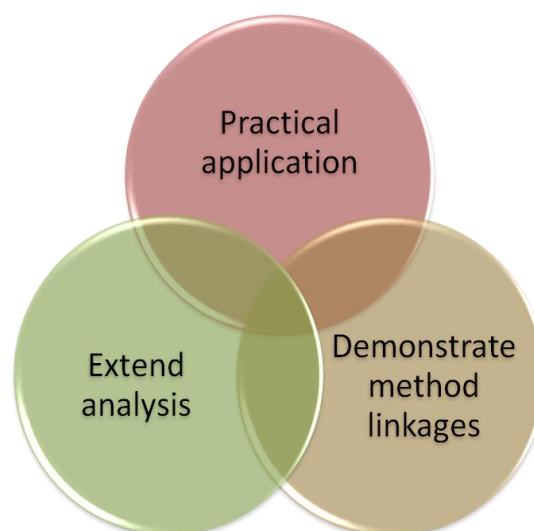
CUMBRIA

4.1 Motivation and Approach

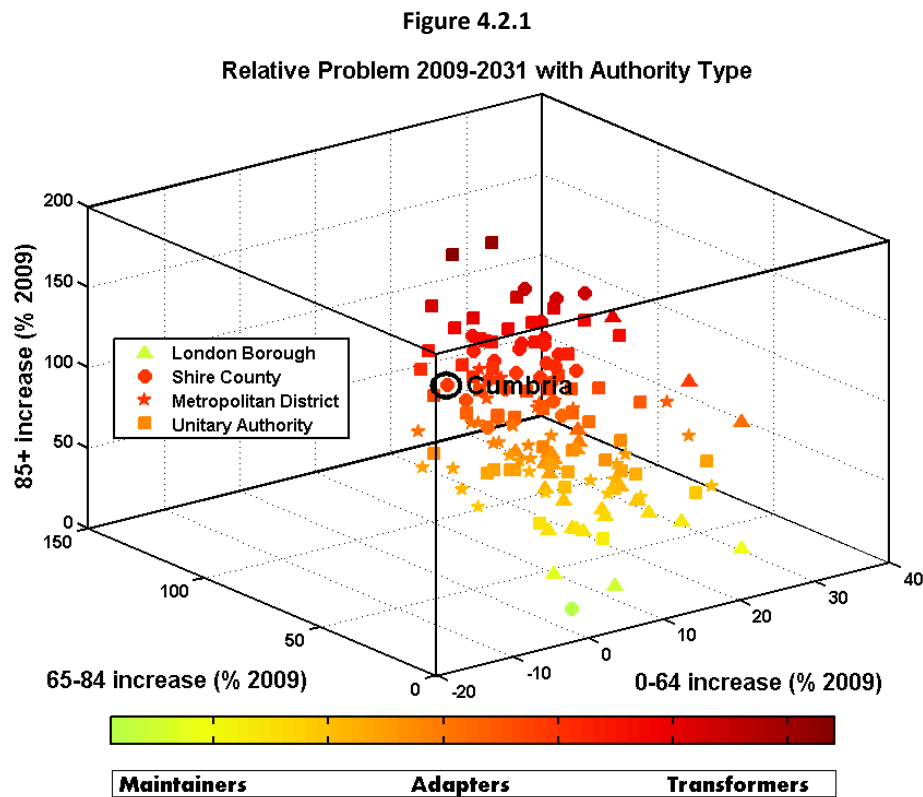
There are three primary motivations for this case study. Firstly, we wish to demonstrate the practical application of our research, as the ultimate goal of our project is to help local authorities prepare for population ageing. Secondly, we want to demonstrate the various linkages among our various findings and recommendations. Thirdly, we would like to provide an additional layer of analysis. Our report to this point has largely focused on a cross-sectional assessment of local authorities. We would like to complement this discussion by highlighting a specific local authority and elaborating on its individual challenges, level of preparedness, and potential learning opportunities. Our intention is to demonstrate further the need for local authorities to develop a local and tailored response and to add more specificity to our recommendations.

The approach of this part will closely follow that of our report. Using Cumbria as the unit of analysis, we will describe its specific population ageing problem, explore how well it is prepared to face this challenge, and assess what it can potentially learn from other authorities. Cumbria was chosen because of its relatively low performance on the 2008 CPA and 2009 CAA (it received a 2-star or “performs adequately” rating) and because it was covered by all of our methods.

The case study has a number of limitations. It is intended to serve as an illustrative example of how the different pieces of analysis presented in this report can be integrated. It does not fully demonstrate the capabilities of our analysis. Significant weight should not be put on the specific solutions we propose, as they are not exhaustive or comprehensive and require further study. Despite these caveats, we consider that the study is valuable and can be adapted for use by local authority officials.



4.2 Determining Problem Intensity



The ageing model (Figure 4.2.1) shows that Cumbria is at the higher end of the problem intensity spectrum if the characteristics dimension is proxied by the percentage increase of the 85+ population. In this version of the model, Cumbria is one of the local authorities in the “adapter” category with a medium-level problem intensity, although it is close to the border of the “transformer” category with the most serious problem intensity. If we instead were to consider diversity proxied by percentage increase of the BME population, Cumbria would be considered a “transformer”. In short, Cumbria faces a significant population ageing challenge.



4.3 Assessing Preparedness

In order to assess Cumbria's level of preparedness for population ageing, we can consider both the quantitative and qualitative aspects of our various pieces of analysis alongside the standard performance assessment metrics such as the CPA and CAA.

Figure 4.3.1 Summary of assessments for Cumbria

Assessment	Score
Service Index	37 (Average)
CPA 2008	2 out of a maximum of 4
CPA 2009	2 out of a maximum of 4
Web Census	41 (Average)
Strategy Censuses	37 (Average)

As can be seen from Figure 4.3.1, Cumbria received relatively average scores on our three primary assessment methods: the Older People's Service (OPS) Index, the web census and the strategy census. Cumbria was given a 2-star rating in both the 2008 CPA and 2009 CAA assessments. We can now identify some of the factors driving these performance ratings to pinpoint areas for improvement.

Turning first to the strategy census, there are three main gaps in Cumbria's older people's strategy.

Firstly, there is a poor discussion of the current and future demographic profile. The strategy contains only 1-2 sentences on the characteristics of the current older people. And while it does discuss the ageing of the future demographic profile, it spends only 1-2 sentences on life expectancy and health and does not discuss gender, employment, and marital status.

Secondly, the coverage of issues important to older people is limited.

There is no discussion of two dimensions: "social activities, social networks and keeping busy" and "getting out and about". There is only a brief (1-2



sentences) discussion of the income dimension. There is also no discussion whatsoever of services for people most at risk.

Thirdly, the action plan could be greatly improved. There is a high level discussion of "what we plan to do", but no specification of detailed actions, responsible people or deadlines. The plan includes some strategic outcomes, although it does not say when or how these outcomes will be measured.*

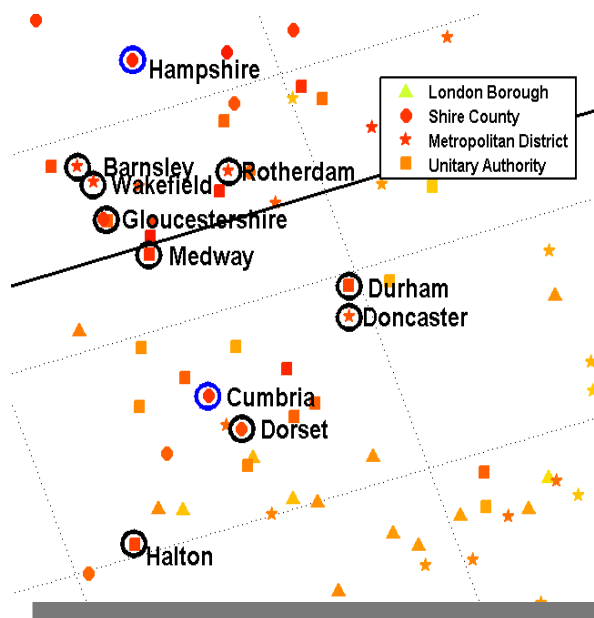
An additional point worth noting is that Cumbria's older people strategy was one of the few not to mention technology, which suggests that Cumbria might benefit from adopting cost-saving technology.

Turning to the web census, the area primarily responsible for Cumbria's average performance is limited information on its website about older people benefits and transportation.

Finally, looking into the details of the 2008 CPA, Cumbria seems to have received a low score on financial reporting and the use of financial resources.⁹⁷

4.4 Improving Service Delivery

4.4.1 Choosing and Learning from a Best Practice Exemplar



One of the difficulties that we established in Part 3 was that it is at times difficult for a local authority to choose suitable local authorities as best practice exemplars. Our methodology enables one mechanism through which we can more strategically match local authorities in terms of the demographic challenges they face. In the figure on the left, which is a section of the ageing model, we have highlighted Cumbria's 10 nearest neighbour (measured using Euclidean distance) local authorities in the problem intensity space. Since these authorities have similar problems, if they are

performing well (i.e., are best prepared for population ageing), they are the most likely candidates from which Cumbria can learn how to address its own needs.

* These deficits may be addressed in internal authority documents.

We can further utilise the ageing model in order to narrow down the set of nearest neighbors by authority type. Hampshire and Dorset are both shire counties like Cumbria, and so are likely to have similar governing structures and institutions. This may reduce the difficulties of adapting best practices to Cumbria's context. Although this two-pronged nearest neighbour approach is limited, and many other factors should be taken into account in a proper application (e.g., income, whether the authority is rural/urban, etc.), this method does illustrate one mechanism through which we can overcome the extrapolation problem.⁹⁸ We chose Hampshire as a best practice exemplar primarily because it is covered by all of our assessment methods.

Looking at the best practices from Hampshire, as highlighted in government reports, Cumbria may benefit from Hampshire's Innovation Forum Project. This is joint initiative between the NHS and Hampshire County Council. Its aim was to reduce frail older people's need for emergency hospital stays. Nurses and social workers provide preventative, person-centred care to those older people deemed most at risk. The project is not limited to social care, but spans broader areas of importance to frail older people such as social activities, getting out and about, safety and housing.⁹⁹

There is a number of reasons why this initiative may be particularly beneficial to Cumbria. As we established in its older people's strategy result, Cumbria may have a limited number of programs specifically targeted at groups deemed most at risk, including frail older people.



Cumbria's strategy did not cover the "social activities, social networks and keeping busy" and "getting out and about" areas that older people find most important. Hampshire's initiative may help improve Cumbria's performance in these areas. As this initiative is aimed at reducing emergency hospital stays, it can lead to substantial cost-savings.

This may address some of the financial performance gaps evident from Cumbria's low CPA 2008 scores. Cumbria did not score particularly highly in any of the joined-up categories assessed by the web census, so holistic initiatives such as this one may boost its overall performance. Cumbria (and other local authorities) could use this best practice in order to learn how improvements in service delivery from joining-up can actually be realised. This may

address our finding that there seemed to be little relation between increasing levels of joined-up-ness and key aspects of service performance.

4.4.2 Other improvements

Cumbria can also potentially benefit from some of our findings on the international best practice front, as well as from other local authorities that were included in our strategy census. Since Cumbria has a limited discussion of technology in its older people's strategy, it may be able to adapt technological innovations. The "well-being watch" developed in Finland, which helps monitor older people's vital characteristics, promotes well-being and independence.¹⁰⁰ In a similar vein, at the Massachusetts Institute of Technology in the US, a "shopper helper tool" that older people take with them to the grocery store helps them choose produce that meet their health and dietary needs.¹⁰¹

There are various ways that Cumbria could improve its strategic preparedness. For example, one mechanism might be an improved action plan. Once again, Cumbria could learn from Hampshire. Hampshire's older people's action plan includes detailed actions and projects, priority numbers, resource implications (time, funds, etc.), partners involved in the project, and specific timescales. An excerpt from the strategy is shown below and provides one example of how Cumbria can better drive its performance through targets.

1.1 Transport

Priority No.	Project /Action	Resources (time, funds etc)	Partners	Timescale
D1,D2 and D3	To establish a Transport Subgroup to work with HCC Passenger Transport to provide regular updates and promote older people's issues in the following pilot projects:- New Forest - Service development and support Test Valley - Brokerage East Hants - Coordination of use of vehicles Winchester - community based information	Within existing resources	HCC Passenger Transport, district councils, voluntary sector, transport providers	Review March 2009
D1,D2 and D3	To ensure transport needs are identified as part of each project established		all	On -going

⁹⁷ UK Audit Commission. 2008. Cumbria County Council Comprehensive Performance Assessment Scorecard 2008. <http://cpa.audit-commission.gov.uk/STCCScorecard.aspx?taxid=102270>. (Accessed 10 March 2010).

⁹⁸ Bardach, Eugene. 2004. "The Extrapolation Problem: How Can We Learn from the Experience of Others?". *Journal of Policy Analysis and Management*. 23(2).

⁹⁹ Commission for Social Care Inspection, Audit Commission, Healthcare Commission. 2005. "Good Practice in Services for Older People".

¹⁰⁰ European Commission. 2008. ICT & Ageing: Users, Markets and Technologies – Preliminary Findings, Vivago Watch – A European Success Story. http://www.ict-ageing.eu/?page_id=1386 (accessed 10 March 2010)

¹⁰¹ Economist Intelligence Unit. 2009. *Healthcare Strategies for an Ageing Population*.

APPENDICES

Appendix 1: Population Ageing Methodology

Determining Categories

In order to determine which of the three problem intensity categories – developer, adapter, or transformer – a local authority belonged to, we first projected the 3D vector formed using the values along each population ageing dimension (% increase 0 to 64, % increase 65 to 84, and % increase 85+) for each authority onto a unit vector extending from the origin in the positive direction along all three dimensions. This new vector is simply a scalar multiple of the unit vector and so we used the scalar multiple (which is proportional to the magnitude of the new vector) for an aggregate measure of problem intensity. The key assumption underlying this approach is that each population ageing dimension is equally problematic for the overall problem. Since we had no basis for assuming any dimension was more important than any other, we weighed all three dimensions equally. In order to then split the authorities into the three problem intensity categories, we took the lowest and highest values of this scalar multiple for our dataset and then created 3 equally spaced bins from the lowest to the highest value. Each local authority was then placed in the appropriate bin, e.g., the local authorities with scalar multiple values less than the lowest value up until (but not including) the end of the first bin (i.e., less than the lowest value + $\frac{1}{3}$ of the distance from the lowest to the highest value), were placed in the “developers” category, and so on.

Projecting Diversity Data

We had ethnicity data available from 2001 to 2007 (in thousands of people). In order to create the dimension of % change in ethnic population from 2009 to 2031, we first determined the best (in a least squares sense) line fit^{*} of the 2001 to 2007 data. We experimented with higher order polynomial fits but since a 2nd order (i.e., quadratic) fit often resulted in an inverted parabola (and hence neither matched the likely previous diversity data nor the future diversity data, which was oftentimes negative), we focused on the linear fit (which we realize is a simplistic approach). Using this line fit, we were able to project the data to the years 2009 and 2031, respectively. We then used the data for these two years to compute the % change of the ethnic population from 2009 to 2031. We realize there is a lot of potential for measurement error to bias our results. Nonetheless, we feel this is the best we could do with the available data and the resulting projections are adequate for the purposes of our use and associated findings. The one additional modification worth

^{*} The actual line fitting relied on MATLAB's linefit function.

noting is that since the absolute number of ethnic people in a local authority cannot be negative, we manually changed the entries for local authorities where this was the case (there were a few authorities for which the line fit resulted in a negative slope) to 0, so that the largest possible % change in the negative direction was -100%.

Appendix 2: Service Index

Indicators Used

Older People Service (OPS) Index

Policy Reach

Intensive homecare per 1000 population aged 65 or over

Admission to residential or nursing care - older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care

Older people helped to live at home per 1,000 population aged 65 or over

Older people receiving direct payments per 100,000 population aged 65+

Number of adults and older people receiving payments

The number of carers receiving a specific carers' service as a percentage of clients receiving community based services

Adult and older clients receiving a review as a percentage of those receiving a service

The percentage of adults and older people receiving a statement of their needs and how they will be met.

Timeliness

The number of delayed transfers of care per 100,000 population aged 65 or over.

Percentage of items of equipment and adaptations delivered within 7 working days.

Of new older clients for whom the assessment process was started, the percentage for whom length of time from first contact to contact with client was less than or equal to 48 hours (that is, 2 calendar days). (This time includes weekends and bank holidays.)

Of new older clients whose assessments were completed in the year, the percentage for whom length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).

For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.

Cost Effectiveness

Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care

Average gross hourly cost for home help/care.

Service Index Methodology

We constructed three older people's service delivery performance sub-indices corresponding to the policy reach, timeliness, and cost dimensions by mapping down the weighted and normalized indicators within each category using a dimensionality reduction algorithm.

Since we ultimately were interested in developing a relative ranking across authorities with higher values corresponding to "better" performance, we first ensured all of the indicators were signed the right way. This changed our original values for each indicator as follows: first, since we assumed increasing costs are worse (i.e., an authority with a lower amount of spending was more cost-efficient), we flipped the signs of (i.e., multiplied by -1) both of the cost-effectiveness indicators (so that higher cost values would be more negative and hence signify an overall "worse" performance with respect to our index); and second, for the timeliness index, we also flipped the sign for indicator related to delayed transfers, as a higher number of delayed transfers implies a worse service performance.

Because indicators within a category were not necessarily comparable (e.g., in the cost-effectiveness category, one variable corresponds to the weekly cost while the other to hourly cost) and we had no reason to *a priori* assume any one should be weighted more heavily than any other, we normalized all of the indicators by dividing each individual local authority's value for an indicator by the maximum possible value for that indicator (so all of the values for each indicator across all authorities range from 0 to 1 or -1 to 0, where the latter is the case for the three indicators we described above). Note: this implies an "equal" weighting of the outliers in each category as well.

Once we had the normalized and weighted values for each indicator in the 3 categories, we computed the respective sub-indices using a simple dimensionality reduction method. We took an unweighted average of all the indicators in each category and defined the resulting value as that category's sub-index. We also experimented with two more advanced dimensionality reduction algorithms as robustness checks. The first of these was the singular value decomposition (SVD)[†], which is a matrix factorization that can be used to reduce the dimensionality of data. This is done by computing the singular values of a matrix (in our case, there were three matrices where each matrix contained the values of the data corresponding to the indicators within the respective sub-index), and using the highest S singular values (and their corresponding vectors) in order to reduce the data to S dimensions. In our case, we were interested in computing a sub-indicator for each of the categories – policy reach, timeliness, and cost-effectiveness – so we set $S = 1$. The second algorithm we considered was principal component analysis (PCA). Neither of these approaches produced statistically significant correlations. The most likely reason for this finding is that neither algorithm preserved the relative rank ordering of lower sub-index values corresponding to overall lower performance and higher

[†] The actual implementation relied on MATLAB's `svd` function.

values to higher performance, although SVD is at least maximally norm (i.e., magnitude) preserving. Given these findings, we decided it would be best to rely on the simplest algorithm, which is the one underlying the relevant results presented throughout this paper.

Finally, in order to determine a single, overall Older People's Service (OPS) Index, we aggregated these 3 sub-indices by computing the dot product between the 3D vector corresponding to the three values of these sub-indices for each authority onto a unit vector extending from the origin in the positive direction along all three dimensions. The key assumption underlying this approach is that each sub-index is equally important for good service delivery. Since we had no basis for assuming any dimension was more important than any other, we weighed all three dimensions equally. In order to then split the authorities into three relative OPS Index categories, namely- high, medium and low, we took the lowest and highest values of the OPS Index for our dataset and then created 3 equally spaced bins from the lowest to the highest value. Each local authority was then placed in the appropriate bin, e.g., the local authorities with OPS Index values less than the lowest value up until (but not including) the end of the first bin (i.e., less than the lowest value + $\frac{1}{3}$ of the distance from the lowest to the highest value), were placed in the low category, and so on.

Appendix 3: Web Census

Methodology- What is a Web Census?[‡]

The principle behind this approach is to assess local authorities' activities based on the information they include on their websites. Bellows et al. (2006) argue that local authorities can be categorized according to two dimensions - their actual state of integration and what they present on their websites. As local authorities have an incentive to declare their successes (thus making 'doing by stealth' unlikely) and with information available freely, the likelihood of misrepresentation is lower (and local authorities are discouraged from putting on a 'façade.').[§] In most cases, local authorities will fall within the two shaded categories where they portray themselves accurately on their websites.

Website Representation		Actual State of Integration	
		Real Integration	No Integration
	Apparent Integration	+/+ Certainty	+/- Façade
	No Apparent Integration	-/+ Doing by Stealth	-/- Certainty

Figure Reproduced from Bellows et al. (2006)

This methodology has several advantages compared to others approaches such as interviews or self-administered questionnaires. First, the web census allows for objective, complete information that can be comparable across all local authorities. Secondly, it avoids the low response rate that is prevalent in approaches relying on questionnaires. Lastly, in the context of this study, by following the same methodology, we can produce a meaningful comparison of the results in 2006 and those of 2009 as the two datasets are directly comparable.

Questions

In order to ensure we can compare the 2006 and the 2009 results, we conducted the 2009 web census using similar questions to those used in 2006. These questions have been updated and streamlined to better assess local authorities in the current

[‡] The methodology of this web census study is based largely on the approach taken in the 2006 LSE study and we refer the reader there for further details: Bellows, Lindsay, Frederico Leo, Natalia Nolan, Dat Pham and Ana Rodado. 2006 (unpublished). *Does Joined-up Governance Improve Service Delivery for Older Persons?*. London School Of Economics and Political Science. 16.

[§] Bellows, Lindsay, Frederico Leo, Natalia Nolan, Dat Pham and Ana Rodado. 2006 (unpublished). *Does Joined-up Governance Improve Service Delivery for Older Persons?*. London School Of Economics and Political Science. 16.

context as, e.g., the CAA has replaced the CPA as an assessment mechanism. Nevertheless, the main dimensions used to assess local authorities remain the same.

The questions were divided into explicit and implicit categories. ** Explicit questions measure JUG based on direct evidence of pooled budgets or joint organization of events. These explicit questions help to measure the level of integration. Implicit measures of integration relied on indirect evidence. Included were such items as a webpage targeting specifically the needs of the elderly.

The availability of information of other service providers and stakeholders was also surveyed. This is differentiated according to different levels ranging from simply providing a link to an external partner's website to having specific information and forms available on the local authority's website. Arguably, having more information available suggests a greater level of communication between the local authority and the external partner since it requires a greater effort to research, update and coordinate with the external partner in order to make the information readily available for the elderly on the website.

2009 S/N	2006 S/N	Question
I. General features		
General		
1	1	Can you find a section on the homepage aimed specifically at older people? (Note they might have different names such as: older people, over 50s, seniors citizens)
2	2	If the answer to question 1 is NO, can you find any section that is aimed at older person anywhere on the site.
3	3	Can you find a telephone number specifically for older people?
4	4	Can you find an email specifically for older people?
5	5	Can you find the name of a senior official who is specifically responsible for older people affairs? If yes, please write the title of the official by selecting "Insert" then "Comment" (from the main toolbar) and typing the information there (please follow this procedure for the remaining questions of this type),
6	6	Can you find the contact details of the above mentioned senior official? (email, direct telephone number and postal address).
II. Services for older people (Front office functions)		
Health care		

** Bellows, Lindsay, Frederico Leo, Natalia Nolan, Dat Pham and Ana Rodado. 2006 (unpublished). *Does Joined-up Governance Improve Service Delivery for Older Persons?*. London School Of Economics and Political Science. 17.

		<i>Can you find any of the following about local health services?</i>
7	7	A list of local hospitals
8	8	Telephone number for local hospitals
9	9	A link to local hospital websites (External URL)
		<i>Can you find any of the following about local NHS Trust or Primary Care Trust</i>
10	10	An information section about local NHS/PCT
11	11	A link to local NHS/PCT website (External URL)
		<i>Can you find any of the following about local GPs?</i>
12	12	A list of local GPs
13	13	Contact details for local GPs
14	14	Maps of how to get to local GPs
Home Care and Residential Care		
		<i>Can you find any of the following about HOME CARE?</i>
15	15	Any information explaining what Homecare is
16	16	Any information about eligibility for Homecare
17	17	Any information explaining how to apply for Homecare
18	20	A link to the Homecare website (external URL)
		<i>Can you find any of the following about Residential Care/Nursing Home?</i>
19	21	Any information explaining what Residential Care is
20	22	Any information about eligibility for Residential Care
21	23	Any information explaining how to apply for residential Care
22	26	A link to the Residential Care website (external URL)
Pension and Benefits		
		<i>Can you find any of the following about Pension?</i>
23	27	Information about Pension
24	28	Information about eligibility for State Pension
25	29	A link to Pension Service/DWP (External URL)
		<i>Can you find any of the following Benefits in general?</i>
26	30	A list of benefits that older people might entitle to
		<i>Can you find any of the following about Minimum Income Guarantee (MIG)?</i>
27	32	Any information about what MIG is
28	33	Information about eligibility for MIG
29	34	Information about eligibility for MIG
30	37	A link to MIG (External URL)
		<i>Can you find any of the following about Disability Living Allowance?</i>
31	38	Any information about what DLA is
32	39	Information about eligibility for DLA

33	40	Information about application procedure for DLA
34	43	A link to DLA (External URL)
		<i>Can you find any of the following about Attendance Allowance?</i>
35	44	Any information about what AA is
36	45	Information about eligibility for AA
37	46	Information about application procedure for AA
38	49	A link to AA (External URL)
		<i>Can you find any of the following about Cold Weather Payment?</i>
39	50	Any information about what CWP is
40	51	Information about eligibility for CWP
41	52	Information about application procedure for CWP
42	55	A link to CWP (External URL)
		<i>Can you find any of the following about Council Tax Benefit (CTB)?</i>
43	56	Any information about what CTB is
44	57	Information about eligibility for CTB
45	58	Information about application procedure for CTB
46	61	A link to CTB (External URL)
		<i>Can you find any of the following about Housing Benefit (HB)?</i>
47	68	Any information about what HB is
48	69	Information about eligibility for HB
49	70	Information about application procedure for HB
50	73	A link to HB (External URL)
51	74	<i>Can you find information on other benefits?</i>
<i>Other Services</i>		
<i>Transportation</i>		
		<i>Can you find any of the following about transportation?</i>
52	76	Information about any other discount transportation for elderly (e.g. reduced train tickets)
53	77	Any links to information about transportation services?
54	78	Any information about free bus pass scheme for elderly
55	79	Information about eligibility for free bus pass
56	80	Information about application procedure for free buss pass
<i>Library</i>		
		<i>Can you find any of the following about Library Service?</i>
57	83	A list of local libraries
58	84	Information about library opening hours
59	85	A link to Local Library (External URL)
60	86	Library online services
<i>Education</i>		

		Can you find any of the following about further education?
61	87	A list of course available to older people
62	88	Information about how to apply
Leisure		
		Can you find any of the following about Leisure activities?
63	89	A lists of events for older people
64	90	A list of community centres
65	91	Other activities (e.g. theatres, sports centres, cinemas, ...)
Misc		
		Can you find any information about any the following services?
66	92	Information about rubbish collection
67	93	Information about post offices
68	94	Information about police
69	95	Other information
Joined up with NGOs		
70	99	Can you find a list of NGOs for older people?
71	100	Can you find any information about services provided by those NGOs?
72	101	Can you find links to those NGOs? (To external URL)
III. Back office Functions		
Strategy		
73	102	Can you find a joint strategy document/white paper on or for older people?
74	96	Can you find a co-authored publication for older people (leaflets, pamphlets, booklets...)?
Evaluation Targets		
75		Can you find any of the following information specifically relating to targets for older people services?
76	105	CPA targets
77	106	BVPI targets
78	107	Any other outcome targets
79	108	Any other output targets
Coordination		
80	109	Can you find a unit or team that specifically deal with older people?
81	110	Can you find information about a joint committee meeting on older people affairs?
82	112	Are there local initiative/programmes around older people?
Finance		

83	113	Can you find information about common/shared budget for older people?
84	114	Are older person events co-sponsored by more than one agency (including NGOs)?

Appendix 4: Regression

Methodology

In order to find the relation between the joined-up governance and outcomes for the elderly, the following statistical model is constructed:

$$Y_i = \beta_0 + \beta_1 X_i + \beta_2 Z_i + \varepsilon_i$$

Where Y_i = policy outcomes as measured by the 14 elderly service indicators

X_i = the level of joint up governance as measured by the webcensus

Z_i = other control variables (such as local authority budget, number of local authority staff, local authority type, size of the elderly population, income, and size of middle class) that may impact the outcome

Summary Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
WebCen_Nor~9	110	61.36925	16.3368	0	93.82716
SER_REV	102	493384.5	349115	14105	1843167
STAFF	107	12428.51	9401.616	469	43451
AGE65	108	55042.14	49912.47	999	233230
GVA	108	22355.31	5599.379	15688	30385
MC	89	5048.494	2923.356	514	15231
INTHOME_1000	108	14.24585	6.434985	4.212	39.3839
NURS_NO	107	73.02742	15.70454	27.5735	115.876
HOME_1000	108	88.76749	20.94789	35.1488	146.183
DIRPAY_1000	108	327.2688	569.9969	51.7304	5811.24
DIRPAY_NO	108	389.3981	372.1525	19	2313
WKEXP_HOME	108	589.7492	97.69871	346.846	832.502
HREXP_HOME	108	15.44485	2.775061	8.55396	22.4347

Data Sources

Variable	Variable Name	Source
Dep Variable		
INTHOME_1000	Intensive homecare per 1000 population aged 65 or over	Performance Assessment Framework Indicators
NURS_NO	Admission to residential or nursing care - Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care	Performance Assessment Framework Indicators
HOME_1000	Older people helped to live at home per 1,000 population aged 65 or over	Performance Assessment Framework Indicators
DIRPAY_1000	Older people receiving direct payments per 100,000 population age 65+	Performance Assessment Framework Indicators
DIRPAY_NO	Number of adults and older people receiving payments	Performance Assessment Framework Indicators
Carer	The number of carers receiving a specific carers' service as a percentage of clients receiving community based services.	Performance Assessment Framework Indicators
Reviews	Adult and older clients receiving a review as a percentage of those receiving a service.	Performance Assessment Framework Indicators
need_statement	The percentage of adults and older people receiving a statement of their needs and how they will be met.	Performance Assessment Framework Indicators
delayed_transfer	The number of delayed transfers of care per 100,000 population aged 65 or over.	Performance Assessment Framework Indicators
equip_time	Percentage of items of equipment and adaptations delivered within 7 working days.	Performance Assessment Framework Indicators
contact_time	Of new older clients for whom the assessment process was started, the percentage for whom length of time from first contact to contact with client was less than or equal to 48 hours (that is, 2 calendar days). (This time includes weekends and bank holiday	Performance Assessment Framework Indicators

assess_time	Of new older clients whose assessments were completed in the year, the percentage for whom length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).	Performance Assessment Framework Indicators
prov_time	For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.	Performance Assessment Framework Indicators
WKEXP_HOME	Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	Performance Assessment Framework Indicators
HREXP_HOME	Average gross hourly cost for home help/care.	Performance Assessment Framework Indicators
Indep Variable		
DelWebCen_~m	Joined-Up Governance Score	Webcensus 2009 Conducted by Team
Control Variables		
SER_REV	Service Revenue	Chartered Institute of Public Finance and Accounting (CIPFA)
STAFF	Local Authority Staff Headcount	Local Government Association (LGA)
AGE65	Population Aged 65 and Above	Performance Assessment Framework Indicators
GVA	Gross Value Added	National Statistics
MC	Size of Middle Class	National Statistics (With team's extrapolation)
County	Local Authority Dummy- County	

Unitary	Local Authority Dummy- Unitary	
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Results – Policy Reach (1)

	Intensive homecare per 1000 population aged 65 or over	Older people aged 65 or over admitted to residential or nursing care	Older people helped to live at home per 1,000 population aged 65 or over	Intensive homecare per 1000 population aged 65 or over	Older people aged 65 or over admitted to residential or nursing care	Older people helped to live at home per 1,000 population aged 65 or over
DelWebCen_~m	0.0282 0.0332	-0.0180 0.1007	0.0507 0.1266	0.0296 0.0375	-0.0876 0.1167	0.0534 0.1470
SER_REV	0.0000 0.0000 (***)	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000 (***)	0.0000 0.0000	0.0000 0.0000
STAFF	0.0003 0.0001 (**)	0.0001 0.0004	0.0006 0.0005	0.0004 0.0001 (**)	-0.0001 0.0005	0.0008 0.0006
AGE65	-0.0002 0.0000 (***)	-0.0001 0.0001	-0.0002 0.0002	-0.0003 0.0001 (***)	0.0000 0.0002	-0.0003 0.0002
GVA	0.0001 0.0002	-0.0018 0.0007 (***)	-0.0005 0.0008	0.0003 0.0002	-0.0015 0.0007 (*)	-0.0001 0.0009
MC				-0.0003 0.0002	-0.0011 0.0007	-0.0012 0.0009
County	0.9898 3.8407	-9.8363 11.6644	-18.1111 14.6611	7.4579 4.9010	-22.9475 15.2294	-14.3161 19.1918
Unitary	-3.2855 2.6515	-2.6069 8.0527	-11.7359 10.1216	-2.0488 2.8595	-2.5954 8.8855	-11.9318 11.1973
_cons	10.9966 6.6142	117.2473 20.0874	109.5844 25.2481	9.0648 7.2222	116.9555 22.4422	107.6960 28.2811

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Results – Policy Reach (2)

	Older people receiving direct payments per 100,000 population age 65+	Number of adults and older people receiving payments	Older people receiving direct payments per 100,000 population age 65+	Number of adults and older people receiving payments
DelWebCen_~m	2.5525	0.1522	2.6273	1.2464
	4.0803	1.7847	5.0994	1.9347
SER_REV	-0.0003	-0.0001	-0.0002	-0.0002
	0.0004	0.0002	0.0006	0.0002
STAFF	0.0018	0.0085	0.0102	0.0167
	0.0163	0.0071	0.0199	0.0076
				(**)
AGE65	0.0005	0.0049	-0.0082	-0.0012
	0.0037	0.0016	0.0077	0.0029
		(***)		
GVA	0.0066	0.0028	0.0335	0.0019
	0.0133	0.0058	0.0322	0.0122
MC			0.0430	0.0081
			0.0325	0.0123
County			1294.9660	689.5868
			665.6524	252.5447
			(*)	(***)
Unitary			536.7437	-7.5792
			388.3714	147.3459
_cons	110.9925	1.6720	-955.9363	40.3477
	349.1468	152.7122	980.9097	372.1516

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Results – Policy Reach (3)

	The number of carers receiving a specific carers' service as a percentage of clients receiving community based services.	Adult and older clients receiving a review as a percentage of those receiving a service.	The percentage of adults and older people receiving a statement of their needs and how they will be met.	The number of carers receiving a specific carers' service as a percentage of clients receiving community based services.	Adult and older clients receiving a review as a percentage of those receiving a service.	The percentage of adults and older people receiving a statement of their needs and how they will be met.
DelWebCen_~m	-0.0002 0.0003	0.0003 0.0005	-0.0001 0.0002	0.0000 0.0003	0.0004 0.0005	-0.0001 0.0002
SER_REV	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
STAFF	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
AGE65	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
GVA	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
MC				0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
County	0.0340 0.0333	-0.0188 0.0565	0.0076 0.0219	0.0640 0.0414	-0.0065 0.0690	0.0308 0.0287
Unitary	0.0049 0.0230	-0.0681 0.0390	-0.0024 0.0151	0.0075 0.0242	-0.0721 0.0403	-0.0048 0.0168
		(*)			(*)	
_cons	0.0852 0.0573	0.8489 0.0973	0.9421 0.0377	0.0826 0.0610	0.8553 0.1017	0.9596 0.0423

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Results – Timeliness (1)

	The number of delayed transfers of care per 100,000 population aged 65 or over.	Percentage of items of equipment and adaptations delivered within 7 working days.	The number of delayed transfers of care per 100,000 population aged 65 or over.	Percentage of items of equipment and adaptations delivered within 7 working days.
DelWebCen_~m	0.0009 0.0013	-0.0001 0.0004	0.0014 0.0015	0.0002 0.0004
SER_REV	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
STAFF	0.0000 0.0000	0.0000 0.0000 (*)	0.0000 0.0000	0.0000 0.0000 (*)
AGE65	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
GVA	0.0000 0.0000 (**)	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
MC			0.0000 0.0000	0.0000 0.0000 (*)
County	0.1771 0.1461	-0.0108 0.0428	0.1150 0.1990	0.0120 0.0544
Unitary	0.1658 0.1008	-0.0305 0.0296	0.1104 0.1161	-0.0463 0.0317
_cons	-0.2990 0.2515	0.9376 0.0738	-0.2115 0.2933	0.9676 0.0801

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Results – Timeliness (2)

	Of new older clients for whom the assessment process was started, the percentage for whom length of time from first contact to contact with client was less than or equal to 48 hours (that is, 2 calendar days). (This time includes weekends and bank holiday	Of new older clients whose assessments were completed in the year, the percentage for whom length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).	For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.	Of new older clients for whom the assessment process was started, the percentage for whom length of time from first contact to contact with client was less than or equal to 48 hours (that is, 2 calendar days). (This time includes weekends and bank holiday	Of new older clients whose assessments were completed in the year, the percentage for whom length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).	For new older clients, the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.
DelWebCen_~m	0.0000 0.0005	0.0007 0.0006	0.0002 0.0003	-0.0003 0.0006	0.0009 0.0007	0.0001 0.0003
SER_REV	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
STAFF	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
AGE65	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
GVA	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
MC				0.0000 0.0000	0.0000 0.0000	0.0000 0.0000
County	-0.0487 0.0585	-0.0555 0.0666	0.0100 0.0312	-0.0590 0.0767	-0.0677 0.0878	0.0303 0.0412
Unitary	-0.0819 0.0404 (**)	-0.0762 0.0460	0.0043 0.0215	-0.0922 0.0448 (**)	-0.0794 0.0512	0.0047 0.0241
_cons	1.0810 0.1008	0.9567 0.1148	0.8750 0.0537	1.1251 0.1131	0.9586 0.1294	0.8864 0.0608

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Results – Cost-Effectiveness (1)

	Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	Average gross hourly cost for home help/care.	Average gross weekly expenditure per person on supporting adults and older people in residential and nursing care and providing intensive home care	Average gross hourly cost for home help/care.
DelWebCen_~m	0.0449	-0.0069	0.2734	0.0108
	0.5559	0.0188	0.5630	0.0212
SER_REV	0.0000	0.0000	0.0000	0.0000
	0.0001	0.0000	0.0001	0.0000
STAFF	-0.0023	0.0000	-0.0018	0.0000
	0.0022	0.0001	0.0022	0.0001
AGE65	0.0003	0.0000	-0.0003	0.0000
	0.0005	0.0000	0.0009	0.0000
GVA	0.0092	0.0001	0.0149	0.0003
	0.0018	0.0001	0.0035	0.0001
	(***)		(***)	(**)
MC			0.0149	0.0000
			0.0036	0.0001
			(***)	
County			196.4210	1.9553
			73.4894	2.7629
			(***)	
Unitary			140.4579	3.6224
			42.8770	1.6120
			(***)	(**)
_cons	381.5404	14.9987	81.9700	5.3428
	47.5648	1.6046	108.2945	4.0714

Significantly level 99% (***), 95% (**), and 90% (*) percent confidence.

Appendix 5: Strategy Census Methodology

The strategy census is designed to provide a fine-grained measure of local authority preparedness for population ageing, as well as to identify examples of good practice in strategy development and implementation. The census contains 162 questions, which are based on the literature on population ageing, Audit Commission criteria and advice for local authorities, and theories of joined-up governance. The questions are divided into six main sections:

1. Strategy Basics (length, start and end year, contact person, etc);
2. Understanding the Local Demographic Profile;
3. Understanding the Needs and Priorities of Older People;
4. Strategic Approach and Coverage;
5. Joined-up-ness; and
6. Targets and Funding.

The census was implemented on a sample of 46 local authority older people's strategies and associated action plans. The full listing of questions is as follows:

Question Count	Survey Question
	<i>(Local Authority Info)</i>
1	Name
2	Political control
3	Minority control?
4	Type of authority
5	Region of authority
6	Is the authority rural or non-rural?
	<i>(Strategy Basics)</i>
7	What is the strategy called?
8	Paste in a link to the strategy document and list and link any other relevant documents (e.g., separate .pdf on targets or implementation details)
9	What is the vision?
10	How long in pages is the strategy plan? (including appendices)
11	How long are the appendices?
12	How many words are in the strategy plan (excluding appendices)
13	How many pages are taken up with photographs?
14	What year does the strategy start?
15	What year does the strategy end?
16	What is the latest year mentioned anywhere in the strategy?
17a	Is there a person listed to contact about the plan?
17b	What is the position of the person?

17c	Is there a telephone number?
17d	Is there an email address?
18	How many clicks (from the homepage) does it take to access the strategy document?
19	Which section of the website is the strategy document displayed on?
	Which groups are listed or recognised as partners/authors of the plan:
20	Central government?
21	Local PCTs?
22	NHS
23	Private sector bodies?
24	The older people community?
25	Charities?
26	How many partners/authors are there?
27	Are there action plans associated with the strategy document?
	<i>(Understanding the Local Demographic Profile)</i>
28	Is there a discussion of England's ageing population?
	Is there a discussion of the local demographic profile, including
29	Age
30	Life expectancy
31	Health issues
32	Ethnicity
33	Gender
34	Employment
35	Marital status
	Is there a discussion of the projections for the future, including
36	Age
37	Life expectancy
38	Health issues
39	Ethnicity
40	Gender
41	Employment
42	Marital status
	Are there any charts, tables or graphs describing changes in the following issues
43	Age
44	Life expectancy
45	Health issues
46	Ethnicity
47	Gender
48	Employment
49	Marital status
50	How many different charts are there?
	If there is a discussion of local age projections, does the strategy discuss:
51	How the numbers of older people will change over time in the local area?

52	How the proportion of older people will change over time in the local area?
53a	Does the strategy segment older people into groups - eg older people aged over 80?
53b	How many different segments are discussed?
53c	What segments are used?
54	Is there a discussion of migration of older people to or from the local area?
	What sources of evidence have been used to support this discussion:
55	Census data
56	Survey data
57	Modeling and scenario planning
58	Pension Service data
59	NHS or PCT data
60	Data from voluntary and community sector
61	Other secondary data
62	Other
	<i>(Understanding the Needs and Priorities of Local Older People)</i>
63	Does the strategy discuss how the strategy was developed?
64	Does the strategy discuss the consultation process (process after a draft was developed)?
65	Did the council do more than circulate the draft strategy for comments?
	In creating the strategy, is there evidence the council has engaged:
66	Central government policies
67	Local PCTs?
68	Private sector bodies?
69	The older people community?
70	Charities?
71	The council's adult social care directorate?
72	Council directorates other than adult social care?
73	Other
	What sources of secondary evidence has been used for collecting information on needs and priorities
74	GP data
75	Accident and Emergency data
76	Bereavement data
77	Data from voluntary and community sector
78	Pension Service data
79	Other
80a	Who was the lead champion for the engagement?
80b	Did the champion have a clearly defined role?
	Is there evidence that the engagement identified:
81	Problems with current services?
82	What services are missing?
	Was there a mechanism for:

83	Monitoring progress of the engagement?
84	Measuring outcomes of the engagement?
85	Please describe any innovative practices for understanding the needs and priorities of older people
	<i>(Strategic Approach and Coverage)</i>
86	Is there evidence the strategy covers areas that older people say are most important? (is there a link between coverage and the views of older people?)
87	Does the strategy discuss the gap between future local needs and priorities and current services?
	Which of the following dimensions does the strategy document cover?
88	Housing and the home
89	Neighbourhood
90	Social activities, social networks and keeping busy
91	Getting out and about
92	Income
93	Information
94	Health and healthy living
95	Other?
	Technology
96	How many times is the word "internet" used?
97	How many times is the word "technology" used?
98a	Is technology proposed as a solution to any issues
98b	What technology is mentioned?
98c	Which issues?
99	Does the strategy propose steps for ensuring that mainstream/universal services are accessible to as many older people as possible?
100	Does the strategy propose steps for improving how existing services/resources can be better targeted/reallocated?
	Does the strategy propose steps to shape and deliver targeted services aimed at promoting independence and well-being for older people?
101	Social isolation
102	Building social networks
103	Providing support in the home
	Does the strategy propose steps to target or improve any services for older people most at risk?
104	Aged 75/80+ ("old old")
105	Living alone
106	Disabled
107	Mental illness
108	No access to car/public transport
109	Living in rented accommodation
110	Poor
111	Minority/ethnic
112	No access to telephone
113	Other

	<i>(Joined-up-ness)</i>
114	Is there evidence that the Older People's Strategy seeks to address issues holistically, either through "integration," "joining-up," or having a "common response"?
115	How many times in the report is the words "joined up" used?
116a	Are there reasons given for joined-up-ness?
116b	If so, what are these reasons?
	Is there evidence of joined up initiatives in these dimensions:
117	Housing and the home
118	Neighbourhood
119	Social activities, social networks and keeping busy
120	Getting out and about
121	Income
122	Information
123	Health and healthy living
124	Other
125	Please describe any innovative joined up initiatives
126a	Does the strategy mention any obstacles to joined-up working?
126b	If so, what are these obstacles?
126c	Does the plan set out how these obstacles can be overcome?
127	Is there evidence of incentivizing joined-up working?
128	Is there evidence of shared leadership with any of the partners?
129	Are there references to national priorities/older people issues?
130a	Are there links/references to other local authority documents?
130b	How many documents are mentioned?
	<i>(Targets and funding)</i>
131	Can you find the action plan associated with the strategy plan?
132	What is the plan called?
133	What is the start date of the plan?
134	What is the end date of the plan?
135	How often is the plan updated?
136	Does the strategy or plan include a discussion of how initiatives will be funded?
137	Does the strategy or plan include costings of proposals
138a	Does the strategy include targets?
	What type of targets are they?
138b	Outcome
138c	Output
138d	Are the targets measurable?
140a	Does the plan include targets?
	What type of targets are they
141b	Outcome
141c	Output
141d	Are the targets measurable?
	What are the timeframes of these targets?
142a	Short - 12 months

142b	Medium 2-5 years
142c	Long - 5+ years
142d	Unclear
143a	Does the strategy formulate an overall target?
143b	What is the overall target?
	In the strategy and/or the plan, have targets been set for the following dimensions:
144	Housing and the home
145	Neighbourhood
146	Social activities, social networks and keeping busy
147	Getting out and about
148	Income
149	Information
150	Health and healthy living
151	If so, give examples of the different kinds of targets
152	How many targets are in the strategy?
153	How many targets are in the plan?
154	In the strategy, can you find the name of an official who is responsible for achieving these targets?
155	In the plan, can you find the name of an official who is responsible for achieving these targets?
156	Are there any shared targets?
157	Are there targets that cut across organisational boundaries?
	For targets that cut across organisational boundaries, which groups are responsible for achieving these targets?
158a	Unstated
158b	One of the relevant organisations?
158c	All of the relevant organisations?
159	Does the strategy or plan specify <u>when</u> the achievement of the targets will be measured?
160	Is the council required to report on performance against targets?
161	Is performance against targets made available to the public?
162	Does the strategy or plan specify <u>how</u> the achievement of the targets will be measured?

In order to compute a quantitative metric corresponding to an overall score on the strategy census the following methodology was used:

- Most Yes or No questions were scored as 1 or 0, respectively
 - An example of an exception was question 17 in which a half a point was assigned if a local authority had a contact person listed for the strategy document (17a) and one quarter of a point was awarded when there was

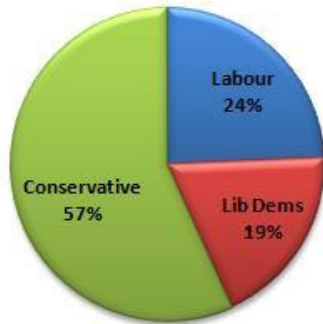
a telephone number and email address (respectively 17c and 17d) also listed for this contact person.

- When a question included a drop down box for in what detail was a specific aspect mentioned, scores were assigned as follows:
 - “Thorough mention (1+ paragraphs)” = 1
 - “Detailed mention (1 paragraph)” = 2/3
 - “Brief mention (1-2 sentences)” = 1/3
 - “No Discussion” = 0

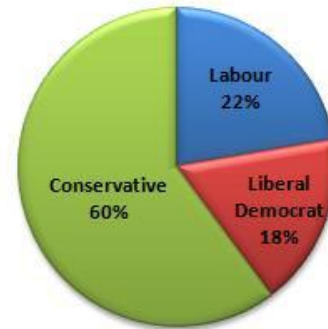
The exact formula used to calculate this score is available on the Data CD, which also includes the final scores across all the authorities and the analysis used to inform this section’s discussion.

Appendix 6: Local Best Practices

**Percent of Councils in England
Controlled by Major Parties**



**Percent of Best Practices Cited from
Councils per Party Control**



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