

Real choice, real voice: older people in control

Counsel and Care Policy discussion paper 2

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By Caroline Bernard

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Author's biography

Caroline Bernard joined Counsel and Care as Policy and Communications Manager in January 2006. Prior to coming to Counsel and Care, Caroline spent four years as Corporate Policy Officer at Anchor Trust, the largest provider of housing, care and support to older people in England. Prior to this, Caroline was a team member of the Health and Social Care Joint Unit, at the Department of Health, where she worked on the policy development of free nursing care, continuing care, and health and social care partnership working.

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Real choice, real voice: Older people in control

This is the second in a series of three policy papers by Counsel and Care, the national charity getting the best care and support for older people, their families and carers. Other titles in the series are:

- **Fit for the Future: a new vision for older people's care and support (October 2006)**
- **Global Vision: international comparisons of funding older people's care and support (to be published May 2007)**

Introduction

If we are to deliver the kinds of services that older people, their families and carers want and need in the 21st century, then those who use health and social care services need to be confident that they will be able to have a say in how those services are shaped, and that their wishes will be acted upon. Ultimately, they need choice, voice, and control over services.

The deliberative consultation approach taken by the Department of Health with *Your health, your care your say* – and the resulting White Paper *Our health, our care, our say* – represents a seismic shift in the way that health and social care are shaped and delivered. It will not be enough to simply fine tune existing services. New ways of providing care and support to older people need to be imagined and realised, if we are to ensure that there is “real choice and real voice” that will actually put older people in control.

The expectations of the families of service users are also key. The recent *The State of Social Care* report from the Commission for Social Care Inspection highlights concerns for people who already “have little, if any, choice and control over the services they use”.¹ And families and carers have to bear the burden of tightening local authority eligibility criteria that excludes all but those with substantial or critical care needs from receiving care. Those with low to moderate needs who rely on low level preventative services are finding it harder and harder to access the services that will enable them to maintain their independence, for longer.

The findings of *The State of Social Care* have reinforced the need for a public debate about how care will be delivered, now and into the future. Given the tightening of eligibility criteria, there is deep concern on the part of stakeholders that preventative services are not being given the opportunity to prove that they can help older people to maintain their independence for longer. Prevention, if it were adequately funded and delivered, could go some way to reducing the

expectation that informal carers will have to provide the support that is needed, or that older people themselves will have to finance their care.

A new agenda is needed for older people, and it is clear that this has already begun, with *Opportunity Age* and the resulting Link-Age Plus pilots showing clearly that there is an understanding that services need to be provided in partnership. This will ensure that care and support for older people are delivered in ways that are economic, efficient and above all, effective. That is why Counsel and Care has undertaken to influence the agenda by opening up the debate. The new vision set out in our first paper, *Fit for the Future*, needs to work alongside the ten year implementation plan attached to *Our health, our care, our say*, which provides the framework for this new agenda. This vision will need to join up the choice and voice agenda across sectors, and the role of the voluntary sector, or third sector, will be crucial.

Social care in particular needs to be lifted in status, and recognised as the way in which people who need support can live a normal life and function as a part of society. Preventative services need further investment, because they are the key to longer term savings to the NHS and social services, as older people are able to remain independent for longer, rather than entering residential care, or suffering an acute episode that can lead to a permanent move to residential care. The Social Exclusion Unit estimate that reducing institutionalisation by just 1% could save £3.8 billion.² With a growing older population, these savings need to be maximised, to avoid the predicted pressure on care services which are already struggling to recruit and retain a workforce, and rely heavily on unpaid carers. By 2017, the UK will have 1.9 million additional older people aged from 65 to 84, and another 0.5 million people over the age of 85, compared with 2004.³

These are just some of the challenges that are facing the UK with regard to care and support of older people, their families and carers. The comprehensive spending review is the last opportunity for the next decade for the government to tackle these challenges. The well-documented evidence from the Wanless Social Care Review has proven that to “do nothing” is not an option. The tide is turning, and older people across the age ranges from baby boomer to frail elderly, and from all walks of life, demand more in the 21st century. Living a longer life should not be something to be feared or dreaded, it ought to be celebrated. By putting older people “in control”, and giving them a say in how services are shaped and delivered, longevity can be positioned as a result of good, effective care and support – to live longer is an achievement, not a burden.

In order to look at ways these challenges could be addressed, this paper will look at how the White Paper could be delivered, with a particular focus on four areas for putting older people in control:

- Advice, information and advocacy
- Prevention
- Individual Budgets and Direct Payments
- Telecare

It will review the progress of the White Paper's commitments, and discuss the role of the third sector in delivering these commitments alongside the public and private sectors.

Why “older people in control”?

So why is “putting older people in control” seen as “a good thing”? What exactly are older people demanding to have “control” over? Since 2000, government policy has promised that the care and support of older people will be addressed through improving health and social care. The National Service Framework for Older People provided a structure that ought to have by now seen older people in a position where they can achieve well being and good health. However, it is clear that the vision needs to go much wider, beyond health and social care to include other agencies and sectors, such as housing departments, leisure and education provision, and so forth. Health and social care services are undoubtedly vital, and older people are the biggest users of these services, but government departments need to work together to deliver control for older people, their families and carers in all aspects of their lives; their care and support, their finances, and their communities.

That is why government, providers, commissioners and other stakeholders have a golden opportunity to use recent initiatives such LinkAge Plus, Individual Budgets and the Partnerships for Older People pilots alongside *Our health, our care, our say* to identify and deliver what older people themselves actually want. This paper makes recommendations to central and local government, service providers, and commissioners on ways in which they can use the work of the pilots currently underway to transform services and universalise good practice. Investing in low level services such as that set out in the Joseph Rowntree Foundation Older People's Inquiry into “That bit of help”, and independent services such as advice and advocacy, is clearly going to be a crucial factor in realising the aims of these initiatives.

Our health, our care, our say represents a distinct shift in direction. For the first time, there appears to be a consensus about the direction of travel for health and social care. Clear links with other initiatives such as *A Sure Start to Later Life* are made in *Our health, our care, our say* which suggests that the broader thinking across agencies is already beginning, but again, it needs to go further. Giving older people control, alongside the sorts of services that they need, means that

the debate needs to be about outcomes for older people, allowing them to be involved in partnerships and given real choice, not simply perceived choice.

Smarter and better commissioning will be needed, in order for the pledges contained in *Our health, our care, our say* to become reality. Commissioners need to think about outcomes when developing and procuring services – the aims need to go beyond numbers, into the tangible benefits that older people themselves report. The “whole system” of health and social care needs to become much better at listening to its customer. The challenge to delivering the White Paper will be keeping the end goal in sight – a society where people have a real say over their own future. *Real choice, real voice: older people in control* aims to contribute to the many debates about how all stakeholders can ensure that the vision of *Independence, well being and choice* makes a difference to adult social care services, allowing it to become an equal partner to health and no longer the handmaiden to the NHS.

Section One sets out the policy context of the debate. The progress document for the White Paper, *Our health our care, our say: making it happen*, was published in October 2006, and this will be used to identify the progress of the Department of Health against its agreed goals. The section will also highlight other policy initiatives; *Opportunity Age*, the government’s strategy for an ageing society, *A Sure Start to Later Life*, from the Social Exclusion Unit, the LinkAge Plus pilots, led by the Department for Work and Pensions, and the Partnerships for Older People pilots, led by the Department of Health and supported by the Care Services Improvement Partnership. The £80 million grant funding behind *Building Telecare in England* will also be reviewed, as well as looking at the Older People’s Inquiry into “That Bit of Help”, which highlighted the benefits of low level services for the prevention of more serious conditions and mobility problems for older people.

Section Two addresses the delivery of the White Paper in the context of advice, advocacy and information, prevention, Individual Budgets and Direct Payments and telecare. It will also discuss the issue of who delivers – specifically the role of the third sector that has recently been highlighted by the Minister for Care Services, Ivan Lewis, and other Ministers across government.

Section Three sets out Counsel and Care’s recommendations to central government and to providers of services from all sectors and commissioners, before drawing its conclusions.

Section One: The Policy Context

The health and social care White Paper *Our health, our care, our say*⁴ forms the bedrock of the policy context of this discussion paper. This section will review the original goals of the White Paper in relation to putting older people, their families and carers in control, as well as looking at the other policy initiatives surrounding the White Paper which are key to its successful delivery.

Older people as the biggest users of health and social care services were long overdue recognition that services needed to be sufficiently “joined up” to promote better outcomes. To this end the *National Service Framework for Older People* (NSF) was published in 2001, setting eight “standards” that had to be met in specific aspects of older people’s health and social care such as person centred care, falls, stroke, and active life in older age. Implementation of the NSF was supported by strategic programmes on finance, workforce development, research and development, clinical and practice decision support, and information.⁵

The “next steps” document on implementation of the NSF was published in April 2006 by the National Director for Older People, Professor Ian Philp. A *New Ambition for Old Age* updates on the progress of the NSF, and sets out the ten “programmes” that are to be put in place to drive the agenda forward.⁶ The first of these, *Dignity in Care* was launched in November 2006. At the launch, the Care Services Minister Ivan Lewis announced a £67 million grant for dignity initiatives in the care home environment. However, stakeholders are keen to see the money being used for staff training and for initiatives that will ensure long term development of residential care, in a similar way that funding has been provided for extra care housing, which totalled £87 million over two years from 2004-2006. At the time the funding was announced in 2003, the then Care Services Minister talked about “real choice for older people”, with extra care as one of the choices for older people alongside residential care, and home care. Clearly, the issue of “real choice” has been a policy buzzword for some time, but combined with “voice” it begins to take on a different dimension.

The direction of travel by government is clearly towards older people receiving care and support either at home or as close to home as possible. However, it must be recognised that there will always be people whose frailty or long term condition means that they can only be cared for in a residential care setting. Moreover, those older people living in residential care need to have their voices and choices included so that providers and commissioners are engaged, and can shape services according to what older people living in residential care actually want.

The pledges of *Our health, our care, our say*

The report on progress of the White Paper *Our health, our care, our say: making it happen* sets out the ways in which the goals could be successfully achieved.

Better prevention and early intervention for improved health, independence and well being

Various tools will be needed to deliver this, amongst them better access to telecare for those who choose it, and a better understanding of the value of low level preventative services, as set out in *A Sure Start to Later Life*. There is much to be learned from the “That Bit of Help” inquiry into older people’s services⁷, which highlighted three things:

1. That older people themselves can shape policy and commission their own services;
2. That low level services are an excellent prevention tool;
3. That we need to ask (and continue to ask) older people what they actually need, and want.

There also needs to be a wide range of service options available. The thirteen examples of services benefiting older people – the “Baker’s Dozen” - set out in the report of the Inquiry includes initiatives providing exercise for older people, welcome home from hospital services, and befriending.

Box One: The Bakers Dozen:

Handy Help: Trafford Care & Repair

Welcome Home: Cotswold Council for Voluntary Service

Help at Home: Amber Valley Community Volunteer Service

Primary Night Care: Blackpool Borough Council

Befriending Service: Amber Valley Community Volunteer Service

Sole Mates: Age Concern Oxfordshire City and County

Cinnamon Trust: a national charity

Digging Deep: Age Concern Gateshead and South Tyneside

RISE: REGENERATE.com

SMILE: Royal Borough of Windsor and Maidenhead

Social and Activity Centre: Wimbledon Guild

Keeping In-Touch: In-Touch Malton, Norton and District

Retail Stores: An Ideal

Source: Raynes, N., Clark, H., and Beecham, J. (eds) (2006) The report of the Older People's Inquiry into 'That Bit of Help'. Joseph Rowntree Foundation, York.

Improving access to information and advice is key to achieving this goal, but what is also important is improved access to independent advocacy services.

Services that provide a central gateway to advocacy ought to be developed and supported with funding and training for advocates.

What will also be key to delivering the pledge of more choice and a stronger voice will be ensuring that specific ethnic minority communities are involved. In a speech at a recent Counsel and Care conference, Professor Naina Patel, Director of the Policy and Research Institute on Ageing and Ethnicity, stated that for black and ethnic minority elders, there is a need to *"build the voice, to get the choice"*.⁸ Until access is improved for groups who do not have English as their first language, or who are not as adept at using the systems as those who have been in the country for longer, there will always be hidden voices that are never heard or recognised.

Tackling inequalities and improving access to services

Further to the comments made above, the diversity of older adults needs to be kept in mind when developing services. The particular health and social care needs of black and minority ethnic communities and faith communities need to be an explicit aspect of the success of this goal. The health inequalities faced by older people living in deprived areas also needs to be taken into consideration, particularly with regard to access to services.

Another aspect of access is the move towards more self-assessment. Kent County Council has in place an on-line self assessment tool for adults and their carers. The assessment can be completed by someone else on behalf of the person requesting services, which addresses the issue of older people who either do not have internet access or who do not have the skill to use such a tool.

Self assessment in itself is a positive direction of travel, as it allows the person requesting services to fully understand their own condition and thereby achieve greater control over their care and support. There are those who may see it as another way that local authorities are putting the onus on service users to do their work for them, but if older people in future are going to be more demanding and better informed, it is sensible that they are able to self-assess.

With regard to healthcare, those with internet access can look up details of particular health conditions so that when navigating the system, they are better informed and not subject to the "doctor knows best" scenario. Older people have traditionally trusted professionals with their care, sometimes with disastrous results, as in the case of Harold Shipman.

If more older people, their families and carers are able to access self assessment tools, this is one of the ways that access, choice and control can be given to them - directly.

More support for people with long term needs

The national framework for NHS funded Continuing Care, expected in 2007, is anticipated with regard to this goal. Those suffering from degenerative diseases and those whose illness may stabilise, causing them to lose their Continuing Care funding are most vulnerable here, and it is expected that this anomaly will be addressed by the new framework.

A new deal for carers

There are six million carers in the UK, providing daily 24 hour care, often with no support or respite. One other crucial pledge made in the health and social care White Paper is for more support to be given to carers, and this was preceded by a pledge in *Opportunity Age* to develop neighbourhood support for carers, to allow a 'care/life' balance for carers, and to protect their pension rights. Counsel and Care has called for tax breaks for employees caring for older people, through 'care vouchers'. This would give equal rights to those caring for older people that parents caring for children currently receive.

Our health, our care, our say also pledges that the 1999 Strategy for Carers is to be updated; and that an information service and helpline is to be set up for them to access advice and support. A new deal for carers is long overdue. They have a particular perspective, and make huge sacrifices, often giving up well paid careers and having to live on Carer's Allowance. They often have their own care and support needs, not just physically but also psychologically. Respite care is vital, as well as support groups, emergency help, and training.

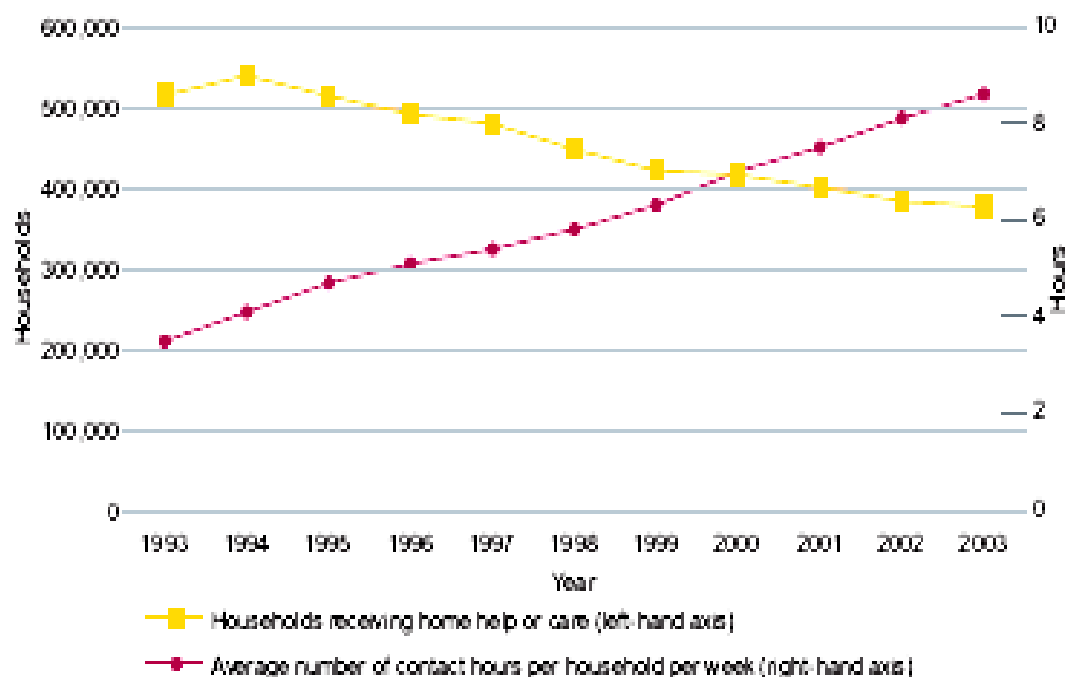
Older people's policy in the round

Stakeholders, including Counsel and Care, have called for *Our health, our care, our say* to be linked to other initiatives such as *Opportunity Age*, *A Sure Start to Later Life* and the following LinkAge Plus pilots, and *Building Telecare in England*. All of these are crucial to delivery of the goals of the White Paper. These policy initiatives, and some of the ways in which they could be augmented are discussed below.

Opportunity Age

Launched in March 2005, *Opportunity Age* was praised as being an excellent overarching strategy for improving services for older people, their families and carers. One of the things the strategy looked at was "a case for more low level support" as a mechanism for helping older people remain in their own homes. Given that the number of contact hours per household has doubled from just under four to over eight hours in the ten years from 1993 to 2003, the number of households actually receiving home care has dropped from 500,000 to less than 400,000 in the same period (see Fig 1).

Fig 1: Changes in the number of households receiving home care services and the number of contact hours 1993-2003 (England)



Source: Department for Work and Pensions (2005) *Opportunity Age: Meeting the challenge of ageing in the 21st Century*. DWP, London.

Opportunity Age discussed the notion that provision of low level preventative services might enable longer term savings for intensive services by reducing emergency hospital admissions and entry to residential care. It also highlighted the benefits of Individual Budgets in giving choice and control. However, according to *Opportunity Age*, Individual Budgets will only be truly effective if other reforms are made to existing policy areas, and one of these reforms is for independent advice and advocacy to be “built in from the start”⁹ so that older people are supported in making choices and keeping control.

A Sure Start to Later Life

The publication of *A Sure Start to Later Life* was welcomed, as the Social Exclusion Unit (SEU) had not, since its inception, considered older people as an excluded group. Based on the principles of the children’s Sure Start model providing a single gateway to services, *A Sure Start to Later Life* set out to address the multiple levels of exclusion experienced by some 1.2 million older people. The research used by the SEU illustrated clearly that older people’s exclusion has become an area of tension with 7 per cent of those experiencing poor physical health excluded in three dimensions of their life, such as civic

participation, their neighbourhood, or with access to benefits and financial products.¹⁰

One of the highlights of the Sure Start for older people approach is that it takes in those services not traditionally seen as being for older people per se, such as advocacy. The approach begins to recognise that growing older does not mean that one loses interest in wider use of community services – older people’s services are not simply health and social care related. Information, advice and advocacy, lifelong learning, and volunteering are some of the many “spokes” in the “wheel” of which the single gateway is the “hub”. We have heard encouraging words from the Care Services Minister Ivan Lewis about the need for more advocacy, delivered by the third sector, but increasingly commissioned by local authorities, which indicates that advocacy is gaining more and more credence as a key to promoting independence and inclusion.¹¹

A Sure Start for Later Life also considers the key components for improving health and social care for older people as being about active ageing, information, better access to services; joining up services; advocacy; increasing capacity; and prevention. The approach is currently being rolled out through the LinkAge Plus and Partnerships for Older People (POPP) pilots, led by the Department for Work and Pensions and the Department of Health respectively.

Link-Age Plus and Partnerships for Older People

The Link-Age Plus pilots, the Partnerships for Older People pilots, Individual Budget pilots and Common Assessment Frameworks pilots form a network which is testing the move to care closer to home, with choice and control, envisaged in the health and social care White Paper. The nineteen POPP pilots have been underway since May 2006, with another ten pilot projects due to commence in May 2007. POPPs are about moving away from a reliance on acute services for older people, towards improved quality of life with support closer to home which prevents crises developing. A whole systems approach is to be used, with empowerment and involvement of older people at the core.

The Link-Age Plus and POPP pilots offer a real opportunity for developing more “older people friendly” neighbourhoods where local facilities are used as community support and community development centres. Existing care home lounges, day centres, sheltered housing schemes and other drop in centres can provide the infrastructure for holistic support outside of traditional settings, used by the whole community as well as residents.

Strong and Prosperous Communities: the local government White Paper

Published in October 2006, *Strong and prosperous communities* the local government White Paper, sets out the use of Local Area Agreements (LAAs) to ensure that local authorities can prepare their "Sustainable Community Strategy" and deliver it through the LAA. The Agreements will cover 35 priority areas including crime and disorder as well as health and well-being.¹²

Strong and prosperous communities makes reference to *Our health, our care, our say*, and cross cutting strategies such as *A Sure Start to Later Life* and *Opportunity Age*. An entire section in Volume 2 is devoted to vulnerable people, and pledges to give local authorities tools to champion the interests of vulnerable and disadvantaged people. One of the aims is to give people "more power over their own lives and the decisions that affect them."¹³

With regard to improving efficiency, the White Paper recognises that information sharing can enhance services. The example given is for providers of advice to give feedback on the kinds of problems they are being asked to help with, thus indicating where services need to improve. This is something that Counsel and Care already has in place. Each month, the "top ten" issues are identified from the advice line and are being publicised as key issues that local and central government need to address.

Box Two: Top Ten Care Issues – identified by Counsel and Care

1. Care Assessment
2. Welfare rights
3. Choosing a care home
4. Charitable assistance
5. Care home funding – for state funded residents
6. Care home funding – for self funded residents
7. Sheltered and extra care housing
8. Health care
9. Abuse
10. Dementia and mental health

The missing link in the section on vulnerable people in the local government white paper is that group of very vulnerable and frail older people living in residential and nursing care homes. The focus is very much on preventative services and local accountability. As we have set out in the Introduction, vulnerable older people with high care needs must not be excluded. Once again, government must be reminded that choice and voice must be available to all vulnerable people.

Building Telecare in England

The Preventative Technology Grant, which forms the funding basis of the guidance document *Building Telecare in England*, sets out to do three things:

1. Pump prime the telecare market
2. Co-ordinate demand working with the telecare industry, and
3. Build knowledge amongst commissioners and service users.¹⁴

The £80 million grant was allocated from April 2006 over two years, and aims to help local authorities and partners offer choice and control to older people so that they can live independently for longer. Its ultimate aim is for an additional 160,000 older people to benefit from telecare.

One of the expected outcomes of the grant is for resources to be released and used elsewhere in the health and social care system. Another is that it will contribute to developing preventative services. And it promises to contribute to the delivery of the then “new vision” for adult social care, which developed into *Our health, our care, our say*.

The guidance recognises that telecare needs to form part of the whole health, housing and social care agenda. Home improvement agencies such as Care and Repair and Staying Put need to ensure that telecare forms part of the package of options offered to older people who need care but wish to remain in their own housing in the community. By the same token, providers of sheltered housing who use community alarm services as standard can broaden the use of technology, particularly as many Category 2 sheltered housing schemes do not have a resident “warden” or scheme manager.

Encouragingly, the guidance also highlights the importance of information and advice for older people, their families and carers, as well as professionals, on using telecare. However, advice must be available in a variety of formats and, in particular, advice on using Direct Payments to purchase telecare equipment should also be made available.

Ensuring delivery of the goals of *Our health, our care, our say*

Stakeholders ought to be heartened by the commitment of the Department of Health to the goals of the White Paper. Speeches by the Permanent Secretary Hugh Taylor and the Director General of Social Care, David Behan at the 2006 social services conference set out aims to deliver on social care, prevention, well being and outcomes. Furthermore, the publication of *Our health, our care, our say: making it happen* has updated stakeholders on the areas where progress has already been made, as well as setting out what successful implementation of the goals will look like. An overview of the progress as reported in *Making it happen* will be given later in this section.

It is also positive that the Minister for Care Services, Ivan Lewis, has set out the issues that he sees as important for social care. As well as improving the status of social care itself, the Minister has highlighted the importance of Direct Payments and Individual Budgets, advocacy, and community equipment services. The Minister has reiterated his commitment to working towards getting more support for social care in the comprehensive spending review, whilst recognising that funds will be restricted:

*"I want to work on our bid for the comprehensive spending review, securing the best possible deal for social care within the constraints of a tight settlement."*¹⁵

There are concerns in certain quarters about the comprehensive spending review settlement. However providers, their representatives and other stakeholders remain committed to getting the best settlement possible for older people their families and carers. This was the line taken by Niall Dickson, Chief Executive of the Kings Fund, when he delivered the 2006 National Care Forum Annual Lecture. Dickson told the audience that government needs to understand that if we 'do nothing' standards will continue to deteriorate.¹⁶

Moreover, it should be remembered that the White Paper is not bound in legislation, which does have implications for its implementation. This is highlighted by Professor Gerald Wistow and Eileen Waddington in a recent article. The fact that delivery of *Our health, our care our say* depends upon a range of agendas does mean that it will be crucial for there to be some kind of central monitoring to ensure that delivery does not fall by the wayside and become subsumed by other priorities. Wistow and Waddington note that existing structures and cultures could pose a threat to the success of the White Paper. By bringing the delivery work together in a "national development programme" there would be a mechanism for ensuring that the necessary cultural shifts take place and become standard practice.¹⁷

The *Making it happen* update has come at an important time, with many key players keen to see its message and pledges actually working on the ground.

The Association of Directors of Social Services (ADSS) and the Local Government Association (LGA) will shortly be publishing a report that will look at how the White Paper's objectives can be delivered at a local level. The paper will suggest taking up a partnership approach, reconfiguring services where appropriate for better joint working between health and social care. The ultimate aim, according to the LGA and ADSS, is to take the notion of well being away from vision into the realms of reality.¹⁸

The comments by Wistow and Waddington above allude to the fact that delivery can only be successful if local government is engaged in rolling out the national frameworks of *A Sure Start to Later Life*, Partnerships for Older People, LinkAge Plus and the Local Area Agreements. Also notable is the lack of legislation that could threaten successful delivery of the health and social care White Paper's goals.

Another concern related to local government is the tightening eligibility criteria for care services, particularly those delivered at home. Counsel and Care's recent national survey of local authorities showed that local authorities are shifting their criteria so that only those with substantial and critical needs are able to access services, excluding those with lower level needs. The latest CSCI performance ratings report showed that two thirds of councils set eligibility criteria at "substantial" or "critical" during 2005/6. There is an expectation that this will increase during 2006/7.¹⁹

Counsel and Care's survey also revealed vast differences in the cost of home care across the country. Of the responding local authorities who charge for services, 87% make an hourly charge for home care support. The lowest charge is £5.15 per hour, rising to £16.50 per hour. The findings of the survey clearly have implications for pensioners on lower incomes. And it exposes the risks that older people with low level needs are being forced to take by not being able to access 'that bit of help' which helps them to remain independent. Also, higher charges for services such as home care may prevent some older people taking up services that they need.²⁰ This does present a challenge to delivering the goals of the White Paper – if the care lottery already existing in health is extending to social care, then the outcomes framework is seriously threatened. The role of the new Directors of Adult Social Services (DASS) will be crucial here in terms of how delivery at local level is managed. The appointment of a Director General for Social Care in the Department of Health is clearly an important part of the agenda, and suggests that the aim is for social care to be placed on a firmer footing alongside health. However, older people and their representatives will need stronger reassurance of this through action and implementation.

An element of risk

Central to keeping control and being able to make choices is the issue of risk. In order for older people to manage risk for themselves, information is essential. Decisions made by older people about their care should be completely reversible should they change their mind about the level of risk they are prepared to take. There also needs to be a sense from care providers that risk is being properly assessed and that it is considered *with* the older person, not *for* them. Counsel and Care has experience of dealing with enquirers who have not been assessed for risk, or where the level of risk is estimated rather than calculated, and this is a concern we raised in our response to the social care Green Paper, *Independence, Well-Being and Choice*. The important issue of information is echoed in a recent discussion paper by the Commission for Social Care Inspection, which states that older people at a seminar run by the inspectorate concluded that:

*“risk taking is a part of everyday life but that they want to be able to call upon the right support and information when they need it to help them make informed choices and to deal with risks without losing or reducing their independence”.*²¹

Clearly, the government has plans and pilots in place to ensure that the goals of the White Paper are delivered, and stakeholders anticipate the findings of the LinkAge Plus and POPP pilots that need to work alongside it. Having given an overview and comment on the current policy context, the discussion can move on to look more closely at the goals of the White Paper in relation to the areas of advice, information and advocacy, prevention, Direct Payments and Individual Budgets, and telecare.

Section Two: Delivery of the White Paper – advice, prevention, Direct Payments and telecare

The four areas of care and support chosen for this discussion, advice, prevention, Direct Payments and telecare, have recently been recognised by government as vital tools to the maintenance of independence, well-being and choice.

In its 2006 Pre Budget Report, the Treasury refers to the projected rise in the number of people aged over 85, and the related implications for long term care. The Pre Budget Report recognises that future social care provision will be informed by Individual Budgets, Direct Payments, and the Partnerships for Older People pilots. The government pledges to assess proposals as part of the comprehensive spending review vision, in line with the ideas of *“independence, dignity, well-being and control”*, and refers to the policy context of this, including *Our health, our care, our say*.²²

The question this section seeks to answer is: to what extent has the White Paper thus far addressed the areas of advocacy, prevention, Individual Budgets and Direct Payments, and telecare? The discussion goes on to consider these areas with reference to *Making it happen*, and where White Paper aims are being met. The care of older people with dementia is also considered, in terms of how they can make use of low level services, and what other services they need to be developed.

Advice, information and advocacy

Advice, information and advocacy are some of the important services that can be accessed from the “single accessible gateway” to be established by LinkAge Plus.²³ A recent consultation by the Older People’s Advocacy Alliance (OPAAL) showed that older people’s expectations of advocacy were exceeded by the outcomes. The two areas where positive outcomes were experienced were the tangible gains that older people felt had been achieved as a result of using advocacy services, and in the feelings and emotions of the older people using the services. Clearly then, the gains and the preventative benefits for older people are immense as advocacy services allows them to achieve material satisfaction, alongside maintenance of their well-being, and peace of mind.²⁴ However, there are many older people who will choose to be their own advocates, as people become better informed. The “baby boomer” generation, now just entering their 60s, will no doubt lead the way here. Older people advocating for other older people would be a welcome way forward, as it would encourage those better able to express themselves to help those who cannot, and promote cohesion between different groups of older people.

One of the goals of *Our Health, our care, our say* is “more choice and a stronger voice for individuals and communities”. One of the ways that this could be successfully implemented, according to the Department of Health, is by seeing that those using services and their carers have more say over where, how, and by whom services are delivered, and with this, access to information that will enable them to make choices. A Joseph Rowntree Foundation paper published in 2005 called for independent information, advice and advocacy for older people to be placed higher up the policy agenda, and for the introduction of national minimum standards for independent advocacy.²⁵

Counsel and Care supports this. Indeed, the recent comments by the Care Services Minister indicate that calls such as that made by the JRF are being listened to. However, it can be taken further. OPAAL, as the national umbrella body for advocacy providers, must be provided with additional funding and support to ensure that it has a basis for continued growth into a stronger network that will ensure that the quality of advocacy services is universalised and maintained across the UK. Advocacy can only be effective, however, if services for older people are in place to advocate for.

Box Three: Counsel and Care’s experience of providing advocacy – a case study

Mrs D

Mrs D contacted us because her mother was in a care home and the council were looking at the possibility of moving her as no third party top up was going to be available. Her mother’s capital was about to reduce to below the upper capital limit, but the council stated that if no third party top up was available, that they would not pay any of the fees and would look at moving her mother to a cheaper care home. They were asking Mrs D to transfer her mother’s remaining capital into her account so her mother’s money could be used to pay her own top up. Because the council continued to be difficult to deal with it was agreed with Mrs D that we would advocate and start by drafting and then sending a letter to the Monitoring Officer at the council. A complaint was sent to the Complaints Officer and investigated by a team leader not involved with the case. The outcome of the case was that Mrs D’s mother did not have to move from the care home. Mrs D and her family were happy with that outcome and decided to close the case as the main aim to sustain the care home placement had been achieved.

In the first policy paper of this series, Counsel and Care called for all older people, their families and carers to have access to an “independent care adviser”

provided by the voluntary sector, as well as independent advocacy in every neighbourhood, using the Sure Start for older people approach. Direct Payments and the forthcoming Individual Budgets would provide a mechanism for service users to commission appropriate advocacy services for themselves:

“The development of independent advocacy in every neighbourhood, delivered through Sure Start for Older People projects and supporting choice through Direct Payments and eventually, Individual Budgets. Independent advice and advocacy will be the key to ensuring that older people are able to take advantage of the Government’s drive to enhance their choice and independence. This will be particularly important for socially excluded older people who may feel less able to articulate their choices or who may find negotiating with figures of authority intimidating. Ensuring that all older people can access services no matter what their socio-economic background should be paramount in the roll-out of the choice agenda to guard against deepening the inequalities that already exist between groups of older people within society.”²⁶

A carers’ information line in 2007/8 was pledged in *Our Health, our care, our say*. A “national care advice service” that is web and telephone based is also needed to augment this. The White Paper suggested that this carers’ helpline could be provided by the third sector, and it is essential that the voluntary sector is a key partner in setting up this service. Experienced and well-networked organisations in the third sector are well placed to deliver advice and information services on behalf of the statutory sector and their involvement in the early stages will be key to the speedy and successful establishment of the helpline.

Prevention

One of the key challenges in a bid for low level support services for older people in the forthcoming 2007 comprehensive spending review is the need for evidence showing that low cost preventative work (or early intervention) leads to positive outcomes and makes long term savings. This however, is an area that stakeholders and researchers have found challenging to measure quantitatively. However, prevention is a key aspect to delivery of care outside hospital, and the White Paper has “prevention and early intervention” as one of its main goals.²⁷

Housing for older people has an important role to play in prevention. Those older people who choose sheltered housing tend to do so for peace of mind, and see sheltered housing, and extra care housing, as a way of maintaining independence and well-being. The model offered by the Joseph Rowntree Housing Trust’s Hartrigg Oaks development in York is a good example, made up of a Care Centre, and individual bungalows for the less frail. A Community Care Team is in place for residents living in their own bungalows, and a second Care Team provides care and support to the Care Centre residents. With an “active

retirement living” philosophy and a wide range of communal facilities, it could be argued that this type of retirement living allows a smooth transition from living in one’s own home to sheltered housing, and then onto residential care, whilst remaining in the same locality.

The JRF has found that the level of care being provided at Hartrigg Oaks is less than anticipated. Having close neighbours and regular social contact means that residents do not feel isolated, using informal support from friends rather than formal care services. Whilst the Hartrigg Oaks model may not suit everyone, it is an option that providers and commissioners can learn from.²⁸

In their recent research briefing on the evidence base for preventive services, Age Concern England’s Research and Development Unit cite the Wanless Review, which highlights that when trying to measure the cost-effectiveness of prevention, there needs to be longitudinal evidence, of which there is currently very little. Whilst much qualitative evidence on the benefits of social networks, physical and social activity exists, there has not yet been a major piece of work to prove that low level early intervention services will keep older people out of hospital, or residential care for longer, therefore making savings for the state in the long run.²⁹

With regard to delivery of White Paper objectives concerning prevention, the Partnerships for Older People (POPP) pilots respond to the wish of older people to receive care and support either at home or as close to home as possible. Early intervention schemes such as that provided by the POPP pilots have great potential for reducing the number of hospital admissions, facilitating longer periods of healthy living for older people, and informing a wider understanding of the role of prevention in caring for our ageing population. An update on the progress of POPP was given at a Department of Health conference in December 2006, with final evaluation expected by the end of 2008.

Direct Payments and Individual Budgets

The Department of Health is working with the Care Services Improvement Partnership (CSIP) to disseminate good practice and raise awareness of the benefits of Direct Payments. Again, it will be important to engage with the voluntary sector for case studies and examples of good practice. Counsel and Care is currently working on “Keeping Control”, a step by step guide for older people, their families and carers on using Direct Payments. The guide will be launched in 2007.

Pilots for Individual Budgets have been set up in 13 local authorities, with older people as one of the groups that will be tested under the scheme. The aims of the pilots are to find out the cost of using Individual Budgets and the benefits to

the various client groups. CSIP provide support to the pilots and maintain a dedicated website to disseminate good practice and provide a network for local authorities.

Take up of Direct Payments by older people has been notoriously low. Projects such as that currently under way by Counsel and Care seek to demystify Direct Payments so that more older people will feel confident making use of them. However, older people, their families and carers will only be able to reap the benefits of Direct Payments and Individual Budgets if the services are available to be purchased, and there is flexibility in the choices that older people make about their care. This is particularly the case with Individual Budgets where people will be sourcing their own services, rather than necessarily choosing from a range of options provided by the local authority.

Telecare

Making it happen reports that CSIP is working alongside the NHS Purchasing and Supply Agency to look at integrated care and telecare. Forthcoming research by CSIP will show that more than half of respondents to a survey of stakeholders are engaged in local telecare strategies. Objectives include enabling people to remain in their homes for longer and prevention of hospital admissions, and these schemes are prioritising older people with dementia, those who have experienced falls, and those who have a propensity for falling.

Box Four: Using telecare for falls prevention

Mrs L

Mrs L has a tendency to visit the bathroom during the night. This is not normally problematic, but on occasion Mrs L has tripped on a misplaced slipper. The second time Mrs L fell she was unable to get up and lay in her bathroom for four hours until her daughter visited the following morning.

A bed sensor was installed which gently turns on the bedside light when Mrs L leaves her bed, lowering it automatically upon her return, highlighting any obstacles on the floor. A timer raises an alarm with the response centre, or her daughter, if Mrs L has not returned to her bed after a short time.

Mrs L said: "I know my confidence went. At first I didn't like the idea but now I think if I don't make it back to bed I won't have to spend another night on the floor".

Source: Rogan, A. Nov 2006 Why telecare is changing the landscape of health and social care services provision. Tunstall Group, 2006

The concerns, however, are the issues of long term funding for the schemes, and the need for wider acceptance of telecare as a part of the social care spectrum.³⁰ At the same time, choice has to be paramount. Telecare cannot replace human contact, and many older people see it as intrusive and find the devices unsightly, in particular the use of movement monitoring sensors and alarm pendants. Other options need to be available, and some of the services in the “Baker’s Dozen” from the “That Bit of Help” report could be rolled out nationally, such as “Primary Night Care”, and befriending services.³¹ Telecare manufacturers also need to respond to calls for improving the aesthetics of the devices, so that people are happier to have them in their home, and to wear them.

One of the ways in which this wider acceptance of telecare could be achieved is by improving access to information about telecare services for older people, their families and carers. A study by McCreadie et al found that older people used a wide range of information sources when deciding whether to choose assistive technology. There was also evidence of a high dependence on the internet for information on products, which meant that some older people and carers had to use the help of friends and family, the Yellow Pages, and local chemists to name a few of the sources. McCreadie et al concluded that improved access, as well as the ways in which information is presented to older people, is vital to ensuring that they are able to make appropriate choices about whether to include telecare as part of their social care package.³² Advice services such as Counsel and Care also have a role in signposting enquirers to telecare specialists. It is important that those providing advice and information build relationships with providers, so that they can be confident that their enquirers are receiving the best quality services.

Telecare can also reduce the time spent in residential care or hospital, thus making significant savings. The recent work in West Lothian showed a decrease in the average length of stay in residential care homes from 38 months in 2002 to 12 months in 2006. A care home place is £21,840 per annum, so this represents savings in West Lothian of £47,320 in 2006.³³

Who delivers? The role of the third sector

The health and social care White Paper pledges to support the voluntary sector and social enterprises as providers of health and social care. Equally, the local government White Paper recognises that in order to meet its goals, it will be essential to work with the third sector.³⁴ Together with the private sector, the third sector already provides 70 per cent of social care services.

The government has already put in place good practice “Compacts” for the voluntary sector and community groups on areas such as consultation and policy

appraisal, funding, volunteering, and working with black and minority ethnic voluntary organisations.³⁵

More recently the Third Sector Commissioning Task Force was established in order to foster better relationships between the public sector and the voluntary sector, and their commitments reported in July 2006 include “continuous involvement of the third sector in policy development,” and an assurance that commissioners of health and social care would be given guidance on how to commission from the third sector.³⁶ The aim is to ensure equal access for voluntary sector providers. A Social Enterprise Unit has been established within the Department of Health, and a fund of only £1 million will be available from April 2007 to help start up for social enterprises.³⁷ The potential of the third sector to deliver services such as advocacy and more traditional social care has been recognised by the Care Services Minister in a recent interview.³⁸

An interim report was published by the Treasury on the role of the third sector in December 2006, alongside the Pre Budget Report. The interim report highlights the importance of the role of the third sector as a campaigning voice and its contribution to the delivery of services and in ensuring that vulnerable and hard to reach groups are represented to government. Amongst the “next steps” set out in the report is a pledge to use the third sector in the design, delivery and development of public services.³⁹

In a recent paper, the National Council for Voluntary Organisations (NCVO) highlighted the strengths of voluntary organisations, such as their direct experience of the issue they seek to address; their location in the community; and their independence, which makes them trustworthy. The NCVO also notes that “voice and choice” for citizens and communities in the form of capacity building can also be better provided by the voluntary sector, as well as advocacy, advice and information. The notion of collaborating with the statutory sector to achieve positive outcomes is clearly one that should be taken forward into practice. The NCVO calls for the voluntary sector to be enabled to help transform public services, by allowing them to contribute to decision making; to design and commission the right solutions, and where they do deliver services, to ensure that those services are properly commissioned.⁴⁰

It was anticipated that the establishment of the Social Enterprise Unit would address one of the concerns expressed by the third sector, particularly smaller charities, that whilst it is often expected to provide services, it has not been given the support or the funding to do so. The relatively small amount of money available in the Social Enterprise Fund does not allay these concerns. The divisions between larger and smaller charities can be bridged through more constructive partnership working and sharing of information. It is well known that smaller voluntary organisations have good links with “grass roots” networks and are more able to reach so called “hard to reach” groups.

Central to the issue of inclusion of the third sector in provision is the desire to partner with such organisations in local authorities, and trust them with commissioned work. It is clear that in order to provide more services closer to home, which is what older people ultimately want, we need to ensure that the market actually stimulates the supply of low level services, often available through the provision of such smaller local organisations. In the case of “That Bit of Help”, the examples in the “Baker’s Dozen” are often being delivered by unpaid volunteers. The Older People’s Inquiry found that the thirteen examples of what older people say would help them remain independent for longer are not costly. If this is considered in terms of the overall prevention agenda and targets, the savings that would be made by reducing the number of acute admissions could be captured and used elsewhere in the system.

Services such as a handyman provided by a local charity or home improvement agency, or a regular visiting and befriending service, can mean the difference between remaining in the home an older person may have lived in for fifty years, or experiencing a fall and then moving into residential care. There is clearly benefit in developing this market within the third sector.

Older people with dementia

The whole delivery agenda of care and support for older people needs to take into account the particular needs and wishes of those suffering from dementia, as well as their families and carers. The Department of Health has begun to look at this with *A new ambition for old age*.⁴¹ The White Paper also states that commissioners and providers need to think about care for older people with dementia, closer to home. Clearly, home care needs to be carefully planned, and the needs of the regular carer for respite built into any care package. Telecare can also be useful for those with early stage dementia who wish to live on their own for as long for as they can – a simple smoke alarm can deal with a cooker that has been left on, and tracking devices can be used for carers for dementia sufferers prone to wandering.

Section Three: Recommendations

Giving older people a bigger say and reshaping services as set out in this report requires radical action at all levels and a shift in resources as well as culture. That means commissioning for the whole population of older people, looking beyond traditional care and health services, providing older people with a minimum entitlement, and investing in information, advice and advocacy to empower older people. Local authorities need to work in new ways with their older residents, their families, carers, and service providers to create flexible, preventative services that promote wellbeing. Providing extra resources would help incentivise investment in telecare, support for carers and early intervention, thereby saving on costly hospital and residential care.

For central government:

- Central government needs to ensure that the aims of *Our health, our care, our say* are delivered in partnership with the Department for Work and Pensions, the Department for Communities and Local Government, and the Department of Health.
- Older people themselves must be given the opportunity to tell government directly what they want from services. The deliberative consultation approach taken to developing the White Paper is an excellent example of this, and should be used for other consultations.
- The increasing need for older people's health and social care must be addressed in the 2007 Comprehensive Spending Review. The Minister has said that he is working on the social care bid, and this is encouraging. A good settlement is absolutely central to meeting the objectives set out in the White Paper.
- Government needs to recognise the value of independent advice and advocacy services. Many of these services provide essential assistance in navigating the care system, and without such guidance ensuring that the correct care and support services are in place can be a matter of postcode and chance. If the government is committed to ensuring older people have choice and control, they need to support these services nationally and locally.
- Older people must have access to a wide range of care options which are flexible and protect their dignity. The ongoing Dignity in Care campaign should address this recommendation.

- Government must “invest to save” in preventative services. The Older People’s Inquiry and the Sure Start approach clearly show that in the long run, with a preventative approach, older people can remain at home for longer whilst maintaining their physical health and emotional well-being.
- Government also needs to roll out the lessons from the pilots on Individual Budgets, LinkAge Plus, and Partnerships for Older People.

For local government:

- Local government commissioners need to use the guidance available to them when they use the third sector to deliver services. Commissioners have a vital resource in both large and small organisations who can reach the various audiences that the local authority needs to serve in order to fulfil their targets.
- Within local authorities, commissioners have a responsibility to ensure that their local market is healthy, and allows for innovation and continuous improvement. Commissioners who are overcautious in the services that they arrange are helping to maintain a status quo in the provision of services. Improvements for older people and a wider range of services will only be encouraged through creative commissioning.
- Local authorities must be braver in their use of Direct Payments, offering them to more older people and allowing them to exercise direct control over their services and the way they receive them.
- The White Paper for health and social care is not enshrined in legislation; therefore it will take commitment by local authorities to deliver the goals. Within a constantly tight funding framework this will be challenging, but the learning that will be gained from the LinkAge Plus and the Partnerships for Older People pilots will support a case for adopting the low level support approach as standard practice.

For service providers:

- Service providers need to recognise that the private, public and voluntary sectors all have a role to play in delivering independence, well being and choice. All three sectors need to work together to provide innovative services, delivered in partnership where needed.
- Service providers ought to look more closely at their existing use of telecare products. A small scale introduction of such products would help

providers become more efficient, without losing their important level of human contact.

- The third sector should welcome the notion of becoming a social enterprise where appropriate, and not be afraid of creating reserves or “surpluses”.

For local government and healthcare commissioners:

- Commissioners need to be innovative with commissioning and must not be afraid of using all three sectors when developing services.
- Commissioners need to look more closely at the benefits of providing telecare in their local areas. Services which make more use of telecare will improve independence for older people, and are likely to present a more cost effective way of allowing older people to remain in their own homes for longer, as well as make long term savings on residential care.
- Commissioners need to work with central and local government and third sector providers to support an umbrella group for older people’s advocacy that uses existing networks, and provides better funding and infrastructure so that independent advice and advocacy fulfils the role set out in “A Sure Start to Later Life”.
- Commissioners need to work with older people, their families and carers as well as providers in allowing older people themselves to design their own menu of care options.

Conclusions

Older people are adults – they ought to be able to control their own future and be in control of their lives. Through innovative thinking and service delivery, along with the right settlement in the Comprehensive Spending Review, the promise made by the Green Paper on adult social care must be kept to older people, their families and carers – that they will be given independence, well being and choice.

The White Paper *Our health, our care, our say* has reached its first anniversary, and it is clear that it will take strong commitment by government and stakeholders to ensure that its goals are reached. There is a concern, raised by Wistow and Waddington⁴² that it is not bound by legislation, which may at best slow down progress, or at worst halt it completely.

The government has a golden opportunity: this is the first time that we have seen real evidence that departments are actually working together to address the needs of those using health and social care services, in particular older people. We also have an opportunity as stakeholders to ensure that this long neglected group has its needs addressed in the round. The National Service Framework for Older People was an excellent plan, but it only focused on the remit of the Department of Health – older people are more than users of health and social care services – they are citizens and should be treated as such. Older people, especially those aged over 80, should have better choices, and should be supported in making those choices.

Low level prevention services are key to reducing spending on acute services. It is important that the findings of the JRF Older People's Inquiry are utilised and these types of services supported so that they can grow and be available across the country, wherever older people live.

The role of independent advice and advocacy should not be underestimated. It can be provided by the third sector, and ideas to link it with Individual Budgets should be explored. The ways in which Direct Payments and Individual Budgets can be used need to be made more flexible and easier to understand. For those who choose it, telecare is a valid prevention tool and can make the difference between remaining at home and going into a care home, or hospital.

Ultimately, the agenda has to be focused on joined up outcomes, which can be delivered by collaboration involving the third sector. Such a framework must go beyond health and social care to include the benefits of the low level services discussed in this paper, including housing based solutions.

Delivering the White Paper on health and social care must take into account that older people should not simply be users of services when they become ill. By

working together with other departments and by ensuring local practice makes use of what is learned from the cross cutting pilots currently under way, and by using low level services, advice, information, advocacy and technology, older people, their families and carers can be given “control” over their care and support. Anyone, of any age, ought to expect and demand this, now and into the future.

Appendix One

Closing the Care Gap: getting better care and support for older people

Counsel and Care published this short policy paper on 8 January 2007, just prior to the publication of the Commission for Social Care Inspection's *The State of Social Care* report. *Closing the Care Gap* echoes the findings of *The State of Social Care*, in that it repeats CSCI's warning that more and more older people are not receiving the care that they need due to tightening eligibility criteria that excludes those with low to moderate care needs. *Closing the Care Gap: getting better care and support for older people* highlights the top ten issues currently raised by older people, their families and carers who contact Counsel and Care's advice service:

1. Getting a proper care needs assessment
2. Accessing benefits and welfare rights
3. Choosing a care home
4. Seeking charitable assistance
5. Care home funding for state funded residents
6. Care home funding for self funded residents
7. Finding sheltered and extra care housing
8. Getting good healthcare and hospital discharge
9. Tackling elder abuse
10. Support re dementia and mental health issues

As well as a fairer funding system for long-term care, the paper recommends key measures for the 2007 spending review including:

- State supported equity release schemes to help older people make better use of their assets and stay in their own homes
- Proper funding of care home places and fair implementation of a new continuing care funding framework
- Independent care advisers in every community and a national care advice service
- Ending means-testing for disabled facilities grants for older people
- Tax exemptions on care vouchers to help carers who work and extending carer's allowance for pensioners
- A Sure Start for older people project in every neighbourhood and investment in early intervention and telecare.

References

- ¹ Commission for Social Care Inspection, December 2006 (p13) *The State of Social Care in England 2005-6*. CSCI, London.
- ² Office of the Deputy Prime Minister (2006) *Making Life Better for Older People: An economic case for preventative services and activities*. ODPM, Wetherby.
- ³ Taken from www.hm-treasury.gov.uk/media/298/55/csr_longterm271106.pdf.
- ⁴ Department of Health, January 2006 *Our health, our care, our say: a new direction for community services*. TSO, Norwich.
- ⁵ Department of Health (2001) *National Service Framework for Older People*. Department of Health, London.
- ⁶ Department of Health (2006) *A new ambition for old age. Next Steps in Implementing the National Service Framework for Older People*. Department of Health, London.
- ⁷ Raynes, N., Clark, H., and Beecham, J. (eds) (2006) *The report of the Older People's Inquiry into 'That Bit of Help'*. Joseph Rowntree Foundation, York.
- ⁸ Patel, N, 16 November 2006. Speech to *Cutting Corners or Cutting Costs* conference, London.
- ⁹ Department for Work and Pensions (2005) *Opportunity Age: Meeting the challenge of ageing in the 21st Century*. DWP, London.
- ¹⁰ Social Exclusion Unit, January 2006 *A Sure Start to Later Life: ending inequalities for older people*. ODPM, Wetherby.
- ¹¹ Brindle, D. 18 October 2006 "If health can have it, why can't we?" Interview with Care Services Minister in *Guardian Society*, p10.
- ¹² Department for Communities and Local Government (October 2006) *Strong and prosperous communities. The Local Government White Paper*. DCLG, Wetherby.
- ¹³ Op cit, Annex C, p24.
- ¹⁴ Department of Health, (2005) *Building Telecare in England*. Department of Health, London
- ¹⁵ Lewis, I, My agenda for change. *Community Care*, 19-25 October 2006, p32.

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- ¹⁶ Speech by Niall Dickson, National Care Forum Annual Lecture, 29 November 2006, London.
- ¹⁷ Wistow, G. & Waddington, E (October 2006) Joining it all up. In *ADSS Inform*, Vol.16, Issue 3.
- ¹⁸ ADSS/LGA (to be published November 2006) *Working together for well-being: from vision to reality*. LGA, London
- ¹⁹ From www.csci.org.uk/PDF/star_ratings_report_2006.pdf
- ²⁰ Counsel and Care Sept 2006 *Care Contradictions: higher charges and fewer services. Counsel and Care's National Survey of Local Authority Care Charging and Eligibility Criteria 2006*. Counsel and Care, London.
- ²¹ Commission for Social Care Inspection (December 2006) *Making Choices: taking risks. A discussion Paper*. P.3. Commission for Social Care Inspection, London.
- ²² Her Majesty's Treasury (2006) *Pre Budget Report 2006 Investing in Britain's potential: Building our long term future*. P137. HMT, London.
- ²³ Op Cit, p26.
- ²⁴ Wright, M (2006) *A voice that wasn't speaking: older people using advocacy and shaping its development*. Older People's Advocacy Alliance (OPAAL) UK, Stoke on Trent.
- ²⁵ Dunning, A (2005) *Information, advice and advocacy for older people: defining and developing services*. Joseph Rowntree Foundation, York.
- ²⁶ Asato, J (2006) *Fit for the Future: a new vision for older people's care and support*. Counsel and Care, London p 41.
- ²⁷ Op cit, p9.
- ²⁸ Joseph Rowntree Housing Trust – Housing care and support services. Downloaded from <http://www.jrht.org.uk>
- ²⁹ Wanless, D. (2006) *Securing Good Care for Older People: taking a long term view*. Kings Fund, London. In Age Concern England Research Briefing 8: The evidence base for preventive services. Age Concern England, London.
- ³⁰ Laing and Buisson, *Community Care Market News*, October 2006, p159-160.

³¹ Op cit, p12.

³² McCreadie, C., Wright, F., and Tinker, A., (2005) Improving the provision of information about assistive technology for older people. *Quality in Ageing: policy, practice and research*. Vol.7, Issue 2 June 2006.

³³ Bowes, A. and McColgan, G. (2006) *Smart technology and community care for older people: innovation in West Lothian*. Age Concern Scotland, Edinburgh. In Rogan op cit.

³⁴ Op cit.

³⁵ Home Office (1998) *Compact: getting it right together. Compact on Relations between Government and the Voluntary Sector in England*. Home Office, London.

³⁶ Department of Health (2006) *No excuses. Embrace partnership now. Step towards change!* Report of the Third Sector Commissioning Task Force. Department of Health, London. p10 &13.

³⁷ Op cit, p175.

³⁸ Op cit.

³⁹ Her Majesty's Treasury (2006) *The future role of the third sector in social and economic regeneration: interim report*. HMT, London.

⁴⁰ Blackmore, A (2006) *How voluntary and community organisations can help transform public services*. NCVO, London.

⁴¹ Op cit.

⁴² Op cit.



Counsel and Care is a national charity getting the best care and support for older people, their families and carers.

We do this by providing advice, information and financial support and by influencing future policies, services and funding.



Counsel and Care
Twyman House
16 Bonny Street
London NW1 9PG

telephone: 020 7241 8555

facsimilie: 020 7267 6877

email: advice@counselandcare.org.uk

www.counselandcare.org.uk

ADVICE LINE: 0845 300 7585 (local call rate)