

AS PROVIDED FOR UNDER SECTION 100B(4)(b) OF THE LOCAL GOVERNMENT ACT 1972, THE CHAIRMAN IS OF THE OPINION THAT THIS REPORT SHOULD BE CONSIDERED AS A MATTER OF URGENCY BY REASON OF SPECIAL CIRCUMSTANCES WHICH ARE THAT THE REPORT MUST INCLUDE THE LATEST AVAILABLE INFORMATION AND GUIDANCE INTEGRATED WITH ALL OTHER RELEVANT BACKGROUND MATERIAL, AND MUST BE AVAILABLE NOW FOR APPROVAL OF THE INITIATION OF A CONSULTATION EXERCISE TO COINCIDE WITH THE REVISION OF THE COMMUNITY STRATEGY AND OTHER ESSENTIAL SERVICE-PLANNING ACTIVITIES.

PAPER NO. **07-816**

WANDSWORTH BOROUGH COUNCIL

CORPORATE RESOURCES OVERVIEW AND SCRUTINY COMMITTEE
19TH SEPTEMBER 2007

EXECUTIVE – 1ST OCTOBER 2007

WANDSWORTH LOCAL STRATEGIC PARTNERSHIP – 7TH OCTOBER 2007

Report by the Chief Executive and Director of Administration on behalf of the officers concerned on services to older people

SUMMARY

The Council's over-arching strategic principles and core values for services for older people, promoting choice and supporting independence, were first set out in 1997 and followed by an action programme and subsidiary strategies and plans. There have been many local changes since 1998, with similar moves in national policy towards personalisation of care, preventative strategies promoting independence, increased joint planning and commissioning. To reflect these changes, nine new and updated strategic themes for priority and development are proposed in paragraph 8 to become the core values of the new strategy, with proposals for a structured consultation to take place now with a report back in early 2008 on stakeholders views on the key issues and questions.

To support the consultation and discussions, an examination has been made of the demographic context, recent relevant consultation findings and the current services on offer to Wandsworth residents, funded or provided by the Council, often in partnership with the Wandsworth Primary Care Trust (WTPCT) and with voluntary and community organisations. The services span the whole range of Council activity focused on older people, including health and social care, housing, education and recreation, and are analysed within the framework set out by the Audit commission in 2004, their "seven degrees of independence". The information provided complements that provided in a companion report to the Housing Committee in this cycle, setting out a older people housing policy statement.

GLOSSARY

BME	Black and Minority Ethnic	RSL	Registered Social Landlord
CAB	Citizen's Advice Bureau	TfL	Transport for London
COPD	Chronic Obstructive Pulmonary Disease	WICES	Wandsworth Integrated Community Equipment Service
HIA	Home Improvement Agency	WCT	Wandsworth Community Transport
HPG	Health Partnership Group	WLSP	Wandsworth Local Strategic Partnership
LAA	Local Area Agreement	WOW50+	What's on in Wandsworth for the over 50s
NSF	National Service Framework	WSGOP	Wandsworth Strategic Group for Older People
RISE	Reaching the ISolated Elderly	WTPCT	Wandsworth Teaching Primary Care Trust

Recommendations

1. The Corporate Resources Overview and Scrutiny Committee are recommended to support the recommendations in paragraph 2. If the Overview and Scrutiny Committee approve any views, comments or recommendations on the report, these will be submitted to the Executive for their consideration.
2. The Executive are recommended to:-
 - (a) note the proposals contained in this report to consult on an updated strategy for services to older people and endorse the key themes for priority and development set out by the Leader of the Council in paragraph 8 below;
 - (b) agree to refer the report to the Wandsworth Local Strategic Partnership (WLSP) for comment and approval;
 - (c) approve the proposed structured consultation over coming months and delegate to the officers the task of developing a suitable framework of issues and questions for consultation with groups and individuals as set out in paragraph 9 and progressing this; and
 - (d) note that co-ordination of Council programmes has been strengthened as identified in paragraph 7(a), and also with WLSP partners, and to endorse the comments in paragraph 7 relating to giving a greater prominence to strategies and services for older people in the Community Strategy and in the work of the WLSP.

Introduction and Index

3. This report is of necessity lengthy, as it provides basic information for the consultation on a revised strategy for Older People to be launched. It has therefore been set in the following structure:-

Section 1	Paras. 4 to 10 – The rationale and proposed approach to the review and suggested key priorities.
Section 2	Paras. 11 to 93 – A position report summarising demographic change, consultation findings and setting out the current pattern of services.
Appendix A	National, Audit Commission and other guidance and Service Frameworks for Older People.
Appendix B	An analysis of the changes in numbers and longevity of older people in Wandsworth.
Appendix C	Findings from recent older people's consultation.

SECTION 1: AN OVERVIEW OF THE NEW STRATEGY

The last 10 years

4. The Council marked a change in its overall strategy to services for older people in 1997, when it published a position statement and proposed actions (Paper No. 97/98 to the then Policy and Finance Committee on 19th November 1997) outlining eight new core values and aims proposed by the Leader. That report stressed the need to recognise changes in the demography and expectations of the more active older population in the Borough. The core values looked to offer a wider choice of services across the range of housing, health, safety, leisure and lifetime learning as well as the Council's traditional social care services (closely interfaced with health trust provision). At the same time, the need to promote the independence of older people was stressed as a key core value. This 1997 strategy presaged similar changes in central Government policy which have been outlined in numerous policy frameworks and reviews between 1998 and 2006 that are summarised in Appendix A to this report. However, a number of key themes and changes can be drawn out from this rather bewildering array of Government policy initiatives, as follows.
- (i) Personalised care services. As anticipated by the Council, over the last few years social care services for older people have progressively been made subject to the general principles of choice and individualisation, rather than users being expected to accept a one-size-fits all service broadly fitted around their needs. There have been developments across all adult care services but, particularly, pressure to increase the use of Direct Payments for older people. 'Individual Budgets' and self-directed care are also being piloted for various client groups. This brings with it the need for new types of provision (and ways of procuring them) that can cater for individual care packages rather than block contracts.
 - (ii) Joint planning and commissioning. Recent Green and White Papers and subsequent guidance have exerted pressure for councils and health trusts to plan and commission services jointly and take more integrated approaches. The benefits come from ensuring there are co-ordinated assumptions and standards, economies of scale and, hopefully, joined-up service processes that minimise duplicated procedures and multiple referrals and are perceived as seamless by service users. . The expectation is that commissioning plans will span longer periods of around ten years, supported by joint strategic needs analysis, and that future commissioning for health and wellbeing will involve a wider range of services than those traditionally provided by health and adult social care.
 - (iii) Independence coupled with choice. Flowing from the greater emphasis on user choice have been a range of initiatives to enable a wider spectrum of options to be supported, mainly with the aim of helping residents to live on in the community in their own homes. These have ranged for example across the following:
 - schemes for telecare and assistive technology, enabling clients to remain and to be better supported at home, even with a significant degree of mental or physical frailty;
 - 'extra care' housing schemes that extend the range of economically viable support without placement in a care home;
 - a much more flexible range of opportunities for maintaining social contact and activities during the day, moving away from institutional settings as much as possible; and
 - Reablement and Intermediate Care.

- (iv) Healthy Ageing. With greater realisation of the role of smoking, obesity, lack of exercise, poor diet, and excess drinking all leading to chronic conditions and general ill health for older people, who are in turn living longer, emphasis on healthy ageing has grown. Councils such as Wandsworth are promoting activity, including greater use of leisure facilities and providing exercise and keep fit classes and health trusts are running smoking cessation, dietary advice and a range of other health promotion programmes.
- (v) Dignity in Care and Avoidance of Age Discrimination in Care. Whilst these objectives have been given special prominence with the NHS National Service Frameworks, they are nevertheless relevant to care home settings and to all the Council's care services. In addition, safeguarding vulnerable adults is now a significant priority for councils and has received a strong impetus in Wandsworth.
- (vi) Role of informal carers. Much greater recognition of the role of informal carers and of how their own needs have to be addressed both in terms of acting as partners in care and how they should be supported to maintain their own health and well-being.
- (vii) Leadership role for councils. Developing the leadership role of councils in collaborative working across health, housing, leisure and social services to address the wellbeing and social inclusion agenda and find ways of delivering better integrated services.
- (viii) The preventive agenda. There is a need to shift the pattern of investment and provision from the heavy emphasis on acute/residential sector to developing preventive services. It is the preventive context and promoting the role of other services that sets the context for the role of wider services in promoting health and well being as described above.
- (ix) Older people with mental health problems and dementia. Services for people with mental health problems and dementia are now a national issue. Ivan Lewis launched the dementia strategy on 6th August 2007 to promote public and professional understanding of dementia.

Significant changes in Wandsworth Services over recent years

5. Wandsworth has made significant changes in its services to older people since 1997. Whilst it is not intended to list all of these, a few key relevant points should be noted to set the scene. Some aspects are covered in fuller detail in the body of the report.
 - (i) The Council reviewed its sheltered housing stock in 1998 and embarked on a long term strategy to update the stock to modern self-contained standards and to align it with demand. Phase 3 of that programme is now drawing to a close (expected in 2010) and discussions are underway as to whether a fourth phase will be required to address further issues such as the accessibility of schemes and options for converting the remaining bedsit accommodation should this prove hard to let. A full review of all the housing services for older people has now been conducted and a revised strategy and action plan is concurrently progressing for consultation (Paper No. 07-836). An extra care scheme was negotiated as part of a complex development with Richmond Churches Registered Social Landlord (RSL) in 2003, and will complete next year, with further extra care projects in the pipeline.
 - (ii) The external market for home care providers has expanded dramatically and the Council tendered area-based contracts for new home-care work in 2004 of which only some were placed with the in-house service. There has been some further

reduction since that date. Intermediate care has been developed in partnership with the WTPCT as a means of avoiding hospital admission and facilitating earlier discharge.

- (iii) There have been severe cost pressures on budgets for social care for older people from a variety of causes. Although there has been no evidence of the serious “cost shunting” from local health trusts identified by some London boroughs, high above-inflation increases on residential and nursing care rates, pressures to speed up hospital discharges, changes in the volumes of acute cases requiring more intensive community care support, greater longevity and other factors have all brought very significant growth pressures, particularly from 2003/04 on.
- (iv) For this and other reasons, there has been a very marked reduction in the extent to which councils now offer low intensity home care: only 16% were reported by Counsel and Care’s National Survey this July as still covering the moderate category of needs, compared with 33% in 2006. Now 12% of authorities provide support only for those with “critical” needs; the highest of the four categories defined by the Government’s Fair Access to Care Services scheme. This Council has only just consulted on the discontinuance of services to the moderate category of need clients, and formally raised the threshold for access to the next level (“substantial”) which, following approval by the Executive on 30th April 2007 (Paper No. 07-440), it is now proceeding to implement. At the same time, resources have been made available to develop community-based services instead.
- (v) The Council has changed the pattern of its provision of social day care and activities for the more active older people. Some information on users views came from the results of surveys, conducted in 2004 and 2006, together with consultation meetings. This, together with demographic information on changes to populations, is set out in more detail in this report. In essence, following what it found from these exercises, the Council has reduced support from traditional lunch clubs and day centres, and instead invested heavily in exercise and keep fit and ‘active days’ initiatives (particularly from 2003, and now to be extended via an LAA stretch target).

Leadership across the broader range of services for older people

- 6. With a well-established and effective WLSP, it is natural that this should be the body locally that oversees and co-ordinates the individual strategies of local agencies for older people. It has already been proposed that the WLSP may wish to achieve this by giving a sharper focus to its consideration of local services for older people, possibly via a new sub-group, analogous to that being proposed for children and young people as part of the Children’s Trust arrangements. To accompany this, it would be sensible if strategies and services for older people were more clearly identified in the revised community strategy, either as a main theme in its own right or (with no less prominence) as a cross-cutting theme, alongside that of children and young people. The Council believes this would be helpful in ensuring clear and correct priority can be given to programmes for older people and would be keen to advance these changes if supported.
- 7. In relation to strengthening co-ordination of planning and service delivery at the more detailed level, there are a number of areas where this is important. In particular, these are between the Council and local Health Trusts, between the various voluntary and community sector providers and carers themselves, and within the Council itself. It is perhaps worth summarising recent developments in these areas.

- (a) The Health Partnership Group (HPG) represents the key officer-level body beneath the LSP, and comprises senior staff from the WTPCT, the Council and the voluntary and community sector including the Wandsworth Carers Alliance. The HPG has also been the formal commissioning body for the £10M+ Supporting People programme. It has recently decided to focus more directly on its primary role and has hence agreed the Supporting People programme should be dealt with by a separate free-standing body. It has also strengthened joint strategic working on older people: this is discharged by a sub-group, the Wandsworth Strategy Group for Older People (WSGOP). In January 2006, WSGOP was strengthened, reconstituted and refocused (as reported in Paper No. 06-66 to the Executive on 23rd January 2006). It has representatives from the Council, the WTPCT, St. George's NHS Acute NHS Trust, South West London and St George's Mental Health Trust and users. It has more recently adopted new terms of reference. It has also agreed to focus on joint commissioning and the co-ordination of services and health promotion for older people, in particular those of high dependency or with chronic conditions. It will also now report progress formally and regularly to the HPG.
- (b) Wandsworth Care Alliance and Wandsworth Carers' Centre both continue to offer invaluable co-ordination and support services to local care groups and to individual carers respectively, and are represented on various partnership bodies where they make a helpful input. The "Community Partners" approach developed by Wandsworth care Alliance is now offering significant improvements with trained service users engaged in decision-making at all levels.
- (c) The Council funds the Wandsworth Older People's Network to participate in the Local Strategic Partnership and maintain liaison with the community and voluntary sector supporting older people in the Borough. The chairman and secretary of the Network meet regularly with the Council's lead director for older people. The Network is represented on the Wandsworth Older People's Strategy Group and holds regular conferences on local issues.
- (d) Older People are also involved with the Council in other ways, for example on the Wandsworth Integrated Community Equipment Joint Commissioning Board and in the Community Partners initiative with Wandsworth Care Alliance to train lay people to work with Adult Social Services in training, quality and development initiatives. They are also represented on the Wandsworth Access Association which works with Council Departments and is active in the Council's Mobility Forum.
- (e) Within the Council itself, the Adult Social Services Department was created on 1st April 2007. At that time, it was recognised that there was a need for more powerful co-ordination of Council programmes for adult client groups (principally older people) because of the importance of housing, leisure and lifetime learning as well as care services. The Council has decided not to create, at present, a wider department (many councils now combine housing and adult social services) or a Director of Adult Social Services with a broader role than those of the previous Social Services Department for adult clients. However, it was recognised these issues could be revisited in the future.
- (f) In the meantime, the Chief Executive, having transferred his responsibility as Interim Director of Children's Services to the new Director of Children' Services on 1st April 2007, was able to devote greater attention to ensuring integration and co-ordination of Council programmes for older people. He established a new high-level strategy group - the Older Persons Officer Group, which he chairs. This group includes the Directors of Finance, Housing and Adult Social Services, plus the relevant Assistant Director of Leisure and Amenity Services and the Head of Policy

and Strategy. Until the overall structural issues are revisited, it is intended the Chief Executive should continue this co-ordination, including the consultation exercise on this new strategy itself, and the revision of the Community Strategy to give effect to any agreed enhanced prominence for Older People's programmes.

Themes for development in the new strategy

8. The Leader of the Council has been consulted and considers that the following nine key themes for priority and development should form the core values of the Council's new strategy. He therefore hopes the forthcoming structured consultation will lead to these becoming embedded in the new detailed strategy but welcomes any additions, comments and suggestions. The themes are:
- (i) providing leadership for all LSP partners in providing excellent services for older people;
 - (ii) ensuring services are personalised and individually tailored to user and client needs, for example using direct payments and individual budgets as far as possible;
 - (iii) ensuring all service users and clients are dealt with in a fully caring manner, preserving their dignity;
 - (iv) maintaining the independence of older people via development of preventative and supportive services, including services which will support informal carers;
 - (v) supporting NHS Trusts to meet the NSF for Older People and their commissioning plans via joint commissioning and maximum help from complementary services;
 - (vi) ensuring all assessments, procedures and interfaces with health service partners are made as simple and seamless as possible;
 - (vii) maximising the contribution of the voluntary and community sector to the range and quality of local services for Older People;
 - (viii) in particular contributing to healthy ageing of residents via programmes for health promotion, exercise, active days, and similar initiatives and
 - (ix) protection of Older People both in the community and in care settings and ensuring the vulnerable are safeguarded.

Moving to a new strategy – consultation proposals

9. It is now time to consult on drawing up a new wider and more detailed strategy for older people. This will have a number of benefits: it will highlight areas for service development, provide a backdrop for joint planning and commissioning with the Health Trusts, and allow local organisations and individuals to contribute views and suggestions. Work with the WTPCT in drawing up the local Joint Strategic Needs Assessment will be proceeding in parallel, as will the separate detailed consultation on the Older People Housing Policy Statement, Strategy and Action Plan (see previous item on the agenda for this meeting - Paper No. 07-836). It is proposed that results from these various strands will be brought together in the early part of 2008, leading to consideration of a new strategy and accompanying overall action plan.

10. In terms of starting a structured consultation process, the detailed information in this position statement is a useful source of information on the current range of provision for various levels of dependency. Equally, the suggested themes for development and priority based on national and local policies are an indication of key aims expected to finally feature in a new strategy. However, it is considered it will be necessary to develop a more structured consultation via a set of more specific issues and questions for local groups and interested individuals, and, in particular, looking to the Older Person's Network and the Wandsworth Care Alliance for significant feedback. It is proposed that, if the outlines in this report are accepted, it would be delegated to the officers to summarise key issues and questions to form the framework for this structured consultation, although all comments and suggestions would be welcomed.

SECTION 2: A POSITION STATEMENT ON WANDSWORTH SERVICES FOR OLDER PEOPLE

Demographic Profile of the Older Population of Wandsworth

11. **An atypical population structure.** A more detailed analysis of the demography of older people in Wandsworth is contained in Appendix B to this report and is summarised in the following paragraphs. Wandsworth is atypical in its population structure both in comparison with the national picture but even when compared with London as a whole. Wandsworth has smaller percentages of all age groups other than the 20-39 year old band which includes almost 50% of the local population, compared with around 35% in London and less than 30% nationally. Wandsworth's pensioners form only 12.6% of its population compared to 15.5% of London as a whole and 21.1% nationally.
12. **Falling numbers of older people.** This atypical population structure in Wandsworth is not new but has become more distinct since 1991. Between that year and 2006, the number of older people fell from around 45,000 to 35,000. When the population of older people is broken down further, it becomes clear that the most significant reductions since 1991 have occurred within the 60-74 (loss of some 7,000) and 75-84 year old populations (loss of around 3,000), with the size of the 85 years and older population remaining relatively static.
13. **Changing Tenure of Pensioner Households.** There has also been a noticeable shift in the tenure of pensioner households. Between 1991 and 2001, there has been a substantial decrease in the number of social rented households which include pensioners, a similar proportionate decrease in private rented pensioner households but the number of older owner occupiers is relatively unchanged and now forms around half of the total pensioner population. The Wandsworth pensioner population has possibly become more asset-rich, with an increasing population owning their own home. It is, however, also possible that an increased proportion of pensioner households own their own home but are cash poor. This may have a significant impact on the uptake of a number of services traditionally provided by the Council, including sheltered and extra care housing, which may be less attractive to home-owners, and homecare and day-care, where the requirement for a financial assessment and a contribution to costs may reduce service demand from home owners.
14. **Pensioners living alone.** The picture for older people living alone reflects the tenure shift identified above. There has been a small increase between 1991 and 2001 in pensioner home owners who live alone but larger reductions in the numbers of both social and private renting pensioner tenants who live alone. Overall, there has been a decrease in the number of pensioners living alone from around 15,000 in 1991 to nearer 12,000 in 2001.

15. **Illness and disability.** Using the long-term limiting illness question from the census, it can be seen that, between 1991 and 2001, there has been a decrease in the numbers of younger pensioners and those aged 75-84 years with long-term limiting illness but a small increase in the number of those aged 85+ years.
16. **Earlier retirement.** The numbers of people aged 50+ who are working or seeking work has decreased and there is an increasing proportion of the older population who are no longer working, particularly for those aged 50-64. This could increase the potential market for a number of Council services targeted at retired but active older people.
17. **Changing ethnic mix of older people.** There is also a continuing shift in the ethnicity of the older population in Wandsworth. In 1991, 97% of those aged 75 or older were white whereas, in 2006, it is estimated that this proportion has reduced by 10%. A similar, but greater proportionate, reduction has also taken place for those aged between 60 and 74 years. The actual numbers of non-white older people in both age groups is increasing within an overall reducing population. This may have an impact on those Council services which are less well-used by the black and minority ethnic population as the reduction in the white population is greater than that overall in the same age group.

Consultation results for older people

18. **What do older people want from the Council?** Before embarking on any analysis of services provided for older people by the Council or its partners, it is necessary to ask what older people want. A number of different surveys conducted by the Council over the past three years have provided a wealth of relevant findings which are discussed in the paragraphs below. The most fundamental finding is that residents aged 65+ are much more likely to be very satisfied with Wandsworth as a place to live than either the 55-64 years group or the population, generally. This is true both of all residents and also of Council tenants.
19. **What is important to older people in making somewhere good to live?** Asked what was important in making somewhere a good place to live, older people aged 65+ attached greatest weight to health services and clean streets. Older people aged 55-64 saw both of these as important but attached greatest to the level of crime. All groups attached a fairly high weight to the level of crime as important in making somewhere a good place to live but significantly more of those aged 55-64 saw it as important than of those aged 65+. Older people in both age groups see road and pavement repairs as much more important than do the population generally but, this time, more of those aged 65+ see it as important than those aged 55-64.
20. **What most needs improving locally?** Residents were also asked from the same list what most needed improving locally. Combining the results of the answers to the two questions for older residents yields some interesting findings. Almost 60% of those aged 65+ saw health services as most important but only 10% felt they most needed improvement. Clean streets and the level of crime were both seen as important by around 50% of those aged 65+ and, in each case around 35% felt they most needed improvement. Although only 30% of those aged 65+ saw road and pavement repairs as important, almost 50% felt they most needed improvement. The picture was even more marked for traffic congestion, seen as important by only some 20% of people aged 65+ but seen as most needing improvement by around 50%.
21. **Issues seen as problems locally.** Residents were asked to select from a list of issues which they saw as a problem locally. Parents not taking responsibility for their children and

teenagers hanging round the streets received the highest scores with 57% and 49% of residents selecting them but, for both, there was no significant difference between the views of the different age groups. The other two issues receiving high scores from all age groups were rubbish and litter lying around (49%) and people not treating other people with respect and consideration (47%). Those aged 65+ were significantly more likely to see rubbish and litter as a problem than the general population and those aged 55-64 were significantly more likely to see people not showing respect and consideration as a local problem.

22. **Do people from different backgrounds get on well in the area?** 83% of Wandsworth respondents agreed that, in their local area, people from different backgrounds got on well together, the sixth highest score in the country for single tier/county authorities. The responses for older residents were not significantly different from the overall score, implying that they also have a very positive view on this question.
23. **Can people influence decisions affecting the local area?** Again comparatively high percentages of Borough respondents (47%) agreed that people could influence decisions in their local area, a score that was second highest of all single tier/counties nationally. Older residents were more positive (53%) in their responses to this question although the difference was not significant. What was significant was that 24% of respondents aged 65+ answered “No” to the question as to whether they wanted greater involvement in local decisions compared to only 12% of the whole respondent population.
24. **Participation and Involvement.** Residents were also asked “Overall, how satisfied or dissatisfied are you with the opportunities for participation in local decision-making provided by your local Council?”. The question prompted a large number of non-responses – more than one in three did not respond or said “don’t know”. This may indicate uncertainty over the concept of “opportunities for participation” and/or simply reflect the rather ponderous phrasing of the question. Of those that did respond, older people were markedly the most positive, 48% and 58% respectively of those aged 55-64 and 65+ were at least fairly satisfied compared with just 31% of all residents. The latter figure is around the average for London.
25. **How well informed do older people feel?** Overall, significantly more older people feel that the Council keeps them informed than the population generally. 74% of respondents aged 65+ said they felt fairly or very well informed; 66% of those aged 55-64 expressed the same view compared to 56% of all respondents. For all respondents, the most important source of information about the Council was the Council’s own publications. The Council’s website was seen as the second most important source of information but there was a steep decline in those valuing it with age. There was marked difference between Wandsworth residents and others on the sources of information with Wandsworth residents much more ready to quote Council publicity as their key sources of information.
26. **How well do older people rate the Council’s efforts?** A series of statements about what councils are seeking to do and how they go about it were put to respondents. Overall, Wandsworth residents had markedly more favourable views than did Londoners in general and these views were evenly spread across age groups; only in relation to the efforts being made to improve safety were those aged 65+ significantly more positive than others.
27. **2004 survey of older people.** In 2004, a telephone survey was carried out with residents aged 60+ as part of the Council’s review of day care provision for older people. The range of questions on activities and facilities was broader than that in the 2006 survey analysed above and the survey concluded that:

- (a) at present, for the majority of older people, the focus is on social and leisure activity that takes place in facilities used by the population at large and their priorities for the future reflect a desire to continue in this way;
 - (b) there is, however, a sizeable minority, principally among those aged over 75, who want to participate in activities only with older people and for whom facilities specifically for older people are important;
 - (c) there were consistent differences between men and women and older and younger people in patterns of activity, attitudes to services and facilities and priorities for the future; there were also differences between ethnic groups as regards attitudes to services and facilities and future priorities;
28. In considering what this might mean for the future, a key question is whether today's people aged under 75 will become like today's people aged 75+, e.g. less active, more likely to want to participate in activities only with older people, or whether they will retain their current attitudes. Population projections suggest that key characteristics of the older population will change (with increasing proportions of men and non-white residents, for example) so it seems likely that the views and expectations of tomorrow's people aged 75+ will be rather different from those of today.

A Framework for analysis of older people's needs and service demand

29. As identified above there have been a number of different approaches, nationally, to strategic frameworks for older people's services. Appendix A contains a summary of most of these and they have been used to guide the structure and content of this position statement. Given the number and range of the various strategic frameworks and the degree to which there is an overlap between their themes and priorities, it is difficult to decide which one should be adopted for the purposes of examining the services for older people in Wandsworth. Because of its wider view, it is proposed to use the "seven dimensions of independence" set out in the Audit Commission's 2004 report - Older People - Independence and Well-being. At each stage, other issues considered by other frameworks will be considered and, in particular, the themes identified in the joint 2006 report – Living Well in Later Life.
30. The table below looks at the seven dimensions of independence and sets against them the likely demand for services from the Council and its partners. The service needs covered in the grid are largely those with council involvement in either commissioning and/or delivery but it is also well known that older people use increasing amounts of other services, particularly health services where it is estimated that around 50% of the total NHS expenditure goes on services for people aged 65 years and over. The value of the matrix is that it begins to give a clue to the process which might be used to assess whether the services available locally match the likely needs of older people and whether, if they do, they are being well used.

Category	Housing and Home	Neighbourhood, amenities, safety	Social networks, social activities, keeping busy	Getting out and about, Transport	Income and benefits	Independent information and advice	Health and healthy living
Active older people	May under-occupy social housing after children have left home. May wish to put down a marker for sheltered housing or smaller accommodation.	Good source of volunteers for Neighbourhood Watch and other local involvement.	Leisure classes, high use of library, adult education, active days, voluntary clubs and groups. Source of good volunteers for charities, etc.	High use of Freedom Pass to go to activities in London as well as Wandsworth.	May be asset rich but with only low income. May need advice on pension credits, etc.	Proactive use of web sites. Generic information targeted at the whole population, with some older people specific messages. Standard media e.g. regular Council Publications and internet.	Priority for exercise classes to maintain health lifestyle
Low dependency older people	May need consideration for equipment and/or adaptations to increase independence	At risk from unscrupulous builders etc.	As above but may have additional transport needs to reach services.	Begin to use Community Transport or be eligible for Taxicard	Advice on range of disability benefits.	More specific information on particular older people's services. General media as well as older people specific, e.g. Age Concern publications	

Category	Housing and Home	Neighbourhood, amenities, safety	Social networks, social activities, keeping busy	Getting out and about, Transport	Income and benefits	Independent information and advice	Health and healthy living
Moderate dependency older people	As above plus potential users of WATCH alarm system, assess for sheltered housing or extra-care schemes. May themselves be carers of disabled adult children.	Focus for prevention of Distraction burglary.	May need help with voluntary transport to use open access facilities such as older people's social clubs, adult education, etc.	Regular users of disabled transport services	May need advice on claiming disability related benefits	Specific information on older people's services. e.g. Age Concern's 'Be a Friend' and Carer's Support Service. Need for accessible information: larger type face and audio format	Focus for specialist exercise initiatives such as "chair-based" exercise
High Dependency older people	As above plus Potential users of Telecare services and applicants for extra-care schemes. May need intensive home care including meals reaching boundary for consideration for residential care		Potential high need for attendance at DASS Day care services	As above together with need for Patient Transport Services for NHS appointments	May need advice and assistance in claiming disability related benefits	Very specific communications needed. Information needs to go to older people and/or their principal carer.	

Assessing Wandsworth services within the Audit Commission framework

Housing and Home, including having a safe, comfortable home, keeping the house and garden in good order and the role of aids, adaptations and assistive technology.

31. A more comprehensive report on Housing and older people (Paper No. 07-836) is on the agenda of the Housing Overview and Scrutiny Committee (Paper No. 07-836) as well as this committee in the current cycle. The same material will not be repeated in the current report but some of the related issues covered by the Audit Commission under this heading will be addressed. These include keeping the house in good order and the role of equipment, adaptations and assistive technology.
32. **Age-concern handyman.** Through Age Concern Wandsworth, the Council supports a falls prevention handyman service for older people. The “Practical Help at Home Service” supports those aged 60+ with minor repairs, DIY style tasks or other tasks in or around their home. The aim is to ensure that older residents remain safe and secure within their own home and the staff will carry out repair tasks to prevent falls, including repairs to torn or worn flooring, and any task which involves climbing on a chair or ladder. The scheme also includes a free home fire safety assessment followed by carrying out any necessary work and free fitting of a smoke detector where necessary. The service works with 110-160 older people each quarter and completed 1,289 jobs in 2006/07.
33. **Assistive technology (Telecare).** There is a Council initiative which uses “telecare” technology to detect risk factors in the homes of vulnerable people, in particular older people with dementia (e.g. smoke, carbon monoxide, possible falls). It supports both the service user directly and the informal carers who help them. The scheme uses the Housing Department’s control and emergency response centre which supports the WATCH Lifeline service. By the end of March 2007, 34 installations has been completed (with most completions being completed during the last few months of 2006/07) and the target is for sixty systems to be installed in 2006/07/2007/08. At 31st of March 2007, the scheme was supporting 34 older people (aged 65 plus) and benefiting 17 older informal carers. During 2007/08 the Housing Department will be trialling telecare add-ons to the core WATCH service for 100 existing WATCH Lifeline users.
34. **WATCH Lifeline.** The Council has a long-standing alarm response service (“WATCH Lifeline”) which offers a comprehensive key holding, response and assistance service to more than 1,000 customers. As at 31st March 2007, 1,133 residents were using the service of whom 1,064 were 65+ and, in 2006/07, the service responded 10,277 calls, 2,200 (21 percent) of which resulted in a visit from an Emergency Warden. At present, this service only offers a full response service and this is clearly valued by its many users who are assured that they will not be left unaided after a call. In line with the current priority to increase independence, it is now proposed to explore the potential of offering a service option under which the Emergency Wardens try first to contact a relative or friend and only visit the client in their home if unable to contact them.
35. **Adaptations.** Older and disabled people of any tenure who approach the Council for advice and assistance about adapting their property are referred to the Council’s Occupational Therapy Service. The applicant will receive a Self Assessment Form to complete to determine their eligibility for a specialist Occupational Therapy Assessment. If the applicant is eligible for an assessment, staff will visit the person’s home for the assessment to be carried out. The Occupational Therapy Service aims to complete all assessments within 28 days of receiving a fully completed application and to send an

assessment report to the applicant five working days after the assessment. In 2006/07, the 28 day assessment standard was achieved for 83% of cases. If the applicant is not eligible for an assessment, Occupational Therapy staff will inform the applicant in writing and offer information and advice about other possible sources of assistance such as Age Concern, who can arrange the installation of grab rails, and various private companies who hire or sell equipment, some by mail order. In 2006/07, 1,025 older people were judged to be eligible for an assessment. Social housing tenants (638 people) and owner occupiers (432) made up the majority of people eligible for an assessment.

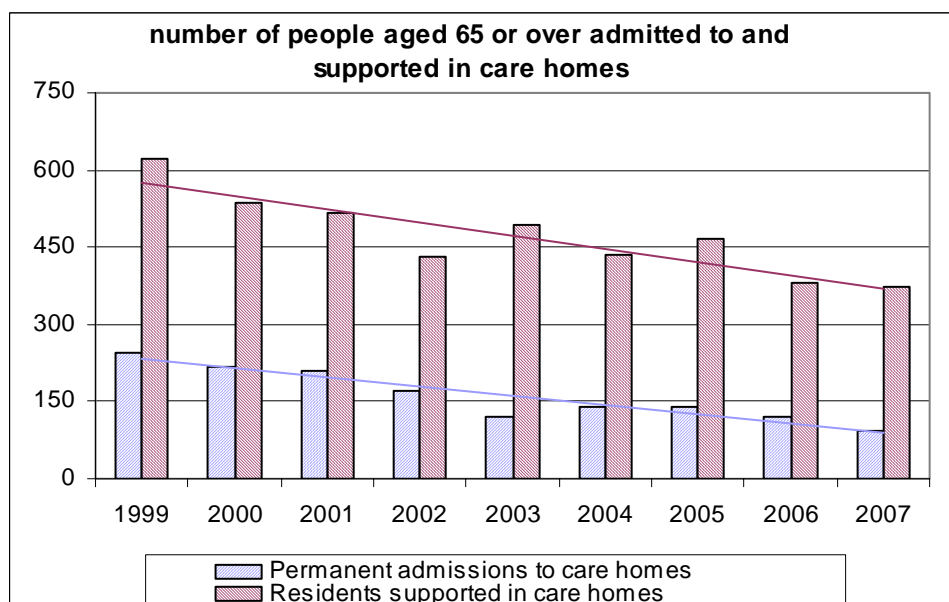
36. **Sensory needs.** The Council also employs rehabilitation officers to work with people with visual impairments and technical officers working with people with a hearing impairment, assessing and arranging for community equipment and adaptations and supporting rehabilitation, which includes mobility/orientation training. It is estimated that, in the past year, around 100 people aged 60+ who have a visual impairment needed rehabilitation support and a similar number of older people sought technical assistance and equipment due to a hearing impairment.
37. **Adaptations and Community Equipment.** As the local social services authority, the Council has a responsibility under the Community Care (Delayed Discharges etc) Act 2003 to provide community care equipment (including for sensory needs) and minor adaptations, after assessment and subject to eligibility, free of charge provided the cost (including fitting) is less than £1,000. If the adaptation is simple, such as grab rails, this is carried out via the Integrated Community Equipment Service (WICES). WICES, which has been in operation since 1st April 2005, is also responsible for the provision of equipment required by disabled people. Equipment for health care needs is funded by Wandsworth Primary Care Trust (PCT), equipment for social care needs is funded by the Council as are minor adaptations to properties. During 2006/07, WICES carried out minor adaptations such as the installation of grab rails in the homes of 543 clients who were mainly older people (304 council properties and 239 other properties). In 2006/7, 73% of requests for minor adaptation or equipment were achieved within seven days of the request being placed.
38. **Other Adaptations including Major Adaptations.** In cases where the Occupational Therapy Service assess that adaptations other than the installation of grab rails are necessary and appropriate to meet the client's needs, they refer applicants to the council's Home Improvement Agency (HIA) which provides advice and practical help to those requiring adaptations to their home. During 2006/07, the Home Improvement Agency completed 673 minor adaptations and 127 major adaptations. The HIA are also responsible for dealing with applications for assistance under the Disabled Facilities Grant. The grant is mandatory for essential adaptations to give a disabled person better freedom of movement into and around their home and to access essential facilities within it and can also, where necessary, provide the essential facilities themselves. In 2006/07, 51 applications, largely from older people, were approved were granted for a total of £598,000, the average time taken by the Council from enquiry to approval was 22 weeks and, from approval to completion, 18 weeks.
39. **Homecare.** The Council has a comprehensive set of homecare services for older people who need regular support in order to remain living in their own homes. In common with most other social services authorities, these services are being focused on those residents with the greatest level of need who would be the most at risk without help. Home carers visit as needed in accordance with a care plan agreed with the service user, and undertake a range of personal care and home care tasks. Shopping services or frozen meal deliveries can be arranged and where necessary hot meals delivered. In 2006/07, the Council

supported 2,584 people aged 65+ through its homecare services, providing an average of 11.5 hours of assistance per week and delivering an average of 508 meals every day. 673 older people received an intensive service at home (more than 10 hours or six visits a week).

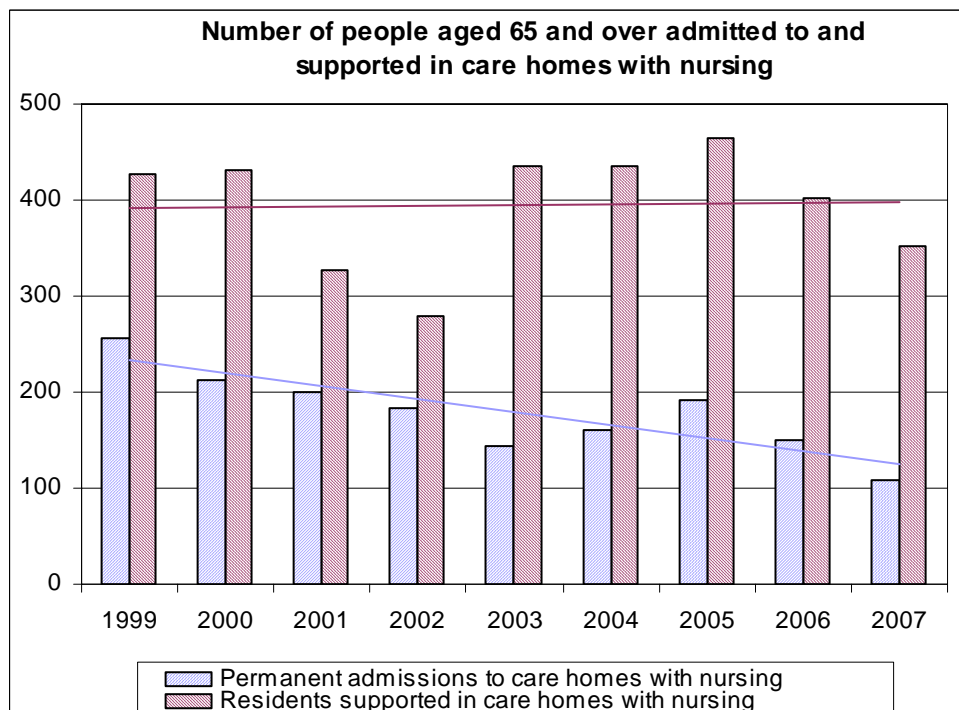
40. **Reablement service.** The Reablement team was established as a pilot in April 2006 working with older people on discharge from hospital and people assessed in the community as able to benefit from up to six weeks intervention to increase their independence in their own homes. Evaluation to date has demonstrated improved outcomes for service users, increased independence and a reduced need for ongoing home care support. By the end of June 2007, 236 people have benefited from the reablement service, continuing to live in their own homes with a lower level of home care support than that which would have been provided without the reablement intervention. Five of these people would otherwise have been admitted to residential care, and a further two (of the 236 total) were discharged home from residential care with support from the service. In the first quarter of 2007/8, 79 people have been supported by the reablement service, of which 62 were referred between April and June 2007. The team has built strong links with the Intermediate Care Team (see paragraph 91 below), working jointly with service users when appropriate, and work to formalise the care pathways between the two services is underway. The team has recently begun to provide a home trial service for people who might otherwise be considered for a care home.
41. **Key Achievements of the Reablement Service.** The difference between the level of home care service that would have been needed following a social work assessment where reablement was not available and the service needed at the end of the reablement programme of up to 6 weeks has been assessed. For 233 service users completing their reablement programme there was a reduction in dependency levels of approximately 70% and, when followed up at 3, 6 and 9 month periods following reablement, the dependency levels have not only been maintained but had further improved by approximately 10%. Service users have been consulted throughout the pilot and have reported very positively, stating that working with home carers on achieving goals, rather than being “done unto” had made them more confident, less dependent on services, and with a greater sense of well-being.
42. **Sheltered Housing.** The Council and its RSL partners have provided significant sheltered housing options for older residents for many years. It became evident that the demand for this housing was decreasing, partly because more older people were being supported in their own homes and partly because the housing was seen as too small or lacking in facilities for the people interested in it. As a consequence, there has been a thorough review of the council’s sheltered housing stock (generally older and with less facilities than the RSL stock) against the options of replacement, conversion or alternative use. The third phase of the implementation of this review is now nearing completion and consideration will be given as to the necessity of further phases addressing any outstanding problems with stock which become evident.
43. **Extra care housing.** A further development from sheltered housing has been the idea of extra care housing for older people which has on-site home-care and support services available round-the-clock and is seen as a positive development from standard sheltered housing. The typical model aims to maintain a spread of levels of need among residents, however extra care is increasingly seen as a direct replacement for care homes. Residents are likely to move into their flats when they are experiencing either moderate or high dependency with the expectation of remaining there without needing further moves as their requirement for social care and support increases. Having at least some residents who are

active and independent helps to maintain a vibrant and active feel for residents as a whole and may influence the willingness of people to move to this type of scheme. Servite Houses operate a scheme with on-site day time care at Mary Court in Battersea, and a scheme with 24 hour on-site care being developed by Richmond Upon Thames Housing Trust (part of the Paragon Community Housing Group) will open in Roehampton in Summer 2008. Further developments are under consideration including a scheme proposed by Servite Houses to replace the Council owned Sherwood Lodge care home, SW18 (Earlsfield), which they lease and manage, with an extra care scheme.

44. **Supporting people.** The Supporting People programme fully funds the warden support for all people in sheltered housing (whether Council or RSL) who are on any amount of housing benefit. People not entitled to or not claiming housing benefit are still entitled to a charges assessment and may pay a reduced rate based on that assessment, with Supporting People funding making up the difference in the charge. Council sheltered housing is further complicated in that tenants who are not on housing benefit but were tenants before April 2003 are protected from support charges. The charges for these tenants, where not on housing benefit, are funded from the Housing Revenue Account. The Supporting People funding also contributes to the cost of alarm response systems (such as WATCH Lifeline see paragraph 34) in all sheltered accommodation, both RSL and Council, or group homes. Currently, Supporting People funding supports 2,144 households for warden support (both Council and RSL) and 31 for alarm response schemes only.
45. **Floating support.** Supporting People funding also provides 24 floating support packages to help older people remain independent in their own homes, with provision of floating support for older people a priority for future development. The Housing Department also operates a Tenancy Support Service, funded by the Supporting People programme, which can support Council tenants who are vulnerable due to old age or other reason to maintain their tenancy. As at 31st March 2007, the Tenancy Support Service was providing support to 62 tenants and 23 of these were aged 60+.
46. **Residential care services.** For many years, the Council has operated a series of block contracts with residential care homes. The graph below shows how the number of placements and the number supported in any year has decreased over the last nine years. The fact that the average number of placements made is declining reflects the move to supporting more residents, who would previously have been considered for residential care, in their own homes using intensive home care packages.



47. The fact that the trend in numbers supported is converging slightly on the trend in the numbers placed suggest that people are surviving for a shorter time once in residential care. This, again, would be expected if decisions to support older people at home are delaying the move to residential care. The variation in individual years around the trend line would suggest that not too much reliance should be placed on the convergence of trend lines.
48. **Care Homes with Nursing.** A similar picture is shown by the pattern of admissions to Care Homes with nursing. Once again the overall trend is reducing but there is a pattern of variation in admissions which have affected the numbers being supported over the years. The current pattern over the past three years is a declining trend but this period was preceded by year on year increases.
49. The relationship between numbers admitted and the numbers continuing to be supported is also difficult to explain in that it appears that residents with nursing care are surviving longer than those admitted to residential care without nursing. This would suggest that the requirement for nursing care is not simply related to frailty but may also be linked with a chronic condition which is not life-threatening in the short term but does require nursing care.



Neighbourhood, being close to friends, shops and other amenities, in safe, well designed towns and streets

50. This aspect of the strategy seems to cover three separate questions: is the Council helping to sustain people in their own neighbourhoods; do these neighbourhoods have all the facilities that older people need; and do older people feel free to use them?
51. **Keeping older people in their own neighbourhoods.** The answer to the first question is to a large extent covered in the preceding paragraphs. It is the Council's policy to seek to maintain older people in their own homes or, if this is not possible, within their own neighbourhood. The evidence for the success of this policy can be seen in the downward trend of Council supported admissions to residential care (see paragraph 46 above).

52. **Thriving town centres.** The second question is more difficult to answer briefly. The Council has invested heavily in its town and local centres. The investment has included grants and loans to businesses, support for town centre partnerships and major regeneration schemes such as that which has radically improved Wandsworth Town Centre. Planning policies have also been critical to preventing retail development outside of town centre areas and have ensured that all of the five town centres in the Borough has at least one, and generally two, major supermarkets within their curtilage and that there is little competition to these from out-of-town stores.
53. **Libraries.** Aside from retail opportunities, the Council has maintained a network of 13 libraries, including now, when the current plans come to fruition, one in a central location in each of the five town centres. As well as offering facilities to borrow books, they have current newspapers and periodicals and offer free Internet access. Increasingly, libraries are seen as a key part of the local focus for activities for older people, particularly as they are the location where Freedom Passes are issued and renewed, locally.
54. At present, the engagement of older people as registered library users lags behind the engagement of other age groups. Overall across the borough, almost one in every two people is a registered borrower of a library. For adults aged between 20 and 59 years, this percentage drops to around 45% but, for adults aged 60+, the proportion reduces further to 29%. Older people who are registered borrowers are, however, more likely to be active or regular borrowers and, when the actual level of activity is taken into account the gap disappears, as the proportion of the non-pensioner adult population who are regular borrowers (people who use their membership cards to use the library more than 4 times in 12 months) falls to 13% whilst that for pensioners falls only to 16%. The issue to be addressed, therefore, appears to be one of engagement of older people rather than their utilisation, with the Council needing to get more older people registered in the first place.
55. **Home Delivery Library Service.** The Home Delivery Library Service, a relatively small part of the overall library service, has the highest proportion of registered borrowers over 60, with 560 out of its 700 regular borrowers aged 60+ and more than 70 aged 90+. 15% of the users of the home delivery service come from Black and minority ethnic communities and there was an increase of 38% in use of this service by Asian elders and a 158% increase in that by African Caribbean elders in 2006/07. The Library Service also delivers books to around 80 residential homes and day centres.
56. **Community safety and older people.** The Council has long been a heavy investor in community safety and older people have been a key focus for the Council's actions. The FLaSH (Fires, Locks and Safer Homes) Service, a partnership service funded by the Council, London Fire Brigade and the Metropolitan Police Service and coordinated by Victim Support, provides free home safety advice and, where appropriate, security improvements plus free fire safety checks and smoke detectors (including fitting) for Wandsworth residents. In the two years since the implementation of the scheme in July 2005, 773 households have been assisted.
57. **No cold calling zone.** A "No Cold Calling Zone" was set up on the Doverhouse Road estate in West Putney in 2006 to reduce distraction burglary and related crimes in an area with a high concentration of older people. The scheme aims to make older residents more aware of the risks of allowing "con-man" burglars into their homes in the guise of officials, adults with a story of needing money for fares because their car has broken down or even young people pretending they need to retrieve a ball.

58. **Safe and Secure Desk.** Linked with the distraction burglary initiative, the Council, Police and Victim Support are also offering a weekly presence at the Safe and Secure desk based in the Age Concern Wandsworth office. This service is designed to offer community safety assistance and advice to older people in an environment outside of a police station and to encourage the reporting of distraction burglary crimes, which are presently thought to be under-reported.
59. **Hate Crime and Harassment.** The Council recognises that older and disabled residents on its estates are at risk of harassment and possibly hate crime. The Hate Crime and Harassment Housing Policy Statement and Strategy sets out how the Housing Department will respond to hate crime and harassment, by taking action, where possible, against those perpetrating such acts, or by providing support to those experiencing hate crime and harassment. Residents can report hate crime and harassment to the Housing Department's dedicated Hate Incidents and Harassment Reporting Line. In addition, those residents experiencing violence from outside of the home can obtain security enhancements to their home, alongside Police and other support, to prevent homelessness through the "Stay Put, Stay Safe" scheme. The Housing Policy Statement, Strategy and Action Plan on Domestic Violence includes elder abuse within its remit.

Social activities, social networks and keeping busy, including social clubs and community groups, opportunities for learning, leisure and fun

60. **Adult and community learning.** Older people have long been frequent users of the adult and continuing learning services within the Borough. Almost one quarter of all adult learner enrolments were from people aged 55 years and older. During 2006/07, there were 2,970 older person enrolments out of the 12,483 total. The majority of these older people enrolled on courses for people of all ages but there are a number of courses which are targeted directly at older people which are very popular and there were 915 enrolments on 34 courses. The popular targeted courses included exercise, computing, and arts and craft and were spread across the borough, although the Tooting constituency had the largest share with 16 of the 34 and Battersea had only 7 courses. The current locations reflect, to some extent, the locations of the organisations organising or teaching the courses. It is proposed to identify some areas of the borough which are currently less well served with older person's courses and identify whether there are possible locations which could be brought into use to give a better geographical spread.
61. **Libraries' activities for older people.** A number of courses targeted at older residents, largely relating to ICT skills, are also provided within libraries. Some 378 older people attended these in 2006/07. A pilot scheme in 2006/07 at Roehampton Library, in partnership with Age Concern and as part of the Active Days Initiative, provided longer IT classes (24 hours) to 10 learners aged 60+. The learners all achieved their learning aims and further funding will be sought to offer these courses in other libraries during the academic year 2007/08. Initiatives such as the Silver Circle reading group at Earlsfield library are designed to encourage library use and it is planned to encourage the formation of similar older people's reading groups in other libraries during the current year.
62. **Arts Service and older people.** The Council currently provides popular tea dances with an average of 153 older people attending each dance and offers small grants of £45 to Senior Citizen clubs for entertainments. Some 40 small grants were awarded in 2006/07.
63. **Leisure Centres.** The Council's Leisure Centres provide a wide range of sport and physical activity programmes for people aged 50+ at specific sessions that include swimming, gym, aerobics, badminton and table tennis. In addition, Leisure Centres offer

free centre membership/admission for over 60s and discounted monthly and annual Kinetic membership packages, including an annual swim pass at a significantly discounted rate. Casual attendances by people aged 50+ increased from 17,262 to 23,256 (34% increase) between 2005/06 and 2006/07. A separate promotional leaflet is distributed advertising all the leisure centre activities for those aged 50+.

64. **Active Days.** There is strong partnership working at service level that helps maintain social networks for older people to help them remain independent. In 2004, the Council conducted a survey of the social and leisure activity and aspirations of people aged over 60, which prompted a range of new initiatives (Active Days) to address the aspirations of different age and interest groups. This work was led by the Day Services Task Group, with representatives from across Council services and partners including Age Concern, Wandsworth Care Alliance, and the PCT. Active Days, created as a result of the survey findings, is an extremely successful programme of social, educational and recreational activities for older people. With a regular newsletter and three locality development groups covering the whole borough, it provides information about a wide range of activities, helping to establish new ones and advertising those already in existence, including free outings, pub lunches and craft groups. Active Days currently involves more than 600 older people in more than 40 different groups. In addition, the Council runs a series of summer Away Days with day trips for those aged 65+ who are fit and active and several trips for less mobile older people to venues such as the seaside, gardens and cities. In summer 2007, there were seven trips for 630 active older people and three trips for 140 older people who needed a door-to-door service.
65. **Age Activity Centre.** The Age Activity Centre, formally known as the “Wandsworth Black Elderly Project” (W.B.E.P), is a charitable organisation which has been meeting the needs of black older people living in the Borough since 1984 and provides a community centre where participants could have social interaction with people of their own race and culture as well as the opportunity to learn and develop new skills and to maximise on experiences gained throughout their lives in the UK. The Age Activity Centre offers a wide range of activities and services that include: a thriving Luncheon Club - with Caribbean style meals hot, spicy, nutritiously filling and very appetising; a gospel Choir - which is run by the members; a dominoes club - which competes on a regular basis with similar clubs from other boroughs; a very competitive Bridge club; IT classes, art classes; keep-fit sessions; Tai Chi; Aromatherapy; a health screening clinic; bereavement counselling. In addition to the many clubs and classes that are available throughout the week there are also several seminars and conferences on issues of concern to older people, as well as day trips, mini breaks and exciting holidays abroad once a year.
66. **Furzedown Centre.** The Furzedown Project is a service for older people in the far south of the Borough, run by older people for older people with an ethos of self-help, enabling older people to retain their independence for as long as possible, often as volunteers for the project. The project is a registered charity, grant aided by Wandsworth Council, and offers a meeting place for older people (with transport if necessary), providing a wide range of classes and activities including adult education classes. It is open five days a week, offering information and advice, also giving support to carers. Health services provided on site include regular visits from a community optician and a hearing therapist. There is also a Tai Chi class run in conjunction with Wandsworth PCT. The project also provides a Home-visiting scheme to isolated older people in Tooting and Furzedown area, distributes a quarterly Newsletter to all members.

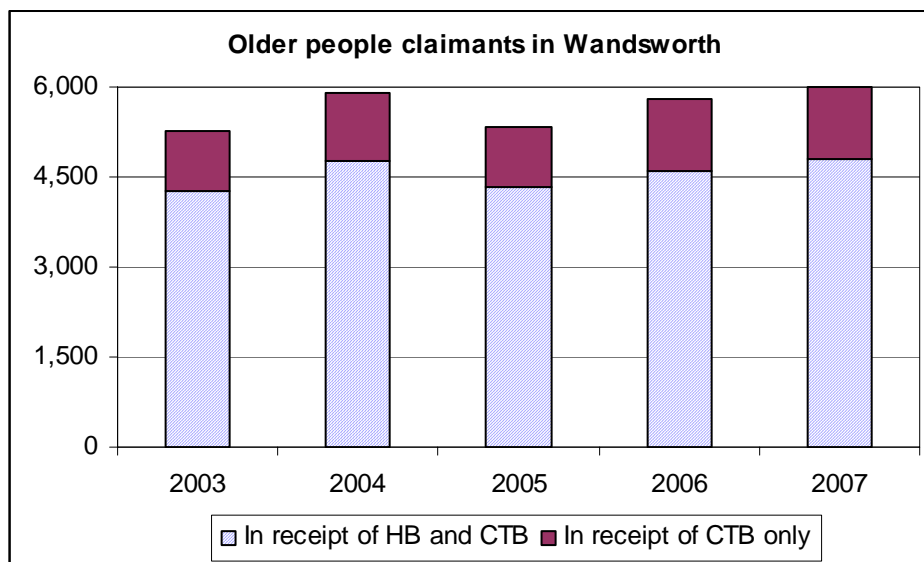
67. **Regenerate-RISE.** RISE (Reaching the ISolated Elderly), supported by Council funding, aims to tackle isolation and social exclusion amongst older people in South West London, by reaching and engaging them in a range of positive activities and rebuilding of social networks. Regenerate-RISE provides: a hot nutritious meal, regular outings, activities, a visiting programme, and care and support. Activities include art, Bingo, computing, Music for All, chair-based exercises, Falls Clinics, quizzes, films, and outings to places of interest.
68. **Befriending and outreach.** A number of voluntary agencies are grant funded by the Council to provide volunteer befriending schemes and outreach to housebound people including the Age Concern Wandsworth “Be a Friend” scheme. Age Concern Wandsworth is very active having 3,000 members locally, including some 160 volunteers who provide a visiting and support service to other older people. Age Concern “Be-a-friend” volunteers make more than 1,000 home visits each year and some 1,300 phone calls. The Carer’s Support Service supports some 150 carers with visits and other services. Other agencies offering befriending and outreach include the Peabody Trust Isolated Elderly Initiative and the RISE Roehampton project. Other grant aided organisations offering services to older people and those with disabilities include:
- Asian Women’s Association;
 - Balham Pensioners Centre;
 - St Michael’s Community Outreach Project; and
 - Tooting Neighbourhood Centre.
69. **Support for informal carers.** The Council and the PCT jointly fund the Wandsworth Carers Centre to provide support and information to the many informal carers who provide their time to keep vulnerable people at home; some of these carers are older people themselves and some older carers are caring for younger people as well as themselves. In 2006/07, on average 364 people of all ages were supported each quarter and 584 additional people assisted on the telephone. The Council also supports the Wandsworth Age Concern carers scheme and Mushkil Aasaan, an organisation which provides support to Asian families. The Council provides a range of respite options to support carers and funds the Poppy Café which meets monthly to support the carers of people with dementia.
70. **Specialist day care.** The Council commissions specialist day care for the most dependent and vulnerable older people from the Leonard Cheshire organisation. This service is provided to around 250 frail older people mainly through two day centres, Gwynneth Morgan, SW11 (Fairfield) and Church Lane, SW17 (Graveney) each with a capacity of 50 places each weekday, with some older people attending a centre for people with physical disabilities at Randall Close, SW11 (St Mary’s Park). People attend on one or more days a week according to their assessed needs. The service users are collected from their homes and provided with lunch and a range of activities at the centres. The service provides a watching brief as an alternative to home care and social contact for housebound older people, and can also give respite to an informal carer. The Council also supports people from Asian communities to attend a specialist day centre run by the Wandsworth Bengali Association (Trinity Road, SW (Bedford). Additionally day care services for older people with dementia are commissioned at two centres, one from Shaw Homes at Hazel Court, SW11 (Fairfield) and one from Four Seasons Health Care UK at Holybourne Avenue, SW15 (Roehampton). The Pocklington Trust is commissioned to provide a Resource Centre, SW12 (Balham) for people of all ages with sensory needs, with more than 40 people attending each week. This Centre also produces the Borough’s fortnightly talking newspaper which is distributed to 176 people.

Getting out and about, whether by car, bus or other forms of transport, such as shared taxis or mobility scooters;

71. **Older Persons Freedom Pass.** The Council funds and issues freedom passes for older people which provide free travel on buses, trains, docklands light railway and underground services in London. The scheme operates after 9:00 am weekdays, all day weekends and public holidays. Men and women aged 60 and over and who live permanently in the Borough are eligible, irrespective of income or level of disability, and there are currently 31,850 older people benefiting from the pass which costs close to £6 million per annum.
72. **Access to public transport.** The majority of buses serving the Borough now have wheelchair access and the area is well served with bus stops with seats. Disabled access to train and underground stations in the Borough is generally less good and the Council's plans for improvements at Clapham Junction include major access improvements at that station.
73. **Wandsworth Community Transport.** The Council currently commissions Wandsworth Community Transport (WCT) to provide a range of transport initiatives, including regular shopping bus services for older and disabled people. These journeys collect people from their homes and use wheelchair accessible minibuses. WCT provide shopping trips to Wandsworth and Tooting Town Centres, Southall, West London and Green Street, East London. Most of the trips are to Wandsworth Town Centre linking with the Shop mobility centre at Sainsbury's on Garratt Lane. Here there are 50 mobility aids for loan, consisting of motorised scooters and wheel chairs. In the year from October 2005 to September 2006 there were 1,500 return shopping trips on which 4,526 escorts were provided and 7,789 passengers were carried resulting in more than 9,000 loans of mobility equipment.
74. **Taxicard Scheme.** Residents with a mobility impairment which prevents them from using buses or trains can apply to join the London Taxicard Scheme. Taxicard provides reduced cost trips in licensed taxis so that users do not have to pay the full-metered fare. The Scheme is managed by the London Councils and is jointly funded by the Council and TfL. 2,074 Wandsworth users are registered for the scheme; the exact number of these who are older people is not known but they are thought to be the majority.
75. **Blue Badge Scheme.** The Blue Badge Scheme provides a national arrangement of parking concessions for people with severe walking difficulties who travel either as drivers or passengers. The scheme also applies to registered blind people and people with very severe upper limb disabilities who regularly drive a vehicle but cannot turn a steering wheel by hand. It allows badge holders to park close to their destination but, generally, only applies to on-street parking. There are 8,259 blue badge holders in the Borough, of which 5,861 are aged 60+.
76. **Dial-a-ride.** Dial-a-ride is a multi occupancy door-to-door transport service for disabled people who cannot use buses, trains and the tube. It is funded and managed by TfL and there are few local details of usage available.
77. **Pedestrian crossings.** All of the Wandsworth pedestrian crossings are fully adapted for disabled people, including the provision of textured paving, ramps and sound linked to the changing lights.

Income, including the availability of benefits advice and take-up campaigns to pay for new expenses, such as housing maintenance

78. **Older Benefit Claimants.** The graph below shows the number of older people in Wandsworth claiming housing and/or council tax benefits. This shows that the overall number of claimants was relatively stable over the past few years although there was some year on year variation. The figures suggest that there are some 4,500 older person claimants at any time who are tenants, largely Council or RSL, and who claim housing benefit and Council Tax. The 1,000-1,200 claiming just council tax benefit at any time are thought to be owner occupiers, possibly living mortgage-free but with only low levels of income coming in.



79. **Benefits Advice.** The Wandsworth Joint Visiting Team was launched on 1 October 2006. The main purpose of the team is to provide a comprehensive visiting service to residents over 60 years old and vulnerable working age customers under 60 to help ensure they receive the benefits and services to which they are entitled. This includes help with claims for pension credit, housing and council tax benefit and disability related allowances. In addition, visiting officers assist with the completion of financial assessment forms, which ensure that calculations of the charges for home and day care services are calculated accurately and fairly. In the first six months of operation, the team helped with benefits claims from 457 households, increasing the benefits payable by £11,121 each week. Just over half this additional benefit was in Pension Credits. The Local Area Agreement includes a stretch target linked with increasing benefits claims and this joint visiting team will be fully involved with achieving this target. The Home Improvement Agency also assists older residents in making applications for grants and loans, including loans through the Houseproud scheme, to cover works of maintenance and improvement to their homes. In 2006/07, almost £600,000 in grants was successfully applied for with the help of the agency.

Information, from an independent source to help older people to navigate their way around the system and find out about the opportunities and services that are available

80. **Age concern Information and Support.** Age Concern Wandsworth is funded to provide a free service to assist older people with a wide range of queries and problems, including money and benefits, housing, health and disability, help at home, and provide local information including transport, leisure and social activities. Their 'First Stop Information

Service' - a fast track information and sign-posting service – is available at the local office reception desk to assist people aged 60 and over and their carers or relatives. Age Concern Wandsworth also host specialist, free advice sessions run by partner organisations such as a pension service surgery, the Safe and Secure Advice Desk and tax help sessions.

81. **Citizens' Advice Bureaux.** The Council contracts with Wandsworth Citizen's Advice Bureaux (CAB) to provide an independent, impartial and confidential advice service on a wide range of matters of interest to older people from three locations in the Borough, generally in the more deprived areas of Battersea, Roehampton and Tooting. Welfare Benefits enquiries form a large part of the CAB work. Advisers sort out difficulties with benefit claims, help to fill in forms and try to ensure that people are receiving their full entitlement. Consumer rights and Debt, particularly if linked with the re-possession of accommodation, are also key areas of advice giving. Bureaux advise on all aspects of housing including tenancy agreements, repairs and cases of harassment. The CAB also advise on Community Care assessments and may be able to provide a Home Visit for housebound people and their carers.
82. **CareLine.** The CareLine Information Centre for Wandsworth, funded by the Council and the PCT, provides information on social and healthcare services for those resident and/or working in the London Borough of Wandsworth. It is open on six days per week and until 8 pm on weekdays for telephone advice and also has a very comprehensive website offering a wide range of information on local social and healthcare services. The pages for older people's services have been re-badged as WOW 50 Plus (What's On in Wandsworth for those 50 plus), especially designed in collaboration with older people.
83. **Disability and Social Care Advice Service.** (previously known as Disabled Advice Service) This specialist advice service is available by telephone, office interviews and home visiting to all local people with communication problems, people who are blind or partially sighted, people with mental health problems, people with learning difficulties, confused older people, children and young people being looked after by the Council, the families of children in need and people who are permanently ill or disabled, where their disability prevents them using other general advice services. It offers support and advocacy on issues such as financial benefits, housing, legal, consumer matters and assisting with access to services. Last year the organisation helped an average of 358 users, each quarter, to obtain £1,028,393 in financial benefits through claims, reviews and tribunals. One third of those helped were aged 60+.
84. **Independent Mental Capacity Advocacy Service (IMCA).** The Council has commissioned Advocacy Partners to provide a Mental Capacity Advocacy Service from April 2007. This service is available to people who lack the capacity to speak for themselves, lack anyone to speak for them, and need their voice heard in relation to a decision regarding a move of accommodation or serious health matter. This service can also be made available in some situations concerning possible abuse to vulnerable adults. Advocacy Partners is also commissioned to provide professional advocacy and self-advocacy to people with learning disabilities, an increasing number of which are aged 60 plus.
85. **Wandsworth Carers Centre.** (See also 69 above.) The Carers Centre produces a regular newsletter and maintains a database of carers to whom it mails the newsletter and other helpful information. The Centre can offer information and advice on a range of issues. It offers a specialist Carers' Breaks Project with information about holidays and respite breaks

and assistance with arranging these. The Centre also has an Asian Development Project, with Hindi, Urdu and Gujarati Spoken.

Health and healthy living, including access to NHS services and to advice on how to stay healthy and increase fitness.

86. **Strategic approach.** Work in 2005 identified a group of older people with complex needs who had received multiple admissions to hospital. Data for this group, collected between July and December 2004, identified some 529 people who accounted for 1,326 hospital admissions - a total of 13,070 bed days over six months which was equivalent to 54% of all non elective older people bed days from Wandsworth TPCT. As a result of this finding, the existing Wandsworth Strategy Group for Older people was reviewed and it was agreed, in January 2006 (Paper No. 06-66 to the then Social Services Committee refers), to replace it with a smaller strategy group with the following membership: Assistant Director of Adult Social Services; the Wandsworth PCT; St. George's Healthcare Trust; the local Patient & Public Involvement Fora; the Wandsworth Older People's Network; Southwest London & St. George's Mental Health Trust; Voluntary Sector representatives; and primary care practice-based community clusters through a nominated GP. It is a subgroup that reports to the broader Wandsworth Health Partnership Group and, in October 2006, produced its terms of reference. The purpose of the sub-group is to improve the health and quality of life for older people living in Wandsworth, through ensuring a whole systems approach to the development of health and social care. The sub-group meets every two months to progress its agreed action plan. In July 2007, the Health Partnership Group agreed a new broader role and more specific objectives and reporting arrangements for the WSGOP, including the need for the group to produce an action plan relating to the National Service Framework for Older People.
87. Three separate work streams are suggested, each of which will be carried through by working parties with representatives from the key stakeholders in social and health care for older people in Wandsworth. These work streams are:-
- (a) bringing together a strategic approach to the maintenance of health and well being in older people e.g. new model of day activities; prevention of falls; promotion of exercise and preventative health programmes such as flu vaccination;
 - (b) care pathways and the management of long-term conditions (currently focused on Diabetes, Heart Failure, and COPD) in the community. This will include services for older people with a single diagnosis of one of these conditions; and
 - (c) care pathways and management of care for older people with multiple conditions. Further work will be done by the stakeholder organisations to agree a set of shared sub-objectives, but the essential strands will include care in the community, inpatient care, discharge processes and the prevention of recurrent admissions.
88. **Exercise arrangements.** The Council has continued to run the Older Active Persons passport programme (initially established through NHS funding) to increase the physical activity levels of older people. The programme includes more than 30 classes for older people ranging from the more athletic sessions 'keep on moving' and 'fit for life' through to more seated exercise classes for more frail and older people such as Tai Chi and Chair-based Fitness. The Council is also responsible for maintaining the Tooting and Battersea Healthy Living exercise initiatives targeting older people. The Council has recently agreed an LAA stretch target to increase the number of people aged 50+ exercising for 3 x 30mins a week over the next 3 years. This will be achieved through the continued promotion and delivery of the physical activity classes, the promotion of the council's walking programme,

and a publicity campaign helping people to undertake the recommended exercising levels. More than 2,500 people aged 50+ have registered to be part of the Council's physical activity campaign.

89. **Exercise in Sheltered Housing Schemes.** Since 2005, the council's leisure and housing services have worked with the PCT to provide chair-based exercise classes which are now held weekly in 14 Council-run sheltered housing schemes.
90. **Falls Prevention.** Over a number of years, Council services have worked with the PCT to support an integrated approach to developing exercise programmes to develop fitness and prevent falls. The PCT operate a one-stop satellite Falls Assessment Service which travels to many venues around Wandsworth. Venues have included sheltered housing, day centres, voluntary organisations and Churches. The whole philosophy of this service is about "bringing the right services out to the people". People who have been assessed at risk of falling can attend exercise groups that focus on strengthening the legs and improving balance. The PCT Public Health Department runs a series of special exercise classes in various community centres around the Borough.
91. **Intermediate Care.** Intermediate care is funded jointly by the Council and the PCT and provides a 24 place domiciliary service and 14 intermediate care beds (4 at Queen Mary's Hospital and 10 at Dawes House) to support discharge from hospital or prevent unnecessary admission in the first place. In the first quarter of 2007/8, 53 people benefited from bed-based Intermediate Care (18 hospital admission avoidance cases and 35 supported discharges) and 154 from the domiciliary Intermediate Care service (42 admission avoidance and 112 supported discharges). The Intermediate Care Steering Group has been re-established, with representation from the PCT, Social Services and acute sector, to ensure that the development of Intermediate Care Services continues to be joined up and continually improved. The Dawes House beds were previously provided at Bolingbroke Hospital but, as it has proved more cost-effective to provide away from hospital premises, plans are in place to consolidate all the beds at the Dawes House site, where 16 would be provided leading to a net gain of 2 beds funded from existing resources. This is subject to approval for alternative use of the vacated beds at Queen Mary's Hospital, for which a business case is currently with the PCT commissioners with a positive decision expected in September. The 16 beds should be all operational by early 2008.
92. **Avoiding Admission to A&E.** There is a multi-disciplinary team funded by the Council and the PCT based at St George's Hospital A&E department, including a social worker, OT, Physiotherapist and nurse coordinator, which aims to reduce the number of unnecessary hospital admissions and admits users directly to the Wandsworth Intermediate Care service and other services, as appropriate. A multi-agency steering group leads the continued development of this team. The team also has close links with Lambeth and Merton services since both areas have significant attendances at St George's A&E, and is developing enhanced referral rights with Lambeth social services and improved interfaces with Merton intermediate care services. In the first quarter of 2007/8, an average of 24 patients each week have been diverted from hospital admission.
93. **Mental Health Services for older people.** The Council and the South West London and St. George's Mental Health Trust having been working together over the last year to bring the community mental health and community care services more closely together, working toward full integration. The services will start to operate in an integrated way from October 2007 under a single management structure. A joint agency strategy for mental health in old age is currently in development and should be completed in the Spring of 2008.

The Town Hall
Wandsworth
SW18 2PU
14th September 2007

G.K. JONES
Chief Executive and Director of Administration
(on behalf of all the officers concerned)

Background Papers

There are no background papers to this report.

All reports to Overview and Scrutiny Committees, regulatory and other committees, the Executive and the full Council can be viewed on the Council's website (www.wandsworth.gov.uk/moderngov) unless the report was published before May 2001, in which case the Committee Secretary, Mr. G. S. Collins (020 8871 6021); email: gcollins@wandsworth.gov.uk can supply it if required.

Older People: The Strategic Framework

1. There are a number of strategic frameworks which need to be taken into account in any assessment of the Council and its partners services for older people. In its Key Lines of Enquiry, the Audit Commission refer to the ‘seven dimensions of independence’ for older people. These have emerged in an Audit Commission National Report, Older People - Independence and Well-being written to bring together the findings of a series of four coordinated studies on older people. The seven dimensions identified by the Audit Commission as critical to increasing the independence of older people are as follows:
 - housing and the home, including having a safe, comfortable home, keeping the house and garden in good order and the role of aids, adaptations and assistive technology;
 - neighbourhood, being close to friends, shops and other amenities, in safe, well designed towns and streets;
 - social activities, social networks and keeping busy, including social clubs and community groups, opportunities for learning, leisure and fun;
 - getting out and about, whether by car, bus or other forms of transport, such as shared taxis or mobility scooters;
 - income, including the availability of benefits advice and take-up campaigns to pay for new expenses, such as housing maintenance;
 - information, from an independent source to help older people to navigate their way around the system and find out about the opportunities and services that are available; and
 - health and healthy living, including access to NHS services and to advice on how to stay healthy and increase fitness.
2. The Council’s success in delivering services that address these seven dimensions are examined within this report. In the paragraphs below, a number of the other frameworks relating to older people are discussed including the latest framework from the Department of Health linked with the White Paper, Independence, Well-being and Choice. This latter report also lays out a framework of seven outcomes which Councils should be seeking for older people and this also provides a reference point for the work described in this report.
3. **Older People’s Housing.** In January 2001, the then DETR (Department of the Environment, Transport and the Regions) and DH (Department of Health) jointly published ‘Quality and Choice for Older People’s Housing: A Strategic Framework’ which set out the Government’s vision for older people’s housing and housing-related support. Through this strategic framework, the aim is to explore the key housing issues that affect older people and to ensure that policies and actions are in place to address them. This includes meeting specific concerns of older people from BME (black and minority ethnic) communities, older people with dementia and other groups with specific needs and requirements. The framework made it clear that local authorities have a key role to play in taking the lead locally, working with the NHS and other local partners, to take stock and identify any gaps or weaknesses in their local strategies. It acknowledged that effective housing, allied to the right care, support and wider services, such as good transport and community safety, can be the springboard that enables older people to remain involved and live their lives to the full whereas poor housing can be a fetter to older people, contributing to immobility and social exclusion, ill health and depression. The framework identified two major objectives:

- (d) to ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances; and
 - (e) to support older people to make active and informed choices about their accommodation by providing advice on suitable services and options to ensure access to appropriate housing and services.
4. The Framework suggested that service approaches should be integrated, holistic, inclusive, involving and preventative and identified the following priority areas for new policy and service developments:
- (a) **Diversity and choice:** ensuring services promote independence and are responsive to all older people's needs and preferences
 - (b) **Information and advice:** ensuring that information and advice are accessible both to professionals and older people themselves on the variety of housing and support options / solutions available
 - (c) **Flexible service provision:** assisting local authorities and service providers to review housing and service models in order to improve flexibility to meet changing needs, taking into account the views of older people
 - (d) **Quality:** emphasising the importance of the quality of housing and support services, both in terms of ensuring homes are warm, safe and secure and in monitoring the services provided
 - (e) **Joint working:** improving the integration of services delivered at the local level by housing, social services and health authorities and nationally through Government departments.
5. **National Service Framework for Older People's Services.** The National Service Framework (NSF) for Older People's Services, which was published by the Department of Health in March 2001, set, for the first time, national standards for better, fairer and more integrated health and social care services for older people. The Framework introduced service models of care across health and council services (including but not restricted to social care services) for all older people, whether they live at home, in residential care or are being looked after in hospital. The Framework sets out eight standards relating to four themes for improving the health and social care of older people. Those which are particularly applicable to Council services operating in partnership with NHS agencies will be considered within this report.
6. The four themes and eight standards in this NSF are:
- **Respecting the individual:** The need for an NSF for older people was triggered by concerns about widespread infringement of dignity and unfair discrimination in older people's access to care. This NSF therefore leads with plans to tackle age discrimination and to ensure that older people are treated with respect, according to their individual needs. Person centred care will be supported by newly integrated services. This will ensure a well co-ordinated, coherent and cohesive approach to assessing individual needs and circumstances, and to commissioning and providing services to meet them.
 - **Standard 1: Rooting out age discrimination.** NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.
 - **Standard 2: Person-centred care.** NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is

achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

- **Intermediate care:** A new layer of care, between primary care and specialist services is being developed to help prevent unnecessary hospital admission, support early discharge and reduce or delay the need for long-term residential care. Older people will be the main but not exclusive beneficiaries of these services.
 - **Standard 3: Intermediate care.** Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.
- **Providing evidence-based specialist care:** The UK has some of the best specialist services for older people in the world with a solid evidence-base for their effectiveness. Timely intervention by evidence-based services reduces long-term needs. But these services are not uniformly available and access to them can be haphazard.
 - **Standard 4: General hospital care.** Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.
 - **Standard 5: Stroke.** The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.
 - **Standard 6: Falls.** The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and rehabilitation and, with their carers, receive advice on prevention, through a specialised falls service.
 - **Standard 7: Mental health in older people.** Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.
- **Promoting an active, healthy life:** Older age is not always associated with an emphasis on health promotion. It should be. Older people wish to remain healthy, active and independent of the need for support from services and from their families. This NSF concludes with a strong emphasis on promoting the health and independence of those in older age.
 - **Standard 8: The promotion of health and active life in older age.** The health and well-being of older people is promoted through a coordinated programme of action led by the NHS with support from councils.

7. The first theme and related standards are seen as leading to over-arching actions to be taken by Councils and NHS Trusts. These include the appointment of an elected Member as the Older People's Champion (Councillor Vanessa Graham occupies this role) and a "practice champion" (a role undertaken by the Director of Adult Social Services). There is also a requirement for the involvement of older people in the decision-making process, details of

which will be provided later in this report and for agencies within the local health and social care system to establish an interagency group, including older people and their carers, to oversee the implementation of the NSF. Such a group has been in place for a number of years but it's role and function has recently been reviewed and change has been agreed. Details of the change are covered later in this report in paragraphs 86 and 87 below.

8. **Better health in old age: Report from Professor Ian Philp.** In November 2004, an update to the NSF for older people's services was published entitled Better health in old age: Report from Professor Ian Philp. This report highlights progress over the three years since the publication of the NSF and sets out the vision for the future. The four principles that underpinned the development of the NSF for Older People are expected to continue to underpin further improvements in health and care for older people, but each is to be refreshed. The principles are distilled from the themes and standards set out in the NSF and are as follows:

- (a) Person-Centred Care;
- (b) Joined-Up Services;
- (c) Timely Response to Needs; and
- (d) Promotion of Health and Active Life.

9. **Independence, Well-being and Choice.** In March 2005 the Department of Health published a consultation Green Paper entitled Independence, Well-being and Choice. Our vision for the future of social care for adults in England setting out a new vision for social care for adults. This vision stated:

“Care, and the support it provides, is one of the core values of our society. Where support from family and friends is not enough, it is supplemented by more formal models offered by the statutory, independent, voluntary and community sectors. We propose clear outcomes for people with complex problems and in developing constructive relationships with people who need long-term support for social care, derived from what people have told us they want, including:

- improved health;
- improved quality of life;
- making a positive contribution;
- exercise of choice and control;
- freedom from discrimination or harassment;
- economic well-being; and
- personal dignity.

These outcomes will be used to test and challenge how far social care is moving towards delivering the vision.”

10. The key proposals for improving choice and control included in the Green Paper are:

- (a) the wider use of direct payments and the piloting of individual budgets;
- (b) a greater focus on preventative services;

- (c) a strong strategic and leadership role for local government, working in partnership with other agencies, particularly the NHS; and
- (d) encouraging the development of new models of service delivery and harnessing technology.

11. **Opportunity Age: Meeting the Challenges of Ageing in the 21st Century?** Opportunity Age: meeting the challenges of ageing in the 21st century, the Government's strategy for an ageing society, was also first published in March 2005 by the Department for Work and Pensions. The strategy is set in the context that, over the next 50 years, the UK and the rest of the developed world will experience an unprecedented change in the fabric of society. As life expectancy increases and the birth rates remain low, the proportion of the population aged over 50, over 65 and over 80 will increase dramatically. The aim of the strategy is to end the perception of older people as dependent and ensure that longer life is healthy and fulfilling and that older people are full participants in society. The strategy recognises that income is not the only factor – and often not the main factor – in ensuring a happy and fulfilling later life: housing, health, care, transport and social contacts all play a crucial part in enabling older people to live life to the full. Coordinated and led by the Secretary of State of the Department for Work and Pensions (the Champion for Older People), the strategy focuses on three key areas:

- (a) Work and income – to achieve higher employment rates overall and greater flexibility for over 50s in continuing careers, managing any health conditions and combining work with family (and other) commitments
- (b) Active ageing – to enable older people to play a full and active role in society
- (c) Services – that allow us all to keep independence and control over our lives as we grow older, even if we are constrained by the health problems which can occur in older age

12. **Our Health, Our Care, Our Say: A New Direction for Community Services.** The white paper "Our Health, Our Care, Our Say: A New Direction for Community Services", published by Department of Health in January 2006; confirms the vision set out in 'Independence, Well-being and Choice'; sets a new, more integrated direction for the health and social care system with more joint commissioning of primary health and social care; and outlines a strengthened role for the Director of Adult Social Services to work with the Director of Public Health to undertake a strategic needs assessment to guide commissioning and to tackle disadvantages encountered by older people. A number of themes are again given emphasis including "better prevention services with earlier intervention", giving older people "more choice and a louder voice", increasing the personalisation of care, doing more "on tackling inequalities and improving access to community services" and giving "more support for people with long-term needs". The focus for social services will be to help people continue to live at home and to give them greater choice about the help and support available.

13. **A Sure Start to Later Life: Ending Inequalities for Older People.** Also in January 2006, the former Office of the Deputy Prime Minister published A Sure Start to Later Life: Ending Inequalities for Older People which outlines a 'Sure Start to later life' approach. This approach uses the same methods as the children's Sure Start model to improve access to services, bringing together services around older people in line with the Sure Start principles of independence, choice, prevention and well being. It promotes more efficient, joined-up working by the key partners of health, social services, housing and benefits, as well as often overlooked missing links such as transport, leisure, community safety and

learning. A pilot project called Link-Age-Plus is testing out the Sure Start approach in eight local authority areas in England, including Tower Hamlets (the only London borough in the pilot). Link-Age Plus aims to provide a single gateway (or 'one-stop shop') for older people to access services provided in the community, ranging from housing matters, social care and financial benefits to transport, health and volunteering opportunities.

14. **Living Well in Later Life.** In March 2006, a report of joint review of the progress of the NSF for Older People, "Living Well in Later Life", was published by the Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission as the three bodies responsible for the inspection of the services covered by the NSF. The report provided a national snapshot of the state of services for older people at that time. It offered an opportunity to review what had already been achieved and to establish what else needed to be done to ensure that standards are met and that services for older people continue to improve. In line with the NSF, an extensive part of the review focused on care and support services. Only about 15% of older people are in regular contact with care services at any one time, but this is a group who have not always received the best possible support. In comparison, they are significant users of healthcare services. Although people aged 65 and over make up only 16% of the population, they occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions.
15. The NHS spent around £16 billion on people over the age of 65 in 2003/2004, accounting for 43% of the total NHS budget. In the same year social services spent around £7 billion, which was 44% of their total social services budget. Most older people will make very little use of care services, so the local inspections carried out as part of this review were broad enough to include the many issues that matter to all older people, from leisure and learning to transport and safety in the community. This review focused on services used by people from the age of 50, reflecting the important contribution that a healthy midlife can make towards achieving an active, fulfilled later life.
16. The NSF has eight standards (outlined in paragraph 6 above). Each of these standards has a relationship to the others with consistent themes running throughout the NSF. As a result, five cross cutting themes were identified. These themes were then used to get a more complete overview of the impact of the NSF on the lives of older people, taking into account developments in policy since the NSF and the views of older people about services. These cross cutting themes were:
 - tackling ageism and promoting equality;
 - involving older people;
 - designing and delivering services around older people;
 - living well in later life; and
 - leading organisations through change.

In addition to these themes, the local inspections focused on the three conditions included in the national service framework – stroke, falls and mental health.

17. **A New Ambition for Old Age.** In April 2006, Professor Ian Philp (The National Director for Older People) completed a further report on the next steps in implementing the NSF for Older People, published by the Department of Health and titled 'A New Ambition for Old Age'. This update contained 10 programme areas grouped under three main themes:-
 - Dignity in Care;
 - Joined up Care; and

Healthy Ageing

This basically represented a refinement and update of Professor Philp's 2004 Report (see para. 8 above). The 10 programmes gave rise to 44 action points. The programmes of most relevant to Council Services were as follows:

Dignity in care; Dignity at the end of life

Falls

Mental Health in Old Age

Complex Needs

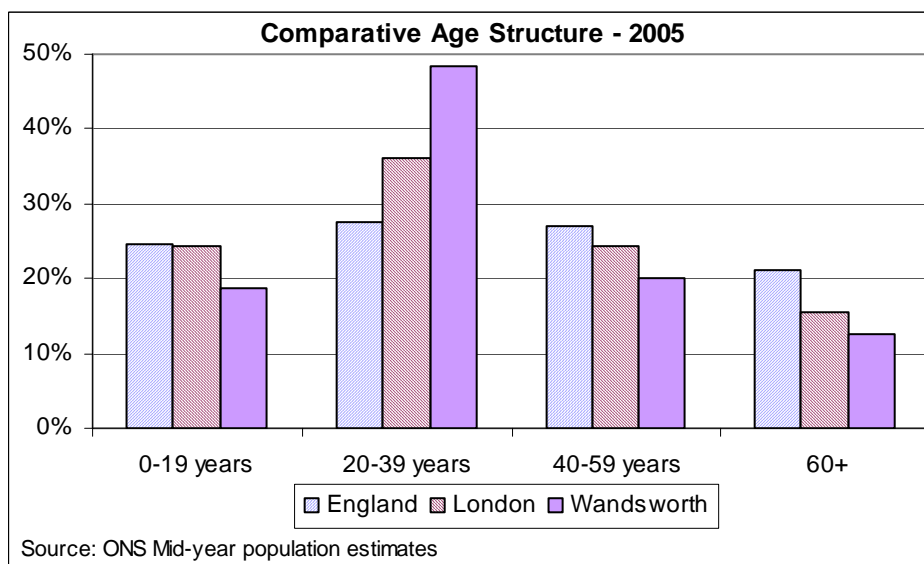
Healthy ageing

Independence, Wellbeing and Choice.

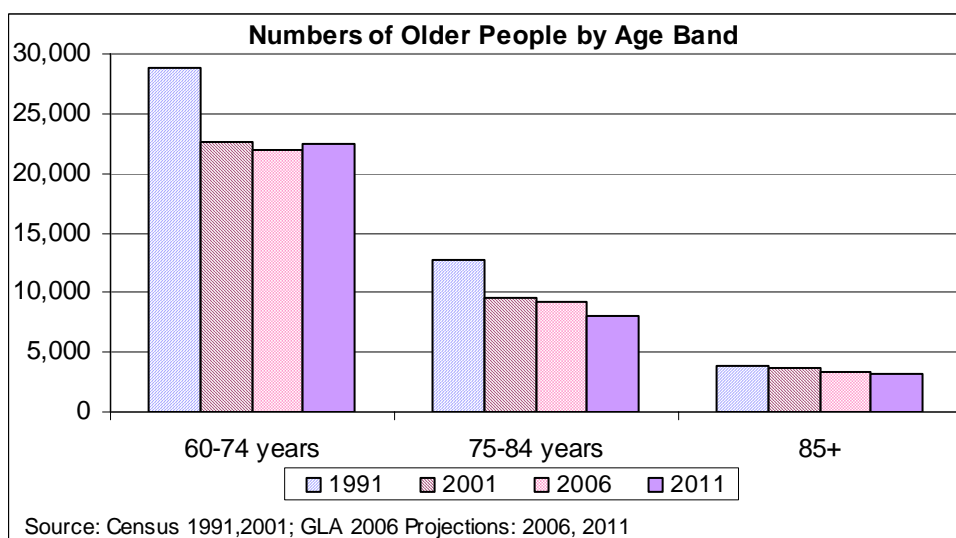
The programmes on Stroke, Urgent Care and Case Records were primarily of relevance to Health Trusts. The WSGOP has been asked by the Health Partnership Group to focus on areas of joint strategic planning in these Next Steps.

Profile of the older population of Wandsworth

1. Wandsworth is atypical in its population structure both in comparison with the national picture but even when compared with London as a whole. The first graph below shows the breakdown of population by age for England, London and Wandsworth. Wandsworth has smaller percentages of all age groups other than the 20-39 year old band which includes almost 50% of the local population, compared with around 35% in London and less than 30% nationally.



2. This atypical population structure in Wandsworth is not new but has become more distinct since 1991, as is shown by the graph below. In line with the overall increase in population, there have been small increases in the child and 40-59 year old populations but a significant increase in the 20-39 year olds and a decline in the number of older people.

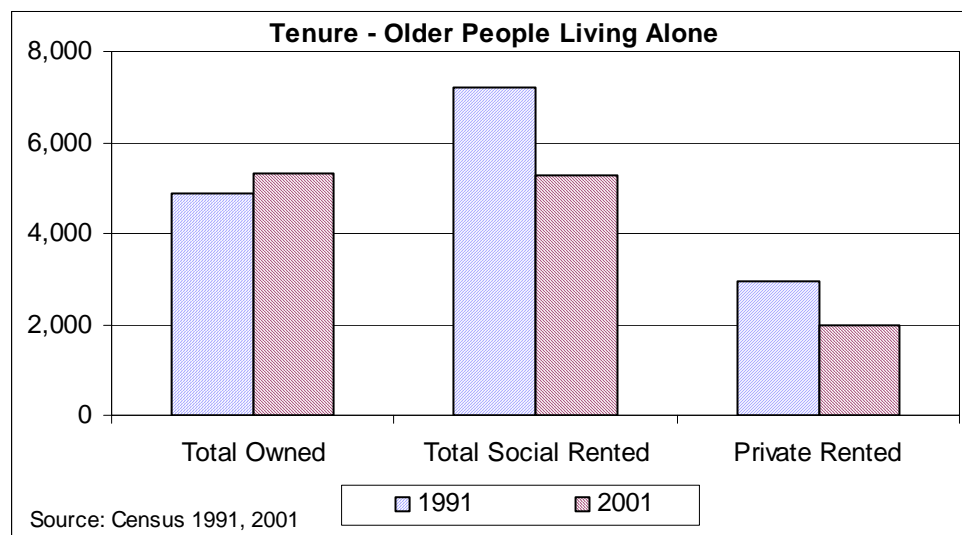


3. When the population of older people is broken down further, it becomes clear that the most significant reductions since 1991 have occurred within the 60-74 and 75-84 year old populations, with the size of the 85 years and older population remaining relatively static.

4. This suggests that significant numbers of older people have chosen to leave the Borough once they have retired. This may have been accelerated by the increase in right-to-buy sales of Council dwellings which has enabled pensioners living in social rented accommodation to sell up and either move elsewhere or remain in the Borough as an owner-occupier. This picture is to some extent confirmed by the graph below. It shows a substantial decrease in the number of social rented households which include pensioners, a similar proportionate decrease in private rented pensioner households but that the number of older owner occupiers is relatively unchanged.

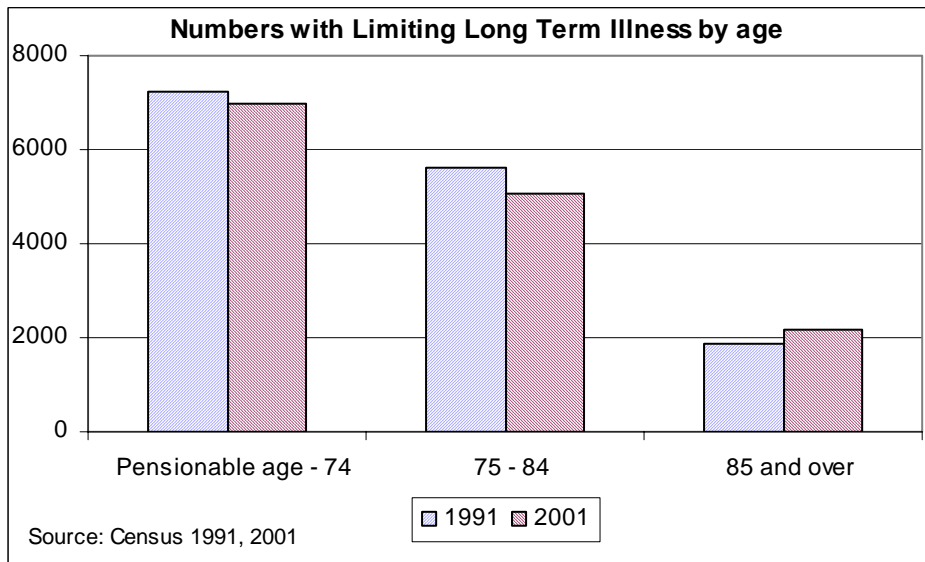


5. What this suggests is that, as well as the Wandsworth pensioner population becoming smaller, it is also possibly more asset-rich, with an increasing population owning their own home. It is however also possible that this process of tenure shift for pensioners has left an increased proportion of households who may own their own home but who are cash poor. This may have a significant impact on the uptake of a number of services traditionally provided by the Council including sheltered and extra care housing, which may be less attractive to home-owners, and homecare and day-care, where the requirement for a financial assessment and a contribution to costs may reduce service demand from home owners.
6. The picture for older people living alone shown in the graph above reflects the tenure shift

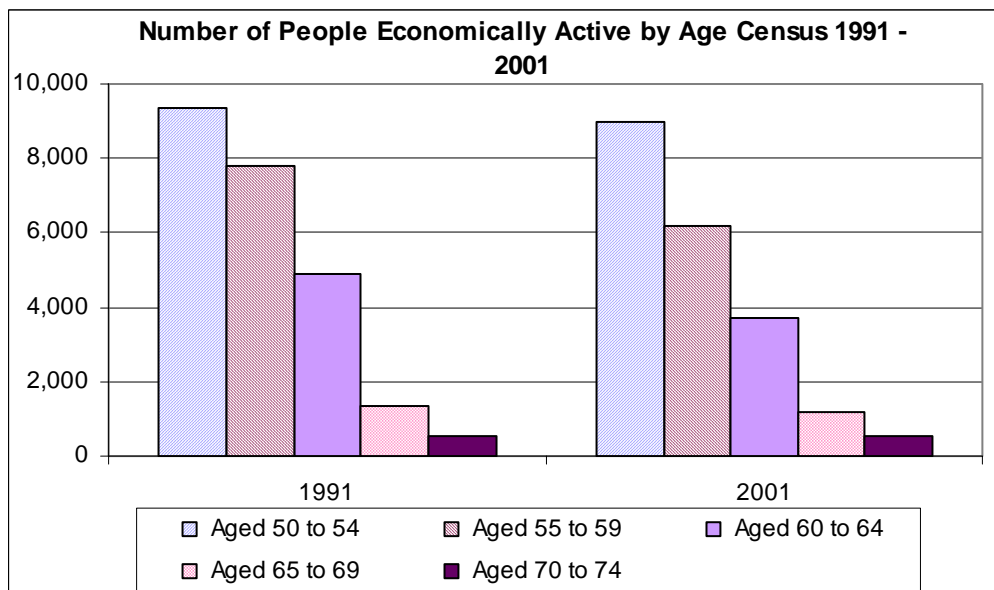


identified previously. There has been a small increase between 1991 and 2001 in pensioner home owners who live alone but larger reductions in the numbers of both social and private renting pensioner tenants who live alone. Overall, there has been a decrease in the number of pensioners living alone.

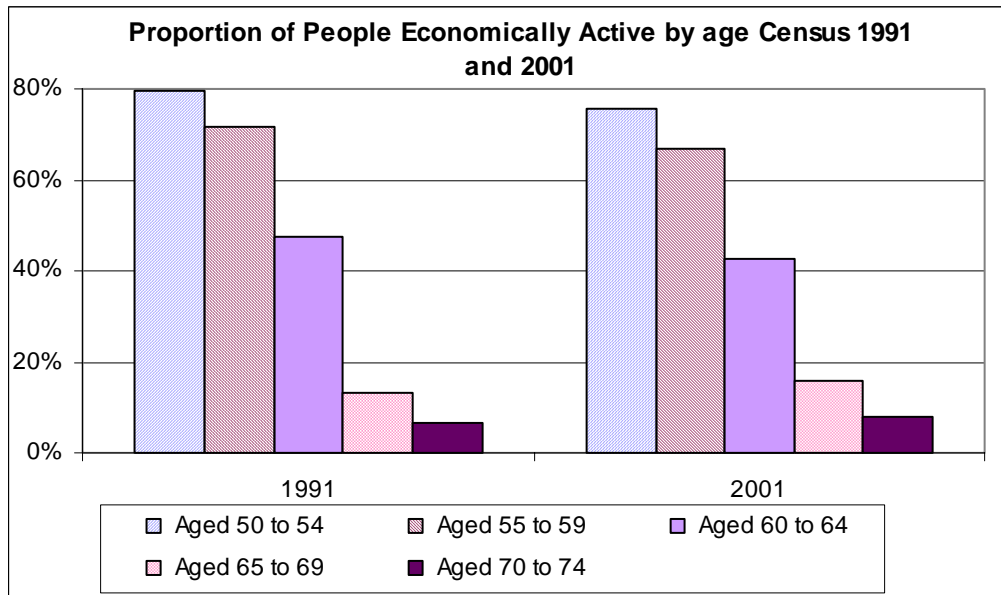
- Using the long-term limiting illness question from the census, it is possible to identify how the health of the older population has changed during the period between 1991 and 2001. From the graph below, it can be seen that there has been a decrease in the numbers of younger pensioners and those aged 75-84 years with long-term limiting illness but a small increase in the number of those aged 85+ years.



- The picture for changes in the number of economically active older people between 1991 and 2001 is complicated by the shift in the structure of the underlying population. Comparison of the populations who are economically active by five year age band shows decreases in the numbers for every age group from 50 years upwards but it can also be seen that the proportion of the population who are economically active is also falling for people aged under 65. The decreases in the percentages of people who are economically active is particularly marked for those aged between 55 and 64 years, although the picture is reversed for those aged between 65 and 74 years.



9. What this indicates is that more of the older pensioner population (aged 65 to 69) who have stayed in Wandsworth are economically active but there is an increasing proportion of population aged over 50 but below 65 who are no longer working. This could increase the potential market for a number of Council services targeted at retired but active older people.



10. There is also a continuing shift in the ethnicity of the older population in Wandsworth. From the graph below it can be seen that, in 1991, 97% of those aged 75 or older were white whereas, in 2006, it is estimated that this proportion has reduced by 10%. A similar, but greater proportionate, reduction has also taken place for those aged between 60 and 74 years. It can be seen that the actual numbers of non-white older people in both age groups is increasing within an overall reducing population. This may have an impact on those Council services which are less well-used by non-white people as the reduction in the white population is greater than that overall in the same age group.



The views and perceptions of older people in Wandsworth as shown in surveys 2004-2007

DEFINITIONS AND INTERPRETATIONS

The results in this paper are taken from the following surveys. Surveys A-C were of the resident population at large while D and E were of specific sub-groups. F and G focused specifically on older people, the former being of a very particular part of that population, those who were registered on the Leisure & Amenity Services department’s active people database.

Survey	Date	Method	No. aged 55-64	No. aged 65+
A. BVPI General survey	2006	Postal	170	265
B. Residents’ survey	2005	In-home	134	243
C. Residents’ survey	2007	In-home		
D. BVPI tenants’ survey	2006	Postal	146	275
E. BVPI benefit recipients	2006	Postal	71	128
F. Over 50s physical activity	2007	Telephone	730	
G. Over 60s Leisure survey	2004	Telephone	60-75 269	76+ 231

All sample surveys are subject to sample error. The table below shows the extent to which a given result may vary depending on the size of the sample. For example, a result of 50% from a sample of 100 has a range of plus or minus 10 percentage points at the 95% confidence level, i.e. if we carried out the survey 100 times, on 95 occasions we would expect to find a result in the range 40-60%. In the report, results that differ significantly (i.e. they are outside the range of sample error) are highlighted in bold in the relevant tables. It should be noted that even quite large differences may not be statistically significant due to small samples.

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
500 interviews	3	4	4
1,000 interviews	2	3	3

Results for the BVPI surveys are based on “valid responses”, i.e. excluding those who did not respond to any question and those who responded “don’t know”. Readers should note the “base” shown for each question as this indicates how many respondents have been excluded.

A number of the characteristics of respondents overlap. For example, Council tenants are older on average and less likely to be in employment while black respondents are more likely to be Council tenants than are white and Asian respondents. Care must be taken in attributing differences in view to a particular characteristic when it is likely that differences will also be found in related characteristics.

SOME GENERAL POINTS

1. The “older” population is often described as being those aged 50 or over. This is an extremely large age range and the population cannot be assumed to be homogenous. Results in this report are, in most cases, shown in relation to those aged 55-64 and 65 and over. Only one of the surveys used was designed to produce reliable results for the “very old” population, i.e. those over 75 or 85. That study did, however, show that there are again significant differences between those under and over 70. The basis lesson? Whatever artificial age range is set will mask differences across that range.
2. Survey results are often more a reflection of perception than of experience or “reality”. How perceptions are expressed in relation to satisfaction questions seems to vary according to a number of characteristics of respondents. Older people and those from BME groups, for example, are less likely than others to say they are “dissatisfied”, opting instead for a “neither satisfied nor dissatisfied” response.
3. Surveys generally find that older people have more positive views on most issues but many of the differences between older and younger people found in the various BVPI surveys are particularly marked. It is thought that length of residence has had a significant impact; much of the younger population (under 35) will have moved into the borough or their current accommodation within the past year or two and will be contemplating further moves within the next few years. It is not surprising, therefore, that their views on the local area, and developments within it, are relatively less positive than those of longer-established residents.
4. A key finding from the BVPI General survey was that, whereas just over one in ten of those aged 25-34 have lived in their current accommodation for more than five years, more than half (53%) of 55-64s and two thirds of over 65s have lived there for over 20years. This may be expected to have an effect on perceptions of the local area.
5. Similarly with Council tenants, those aged 55 and over have been Council tenants for over 18 years, on average (20 years for those aged 65 and over). 57% of over 65s and 48% of those aged 55-64 have lived in the same property for over 20 years.
6. The surveys also show some marked differences between older (65+) and younger people (55-64) within the broader “older population”. This applies not only to the BVPI “satisfaction” surveys but to surveys that sought to identify future service requirements of the older population. For longer-term service and policy planning, a key question is whether today’s 55-64 year olds will continue to have the views they do today or will they become more like today’s over 65s?

VIEWS ON THE LOCAL AREA

TABLE 1. SATISFACTION WITH LOCAL AREA AS A PLACE TO LIVE

		Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
RESIDEN TS	55-64	29%	56%	6%	6%	4%
	65+	39%	47%	8%	6%	*
	All	23%	65%	8%	5%	1%
Council tenants	55-64	28%	45%	13%	5%	9%
	65+	46%	38%	9%	6%	2%
	All	30%	38%	12%	10%	10%

7. In terms of overall satisfaction there were no significant differences between the age groups. It is worth noting that over 65s were significantly more likely than others to say they were “very satisfied”. The Council tenants’ survey found very similar views with over 65s again being the most satisfied with their area. While tenants generally have a less positive view of their area than do residents at large, there is no significant difference between older tenants and older residents generally.

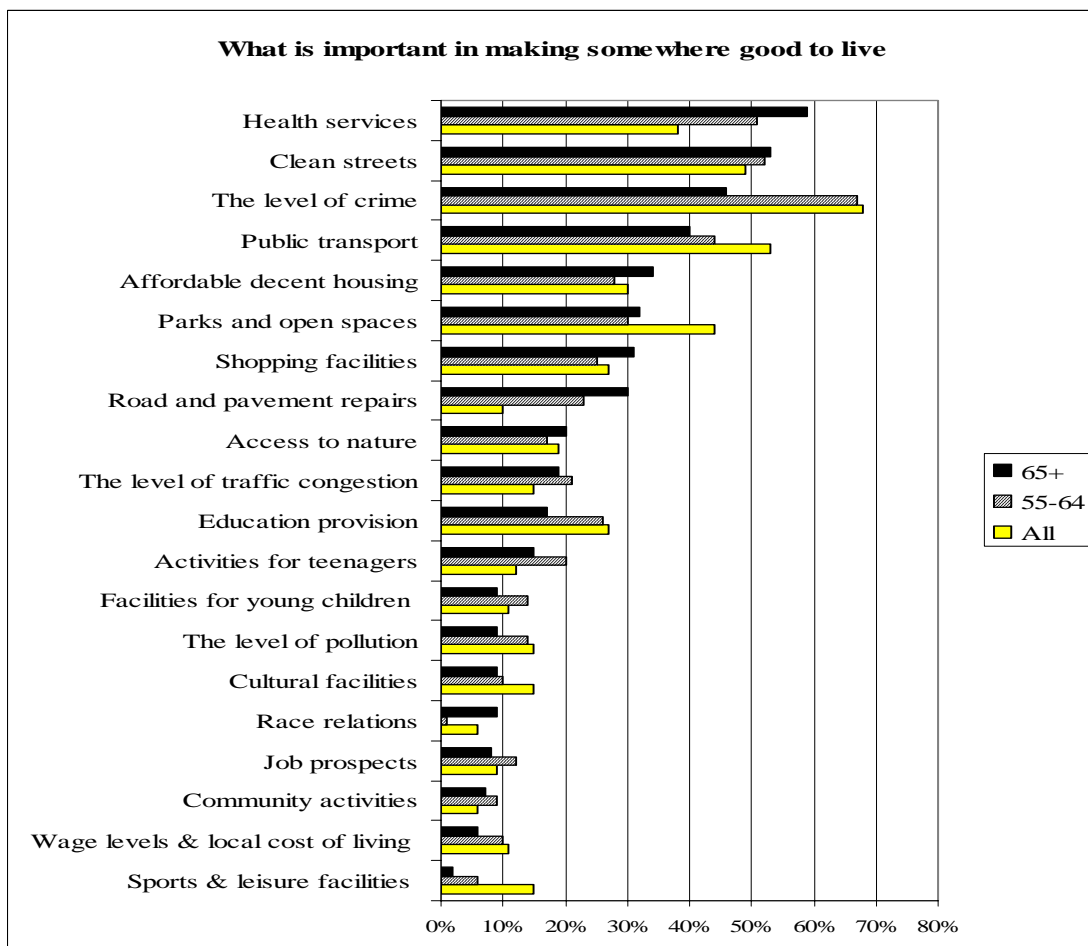
Residents

8. The BVPI General survey asked what was important in making somewhere a good place to live. Compared with the population at large, 55-64s attached significantly less importance to parks and open spaces and more importance to health services and activities for teenagers. In other respects their hierarchy was little different to that for the population as a whole with crime levels topping the list. The over 65s differed in more respects: health services are at the top of their list and, although important to almost half, this is significantly lower than for the wider population. Both the 55-64s and over 65s gave significantly greater importance to road and pavement repairs.

9. Asked what three things most need improvement locally, the over 65s placed the level of crime below traffic congestion and road/pavement repairs. 55-64s gave significantly greater priority to education provision and less to improved cultural facilities. Interestingly, some of the issues seen as important were not seen as priorities for improvement, health services being the most notable.

10. Overall, local priorities for older people reflect a mix of personal concerns (health, congestion etc) and things that they are probably a step removed from, e.g. as grandparents (education, activities for teenagers, affordable decent housing).

Fig. 1.



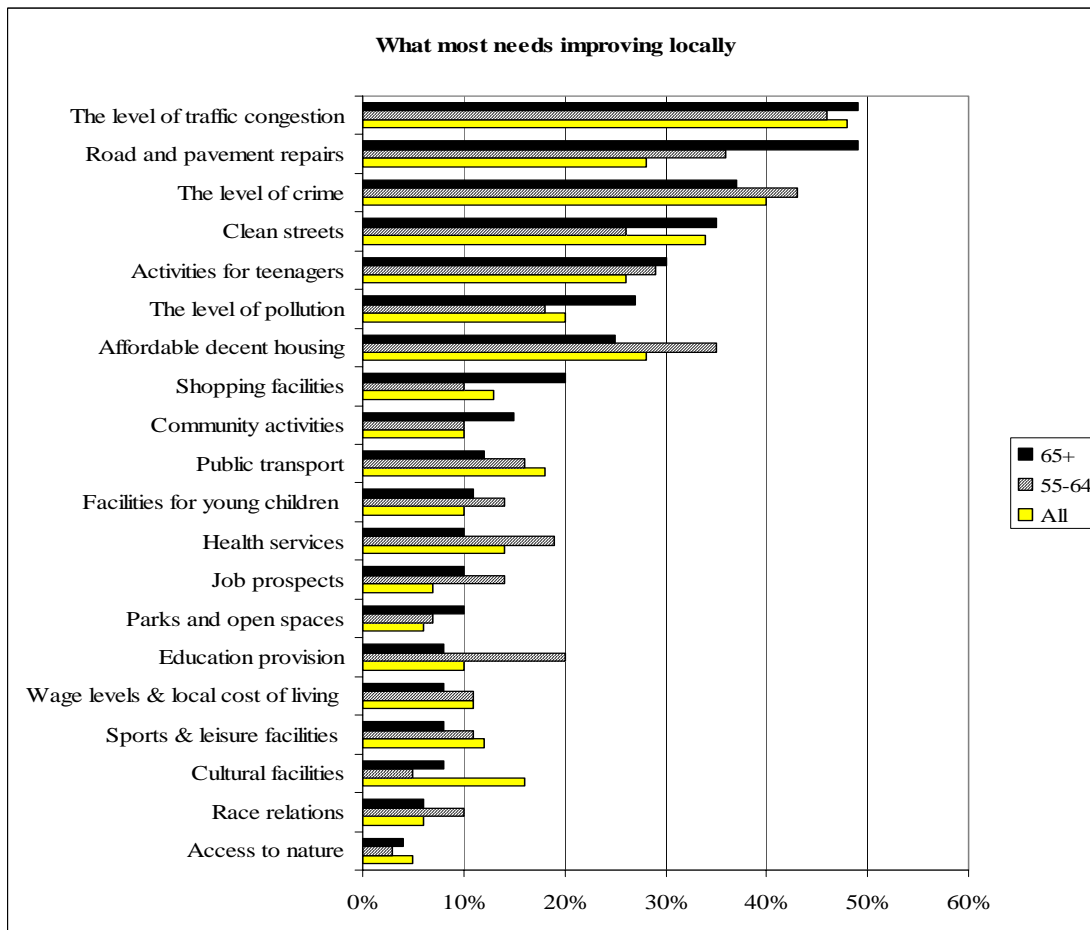
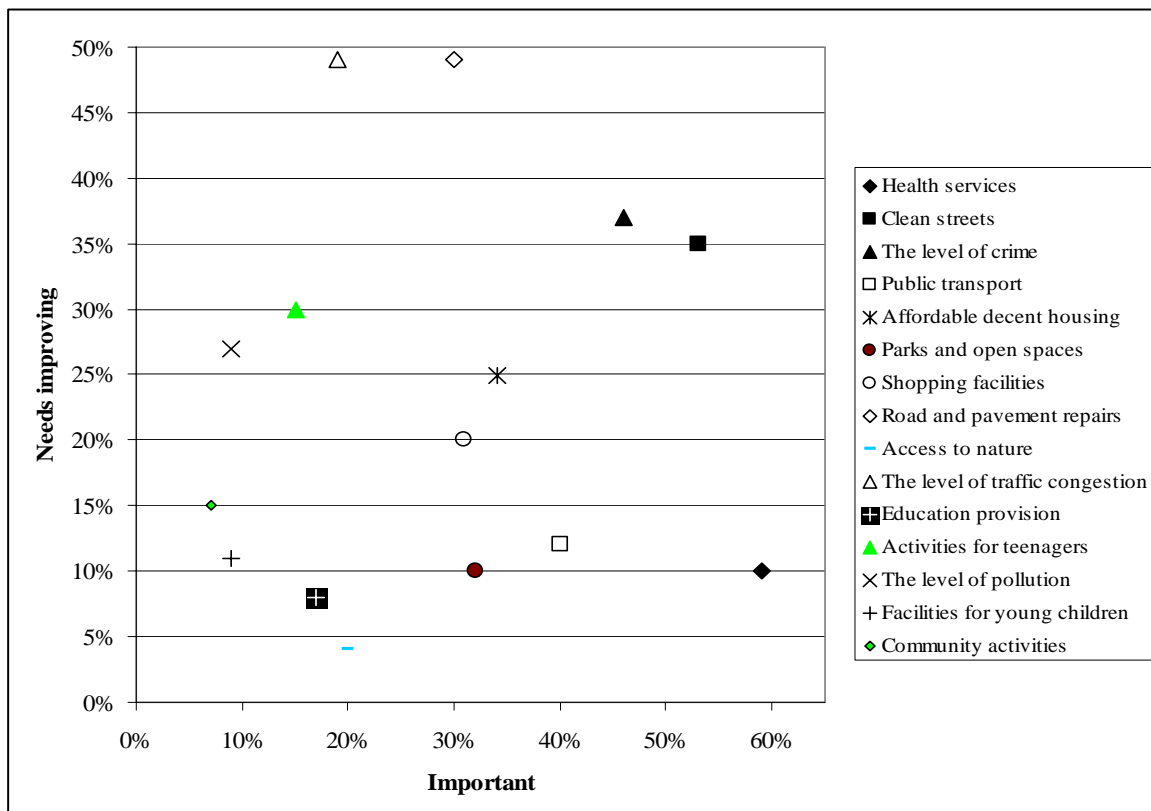


Fig. 2. What is important in making somewhere good to live X what most needs improving: Over 65s



11. The chart above combines views on the importance of services/issues and the need for improvements, as seen by over 65s. Those things that appear in the top right quadrant are those that are considered more important and which are felt most to need improvement. Clean streets and the level of crime stand out as vital issues. Traffic congestion and roads/pavement repairs are the top priorities for improvement but is not seen as particularly important in making somewhere good to live – possibly more a reflection of the question phrasing than anything else.
12. The BVPI General survey included a series of questions around the scale of problem posed by various forms of anti-social behaviour, responses by all residents being used to generate a number of LAA targets. Table 2 shows those who feel issues are “big” or “fairly big” problems locally. Figures in bold highlight results that differ significantly from the population at large. Thus, although some of the differences appear large, they are not statistically significant. Perhaps the most notable feature of table 2 is that older people are not generally more negative than others about most aspects of crime and anti-social behaviour.
13. It is often thought that older people are the most likely to have negative views about crime and anti-social behaviour. In fact, as is shown in table 2, on most issues their views do not differ significantly from other sections of the population.

TABLE 2. ISSUES SEEN AS PROBLEMS LOCALLY

Base: Residents	All	55-64	65+
Parents not taking responsibility for the behaviour of their children ()	57%	59%	62%
Teenagers hanging around on the streets ()	49%	46%	45%
Rubbish and litter lying around ()	49%	59%	59%
People not treating other people with respect and consideration ()	47%	56%	49%
Vandalism, graffiti and other deliberate damage to property or vehicles ()	32%	39%	39%
People using or dealing drugs ()	27%	42%	34%
Noisy neighbours or loud parties (.)	23%	23%	29%
People being drunk or rowdy in public places ()	22%	24%	23%
Abandoned or burnt out cars ()	9%	8%	10%

Note: figures in bold reflect a result that is significantly different to the population at large.

Table 3.

	All	55-64	65+
Agree that this local area is a place where people from different backgrounds get on well together	83%	85%	79%
Agree that they can influence decisions affecting local area	47%	53%	53%
Feel informed about WBC work on ASB	21%	33%	46%

14. Respondents were then asked whether they agreed with statements seen as reflecting on social cohesion.
- (a) “This is an area where people from different backgrounds get on well together”. Overall, Wandsworth was placed joint sixth of all single tier/county councils on this indicator. We don't have comparative figs for over 65s but the clear implication is that Wandsworth's older people are also more likely to agree with this statement than are older people across the country.
- (b) “Can influence decisions affecting the local area”. The results might not seem dramatic but 47% placed Wandsworth joint second of all single tier/county councils on this measure (behind

Corporation of London). Again, the implication is that Wandsworth’s older people are more positive than are their peers across the country.

Older Council tenants (from BVPI Tenant survey 2006)

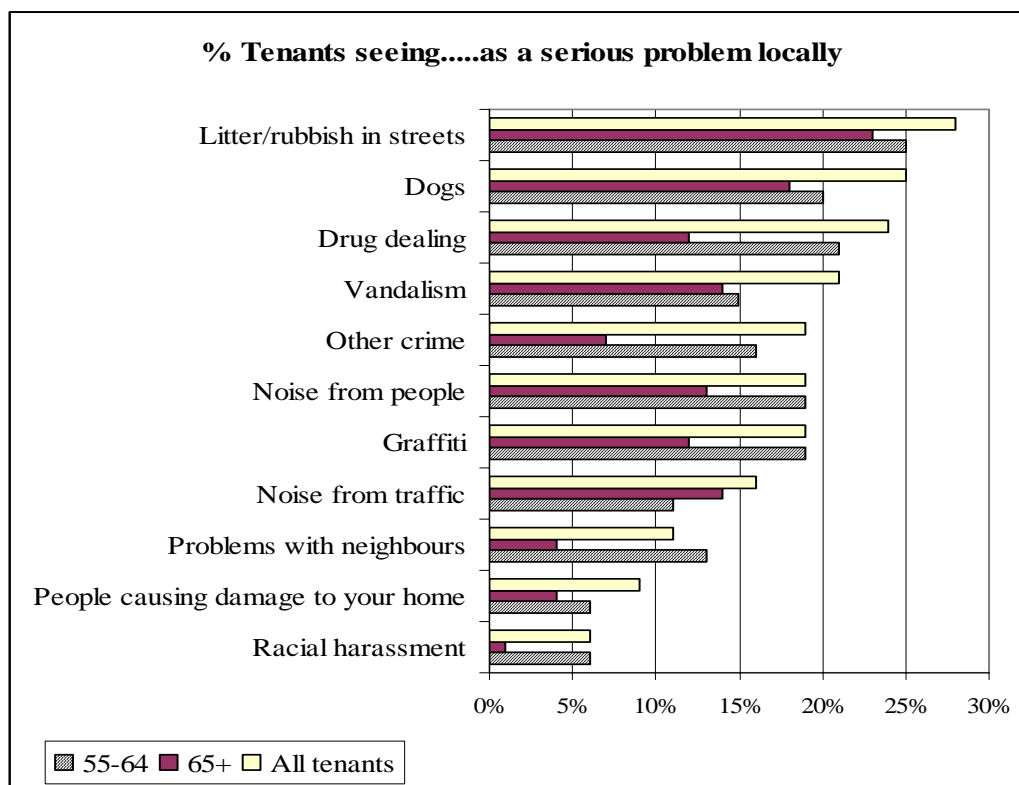
15. Table 4 below shows the extent to which those over 65 have more positive views than younger tenants. Those aged 55-64 are not quite so positive but still have more favourable views than younger tenants. This is not simply in relation to “satisfaction” questions: for example, when asked to rate the condition of their property, 85% of over 65s and 67% of 55-64s feel their property is in good condition compared with 52% of 35-54s and 47% of under 35s.

TABLE 4. TENANT SATISFACTION WITH.....

		Very satisfied	Fairly satisfied	Neither	Fairly dissatisfied	Very dissatisfied
Your accommodation	55-64	37%	47%	10%	5%	2%
	65+	58%	32%	7%	2%	1%
	All	36%	38%	10%	8%	8%
The overall service provided by the Council	55-64	23%	49%	18%	6%	5%
	65+	42%	38%	12%	4%	3%
	All	24%	42%	17%	9%	8%

16. On certain questions, e.g. relating to perceived adequacy of the number of rooms in their property, factors such as household size will also have an effect. 87% of over 65s, and 79% of 55-64s, live in one or two person households and 85% and 75% respectively feel the number of rooms they have is “about right”. By contrast, more than half of those aged under 35 feel they have too few rooms. It should be noted that such views are not simply an assessment of what is needed – 20% of all single person households feel they have too few rooms even though they are in one-bedroom flats.

Fig. 3.



17. Fig. 3 shows how perceptions of issues as a serious local problem vary by age. The broad hierarchy of problems is similar across all age bands but the over 65s are least likely to see any

issue as a serious problem. It is, perhaps, surprising, that over 65s are also the least likely to see the range of crime and anti-social behaviour matters as serious problems.

18. Asked to indicate the three most important services received from their landlord, repairs and maintenance was the most mentioned by all age groups. The only areas of marked variation were in relation to the overall quality of their home and “keeping tenants informed”; the over 65s were least likely to cite the former and most likely to see the latter as important. The relatively lower importance they give to the quality of their home may reflect their greater satisfaction with their accommodation (see CC) as well as the fact that they are the least likely to feel that their home is too small.
19. Asked then to indicate which service needed some or much improvement, most respondents’ priorities reflected the hierarchy of importance above. Fig. X focuses on those saying services need “much improvement”. Across all services, the under 55s are significantly more likely, and over 65s the least likely, to feel this level of improvement is needed.
20. It is worth noting that, for those aged over 55, there was a fairly even spread of priorities. Even so, significant minorities of both 55-64s and over 65s feel much improvement is need across a range of services. With the exception of “involving tenants in the management of their housing”, the percentage seeing each service as needing much improvement was well below that seeing each service as important.
21. For all age groups, those wanting much improvement in involving tenants in housing management considerably outweighed the numbers seeing this service as one of the most important. Even though the majority did not feel this way, this will need to be considered in more detail in the light of the recently published “Tenant Empowerment: a consultation paper.”

Fig. 4.

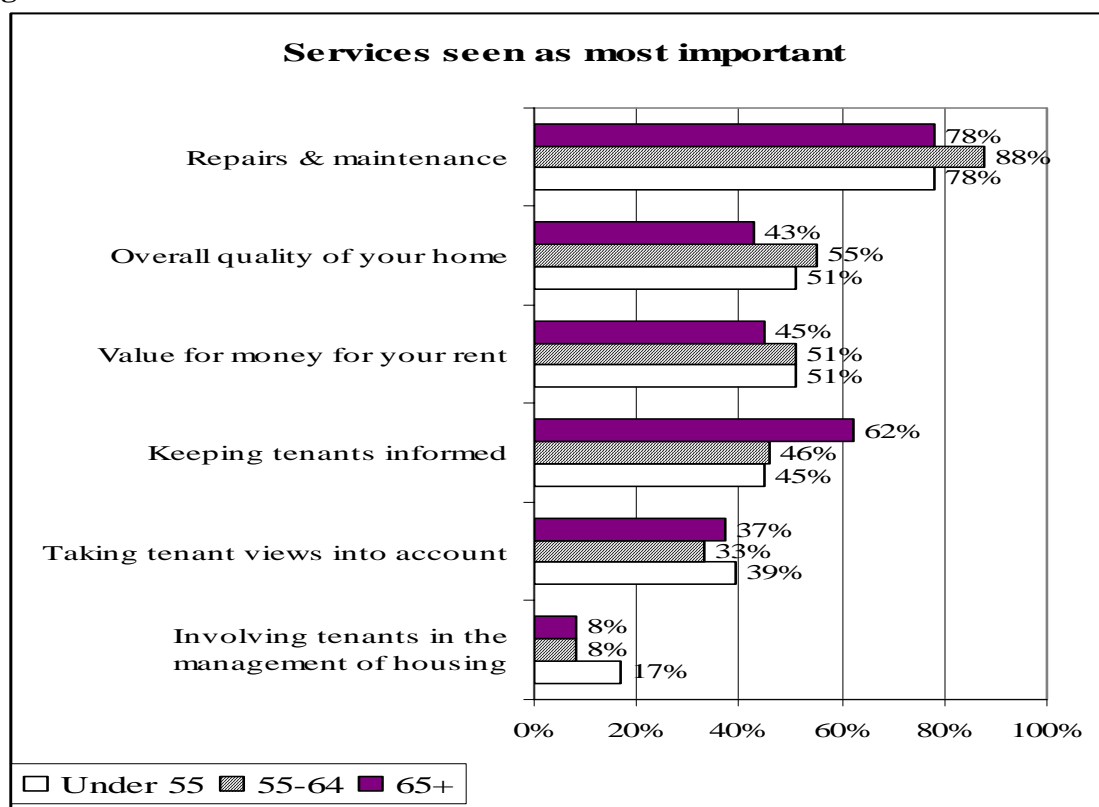
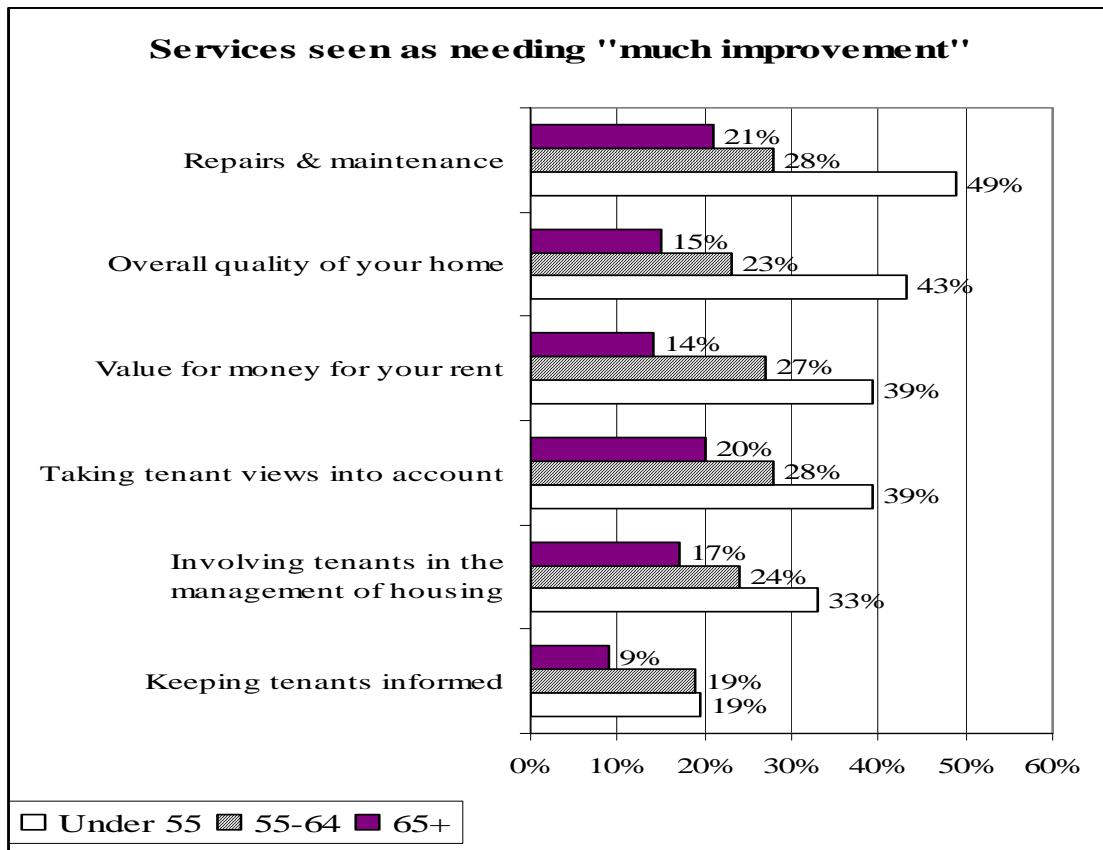


Fig. 5.



CONTACT WITH THE COUNCIL

Residents

22. Those who had been in contact with the Council within the past year (other than to make a complaint) were asked their views on various aspects of that contact. Before looking at these results it is worth noting that those aged 55-64 used a range of means of contact more similar to younger residents, in particular 11% used e-mail and 7% the website. These were almost unused by over 65s. The number of contactors is too small, when broken down by age group, to draw out significant differences in most cases. However, 70%+ were satisfied with each aspect of contact.

Tenants

TABLE 5. TENANT VIEWS ON CONTACTING THE COUNCIL

	Under 55	55+	Total
Getting hold of the right person was easy	47%	70%	58%
staff were helpful	64%	80%	72%
staff were able to deal with your problem	55%	73%	64%

23. Overall, 60% of tenants had been in contact with their landlord in the previous year, a figure that would have been higher but for the markedly lower level of contact by those aged over 65 (52%). Telephone (73%) and going to a housing office (20%) were the most common means of contact by those aged over 55, a pattern similar to younger age groups. Repairs was the cause of almost two thirds of contacts.

24. The great majority (70%) of over 55s found it easy to get hold of the right person. This compares with less than half of younger tenants and is, perhaps, a further indication of the effect of long-term residence. On each aspect of contact, the over 55s were significantly more positive than younger tenants, as is shown in Table 5 above.

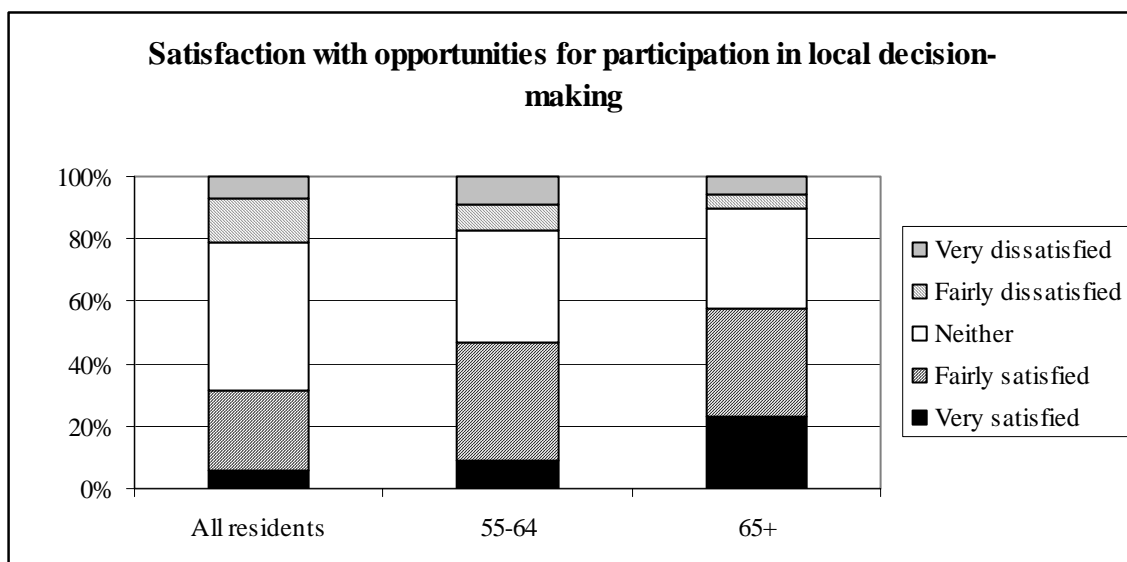
25. As might be expected, there is a close link between views on aspects of the process and satisfaction with the final outcome (or, more likely, vice versa). Just 41% of under 55s expressed satisfaction with the final outcome, compared with 60% of over 55s. While one in four over 55s were dissatisfied with the outcome, they were still more likely to be positive about the process itself.

PARTICIPATION AND INVOLVEMENT

Residents

26. The BVPI General survey asked “Overall, how satisfied or dissatisfied are you with the opportunities for participation in local decision-making provided by your local Council?” The question prompted a large number of non-responses – more than one in three did not respond or said “don’t know”. This may indicate uncertainty over the concept of “opportunities for participation” and/or simply reflect the rather ponderous phrasing of the question. Of those that did respond, older people were markedly the most positive, 48% and 58% respectively of 55-64s and over 65s were at least fairly satisfied compared with just 31% of all residents. The latter figure is around the average for London.

Fig.6.



27. Asked whether they felt they could influence local decisions, older people were again the most positive (53% of both 55-64 and over 65s felt they could influence decisions) but only marginally so. Again, there was a very high level of non-response so it is difficult to interpret the results. There was also some ambiguity amongst those who did respond; 16% of over 65s who were satisfied with the opportunities for participation did not feel they could influence local decisions and a further one in four did not know whether they could.

28. The over 65s differed from all other age groups in being the most likely not to want to be more involved in Council decisions. This might have been expected given their greater satisfaction with opportunities for participation but, as discussed above, the reasons are probably less clear cut. Even so, the great majority do want greater involvement even if this is conditional upon the issue under consideration.

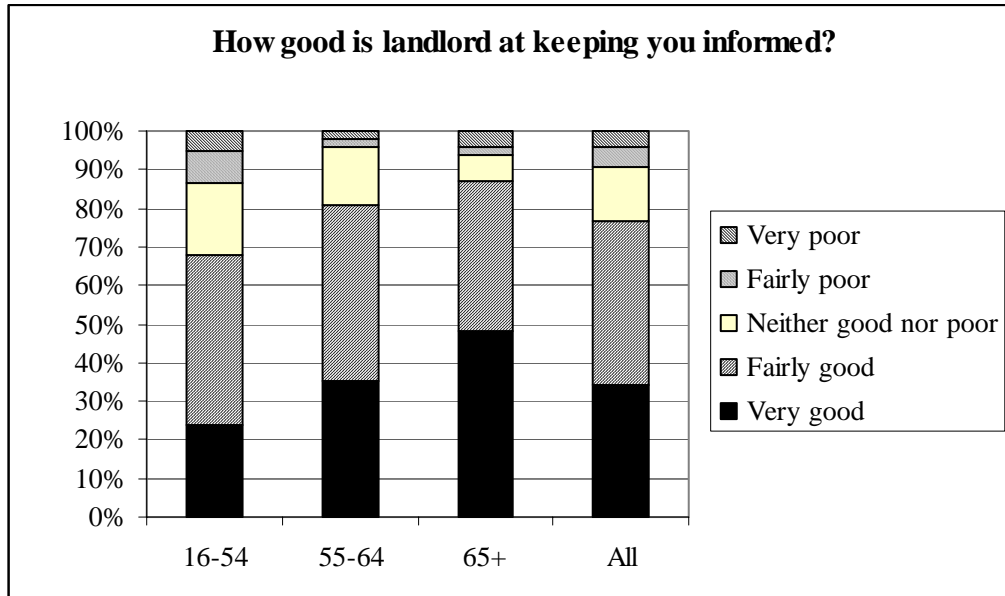
TABLE 6. DO RESIDENTS WANT GREATER INVOLVEMENT IN LOCAL DECISIONS?

	All residents (1,268)	55-64 (156)	65+ (214)
Yes	35%	39%	27%
No	12%	11%	24%
Depends on the issue	54%	49%	49%

Tenant involvement

29. Older Council tenants have markedly more positive views than do residents at large. Most tenants feel that the Council is at least fairly good at keeping them informed about things that affect them. Fig. 7 shows the now familiar pattern of positive views increasing with age, to the point where 87% of over 65s think the Council is very or fairly good at keeping them informed.

Fig. 7.



30. A similar pattern emerged when tenants were asked how much account they felt the Council took of their views when making decisions. Overall, 80% felt that at least a little account was taken of their views, rising from 71% of under 55s to 84% of 55-64s and 87% of over 65s. The over 65s were by far the most likely to feel that “a lot” of account was taken of their views (41%).

31. These results need to be seen in the context of the survey results shown in Figs 4 and 5. On three broad levels of involvement, included alongside traditional services, tenants were asked to say which were the most important and which most needed improvement.

- (a) “keeping tenants informed”. This was seen, particularly by older tenants, as the most important of the three levels and the one least in need of improvement;
- (b) “taking tenants views into account”. This was seen as more important than “involving tenants in the management of housing” and more in need of improvement
- (c) “involving tenants in the management of housing”. This was seen as the least important of the service areas cited but a significant minority of all ages did consider it a priority for improvement.

32. Overall, it seems that tenants’, and particularly older tenants, place greater emphasis on the “informing” and “listening” levels of participation than on tenant management.

BEING INFORMED

Residents

33. The BVPI General survey included a series of questions asking how well informed residents feel about a range of matters. Across London, Wandsworth residents felt themselves amongst the best informed. On almost every matter, those over 55, and particularly those over 65, were significantly more likely to say they feel at least fairly well informed.

34. To some extent, the figures in Table 7 will reflect length of residence. However, even amongst older and longer-established residents, there is clearly scope for improvement, particularly in relation to “how to get involved in local decision making” and “what the Council is doing about anti-social behaviour”.

TABLE 7. HOW WELL INFORMED DO YOU FEEL ABOUT.....?

	55-64		65+		All residents	
	Very well informed	Fairly well informed	Very well informed	Fairly well informed	Very well informed	Fairly well informed
how to pay bills to the Council	52%	44%	63%	30%	43%	51%
how and where to register to vote	61%	33%	78%	21%	48%	42%
how you can get involved in local decision making	11%	39%	21%	31%	7%	30%
how to complain to the Council	18%	49%	40%	34%	14%	40%
what the Council spends its money on	23%	49%	22%	49%	12%	41%
what standard of service you should expect from the Council	22%	39%	30%	43%	10%	40%
Whether the Council is delivering on its promises	10%	47%	17%	46%	6%	31%
what the Council is doing to tackle ASB locally	5%	28%	12%	34%	3%	18%
how well the Council is performing	11%	48%	23%	49%	7%	35%

35. Asked to rate, overall, how well informed the Council keeps them, 66% of 55-64s and 74% of over 65s felt at least fairly well informed, both significantly above the figure for respondents as a whole (56%).

36. For Wandsworth overall, the most important source of information on the Council were information provided by the Council (newspaper, leaflet etc), cited by 41% of respondents. This was even more important for 55-64s (53%) and over 65s (**63%**). The Council website was the second most important source overall (30%) but this was far less significant for older people, just 13% of 55-64s and 3% of over 65s. For older people, the local media was a more important source.

37. The sources of information cited by Wandsworth residents differ markedly from those of inner and outer London residents. Of particular note is the greater reliance within Wandsworth on information provided by the Council and markedly less reliance on local media and word of mouth. This may explain not only the fact that Wandsworth residents feel generally better informed but may also have influenced how they view the Council. We do not have comparative figures for older people but it seems reasonable to assume that the same applies.

PERCEPTIONS OF THE COUNCIL

All residents

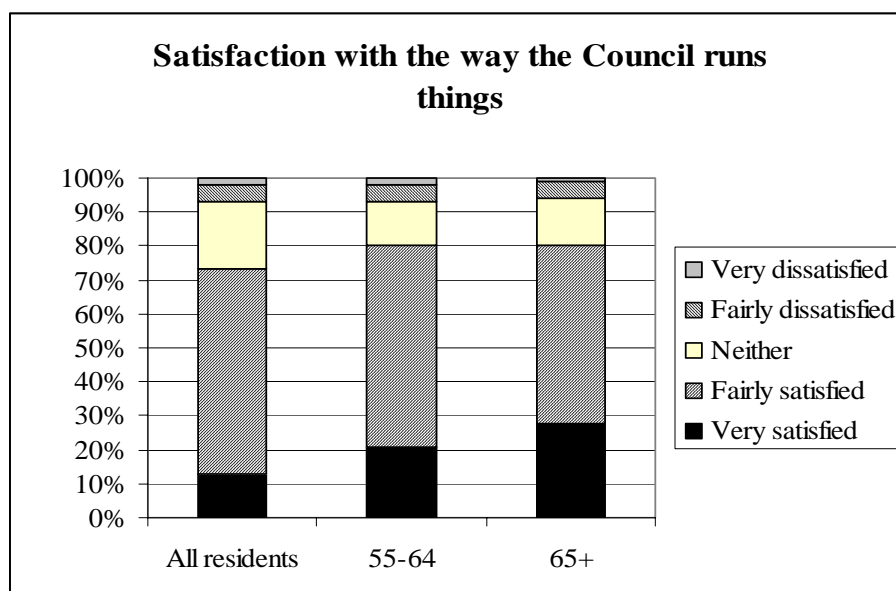
38. A series of statements about what councils are seeking to do and how they go about it were put to respondents. Overall Wandsworth residents had markedly more favourable views than did Londoners in general and, as shown in Table 8, these views were evenly spread across age groups. Only in relation to the efforts being made to improve safety were over 65s significantly more positive than others. Even so, a significant minority feel that the Council is remote and impersonal.

Table 8. % feeling that these statements apply a great deal or to some extent to the Council.

(Unweighted bases)	All residents	55-64	65+
Is making the area a better place to live (1261)	87%	91%	87%
Is working to make the area safer (1169)	72%	74%	80%
Is working to make the area cleaner and greener (1237)	80%	83%	84%
Is efficient and well run (1128)	84%	87%	84%
Provides good value for money (1152)	83%	81%	81%
Is trustworthy (986)	79%	80%	88%
Is remote and impersonal (1073)	38%	42%	47%
Promotes the interests of local residents (1027)	70%	70%	77%
Acts on the concerns of local residents (993)	67%	66%	73%
Treats all types of people fairly (865)	81%	77%	85%

SATISFACTION WITH THE COUNCIL

Fig. 8.



39. Almost three in four (73%) Wandsworth residents were at least fairly satisfied with the way the Council runs things, a significant increase on 2003 and placing the Council third amongst London boroughs. Four in five older people were satisfied with the Council and were markedly more likely to be “very satisfied”.

40. Tenants were asked how satisfied or dissatisfied they were with the overall service provided by their landlord. Again, older tenants, particularly 65+, were significantly more satisfied and less dissatisfied than younger tenants. Where 55% of 35-44s were satisfied and 24% dissatisfied, 72% of 55-64s and 80% of 65+ were satisfied and 11% and 8% respectively were dissatisfied.

SOCIAL AND LEISURE ACTIVITY

BVPI General survey

41. The type and frequency of social and leisure activities engaged in by older people differs markedly from that of the younger population but the picture is not a simple one. Whereas use of “sports and leisure facilities” declines quite quickly with age, usage of parks declines slowly and the frequency of library usage increases. Even where there is a decline with age, the great majority of older people may still be users of the service, e.g. 88% of over 65s use parks.

42. All service users are more positive about the services than are residents in general. This applies also to older people but to a lesser extent; almost regardless of whether they use a service or not, older people are more likely to be satisfied with it. This may, in some cases, reflect views they pick up from family members who use services. Table X shows satisfaction with services.

Table 9. Satisfaction with services (all residents over 65)

	Parks & open spaces (215)	Libraries (226)	Sports & leisure facilities (191)
Very satisfied	57%	57%	17%
Fairly satisfied	33%	29%	36%
Neither	8%	12%	41%
Fairly dissatisfied	2%	1%	5%
Very dissatisfied	*	*	1%

2004 survey of over 60s

43. This telephone survey was carried out with residents aged 60+ in 2004 as part of the review of day care provision. The range of activities and facilities was wider than that in the BVPI survey above.

44. The survey concluded that:

- At present, for the majority of older people, the focus is on social and leisure activity that takes place in facilities used by the population at large and their priorities for the future reflect a desire to continue in this way.
- There is, however, a sizeable minority, principally among those aged over 75, who want to participate in activities only with older people and for whom facilities specifically for older people are important.
- The survey found consistent differences between men and women and older and younger people in patterns of activity, attitudes to services and facilities and priorities for the future. There were also differences between ethnic groups as regards attitudes to services and facilities and future priorities.
- In considering what this might mean for the future, a key question is whether today's under 75s will become like today's over 75s, e.g. less active, more likely to want to do activities only with older people etc or whether they will retain their current attitudes. Population projections suggest that key characteristics of the older population will change (increasing proportions of men, BME residents etc) so it seems likely that the views and expectations of tomorrow's over 75s will be rather different from those of today.
- Coupled with this, it is projected that 60-65 year olds will form an increasing proportion of the older population, rising from 32% in 2001 to 41% in 2011 and 48% in 2021. The implications of these changes are:
 - (a) An increase in the proportion (already a majority) of older people looking to participate in activities and at facilities available to the populations at large
 - (b) A need to change perceptions of "clubs and centres for older people" if attendances are to be sustained.

Policy Unit

September 07