

Older People's Preventative Services

Health Scrutiny Committee

December 2007

Foreword and Acknowledgements

Review of Older People's Preventative Services in Stockport

Lead Councillor, Roy Driver



This review has been undertaken over four meetings held from September to December 2007. Enabling older people to stay living independently in their own homes for as long as possible has been the premise for all of our work over this period.

We have looked at low level preventative services from the perspective of an older person living in Stockport and make recommendations in this report on how these services can be made available, accessible and meet the needs of more older people living in the community and in need of help.

Real case studies and the views of professionals on how the service user experience could be improved have given us insights into what it is that older people value most about existing services as well as some of the difficulties and confusion sometimes faced by older people needing to access help.

The review has highlighted the valuable contribution made by the voluntary sector to services for older people living in Stockport and this reassures the Committee that increasing the investment made with the voluntary sector to provide a range of preventative services to support older people to maintain independent living, as set out in the strategic direction for non acute services for Older People living in Stockport, is the right approach to take. However, this review also suggests that payments to the voluntary sector should be increased beyond the existing commitment and that new investment should be directed to specific needs. In addition to resourcing of older people's preventative services, further recommendations are made as to improving flexibility and access to low level community-based services.

I would like to thank all the members of the sub-group drawn from the Health Scrutiny Committee for their work over the review period. I would also like to thank all officers of the Council, Stockport Age Concern and Stockport Primary Care Trust who have assisted us in our research and deliberations throughout. This review could not have reached the

evidence based conclusions that it has without the input of the range of professionals working with older people in Stockport and I would like to extend a special thanks to these people.

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1. Executive Summary

- 1.1 The Health Scrutiny Committee selected 'older people's preventative services' as a topic for review at its away day at the beginning of the municipal year. Representatives of Stockport Primary Care Trust, Stockport Foundation Trust and the Council's Executive assisted the Committee in their topic selection.
- 1.2 This review has been founded on the principle of enabling older people to stay living independently in their own homes for as long as possible. It has deliberately focused on people aged 65 and over rather than those entering old age who might be as young as 50. This is in recognition that older people become more vulnerable and have higher levels of dependency on services beyond retirement age. However, the Committee is fully aware of the demands from a younger age group which have not been included in the scope of this review but which it recognises the need to consider.
- 1.3 Older people are three times more likely to be admitted to hospital and in Stockport we have seen a year on year trend of increased hospital utilisation for people in the over 65 age group. Many hospital admissions are unnecessary and inappropriate but due to a lack of alternatives to hospital care in terms of accessible community support and treatment, many patients end up being admitted to a hospital bed in a short-term crisis.
- 1.4 The topic of older people's health services has featured strongly on the Health Scrutiny Committee's agenda over the last year primarily as a result of the ongoing change agenda in non-acute services for older people in Stockport, for which the issues outlined above form part of the case for change.
- 1.5 This review continues the Committee's interest in ensuring sufficient good quality services for older people whilst focusing on a specific aspect of the change agenda that it has recognised but not explored in any detail before; accessible community support or 'preventative services'.
- 1.6 'Preventative services' can be defined as services designed to help people remain living independently in their own homes and avoid unnecessary admission of older people to hospital.
- 1.7 The central purpose of this review has been to view services from the patient's perspective, to consider their experiences and to use this to identify what is working well and what is not in Stockport in terms of preventative services for older people living in the community and in need of help. This has been achieved by using real case study examples of older people accessing services and consulting with a small sample of professionals in contact with older people on how the service user experience could be improved.

- 1.8 Directed by early indications about what matters to older people, the key issues considered by this review have been: access to ongoing support in the community, awareness of services amongst older people and knowledge of services amongst professionals. Low level preventative services enabling people to live in their own homes have been the main focus given the suggestion that these are the services most valued by older people.
- 1.9 It is apparent that finding community based services to meet preventative needs can be confusing and difficult for some older people. The need to address this is underlined by demographic trends and the evidence collated by this review which suggests that demand for low level preventative services in Stockport will increase significantly in future years and is already exceeding supply.
- 1.10 Consequently, the Committee makes recommendations that it hopes will assist not only in working towards the strategic direction for older people's Health and Social Care as stated by the review of non-acute services for older people but also in meeting the challenge of delivering person-centred preventative services for older people in Stockport.
- 1.11 The Committee specifically makes recommendations as to: resourcing of low level preventative services, providing preventative services to meet particular needs and providing accessible current information about low level preventative services.

Recommendation One

The Committee recommends that the Executive and the PCT give consideration to making a greater commitment in terms of increased investment on an invest to save basis in low level preventative services, provided by voluntary sector organisations and otherwise, within Stockport's health and social care economy. For example, by expanding existing successful initiatives such as Stockport Care Schemes¹.

Recommendation Two

The Committee recommends that the outcomes of the POPP programme are monitored when further findings are published in October 2008 and that, subject to satisfactory outcomes, Stockport Council apply to the Department of Health for funding if a third round of POPP grant applications is invited. Alternatively, the Committee suggests that if projects demonstrate effectiveness, Stockport should consider taking forward similar approaches to promoting independence for older people, seeking alternative sources of funding.

¹ There are currently 4 care schemes in Stockport in Offerton, Reddish, Gatley and Edgeley. The aim of the scheme is to introduce volunteers to vulnerable people and carers who need a little extra help and support in addition to that provided by the statutory agencies. The Schemes offer support to families, elderly people, disabled people of any age and their carers.

Recommendation Three

The Committee recommends that any new investment in low level preventative services, in the interests of addressing need and providing person centred services, particularly takes into account:

- a) The needs of dementia sufferers and their carers;
- b) The need for services enabling older people to have someone to talk to such as befriending, anxiety management and counselling services;
- c) The need to ensure that Council-provided and commissioned day care services accommodate modern day expectations, offer opportunities for older people to participate in community life and address the negative perceptions associated with these services which can deter service users and/ or their carers and families.

Recommendation Four

The Committee recommends that further clarification on the policy on equipment and adaptations, the prioritisation criteria therein and implications of any amendments to this be sought with a view to considering whether the Council is working appropriately to prioritise access to bathing services.

Recommendation Five

The Committee recommends a two-pronged approach to increasing awareness about preventative services, including widespread availability of information for potential users, carers and families and targeting of information at those in most need, in terms of:

- a) Using existing contact points and networks to publicise up to date information and contact details for all low level preventative services, particularly voluntary sector services. For example, it is suggested the 'Find Out Guide' be made widely available to partner agencies and the public and that a centre page pull out in the Civic Review might be used;
- b) Making information available on the Council website accessible and user friendly, particularly by improving the search facility to respond to a specific issue or question;
- c) Exploring ways to make better use of existing intelligence to reach older people, at most risk of losing their independence and hospitalisation, more proactively.

Recommendation Six

The Committee recommends that information provided to Members at their induction includes an information pack containing the most recent edition of the 'Find Out Guide' and other relevant information and contact details on community based health and social care services in the borough. In addition, that further training for Members, in dealing with case work relating to broad social work issues, includes how to help older people living in the community and having low level needs.

2. The Review

Introduction

- 2.1 This topic was selected as the first scrutiny review this year at the Health Scrutiny Committee's meeting on 28th August. The Committee agreed that it would carry out a review on this topic at their away day, held on the 3rd July, attended by Members of the Health Scrutiny Committee along with representatives of Stockport Primary Care Trust, Stockport Foundation Trust and the Council's Executive.
- 2.2 The challenges for older people's health and social care are widely known and reported. Great Britain has a growing ageing population; however, increases in healthy life expectancy have not kept pace with increases in life expectancy.
- 2.3 In simple terms this means that there are greater levels of need for health and social care services and especially acute health care amongst older people. This is compounded by chronic under-funding of services for older people as a result of budget increases not matching demographic change².
- 2.4 Many hospital admissions are unnecessary and inappropriate but due to a lack of alternatives to hospital care in terms of accessible community support and treatment, many patients end up being admitted to a hospital bed in a short-term crisis. Older people are three times more likely to be admitted to hospital and in Stockport we have seen a year on year trend of increased hospital utilisation both for elective and non-elective admissions of people in the over 65 age group. Stockport Council and PCT are operating under substantial financial pressures, having an impact on budgets for older people's services.
- 2.5 Prevention work in community settings can promote independence and better outcomes for older people and reduce demand for hospital/ bed-based crisis care; potentially delivering cost-savings. This is recognised in Stockport to some extent and forms part of the case for change made in proposing changes to non-acute services for older people in the borough. Stockport PCT and Stockport Council are looking to commission a new model of non acute services for older people to support the vision of more choice through alternatives to bed based services, care closer to home, personalised services according to need and empowerment of patients and carers.
- 2.6 Therefore, the understanding that re-developing services to invest in prevention can improve outcomes for older people has been a

² Securing Good Care for Older People: Taking a Long-term View, Sir Derek Wanless for King's Fund, 2006

basic premise of this review. Building on this, the review has sought to take a patient's perspective of existing prevention services, especially capturing the contribution made by the voluntary sector, with the aim of drawing conclusions about what can be done to improve the patient experience and provide a more person centred preventative service for older people in Stockport.

Terms of Reference

2.7 The terms of reference for this review were as follows:

Aim

To consider existing services promoting and supporting healthy lifestyles and preventing admission to hospital for older people from a patient centred perspective.

Objectives

1. To establish the evidence *base* to assist in developing local service provision;
2. To identify two case study examples of older people accessing preventative services in Stockport;
3. To identify services available, accessibility of services, issues of co-ordination across services, what is working well and what is not using these case study examples;
4. To identify the key elements of person-centred preventative services and to what extent these are present in Stockport

Added to these objectives, it was agreed to consult with professionals to gather their views on how the patient experience could be improved.

Methodology

2.8 The Committee established a Scrutiny Review Panel to undertake the review comprising;

Cllr Roy Driver (Lead Councillor)
Cllr Walter Brett
Cllr Brian Leck
Cllr Tom McGee
Cllr John Smith

This report is the final report of the Committee and is based on the Panel's findings.

Panel Meetings

2.9 The Panel met four times between September and December 2007 to carry out the review.

2.10 The review followed the timetable detailed below:

Meeting One (26th September) – Agree Project Plan and Current Position

- Agree terms of reference and outline project plan;
- Establish the evidence base informing local service provision;
- Identify possible areas for exploration on which to base two case study examples of older people accessing preventative services in Stockport.

Meeting Two (22nd October) - Exploring Case Study Scenarios

- Identify services available, accessibility of services, issues of co-ordination across services, what is working well and what is not using case study examples.
- Compare and contrast the different outcomes for the older people featured in the case studies.

Meeting Three (27th November) - Consultation Results and Conclusions

- Identify the learning for preventative services in Stockport gained through case study examination and consultation with a sample of professionals.

Meeting Four (10th December) – Draft Final Report

- Conclude and formulate recommendations for the final draft review report.

Case Studies

2.11 This review has used case studies as a tool for exploring what happens for older people living in the community finding themselves in need of help, what is working well and what is not working so well in Stockport.

2.12 Four real case study examples were critically examined at Panel Meeting Two. The case studies chosen reflected different outcomes for the older people involved, good and bad, therefore enabling comparison and contrast of experiences and recognition of what constitutes good practice.

2.13 The case studies viewed captured examples of physical illness and mental illness. The key factors of each of the case studies is set out below and full details are appended (see Appendix Two).

Case Study One (Mental Wellbeing – Support at Home)

This is thought to be an example of preventative services working well.

- 80 year old couple
- Mr suffers from dementia and is prone to falls
- Mrs is the main carer and has own health problems
- Need for respite for Mrs from carer role
- Reluctance to use traditional day care
- Day care services provided in a more creative way

Case Study Two (Mental Wellbeing – Support at Home)

This is thought to be an example of preventative services not working so well.

- Couple aged 84 and 83
- Mr suffers from dementia and physical health has deteriorated
- For 3 years after dementia diagnosed received no additional support
- Mrs was sole carer and found increasingly difficult to support Mr alone
- Support initially provided through home care then a local Day Care Centre and finally admission to Long Term Care
- Within a 3 month period Mr B went from no additional support to being in long term care

Case Study Three (Physical Illness – Discharge from Hospital)

This is thought to be an example of preventative services working well.

- Couple aged 88 and 84
- Both previously very independent
- Mr was admitted to hospital after a fall and diagnosed with prostate cancer
- After a 6 week hospital stay Mr was discharged
- Upon discharge arrangements were made for a wide range of services to be available at home

Case Study Four (Physical Illness – Discharge from Hospital)

This is thought to be an example of preventative services not working so well.

- 83 year old male living alone
- Previously independent
- Admitted to hospital due to a fall
- Upon discharge found it difficult to maintain daily activities
- Mr had another minor fall and visited GP
- Referral made to an Age Concern Stockport Accident Prevention worker – 6 weeks post discharge

Consultation with Professionals

2.14 Using the case study examples of older people accessing preventative services in Stockport, the Panel identified some issues that it explored further by consulting with a small sample of professionals providing or referring into preventative services to

gather their views on how the patient experience could be improved.

2.15 A range of professionals were asked to share their experiences anonymously, with regard to some aspects of preventative service provision for older people in Stockport, by responding to a questionnaire completed by telephone or face to face (see Appendix Three).

2.16 Some of the key issues identified by Councillors using the case study examples, and therefore explored in this questionnaire, were in terms of:

- the availability of flexible ongoing support in the community for older people and older carers of older people, particularly around accessing social activities to prevent isolation;
- a lack of knowledge about available services and the means of finding out about services;
- costs to potential service users as a barrier to uptake of services.

The questionnaire mainly asks about the accessibility of low level preventative, social rather than medical, services and knowledge of these among older people and professionals.

2.17 The professionals/ organisations responding to the questionnaire were as follows:

- Social Worker (based in A&E)
- Wellcheck Worker (Age Concern Stockport)
- Well-being Worker (Supporting You) (Age Concern Stockport)
- Accident Prevention Worker (Age Concern Stockport)
- Medication Review Lead Pharmacist
- General Practitioner
- Active Case Manager
- Staying Put Scheme (Strategic Housing)
- Fire Service
- Consultant in Old Age Psychiatry
- A&E Manager
- Signpost for Carers
- Stockport Care Schemes

2.18 A summary of all questionnaire responses is set out at Appendix Four of this report and responses have informed the Committee's conclusions and recommendations at Chapter 4.

3. Older People's Health and Social Care Services

National Context

- 3.1 The challenges for older people's health and social care are widely known and reported. Great Britain has a growing ageing population; however, increases in healthy life expectancy have not kept pace with increases in life expectancy. In simple terms this means that there are greater levels of need for health and social care services and especially acute health care amongst older people. This is compounded by chronic under-funding of services for older people as a result of budget increases not matching demographic change³.
- 3.2 Many hospital admissions are unnecessary and inappropriate but due to a lack of alternatives to hospital care in terms of accessible community support and treatment, many patients end up being admitted to a hospital bed in a short-term crisis. Older people are three times more likely to be admitted to hospital.
- 3.3 Prevention work in community settings can promote independence and better outcomes for older people and reduce demand for hospital/ bed-based crisis care. The early indications from the Department of Health funded POPP programme (Partnerships for Older People Projects) reinforce this⁴. Pilot sites are seeing a significant effect in terms of reducing hospital emergency bed days. To achieve this, shifts in resources and culture away from the focus on institutionalised and hospital-based crisis care are needed. Interim findings indicate that investment in prevention work is delivering potential cost-savings in terms of hospital bed days.

Local Context

- 3.4 Demographic trends in Stockport reflect the national picture and consequently the same challenges seen nationally are seen locally.
- 3.5 The Office of National Statistics estimates for Stockport show that between 1991 and 2001 the population in Stockport changed significantly:
 - The number of people aged 65 and over rose by over 3.6%, the number aged 75 and over by 9% and the number aged 85 and over by 30.6%. Over the same period of time the total population decreased by 1.4% indicating an ageing population structure.

³ Securing Good Care for Older People: Taking a Long-term View, Sir Derek Wanless for King's Fund, 2006

⁴ National Evaluation of Partnerships for Older People Projects: Interim report of progress, University of Hertfordshire for Department of Health, October 2007

- A continued trend of increasing life expectancy in the over 65s age group will further contribute to an ageing population.
 - In 2001 there were in the region of 50,000 people in Stockport who classed themselves as having a long-term limiting illness (nearly 18% of the population). Further analysis by age shows that there were 28,413 people with a long term limiting illness aged over 60 in Stockport.
- 3.6 Despite general improving health within the ageing population (and longer life expectancy) there has been a year on year trend of increased hospital utilisation both for elective and non-elective admissions in Stockport.
- 3.7 The projections for the decade 2001/2010 show that the number of people aged 65 and over will rise by a further 7.8%, those aged 75 and over by 9.5% and those aged 85 and over by 17.2%. In addition, the Institute of Public Care Projecting Older People Population Information System (POPPI) suggests that by 2025 61,900 people out of Stockport's total population will be aged 65 and over, a projected increase of 12,900 on the number projected for 2008. Between 2008 and 2025 POPPI suggests significant increases in numbers of people aged 65 and over having a range of conditions⁵ many of which are identified as reasons for hospital utilisation by people aged over 65 in Stockport both in terms of accident and emergency attendances and use of secondary care. Clearly, the likely impact of projected increases in the population of older people on admissions to hospital has implications for the development of services for prevention to reduce this activity.
- 3.8 Some of the key messages that the Committee gleaned from this information and other data within the *17th Annual Public Health Report for Stockport – Special Report – Older People* and having relevance for this review were:
- More work on falls and accident prevention could improve outcomes for older people and reduce attendances at A&E and subsequent admissions to hospital;
 - Community based alternatives for diagnostic services need to be provided to improve outcomes and avoid inappropriate attendance at A&E;
 - There are significant numbers of people aged over 65s (2889) who are carers themselves, are likely to have a Long Term Condition and their needs should be planned;
 - Frontline staff across all agencies need to be trained to recognise and respond to low level mental health problems;

⁵ The Institute of Public Care Projecting Older People Population Information System (POPPI) estimates the impact of the following conditions (by applying calculations to the projected population to give a total number of people with a particular need between 2008 and 2025); limiting long term illness, depression, severe depression, dementia, heart attack, stroke, bronchitis/emphysema, falls, continence, visual impairment, mobility and obesity.

- The links between quality of life, social isolation and those people who are frequently admitted to hospital (Very High Intensity Users) need more formal research;
- Local work that will come into place following the Department of Health consultation on "Commissioning for Health and Well-Being" and the local joint strategic needs assessment should include well-being services as part of integrated pathways to reduce social isolation in older people.

3.8 Therefore, in Stockport, as elsewhere, there is a need for change to achieve additional capacity to meet future growth in the forecast numbers of over 65s and to provide more choice and flexibility.

3.9 The potential benefits of providing more preventative services in community settings are recognised to some extent in Stockport and form part of the case for change made in proposing changes to non-acute services for older people in the borough. The case for change is summarised as:

- In response to the ageing population within Stockport we need to be able to provide more services in the future in order to better meet the needs of the increasing numbers of older people. We need to make best use of our resources to ensure as many people as possible can access services in the future.
- Most of the services currently provided in Stockport are either hospital or Intermediate Care beds. In fact, 82% of all places are provided in this way and this means we do not give enough choice to patients who prefer to be cared for in their own home and we do not do enough to promote people's ongoing independent living.
- Current services work well in many areas, but we do have problems in meeting demand for services which means that some change is necessary. Analysis has shown that up to 25% of intermediate care beds across hospital and community services could be blocked at any one time with people who could be discharged to their home or a community setting. However, community-based services are not always available to enable this.
- Many patients end up being admitted to a hospital bed in a short-term crisis due to a lack of alternative services. If alternatives such as more community support staff could be provided then a large number of inappropriate hospital admissions could be avoided.
- Voluntary organisations provide a large number of services to Stockport's older people. These services are popular but cannot be provided as widely as required due to resource constraints, and many of these services currently have long waiting lists.

3.10 Stockport PCT and Stockport Council are looking to commission a new model of non acute services for Older People to support the

vision of more choice through alternatives to bed based services, care closer to home, personalised services according to need and empowerment of patients and carers. The new model aims to significantly increase the level of community based provision and promote integration of services, and has a number of elements:

- An Enhanced Rapid Assessment Service to provide speedy assessments for people who require access to Intermediate care services, ensuring that people can access the appropriate level of care for their needs.
- Increased places providing rehabilitation at home from the current 40 places to 90 in future (an increase of 50 places).
- Increased support for people who require rehabilitation/intermediate care within bed based services. This will include the provision of a number of Rapid Assessment Beds which will provide short term maximum of 72 hours assessment and support to people in crisis whilst support packages are being put in place. The current intermediate care bed based services will be consolidated onto fewer sites.
- Additional support to care homes to enable people to be cared for in their normal place of residency when they have additional health needs.
- Increased investment made with the voluntary sector to provide a range of preventative services to support older people to maintain independent living as far as is possible.
- Closure of non-acute older peoples wards at Cherry Tree Hospital. This will close 3 wards that currently provide 64 beds and these services will be transferred to community based provision. This change will take place once alternative community based services have been developed.

4. Findings, Conclusions and Recommendations

- 4.1 The findings, conclusions and recommendations set out in this chapter are drawn from discussion at Panel meetings, observations made by viewing real case studies and the results of consultation with professionals.

Resourcing of Low Level Preventative Services

- 4.2 People are living longer but their healthy life expectancy has not increased, therefore, people are living longer with poor health. Alongside this, a drive towards older people living independently in their own homes has resulted in a greater demand for services provided at home or to take people out of the home.
- 4.3 The Committee has found this to be true in Stockport and has heard that low level preventative services for older people such as help with shopping and sitting services are important to getting people out and about and preventing social isolation. The value of these services was very apparent in the case study examples viewed by the Committee, and therefore expressed by older people themselves, and re-iterated by many of the professionals working with older people in their responses to the questionnaire. The Committee found this comment particularly telling:

'The small pockets of time that can be provided by some voluntary sector services can sometimes be a better option for the carer and cared for where people can remain in familiar surroundings and perhaps just have someone to talk to'.

- 4.4 The Committee also recognises that there are not enough of these services. The results of the consultation with professionals clearly illustrate shortfalls in the availability of the low level preventative services provided by the voluntary sector. All professionals responding to the questionnaire said that they regularly came into contact with older people that would benefit from but didn't access preventative services. One or two professionals suggested that they would be deterred from making referrals to services with long waits and it was noted that potential service users, when advised by referring professionals that there will be a wait, often decline services. This suggests that true demand for some services is not reflected and that the services already oversubscribed are probably in even greater demand than their waiting lists would suggest.
- 4.5 The consultation found that the low level preventative services (predominantly provided by the voluntary sector) that are most wanted but not easily accessed, primarily due to capacity issues or cost are:

- Equipment and adaptations to the home
- Befriending
- Transport
- Dementia services (including for carers of dementia sufferers)
- Carer support/ respite
- Stockport Care Schemes
- Shopping
- Cleaning

- 4.6 The Committee received information on the Council's current budget for older people's services highlighting investments with the voluntary sector including Signpost for Carers, Age Concern Stockport, Stockport Care Schemes and the Stockport Alzheimer's Society, all of which were cited in questionnaire responses as valued and beneficial but under-resourced (see Appendix Five). There is a clear view from respondents that these are all services that the statutory services ought to be supporting and their important role in preventing social isolation and providing choice, flexibility and an alternative to traditional day care settings is apparent to the Committee.
- 4.7 The Committee understands that a key element of the new model for non acute services for older people, in aiming to significantly increase the level of community based provision, is to increase the investment made with the voluntary sector to provide a range of preventative services to support older people to maintain independent living as far as is possible. In light of the evidence gathered by the Committee of increasing demand and oversubscription of existing services this strategic direction for non acute services for older people is strongly supported. However, the Committee's findings indicate to them that there is substantial unmet demand and that there is probably a need to do more than is already planned.
- 4.8 The Committee recognises that 'doing more' implies the Council and PCT increasing investment either by shifting more resources from bed-based services or other non-residential community based services to either increase payments to voluntary organisations to provide more low level preventative services or expand their own community based services. Clearly, the alternative would be increasing budgets for older people's services per se which, given current financial pressures, is thought to be desirable but unlikely.
- 4.9 The Committee heard that the Council is currently awaiting the publication of the Local Government Finance Settlement with regard to setting the budget in 2008/09 and is facing challenges to maintain a balanced budget over the next three years. It is recognised that there will be a need to make substantial efficiency savings over the next three years to address budget issues and allow for investment in priority outcomes.

- 4.10 Whilst the Committee appreciates the dilemma that exists in finding the right balance between meeting current needs, investing in preventative services and retaining flexibility to meet the requirements of the wider agenda affecting older people, it believes that this must be reconciled with a longer term view taking on board the value placed on preventative services by older people living in their own homes in Stockport and the invest to save potential of these services.
- 4.11 As referenced earlier in this report, the Department of Health funded Partnerships for Older People Projects⁶, have recently published interim findings including an early evaluation of the cost effectiveness of the pilot projects/ interventions supporting older people to live at home. There have been two rounds of POPP pilots and 29 pilot projects. These projects have been delivered by Local Authority-led partnerships including health and third sector partners and have demonstrated potential for cost-savings. The aim of the projects is to provide a sustainable shift in resources and culture towards 'prevention' across the whole health and social care system. Subject to proven performance and cost effectiveness, the Committee believes that the nature of these projects, in terms of a partnership approach and emphasis on prevention, should be replicated for Stockport.
- 4.12 Therefore, the Committee would like to see the importance of low level services within the health and social care economy being given firm acknowledgement by the statutory services. The Committee believes that this should be demonstrated by a shift in the balance of resources in favour of preventative services to deliver a more person-centred service for Stockport's older people and, potentially, efficiencies in use of resources.

Recommendation One

The Committee recommends that the Executive and the PCT give consideration to making a greater commitment in terms of increased investment on an invest to save basis in low level preventative services, provided by voluntary sector organisations and otherwise, within Stockport's health and social care economy. For example, by expanding existing successful initiatives such as Stockport Care Schemes⁷.

Recommendation Two

The Committee recommends that the outcomes of the POPP programme are monitored when further findings are published in October 2008 and that, subject to satisfactory outcomes, Stockport Council apply to the

⁶ National Evaluation of Partnerships for Older People Projects: Interim report of progress, University of Hertfordshire for Department of Health, October 2007

⁷ There are currently 4 care schemes in Stockport in Offerton, Reddish, Gatley and Edgeley. The aim of the scheme is to introduce volunteers to vulnerable people and carers who need a little extra help and support in addition to that provided by the statutory agencies. The Schemes offer support to families, elderly people, disabled people of any age and their carers.

Department of Health for funding if a third round of POPP grant applications is invited. Alternatively, the Committee suggests that if projects demonstrate effectiveness, Stockport should consider taking forward similar approaches to promoting independence for older people, seeking alternative sources of funding.

Providing Services to meet Particular Needs

Dementia

- 4.13 It is estimated that there will be up to 6000 individuals in Stockport affected by dementia and approximately 30% of people with dementia will have depression as well.⁸
- 4.14 The experiences of the older people in case studies one and two demonstrated for the Committee the importance of support for carers of older people and particularly carers of older people with dementia. The results of the questionnaire reinforce this and suggest that more low level services for individuals with dementia and their carers are needed. The availability of low level support, such as that provided by the Alzheimer's Society, in the early stages of dementia is identified as critical but the Society are small and do not currently have the capacity to offer this service widely.

Isolation

- 4.15 There is a strong association between mental health and social exclusion in older people. Loneliness and isolation interplay with mental health and reduce an individual's ability to remain independent. There is evidence that low level interventions, such as well being services, at the right time reduce social isolation⁹.
- 4.16 The Committee also identified through the case studies viewed the need to counteract isolation of older people leading to anxiety about leaving the home and depression. In this regard, respondents to the questionnaire highly valued the benefits of services enabling older people to come into contact with other people and just have someone to talk to. Befriending services were thought to be particularly beneficial but found to be heavily oversubscribed and inaccessible to most. The Committee found this comment, made by a professional responding to the questionnaire, particularly telling:

'Older people would particularly benefit from support groups in the community such as day care, Expert Patients Programme, peer support, befriending, counselling and psychosocial support to help

⁸ 17th Annual Public Health Report for Stockport – Special Report – Older People

⁹ 17th Annual Public Health Report for Stockport – Special Report – Older People

them build their confidence and stay integrated into community life'.

Day Care

- 4.17 The results of the questionnaire suggest to the Committee that older people favour services provided at home over going out to day care. This is not to suggest that day care provided outside of the home does not suit many older people. Indeed the Committee recognises the need to have a range of services to meet the expectations of today's older people. However, the questionnaire results indicate that some older people perceive day care centres to be dull and inactive; this possibly suggests that, alongside providing more choice, existing day care needs to adapt and change its image. The Committee found this comment, made by a professional responding to the questionnaire, particularly telling:

'There is resistance amongst a lot of older people to accessing day care. It is thought that some of this is to do with perceptions that day care is not very active and that it is just people sat around not talking'.

Equipment and Adaptations

- 4.18 The questionnaire results highlight that difficulties have been experienced by older people and professionals on behalf of older people in accessing equipment and adaptation services both in terms of waiting for assessments to be completed and for equipment to be delivered and fitted. However, the Committee heard that within the last couple of months the service has re-directed resources into the area of assessment in order to further reduce waiting times and ensure delivery within the government target of 7 days. The Committee is satisfied that this response will rectify the problem.
- 4.19 The Committee found that older people having difficulties accessing the bath may be considered to have a low level need and, therefore, wait longer depending on current demand and staffing levels. Members feel strongly that access to a bath is a basic need and should be considered a priority. However, it is recognised that this review has not fully examined existing policy on equipment and adaptations, the scope for modification within the bounds of national and local policy and the implications of any amendments in prioritisation criteria.

Recommendation Three

The Committee recommends that any new investment in low level preventative services, in the interests of addressing need and providing person centred services, particularly takes into account:

- a) The needs of dementia sufferers and their carers;
- b) The need for services enabling older people to have someone to talk to such as befriending, anxiety management and counselling services;
- c) The need to ensure that Council-provided and commissioned day care services accommodate modern day expectations, offer opportunities for older people to participate in community life and address the negative perceptions associated with these services which can deter service users and/ or their carers and families.

Recommendation Four

The Committee recommends that further clarification on the policy on equipment and adaptations, the prioritisation criteria therein and implications of any amendments to this be sought with a view to considering whether the Council is working appropriately to prioritise access to bathing services.

Providing Accessible Current Information about Low Level Preventative Services

- 4.20 It is clear that information about low level preventative services is not only needed by the older people that would benefit from accessing those services but also by the professionals that they come into contact with and who put them in touch with these services. However, the Committee identified, using case study examples, that a lack of knowledge about services available, among older people and professionals coming into contact with older people, can act as a barrier to older people accessing preventative services. These access issues were felt to apply equally to carers of older people who might themselves be older people in need of support, especially to give respite from their caring role.
- 4.21 Clearly, disseminating information about available services and the activities and interventions that they provide to the public and to partner agencies is essential to their uptake. There are a wide range of preventative services available in Stockport, particularly those commissioned from the voluntary sector, and information about all of them is not readily accessed. This is evidenced by professionals seeing older people in need of but not accessing services because they are not aware that a service exists.
- 4.22 The Committee recognises that due to limited resources there is a perverse incentive for many statutory and non-statutory services to promote themselves. The majority of professionals asked the question about whether more older people would benefit if their service was promoted more effectively, recognised the benefit matched by the concern that they already could not or would not be able to meet demand if this happened. However, it seems that

promotional materials and activity are generally not lacking but that they are not always reaching potential service users. Questionnaire responses suggest a number of possible reasons for this, including: lack of accessibility of information to potential service users at the point of need, difficulty of reaching housebound older people with promotions, and, lack of availability of current information on services for professionals. The Committee also heard that a distinct and more impenetrable access issue applying to carers is the failure or unwillingness to recognise themselves as carers. Therefore, promotions targeted to carers often do not reach their target audience.

- 4.23 The Committee's primary concern is to have a comprehensive information resource, providing access to information about and contact numbers for all preventative services in Stockport, available at the point of need, recognising that many people will only think about accessing services in an emergency, rather than increasing any ad hoc promotions. In this regard, the Committee found this comment, made by a professional responding to the questionnaire, particularly telling:

'It is suggested that this lack of awareness is less about the level of publicity for the scheme, which is thought to be reasonable, and more about the fact that unless people need a service they don't take information about it on board. The point made is that it is more important to ensure appropriate information provision at the point of need than at any other time'.

- 4.24 The Committee feels that the public and partner agencies would benefit from having a comprehensive information resource and that this would act as a useful tool in the induction of professionals who may be new to the profession or the area and would ensure that the public would be aware of the services available and contact numbers to access them when needed. It is understood that a comprehensive directory of numbers already exists in the 'Find Out Guide'¹⁰ but this was not referred to as a means of older people or professionals finding out about preventative services in Stockport by any consultees, therefore, it is suggested that steps should be taken to ensure all partners agencies have a copy of this guide and that it is promoted to members of the public. In addition, during the consultation, the need for professionals to keep up to date when things change was raised and this leads the Committee to suggest, in addition, that services pay particular attention to disseminating information on changes to services and new services.

- 4.25 The Committee recognises that identifying the people in need of low level support services, where they do not identify themselves to statutory or voluntary organisations, is difficult. It is also clear that

¹⁰ The 'Find Out Guide' is a directory of contact numbers compiled in partnership with Age Concern Stockport, Signpost for Carers, Disability Stockport, Stockport MIND and the Gaddum Centre.

whilst proactive encouragement to take up services is beneficial to some older people, others do not want to access services and cannot and should not be made to. Therefore, the Committee exercises some caution in making a recommendation to identify people most in need and target promotion to these people. However, this Committee wants to ensure that older people most at risk of losing their independence and hospitalisation are targeted and feels that the best way to do this is by using existing intelligence to identify these older people to ensure that they at least have access to information about available services.

- 4.26 The case studies viewed identified a reluctance to accept help amongst some older people and professionals, asked to comment on this, suggested on a couple of occasions that in their experience this was due to lack of an advocate. The role of advice and advocacy services is seen to be critical to the most vulnerable older people becoming aware of and being introduced to services which could help them. It is recognised that there is already some good practice in the borough in terms of advice and advocacy, for example, Signpost Stockport for Carers, but there is some evidence that signposting to advocacy services could be improved. This is supported by the results of Stockport Council Older People's Housing Needs Survey 2007 which reached a similar conclusion on this issue in response to survey respondents suggesting that they would want the introduction of an advice and advocacy service¹¹.
- 4.27 This review has highlighted for Members that they would benefit from greater awareness of older people's preventative services in fulfilling their ward councillor role. Members' are often approached by local people in need of services and need to direct them properly to those services. However, it is felt that Members do not currently have up to date knowledge or information on the services available to older people living in the community and in need of help.

Recommendation Five

The Committee recommends a two-pronged approach to increasing awareness about preventative services, including widespread availability of information for potential users, carers and families and targeting of information at those in most need, in terms of:

- a) Using existing contact points and networks to publicise up to date information and contact details for all low level preventative services, particularly voluntary sector services. For example, it is suggested the 'Find Out Guide' be made widely available to partner agencies and the public and that a centre page pull out in the Civic Review might be used;

¹¹ ORC International, an independent research agency, was commissioned by Stockport MBC to undertake research to determine the demand for a range of low level services that the Home Improvement Agency, Staying Put Scheme could deliver. It recommended that 'as services such as advice and advocacy, falls prevention/ home safety and home security information and advice may already be offered to some extent by the Staying Put Scheme or the Council, improved signposting as to how and where residents can go to access these services may prove beneficial'.

- b) Making information available on the Council website accessible and user friendly, particularly by improving the search facility to respond to specific issues or question;
- c) Exploring ways to make better use of existing intelligence to reach older people, at most risk of losing their independence and hospitalisation, more proactively.

Recommendation Six

The Committee recommends that information provided to Members at their induction includes an information pack containing the most recent edition of the 'Find Out Guide' and other relevant information and contact details on community based health and social care services in the borough. In addition, that further training for Members, in dealing with case work relating to broad social work issues, includes how to help older people living in the community and having low level needs.

Appendices

Appendix One – Committee Membership

Scrutiny Committee Membership

Cllr Walter Brett
Cllr Roy Driver - Vice-Chair
Cllr Sylvia Humphreys
Cllr Susan Ingham
Cllr Bryan Leck
Cllr Tom McGee - Chair
Cllr John Pantall
Cllr John Smith
Cllr Craig Wright

Scrutiny Panel Membership

Cllr Walter Brett
Cllr Roy Driver – Lead Councillor
Cllr Bryan Leck
Cllr Tom McGee
Cllr John Smith

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Rob Hooley, Team Manager, Older People's Services, Adults and Communities Directorate, Stockport Council
Sue Kardahji, Stockport PCT
Maria Kildunne, Age Concern
Maggie Kufeldt, Joint Commissioning Lead – Older Peoples, Stockport PCT
Clare Mullins, Age Concern
Katy Spencer, Scrutiny Officer, Stockport Council
Steve Worthington, Principal Democratic Services Officer, Stockport Council

Appendix Two – Case Studies

Case Study One (Mental Wellbeing – Support at Home)

This is thought to be an example of preventative services working well.

Mr and Mrs A live in their own home. Mr A is 80 as is Mrs A.

Mr A has vascular dementia and poor mobility. He has suffered memory problems for a number of years and has deteriorated such that he needs assistance with washing, dressing, meal preparation and taking medication. Mr A is also prone to falls and the home has a number of adaptations to assist with this. Previous hobbies and activities once enjoyed by Mr A now require longer periods of concentration than he is able to manage.

Mrs A has her own health problems including having suffered from a stroke in the past and arthritis.

Mrs A is the main carer and desperately needed respite from her caring role to prevent breakdown. Although the couple have a supportive family they felt that their demands were becoming too great.

It was originally thought that Mr A's need to have a change, socialise and counteract isolation could be met by attending a Boroughcare home for traditional day care. However, this was not what Mr A wanted, therefore, the worker identified the best solution would be for Mr A to be taken out by a carer and he now receives a service of this type through Age Concern "sitting" service. This service is provided for one and half hours twice a week and has been successful as the carer interacts well with Mr A and provides, to a large degree, the respite needed by Mrs A.

Mr and Mrs A were accepted onto a waiting list for Age Concern escorted shopping and this has been tried, however, it has now been stopped as it did not assist with the respite needed by Mrs A in her caring role.

Case Study Two (Mental Wellbeing – Support at Home)

This is thought to be an example of preventative services not working so well.

Background

Mr and Mrs B live in Stockport, Mr B is 84 and Mrs B is 83. Mr B was diagnosed with dementia three years ago. When Mr B was initially diagnosed he was self caring and was not eligible for, nor did they want any services. For three years Mrs B was the sole carer for Mr B and did not receive any support, we do not know whether Mrs B was offered any additional help during this period.

In March 2006 Mr B was admitted to hospital for three weeks due to retention of urine. On discharge from hospital Mr B's physical health had deteriorated and he required support with personal care and a home care package was accepted by Mrs B and put in place.

Service Delivery

Within a few days the agency providing the home care reported back to Adults and Communities that Mrs B was becoming increasingly anxious, stressed and very emotional during their visits. A community Social Worker carried out a carer's assessment with Mrs B who stated that she was finding it increasingly difficult to meet her husband's needs. She commented that the strain and stress of looking after her husband and dealing with his mental health problems had been increasing for a long time but she had been reluctant to ask or accept help in the past because she saw it as her duty to look after him.

Outcome

Following this assessment additional support was offered and Mr B began to attend a local Day Care Centre and a referral was made to Age Concern Stockport for the Carers Support Service. An assessment was carried out by the Carers Support Service and a service was put in place. The service was provided for eight weeks, unfortunately Mrs B's emotional health continued to deteriorate and she felt she was no longer able to carry on with her caring role which resulted in Mr B being placed in Long Term Care in July 2006.

In three months Mr and Mrs B had gone from receiving no services to Mr B being in Long Term Care. In this case it was difficult for Mrs B to identify herself as being a carer and the reluctance to accept outside support may have affected her ability to maintain her caring role.

Case Study Three (Physical Illness – Discharge from Hospital)

This is thought to be an example of preventative services working well.

Background

Mr and Mrs X live in Hazel grove. Mr X is 88, Mrs X is 84. Mr and Mrs X were in good health, Mr X was able to drive they had no service requirements.

Mr X had been feeling unwell but was reluctant to seek any professional advice, during this period Mr X had a fall. The emergency services were called out and Mr X was admitted to Stepping Hill Hospital. Initially it was thought he had had a stroke, however following investigations he was diagnosed with prostate cancer, Mr X received treatment in hospital for 6 weeks.

Discharge

Prior to discharge from hospital Mr X was allocated a Social Worker from the hospital team. Following Mr X's assessment and with support from the hospital Social Services team Mr X was discharged from hospital with the following services.

- Home Care provided X 3 daily
- OT assessment prior to discharge and all aides required for Mr X's discharge were in place before he got home
- Mrs X had been referred to the Community Team for a carer's assessment
- A referral had been made to Age Concern Stockport's Wellcheck team to visit following discharge
- Referral for Mr X to attend Day Care
- Care call
- A letter was sent to Mr X's G.P and Mr X was referred onto District Nursing team

Age Concern Stockport

On discharge from hospital Wellcheck contact Mr and Mrs X and arranged an appointment to visit the couple at home. The visit was carried out the day after Mr X was discharged. During the visit the Wellcheck worker discussed the services available to them including:

Shopping Services
Cleaning Services
Carers Support Services
Handy Help
Ageing Well Counselling
Benefit Check
Accident Prevention

Following discussion with Mr and Mrs X the Wellcheck worker suggested a plan of action with Mr and Mrs X to enable them to access the services they were interested in.

Outcomes

Shopping Service

Mr and Mrs X discussed with the Wellcheck worker several options available to them to enable them to access shopping on a weekly basis. The option they chose was to access the Easy Shop service provided by Age Concern. This was set up and Mr and Mrs X had a delivery of shopping that week.

Cleaning Services

Mrs X was keen to continue cleaning herself initially but was concerned that if things became difficult she may want some support, the Wellcheck worker left

details of cleaning agencies with Mrs X and suggested if there were any difficulties to contact Wellcheck.

Carers Support Service

Mrs X attended two clubs each week and was keen to continue attending these. The Wellcheck worker suggested using the Age Concern Stockport Carers Support Service. The service was explained to Mr and Mrs X and both were keen to use the service. The Wellcheck worker made a referral to the Carers Support Service. An assessment was carried out by the Carers Support Manager the carers Support Manger contacted the Community Social Worker to put the referral though as a contracted service. This was agreed because there was risk of carer breakdown. The service was arranged and put in place Mr and Mrs X now receive the service twice per week for three hours.

Handy Help

Mr and Mrs X wanted a telephone extension put by Mr X's bed to enable him to access the phone. A referral was passed to Handy Help who added and extension cable to the existing telephone system.

Ageing Well Counselling

This was suggested to Mr and Mrs X however this service was declined.

Benefit Check

The Wellcheck Worker suggested that an Attendance Allowance claim could be made for Mr X. The Wellcheck worker ordered and Attendance Allowance Form, and referred Mr X onto the Stockport Advice Service to support Mr and Mrs X to fill in the form. The claim for Attendance allowance was successful, and was backdated from the day the Wellcheck worker ordered the form.

Accident Prevention

The accident prevention worker visited Mr and Mrs X to carry out a Home Safety Check. Following this check environmental changes were made to the home to help prevent further falls e.g. loose rugs were removed. Mr X received a pair of non slip safety slippers and a referral was made to the Home Fire Risk Assessment Team for a smoke alarm to be fitted.

The treatment and care received by Mr X during his hospital stay, the preventive services put in place by the Social Work department, the follow on care by the G.P, district Nursing team and the services provided by Age Concern Stockport have all reduced the likelihood of Mr X being admitted back to hospital as an emergency patient in the future, prevented the need for placement in long term care and reduced the likelihood of carer breakdown.

Case Study Four (Physical Illness – Discharge from Hospital)

This is thought to be an example of preventative services not working so well.

Background

Mr Z is an independent 83 year old male living alone in Stockport; his general health is good and has had no previous assessment and no service input. He has no family living close by and enjoys a stroll down to his local social club once a week for a couple of hours. He has had a couple of minor falls in the past but always managed to pick himself up and continue his daily routine.

Mr Z had been admitted to Wythenshawe hospital after attending A&E due to a fall in the home (ambulance alerted by a neighbour).

Discharge

Mr Z was discharged home with new medication, he did not meet the criteria for statutory social care and there was no home care package was put in place.

Although Mr Z felt he was able to go home and resume his daily routine, once home he found it increasingly difficult to maintain some activities of daily living such as mobilising around the home, preparing meals, he did not feel able to get out to the shops and also felt dizzy at times during the day.

Mr Z who had previously felt quite independent was not able to get out the shop especially in the morning for his paper. He felt increasingly isolated and became low in mood because of these issues. His only support was a neighbour who helped out with some shopping and cooking occasionally.

Outcome

After 6 weeks of managing, Mr Z had another minor fall and went to his GP. His GP suggested he contact Age Concern Stockport. After making a phone call to Age Concern Stockport the Accident Prevention service got involved, due to his fall history.

Mr Z then started to access a number of services from Age Concern Stockport and partner agencies that he could have accessed 6 weeks earlier, thus perhaps preventing him from falling again.

Appendix Three - Questionnaire

Accessing Ongoing Support in the Community

1. Are you aware of older people that you come into contact with that would benefit from but don't access preventative services¹²?
2. Are you thinking of a particular type of service that the older people you come into contact with don't access but would benefit from? If so, what is this?
3. Is the reason they don't access the service because it doesn't exist or are there other reasons? If so, what are these?
4. Are you conscious of an insufficiency in services available to the older people that you come into contact with? Please specify which services.
5. Are you ever put off from making a referral because you know there will be a long wait or the service is oversubscribed? Please specify which services.
6. Why are older people reluctant to accept help in your experience?
7. How do you get over the barrier of older people needing help but reluctant to accept it?
8. Are you aware of older people who have chosen not to access services due to cost?
9. Do you feel as though you have a good awareness of the benefits available to older people/ older carers or the knowledge to refer them to somebody who does?
10. If you were aware that someone wasn't eligible for benefit would you know where to refer them for further support to help with costs of services?

Awareness of Services amongst Older People

11. How do older people find out about the services you provide?
12. In your opinion would more older people benefit if you promoted your
_____ service?

¹² 'Services', in the context of this questionnaire, specifically refers to services provided for:

- Older people living in the community and finding themselves in need of help
- Older carers of older people, particularly spouses, in need of respite

13. What would the impact of promoting your service be?

Knowledge of Services amongst Professionals

14. If you feel that an older person that you come into contact with would benefit from further help or support, how would you deal with that?

15. What 3 services do you refer onto most and why?

16. How did you hear about these services?

Appendix Four – Questionnaire Responses Summarised

(Where responses are listed, the number in brackets represents the number of respondents giving the same answer).

Accessing Ongoing Support in the Community

1. All professionals responding to the questionnaire regularly came into contact with older people that would benefit from but don't access preventative services.
2. The services that were frequently cited as being most beneficial to older people but not being accessed were:
 - Transport services (4)(This is in terms of enabling older people to get to medical appointments and sitting services for people being cared for whilst a carer is at a medical appointment).
 - Shopping (2)
 - Cleaning (2)
 - Equipment and adaptations (2)
 - Befriending (2)
 - Rehabilitation and recovery (2)
 - Mobile library
 - Podiatry
 - Chiropody
 - Social Services
 - Medicine check
 - Home Fire Risk Assessment
 - Home security
 - Respite for carers

Although this is a wide-ranging list it is clear that particularly the low level preventative services provided by the voluntary sector closer to home are not always being accessed by the older people who would benefit from them.

3. Reasons most commonly cited for older people not accessing services were:
 - Pride (4)
 - Costs (3)
 - Not wanting to disclose information about their finances and, therefore, receive financial assistance (3)
 - Fear of strangers coming into their home (3)
 - Not aware of services (2)
 - Not recognising that they have a need (2)
 - Not having an advocate (2)
 - Transport (2)
 - Carers seeing as a duty (2)
 - Waiting lists
 - Housebound
 - Not feeling entitled
 - No forum for addressing anxiety and depression
 - Services not available borough-wide. This applies to Stockport Care Schemes.

4. The services that professionals felt that older people would want to use and had a need for but were unable to access or had to wait for due to limited capacity in these services were:
- Equipment and adaptations to the home (4)
 - Befriending (3)
 - Welfare Rights (2)
 - Podiatry (2)
 - Transport (2)
 - Dementia low level services (including for carers of dementia sufferers) (2)
 - Carer support/ respite (2)
 - Stockport Care Schemes (these services are only available in the four care scheme areas – Offerton, Reddish, Gatley and Edgeley) (2)
 - Sitting services
 - Shopping
 - Falls clinic
 - Hearing aids
 - Laundry services

In addition, the restructuring of the valuable Hospital After Care Scheme, provided by Age Concern Stockport, and following up with all over 65s discharged from hospital, was noted as having left gaps for some older people.

5. Professionals are conscious of a lack of capacity/ resources in some of the services they refer into, however, the majority of professionals consulted suggested that they would still make a referral. One or two professionals suggested that they would be deterred from making referrals to services with long waits. Added to this, potential service users when advised by referring professionals that there will be a wait often decline services. This suggests that true demand for some services is not reflected and that the services already oversubscribed are probably in even greater demand than their waiting lists would suggest.
6. The Panel identified, through the case studies viewed, a reluctance to accept help amongst some older people. Professionals were asked to comment on what the reasons for this were in their experience. A whole range of issues were felt to be encompassed in this:
- Cost (3)
 - Lack of an advocate (2)
 - Not wanting to disclose financial circumstances
 - Lack of choice. Limited availability of alternatives to day care.
 - Lack of confidence
 - Not wanting to lose their independence
 - Difficult to access
 - Complicated forms
 - Fear of Social Services

7. Professionals were also asked to comment on what they find works in terms of getting around the reasons that people give for not accessing services that they would benefit from. Some of the responses were as follows:
 - Explaining that they are entitled to services and that these are not always means tested.
 - Discuss the benefits/ positives.
 - Suggesting trial of the service for a limited period.
 - Building up a relationship/ trust.
8. All professionals were aware of older people who could not or were not willing to access services due to cost. On the whole, this was recognised to be fairly infrequent but not insignificant.
9. Many of the professionals consulted had a basic awareness of the benefits available to older people and older carers to help with costs. The majority suggested that they would not provide detailed information or pursue claims themselves but would refer onto another service that would. Those services cited as being able to provide information and support with benefit claims were: Age Concern Stockport Well Check Service, Welfare Rights and Signpost Stockport. This same sentiment applied to the question of knowing what to do if someone wasn't eligible for benefits but might be able to access other pockets of money to help with costs; most professionals would know to refer to one of the three services cited. Only the Fire Service were less sure of the relevant points of contact but were confident of being able to find out if the need presented. In addition, there was some suggestion that perhaps not all GPs would always remember to make older people aware that they should be claiming as part of their assessment.

Awareness of Services amongst Older People

10. A wide range of promotional methods were used by the, primarily non-statutory services, which were asked about how older people found out about their services. Responses included:
 - Referral
 - Flyers
 - Posters
 - Radio advertising
 - Word of mouth

It is worth noting, as one consultee did, that most of these forms of promotion will not reach housebound older people who might be most in need. In addition, these people will be prevented from accessing many of the services on offer as they are unable to get out to meeting places/ premises where services are provided.

Furthermore, in relation to referral to one voluntary sector service, the point was made that this was not always effective and GPs were specifically cited as having variable knowledge of these services.

11. The majority of professionals asked the question about whether more older people would benefit if their service was promoted more effectively, recognised the benefit but this was equally matched by the concern that they already could not or would not be able to meet demand if this happened. Therefore, due to limited capacity/ resources there is a perverse incentive for many statutory and non-statutory services to promote themselves.

Knowledge of Services amongst Professionals

12. The services identified by professionals as services that they would refer into most often were:
 - Age Concern Stockport (7)
 - Social Services (5)
 - Welfare Rights (3)
 - Intermediate Care Team (2)
 - Community Rehabilitation Team (2)
 - Stockport Care Schemes
 - Signpost
 - Rapid Response Service
 - GP
 - District Nursing
 - Disability Stockport
 - Shopping
 - Stockport Homes
 - PCT
 - PALS
 - Department for Work and Pensions
 - Warm Front
 - Blue Badge
13. Professionals felt that their own knowledge of services was good and usually this was as a result of building up knowledge through working in the field for a number of years in addition to some training and receipt of promotional information. However, the need to keep up to date when things change was raised.

Appendix Five - Extracts from Stockport Council's Older People's Services Budget

Financial Information 2007/08

To place the information in the table below in context, it should be noted that the total budget for the Older People's service is £25.235m¹³. Within the Older People's service the current budget for Residential / Nursing care is £15.662m and the cost of non-residential 'community' based services in the budget is £9.859m.

In terms of preventative services and support to the third sector within the Older Peoples service the main areas of support are as follows:

Services	Budget £000s
Funded by Council Budget	
Older People Resource Centres	305
Luncheon Clubs	31
Day Centres	65
Payments to Voluntary Organisations Funded by Council Budget	
Signpost*1	25
ESMI*1	120*2
Age Concern*1	637
Stockport Care Schemes	40
Payments to Voluntary Organisations Funded by specific grants received by the Council	
Grant to Alzheimers Society	10
Signpost	122 ¹⁴
Carecall	88
Total	1.443

Notes

*1 The Council has moved towards a commissioning / contractual arrangement with third sector organisations. As an example the age concern contract includes a wide range of services commissioned by the Council; and

¹³ This figure relates to net cost overall. There is a separate income budget.

¹⁴ This money is not specific to Older People, and covers all adult service user groups. A large proportion of this is invested in the Carers Breaks Project, offering a cash payment of up to £500 per annum for carers to take a break.

*2 Part of this is currently funded by the Mental Health service; however a transfer between services is expected to reflect the emphasis on older people.