

**Independent Commission for Older People**

# Talking about my generation

**Final report on the needs of older people living in and around Norwich**



**‘Influencing and informing the development of  
services for older people in the coming years’**

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## 2. Foreword

The Commission was established in July 2008. Its aim was to learn more about what life is like for older people in and around Norwich and what would make their lives better. At the outset Commissioners were clear that they did not want this to be another tick box exercise. Rather, they wanted to hear directly from older people, their families and carers, and organisations that work with and for older people.

This report is a reflection of what we were told and what we learned from preliminary research. It makes recommendations on what changes we believe can be made to improve the quality of life and support needs of older people in and around Norwich.

I want to thank all those people and representatives of organisations who have taken the time to provide us with the wealth of evidence both written and verbal on which the report is based. Without them our task would have been impossible.

The Commissioners all gave unstintingly of their time and expertise and for this I am hugely grateful. They are:

### **David Fullman**

A former Lord Mayor of Norwich with experience in equality and diversity issues.

### **Felicity Hartley**

A former Lord Mayor of Norwich with experience in caring issues.

### **Rex Humphrey**

An independent expert and champion for older people.

### **Irene Oliver**

A representative of Norwich Sheltered Housing Forum.

### **Chris Southgate**

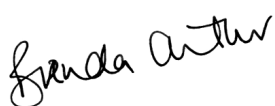
A former Lord Mayor of Norwich with experience in business.

I also want to acknowledge the work of the Norwich City Council staff that undertook the literature research and provided the administration support. This was done in an efficient and effective way and made our work much easier.

Given the format of our consultation document it has been a challenge to recognise all the views given. It would have been easier to have tick boxes but what we have instead is a report based on qualitative information. We have listened to a range of people and have a much clearer view of the issues for older people living in and around Norwich.

I believe that the recommendations in this report can make a real difference not only to today's older people but to the lives of all of us now and in the future.

The forthcoming local government reorganisation, regardless of the final option chosen, presents an excellent window of opportunity to review the way support and services are provided for older people living in and around Norwich. The Commission recommends that the new unitary authority takes into account the findings of this Commission when forming and developing the neighbourhood structures, corporate framework and service provision for a new authority. The Commission acknowledges that this will be a busy and pressured time for the new unitary authority but feels that to continue service and support as 'more of the same', without review and realignment, will be a golden opportunity lost. Realignment and review at a later date would increase development costs to the public purse and delay improvements to services and support.



**Brenda Arthur**

Commission chair and champion for older people.

Executive member for housing and adult services, Norwich City Council

## 3. The Norwich context

**3.1** Aware of the differences which exist between urban and rural settings, the Commissioners focused their work on the area in and around Norwich. We also took into account the distinctive factors and contrasting facts which set Norwich apart.

**3.2** The challenges facing the city are that:

- the levels of social and economic deprivation are the second highest in the region and 61st (out of 354) in the country
- eight of the city council's 13 wards are in the 20 per cent most deprived nationally
- many key health measures are very significantly worse in Norwich than in the rest of the county
- there are lower than national and countywide average educational attainment scores at all levels (key stages 2-4 and at GCSE)
- it has a voluntary sector which is under resourced for the work it has to do.

**3.3** On the other hand Norwich has:

- an extensive network of pedestrianised streets in the city centre plus two undercover shopping centres
- high levels of open and green spaces
- highly regarded art institutions including the Castle Museum and the Sainsbury's Centre for Visual Arts
- a strong knowledge economy
- a strong and vibrant voluntary sector
- several established theatres and cinemas along with a wide variety of art and music venues.

**3.4** When reaching the Commission's conclusions and recommendations Commissioners considered what measures can be taken to address the challenges and also to exploit the significant strengths which exist in Norwich.

## 4. Introduction and approach

- 4.1** Planning for the project started in July 2008 when Norwich City Council assigned a project officer to work with the Commission chair to establish an independent group. The officer continued to work with the Commission carrying out a literature search, providing administrative support, being a point of contact for the public and members of organisations and providing a support function to Commissioners.
- 4.2** Terms of reference were agreed and a document to enable the Commission to hear the views of older people, their families and carers and members of organisations working with and for older people was designed.
- 4.3** The document both provided some background information based on the literature search and asked questions on seven main areas. It was intended to provide a framework for responses and deliberately did not have a tick box design. The Commissioners were seeking qualitative information.
- 4.4** The Commission acknowledges that the term 'older person' refers to a very diverse group of people and is interpreted differently depending on influences such culture, health and well being, self perception, expectations and family networks. However, for the purposes of this report it means anyone who is 65 or over.
- 4.5** In September, 850 of the documents were distributed and the work of the Commission promoted using the local media, the Norwich Citizen magazine and the newsletters of some local voluntary organisations.

**4.6** Evidence and information was obtained from literary research and by the Commissioners listening and talking to a range of local people and organisations. The results of the returned consultation documents were also collated. The findings from these three sources of information were then analysed and presented to the Commissioners who spent a great deal of time considering all that they had learned throughout the process. Particular attention was paid to the information provided by individual older people. The Commissioners brought their broad range of experiences to bear in all of our discussions. From these debates we identified a range of key findings.

**4.8** Having identified key findings Commissioners set about drawing conclusions and from these making a number of recommendations, some of which were strategic, while others are more operational and practical.

**4.9** This report summarises the key findings and details the evidence which led the Commissioners to highlight these particular findings together with our recommendations.

**4.10** The recommendations we make are not all original but we believe that they can be effective in Norwich. Our judgement is that the improvements and remedies we propose will be effective in our city.

**4.11** Despite the deprivation, there is much that Norwich possesses which can be valuable. Our extensive open spaces in an urban environment can provide the opportunity for pleasant walks and getting closer to nature. Our city centre has an exceptional network of pedestrianised streets and covered shopping areas, which provide the potential for older people to walk about far more safely than in many cities. Our theatres, cinemas and public places such as the Forum are fairly closely set together and potentially accessible. The famous twelve venues, which have recently joined together to meet the needs of tourists, also have lots to offer local older people.

- 4.12** The Commission has made recommendations, which should enable this unique potential to be realised. For older people, often on low income, a primary requirement is the means to get into the city centre. Free bus passes have certainly helped but more is needed, especially for those who cannot walk very far.
- 4.13** The strength of the voluntary sector is another invaluable local resource. There appears to be a lack of consistency of service provision across the city and we believe greater coordination should bring notable results. We were told that family networks in certain neighbourhoods are very strong. The Commission sees the benefits of this and good neighbourliness and believes that this is worth encouraging.
- 4.14** We spent some time deliberating on the extent to which help might be offered to carers. Their role is so often critical. We believe that their status needs much more clear recognition and have proposed ways of doing so.
- 4.15** When taking account of all the evidence and information collected the Commissioners paid particular attention to the experiences of the older people and carers who took the time to respond. They were impressed by the openness and honesty of those who took part. This gave the Commissioners a clear snapshot in time of what life is like for older people and their carers in Norwich in 2008.
- 4.16** It should be emphasised that this document is not a criticism of current support and service provision.



# 5. Living independently

**5.1** We found that older people just like most of us, want to remain in control of their own lives and destinies for as long as is practically possible. Even those who need a great deal of support still want to be able to influence the way this is provided. However there are many challenges facing older people who want to remain independent. Below are our key findings and the supporting evidence.

## Our key findings

- For a number of reasons maintaining independence can be difficult.
- Most older people want to remain living in their own homes.
- Isolation is one of the main challenges associated with living independently.
- Self directed care (individual budgets and direct payments) is not generally recognised by older people as a means of enabling independence.
- Older people, their families and carers need better access to information.
- Some minority groups (for example lesbians, gay men, bisexuals and transsexuals) do not have sufficient family or social networks to support them to live independently.

*“Most older people want to be independent and can be providing the right help is available.” – couple, age 66yrs and 72yrs.*

*“Providing there is an adequate support network it can be fairly easy to live independently” – residential home resident, 88yrs.*

## The Commission found that:

**5.2** Older people living in and around Norwich can find maintaining their independence difficult. We were told that the main contributing factors are:

**5.2.1** Loneliness – this is also highlighted in a recent Help the Aged report that indicates that nationally a third of older people live alone and have little contact with anyone else.

*“The largest disability in this age group is loneliness.” – older person, 73 yrs.*

*“What is often overlooked is that the biggest disability facing older people is loneliness.” – Post-it note comment at group discussion.*

**5.2.2** lack of money to pay for all of the help and support that is required despite sustained initiatives where:

- local social services work with the local Department of Work and Pensions (DWP) delivery team to maximise the number of people claiming disability allowance, attendance allowance;
- local district council benefit departments work with the local DWP delivery team to maximise the take up of housing benefit, council tax benefit and pension credit; and
- the Age Concern Norwich welfare rights team provide comprehensive information and assistance to help older people claim the benefits to which they are entitled.

*“You can’t be independent, if you can’t afford care.” – Post-it note comment at group discussion.*

*“Older people are reluctant to claim what they are entitled to, as they fear it will affect their pensions, tax or savings.” – couple, age 66yrs and 72yrs.*

*“Independence is easy, if you have plenty of money.” – post-it note comment at group discussion.*

*“Being denied correct state pension increases for last 11 years has made living independently more difficult.” – older person and retired carer.*

**5.2.3** the health and well being of the person concerned. The Commission heard evidence from several sources that without local community support, or a good neighbour network, older people can fade away into isolation as their health and well being deteriorates preventing them from going out.

*“There are a lot of people in the city who would like to live independently in their own homes – but they need a carer to help.” – care home resident, 87 yrs.*

*“Because a person is elderly and frail does not mean they do not need mental and social stimulation. But there are few evening adult classes and no public transport to cover them.” – older person & volunteer.*

**5.2.4** limited means to get out and about – people say that the concessionary bus pass scheme is good for those that can get to the bus stop on a route that takes them to where and when they want to go. Other more flexible means of mobility such as the hospital car scheme and “door to door” are useful but not comprehensive and do not provide the desired easy access to local shops and libraries nor to the valuable city centre facilities. A feeling exists that opportunities for access to other affordable means of transport are few and far between. Recent instances indicate that bus companies and public transport planners in and around Norwich are not always addressing the needs and abilities of older people when changing and re-designing bus routes.

*“There is poor access to shops and buses.” – older person, Heartsease.*

*“More local shops or better access to transport to get to shops is required. If you haven’t got a car you are stuck.” – sheltered housing resident.*

**5.2.5** a lack of co-ordination in some cases between service providers – both in planning and service delivery

*“I think that services try to work together but more training in communication may be required” – older person.*

**5.2.6** that service providers don't always acknowledge that people have varying needs which are not met by a 'one size fits all' approach

*"Why don't bus drivers wait until passengers are seated before pulling away" – older person.*

*"My mother's care needs do not fit into predictable 15 minute time slots" – carer of older person.*

**5.2.7** access to information and advice – many people wished that they had one contact point through which they could obtain information. It was apparent to the Commission that some older people, their families and carers had not considered a service to which they were probably entitled due to being in possession of misinformation – often handed down by word of mouth. This was particularly the case regarding direct payments and individual budgets.

*"I do not think that many elderly people know what help is available, or where to go for help" – retired nurse.*

*"No help with direct payments or organisation of own social care" – manager of a care home, apparently unaware of the services available from Independent Living Norfolk.*

*"I think that there is a lot of help about but it is difficult to find" – older person, 82 yrs, caring for husband, 88 yrs.*

*"Direct payments are not really viable unless someone from the local authority is available to help" – couple caring for elderly mother, apparently unaware of the help available from Adult Social Services and Independent Living Norfolk.*

**5.2.8** that current social opportunities are usually outside the home and not everyone wants to or can go out. Some felt that more befriending services where older people were visited at home are required

*"I went to a day centre twice a week before residential care and this was so enlightening. I did things I never did at home" – residential home resident, 88 yrs.*

*"My mother wasn't a 'clubber'. All she longed for was a chat with someone on her own sofa" – relative of older person.*

**5.2.9** that the quality and abilities of formal carers are variable and inconsistent. It is difficult for people to plan when they don't know what they are going to receive.

*“A better course of training needs to be made available” – care home manager.*

**5.3** People felt that the following approaches would work well when helping people to live independently:

**5.3.1** increased community involvement to help them with their everyday care and support needs. This includes informal befriending, help with shopping and gardening, company on local trips out etc

**5.3.2** treating older people with respect

*“My mum always responded better to being treated as an adult with a brain (although this was clearly failing her). She did not like it when a professional crouched down, spoke to her in her face and talked as though she was a child. This seems to be common practice and I don't understand it.” – Carer*

**5.3.3** encouraging older people to feel part of the community

*“She is able, and encouraged, to get involved with the community. Runs coffee mornings, sales, outings and is the scheme photographer. She is encouraged and enabled by the scheme manager to do this. The scheme are about go on the third outing that she has arranged in the last two months.” – Sheltered housing manager talking about a resident.*

**5.4** Direct payments and individual budgets are part of central government's self directed support initiative that aims to encourage people away from a reliance on institutionalised provision of health and social care. The intention is to put people in the driving seat and much more able to prioritise their own package of care and support. However, certain limitations were revealed.

*“Direct payments are all very well, but I tried to employ a carer from a private agency but it was a nightmare”. – retired nurse and carer, 77yrs.*

**5.5** The concept of individual budgets and direct payments is not very well understood.

*“I am not too clear about direct payments.” – retired bank manager, carer and sheltered housing resident.*

*“Older people already have difficulty managing their finances, why would they choose to make it more difficult and have the extra worry of finding their own service?” – older person, age 69yrs.*

**5.6** The take up of individual budgets and direct payments by older people living in and around Norwich is relatively low. Statistics indicate that no more than 200 older people living in the area receive direct payments at the current time.

**5.7** Many older lesbian, gay, bisexual and transsexual (LGBT) people do not have the sort of social network that supports independent living. Some older people in these groups do not have the support of extended families and have to rely on their ageing peers for help.

*“Most LGBT people’s networks are peer networks where the people all age together – they do not have the sort of intergenerational networks associated with families.” – older person*

**5.8** Some other minority groups of older people feel that they do not have the required information to access services and support.

*“Local authorities should seek to actively engage with older people in minority groups by forming forums etc. Please do not resign yourself to accepting them as hard to reach – instead, have an outreach worker, preferably from the same group, to inform and support them” – Chair, Norfolk African Community Association.*

**5.9** National research shows that the majority of older people living in mainstream housing expressed the desire to stay in their own home exactly as it was, with smaller numbers wanting repairs and adaptations carried out, a different sized property, alternative accommodation or to move in with their family.

**5.10** This assessment is supported by early evidence from other local research within Norfolk County Council's report More Choices, Better Choices following consultation, which indicates that the majority of older people living in Norfolk want to stay living in their own homes with the required help, care and support being provided.

## 6. Improving lives for carers of older people

**6.1** There are many definitions of an informal carer. One which we found helpful was: "A carer is someone of any age giving unpaid help and support to a relative, friend, neighbour, partner or child, who cannot manage because of disability, illness, old age and frailty, learning difficulty, mental health problem or alcohol/drug misuse." – 'Who Cares', Norfolk Carers.

**6.2** Many carers do not recognise themselves as such. They are simply people trying to cope as best they can while helping to look after an older person who needs advice, support and practical help. Some carers may be juggling paid work with unpaid caring responsibilities at home. A large number of carers of older people are older people themselves.

**6.3** We found that much more needs to be done to both support carers and to ensure that they receive this help and support in a timely way.

### Our key findings

- Approximately one in fifteen people living in and around Norwich care for an older person.
- Relatively few carers have their needs formally assessed.
- Help and support for carers often only arrives once their circumstances amount to a crisis.
- The full potential of carers is not being realised as they are often left out of communications between the person they are caring for and the organisations that are providing the support.
- Carers need better access to information.



## The Commission found that:

**6.4** Nationally 9.4 per cent of the population are carers. Therefore, in and around Norwich there are likely to be 20,600 carers, of which 14,400 are likely to be caring for older people.

**6.5** A very small percentage of carers have received a formal assessment. A carer's assessment is a chance for a carer to talk about their needs with someone from adult social services so they can get the right sort of help. This includes the opportunity to plan for the future. Statistics indicate that the needs of approximately 432 carers of older people in and around Norwich meet the Adult Social Services criteria for supported services. This is approximately 3 per cent of the estimated number of carers of older people. The needs of a much larger number of carers have been assessed but they do not qualify for a supported service.

*"I am expecting a carers assessment at some time and will be happy to receive information and help." – older person caring for partner.*

**6.6** Some carers felt frustrated because they were being left out of discussions between social services, health services and service providers. Some were told that this was because they didn't have authority to advocate on behalf of the person they were caring for.

*"Things were being changed without my knowledge, my mother couldn't remember what the changes were and I was left to sort the mess out once when the new arrangements collapsed." – long term lone carer.*

*"Perhaps funds could be given to caring relatives if individuals are unable to make the best decisions for themselves" – district councillor.*

**6.7** Carers felt that often they were one of the few people, if not the only person, that the older person they were caring for socialised with. A burden would be lifted from their shoulders if the person they were caring for was regularly visited or befriended in their own home.

*“What would have helped me (and my mum) more than anything is a befriender, someone who would visit regularly once a week for a nice chat, help her with the cross-word, talk about the football etc. etc. Someone to make her feel normal – just a friend. Although I applied, no one was ever found.” – long term lone carer.*

## **6.8** Carers would like better access to the information they require.

*“Who Cares' is an excellent publication and ought to be circulated free to every household since most people have friends, relatives, neighbours who are older people.” – volunteer working with older people.*

*“Carers need better access to information. For example, some carers do not know about the provision of continence pads free and are buying them, at high cost, for their cared for person.” – relative of an older person.*

*“To be honest, when you are suddenly in a situation where someone’s life and well-being depends on you, you don’t have much time to search libraries, websites etc. you just have to get on with it.” – carer of older person.*

*“I do not think that carers in an Asian and African community know about the help and support available to them. There is a cultural barrier. It would be good to organise an information day regularly for such groups.” – chair, Norfolk African Community Association.*

## **6.9** Some carers are in need of support and information to enable them to access respite opportunities. This is particularly the case for older carers caring for their partners. They can often have a mobility issue themselves, feel ‘stuck’ caring for their partners, and therefore miss out on the chance to meet others who might provide the support and information they need.

*“Carers don’t get enough respite. There are a number of couples in our sheltered housing complex where one is the full time carer for the other. The caring partner seems to be worked into the ground without a suitable break. If they had regular breaks they would last longer as a carer.” – sheltered housing resident.*

*“It will take a long time before the demands for respite from carers can be met quickly - Crossroads has a waiting list of 4 months, and it isn't getting any shorter.” – Norwich & Broadland Crossroads.*

*“Something I feel is lacking – found very difficult to get – short term help” – working couple caring for elderly mother.*

**6.10** Crossroads, one of the main carer support agencies in the area, only has capacity to formally support 160 carers. This is only just over 1 per cent of the carers they estimate to be in their area. With adult social services only having another 432 active care plans for carers of old people there appears to be a massive gap of missing support for carers.

*“Although Crossroads has an excellent reputation, we often find it difficult to get in contact with them.” – volunteer working with older people.*

*“Carers organisations, like Alzheimer’s Societies, are struggling to meet demand with their limited resources.” – Norfolk & Norwich Crossroads.*

**6.11** Carers need access to rapid response care services.

*“The right help needs to be readily available - not in 6/8/9 weeks time.” – older person caring for partner, 83yrs.*

*“Information needs to be improved – for example, not many carers know about the short notice breaks (any carer can obtain up to 48 hours of cover per year at 48 hours notice to help cope with things like illness, dental, hospital appointments etc).” – Norwich & Broadland Crossroads.*

## 7. Giving people more choice and control

**7.1** People told us that they responded in a better way to services when they were actively involved in choosing how their needs are best met. They also wanted to have a greater say about the kind of support and care they receive. Clearly this is another function of enabling older people to retain their independence and to have choice and control over their lives.

### Our key findings

- Difficulty in gaining access to information limited older people's ability to exercise choice and control.
- The changing shape of local communities is making it more difficult for older people to exercise choice and control.
- Better access to advocacy is required to help older people exercise choice and control.
- Individual budgets and direct payments are not fully understood by older people and their carers.

### The Commission found that:

**7.2** Older people living in and around Norwich believe their choices, and therefore their ability to control their care provision, are restricted due to lack of access to the relevant information.

*"I do not think that many elderly people know what help is available, or where to go for help." – sheltered housing tenants forum representative.*

*"There is a need for someone to come and see older people individually to explain what is available and what they are entitled to." – sheltered housing resident, 82 yrs.*

*“Information is crucial in this context. The way that information is made available needs to be as wide as possible, not only through multiple routes, but also in many formats. Providers of information need to think about who their users are, and how those users will use the information.” – submission from Norwich Older Peoples Involvement Project.*

**7.3** The mechanisms required to enable people to be put more in control of their lives are well documented. The Department of Health report "Our health, our care, our say – a new direction for community services" advocates that these mechanisms include:

- individual budgets
- effective commissioning
- practice based commissioning
- payments by results
- hearing people and engaging them in the planning, design and delivery of their services
- providing good information for service users
- supporting and adopting best practice
- handling complaints effectively
- empowering people to demand changes where services do not meet their needs
- developing a ‘market’ from which people can choose their services
- ensuring that services are responsive
- Supporting the development of the third sector and social enterprise.

**7.4** The same report also explains that local authority social service departments are accountable for securing high quality, responsive care services for their local residents. It then goes on to say that increasingly, this requires them to lead and co-ordinate the activities of different service providers across the public, private and voluntary sectors in their community, designing services around the needs of people rather than those of the providers.

**7.5** The government report Putting People First – a shared vision and commitment to the transformation of Adult Social Care advocates a personalised adult social care system where everybody is supported to ‘exercise maximum control over their own life’.

**7.6** Central government is encouraging all local authorities, through direct payment and individual budget schemes, to develop service provision towards self-directed support.

**7.7** Older people feel that they need support and advocacy to help them make choices and take more control.

*“Locally people seem to turn to either Age Concern Norwich or Age Concern Norfolk or specific disease related charities for information and advice. These provide impartial information, as well as being able to offer advocacy to those people unable to get help via relatives. I think that more secure, long term funding for these charities would ensure their ability to plan for the maintenance of long term support services such as Money Matters, Outreach Advice Workers etc. This would relieve Adult Social Services of much of their routine work.” – member of local voluntary organisation.*

*“From the interviews I conduct: I think most people that receive Adult Social Services care/support are happy and don’t wish to change to having more choice. Many would simply not be able mentally to do this and, without close relatives/friends might be vulnerable to being ‘advised’ poorly if not looked after by high quality organisations.” – volunteer advice worker.*

*“Many older people are already bewildered by choice and simply want to have a few options clearly explained – whether this is power supply companies or personal care.” – relative of older person.*

**7.8** The shape of communities and services reduces the ability of older people to make choices and control their lives. For example the removal or change of local shops, post offices, banks, and public transport provision reduce opportunities for independence.

*“Since the local post office closed the nearest one that some people living in Heartsease can get to by bus is the city centre”. – local clergyman.*

## 8. Involving older people and understanding their needs

**8.1** The people who spoke to the Commissioners had a wide range of experiences many of which can usefully inform the development or delivery of services. It is therefore important that local authorities, health services, and other providers of services understand, engage and work with the older community. Without this it is more difficult to plan or deliver the services tailored to the needs of our local population or to realise the potential in the wider community and encourage self help and volunteering opportunities.

### Our key findings

- There is a large amount of data available, held by different organisations, that highlights the needs of local older people.
- There is not a robust structure in place that enables effective information sharing between organisations.

### The Commission has found that:

**8.2** The Audit Commission report Don't Stop Me Now (July 2008) advocates that councils need to understand, engage and mobilise their older community. Without a means of understanding their community councils cannot plan or deliver services or realise the potential in the wider community to meet the needs of the older population.

The report recommends that this is achieved through better use of information, a good engagement process and ensuring that services are accessible to all ages.

**8.3** Norfolk County Council and its partners have recently completed a consultation on accommodation and community services for older people and carers. The consultation was countywide and focused on the design of future services rather than what people thought of the current services. The results are due to be published in January 2009 and should provide a good understanding of the needs of older people living throughout Norfolk.

**8.4** There is a substantial volume of up to date locally focused research, data and evidence of the needs of older people living in and around Norwich. Each piece of work has a particular focus but when read together they provide a much clearer overall picture. Work includes:

- The Joint Strategic Needs Assessment for Norfolk – Norfolk County Council and the local health authorities
- Norwich Needs – Research for the local area agreement – City of Norwich Partnership
- The Futures not what it used to be: Meeting the Challenges of Growing Older in Norwich – Age Concern Norwich
- The Health Profiles 2008 for Norwich and the surrounding areas published by the Department of Health
- Who Cares – Norfolk Carers
- End of Life Strategy – NHS Norfolk
- Numerous consultation and research projects conducted by Norfolk County Council Adult Services
- Commission for Social Care Inspection (CSCI) Inspection Report 2006
- Third Sector Guide to Commissioning – Voluntary Norfolk
- Sheltered Housing Review – Norwich City Council
- Norwich Community Alarm System Review – Norwich City Council
- Numerous articles published on the internet by third sector and voluntary organisations.

The Commissioners' view is that all of this relevant information could be more effective if there is closer worker and information sharing between organisations.



**8.5** Different aspects of the needs of older people living in and around Norwich are being understood by different organisations but there doesn't seem to be a particularly effective or robust structure that joins organisations together to enable and promote information and knowledge sharing.

*“Voluntary sector and mainstream services work together but this could be improved.” - member of Broadland Older Peoples Partnership.*

*“There are too many committees and organisations talking about older people.” – post-it note from group discussion.*

*“I have always been surprised that there doesn't seem to be much representation or opportunities for representation by older people on local boards / fora: Why no older people's Norwich forum?” – volunteer working with older people.*

*“I see very few organisations communicating with each other.” – a retired carer.*

## 9. Making services more responsive

**9.1** The Commissioners found evidence of confusion and difficulties created when links between services or providers are not clear. For example, an older person leaving hospital in need of care at home is reliant on a number of people from a wide range of organisations working together. At a time of crisis this can be difficult to manage. Our findings here therefore are focussed on more joint working.

### Our key findings

- Information is not always shared between organisations.
- Sometimes there is too much of a time lag between the need for care being identified and it arriving.
- Nobody seems to be comprehensively co-ordinating referrals between organisations.

### The Commission has found that:

**9.2** A number of people and organisations told the Commission that they feel that local organisations don't always work together and share information as effectively as they could. This leads to wasted time and frustration amongst service users and carers when having to repeat the same information to different service users, deal with duplications in service provision and trying to organise the service providers to suit the timetable and needs of the users.

*“Services do not work together to make life easier, and referrals between them do not work. Information is not shared and complaints procedures are not effective.” – post-it note from a group discussion.*

**9.3** The report Putting People First - a shared vision and commitment to the transformation of Adult Social Care highlights an agreement between central government, local government, the health service and other social care organisations to work more closely together to transform adult social care and achieve better results. Locally the strategy is in place however, in practice its application demands further development to encourage organisations to overcome historic barriers and work closer together.

*“My mum was in a bizarre situation where both social services and health carried out assessments for equipment (key safe, hand rails, commode etc.) and equipment arrived from different services and had to be returned to different places.” – carer of older person.*

**9.4** The Commission was made aware of a number of examples where help only arrived, despite earlier notification, once service users circumstances had deteriorated into a crisis.

*“The response to changes in people’s needs should be earlier: it should not be left until there is a crisis.” – post-it note comment from NOPIP discussion group.*

*“Whilst appreciating the shortage of staff and all the paperwork involved, my own observation is that often the response takes too long - sometimes folks actually die before the package is put in place and arrives.” – voluntary organisation officer.*

*“Information passing between services sometimes works well, but proper care coordination should be a priority. At present the social worker acts as a care coordinator, but is reluctant to get too involved with health issues.” – carer of relative.*

**9.5** The Never too late for living report recommends “Health and social care must progressively work more closely if services for older people are to be more flexible, personal and cost effective”.

**9.6** The Suffolk Home Shield organisation handles referrals from front line staff belonging to partner organisations. A co-ordinator receives these referrals and passes them on to the appropriate partner organisations for action.

The scheme covers four main themes, these are:

- health and well being
- income and finances
- basic needs
- safety and security.

The scheme has led to greater co-ordination between organisations resulting in people's needs being met more promptly thus promoting their state of well being and health.

**9.7** A similar scheme for Norfolk is in the early stages of development.

*“In Suffolk there is a ‘Home Shield’ organisation that receives referrals from professionals in partner organisations and passes them on to the right organisation so they can be dealt with – this seems to work very well for both the service users and providers” – Norfolk Coalition of Disabled People.*

# 10. Focusing on all needs

**10.1** Many of those who provided the Commission with evidence do not meet the criteria for access to services provided by Adult Social Services. Yet they told us of a number of everyday needs which if met would make a significant difference to their lives and the lives of others. For example a bus that is accessible to someone with reduced mobility or in a wheelchair is also then accessible to someone with a child in a buggy. One of the current challenges is to find ways in which people can easily access everyday help and support. Some of the ways in which this challenge can be met are:

- increased family and community involvement
- encourage volunteering and increase the capacity of voluntary services
- increased signposting and accessible information to enable people to organise their own services.

**10.2** It is generally accepted that enabling and supporting people to meet their needs before they become significant or critical will improve their well being and reduce, or at least delay, the need for a provided service.

## Our key findings

- Encouragement for family and community engagement is required to increase the number of people providing informal care and support for older people.
- There is a need to encourage volunteering and increase the capacity of voluntary services.
- Signposting and access to information needs to be improved to enable more people to organise their own lower level services.

## The Commission has found that:

- 10.3** Nationally, informal carers (family, friends and neighbours) provide a vital role by plugging gaps in social care provision to enable 1.9 million older people to continue to live in their own homes by providing 65 per cent of the care and support required. The financial value of their contribution is estimated to save the exchequer £61 billion per annum. Estimated on a local basis informal carers are likely to be supporting around 7,000 older people in and around Norwich to live in their own homes. This has a financial value of just over £230m.
- 10.4** It is estimated that by 2037 an extra 3 million carers will be required to support the increased number of older people in society. Estimated on a local basis an extra 11,000 carers will be required in and around Norwich.
- 10.5** In the coming decades people will reach old age with fewer children than today, their families will live further away, and more will live alone. Between 2005 and 2041 the care receivers to care providers ratio will fall from 0.6 to 0.4 – this will leave 250,000 older people with disabilities without intense formal care.
- 10.6** If the supply of unpaid care for older people were to fall by 10 per cent from current levels then state provided care would need to increase by over a quarter to plug the gap by 2037.
- 10.7** In summary, research strongly indicates that unless there is a large increase in social care funding, or greater engagement by families and local communities, or a combination of both, a large gap will appear in the provision of care and support for older people leading to reduced well being.

- 10.8** Some areas of Norwich still appear to have significant family support networks. This appears to be due to many family members choosing not to move too far away as they grow up.
- 10.9** It is widely acknowledged by older people and their carers that volunteers and voluntary sector services have a significant and increasing role to play in providing care and support for older people.
- 10.10** In Norwich and Norfolk the established infrastructure organisation Voluntary Norfolk supports voluntary organisations and promotes volunteering. The organisation also provides a voice for the voluntary and community sector within key partnerships in the county.
- 10.11** Work is currently in progress through the local area agreement and other strategic partnerships to enable the voluntary sector to be commissioned to deliver solutions for the future. This work is evidenced in the report Case Study: Norfolk by the National Council for Voluntary Organisations.
- 10.12** In other areas similar support and promotion are provided through such initiatives as Southwark's Volunteer Centre.
- 10.13** There is overwhelming evidence to show that there are good results, including improved everyday care and support for older people, when local authorities work in collaboration with the voluntary sector. This approach is recommended in the Audit Commission report Hearts and Minds: Commissioning from the Voluntary Sector July 2007.
- 10.14** There are a number of community groups in and around Norwich providing good quality support and care for older people. The cover appears to be a bit patchy and lacks coordination and involvement

with or awareness of the role of adult social service. In one example given to the Commission a local community group, organises regular lunches for those involved in providing community services in their area. However it has been unable to attract anybody from the county council to attend these excellent networking opportunities.

**10.15** Research by the Commission showed that a great deal information exists in a variety of formats from a number of sources on most subjects and local services relating to the support and care of older people.

**10.16** However information is not always readily accessible or complete and often the required information is often hidden under several layers of other information which have to be navigated through to reach the right point.

**10.17** Also, there is a gap in information relating to the specific needs of minority groups within the older peoples community. These include the LGBT group and the black, ethnic and other minority groups.

*“Recent research by Stonewall “Serves You Right” shows that LGBT people expect to get poorer service from public bodies than non-LGBT people.” - older person.*

**10.18** Research carried out for the Department of Health report Our Health, Our Care, Our Say: a new direction for community service 2006 showed that 58 per cent of people completing one particular survey felt that access to more information would give them greater control over their health and well being.

**10.19** People generally felt that information on how to obtain support and access to services was available. However, they were unclear on how to access it which causes frustration, delay and confusion.



# 11. Getting good results

**11.1** We were told that often people needed support mechanisms, which were different from those offered through standard service provision. It is clear that “one size” does not fit all. We need to move away from seeking to fit people into a framework of service provision and work towards tailoring services to the needs of individuals.

**11.2** The Commissioners believe that services should aim to achieve:

- improved health and emotional well-being
- improved quality of life
- being an active member of the community
- choice and control
- freedom from discrimination
- economic well-being
- personal dignity.

**11.3** The challenge in and around Norwich is to provide good results for people in communities which contain a significant amount of deprivation and have low aspirations. However, Commissioners found that there is much to build on in Norwich which can be used to develop opportunities for improved ways of working.

## Our key findings

- When trying to achieve good results consultation with older people, their families and carers is very important.
- While some mistakes may happen it is important that service providers learn from them and change their services or approaches accordingly

## The Commission found that:

**11.4** Most people agreed that service providers should be aiming to achieve the above results although they placed different priorities on the achievements depending on their own personal circumstances. Some doubted that there were enough resources to achieve the aims.

*“The aims (in the consultation paper) are great - but reality is that under pressure and over worked services often have little choice and offer a less than ideal service ie lack of spaces in day centres, lack of home carers, lack of meals on wheels volunteers etc.” – older person.*

*“The seven service aims (listed in the consultation paper) are well thought out as the basis for care and consideration of older people. Well done.” – older person volunteer.*

**11.5** People and organisations thought that consultation and working with older people, their families and carers, and other organisations supporting them was key to getting good results.

*“Getting people to join in can help to get good results.” – volunteer.*

**11.6** People thought that a comprehensive inspection and complaints procedure were essential if good quality service is to be achieved.

*“I consider that assessments, spot checks, and the results being analysed are essential so that a poor service can be changed or withdrawn (subject to contract) and something else put in its place.” – sheltered housing resident.*

*“Residential homes need a much more rigorous examination by unscheduled inspection.” – relative of a care home resident.*

**11.7** People expressed frustration that service providers didn't always appear to learn from their mistakes.

*“Many printed documents are incapable of being read by those with less than perfect eyesight. Organisations, including the NHS, use colours that merge into each other and small print. Everyone should know that this is a problem but organisations keep doing it”. – sheltered housing resident.*

*“Complaints are made - nothing gets done. For example long journeys to hospital due to multiple pick ups and men allowed to wander around hospital wards containing women patients”. – volunteer advice worker.*

*“I used the social services complaints procedure and received a prompt reply – my desired outcome was that services would be improved for everyone but I have seen no evidence that this has happened” – carer of older person.*

## 12. Our conclusions

**12.1** The wealth of information and opinion that the Commissioners obtained was valuable. It enabled us to make a careful assessment of the greatest areas of need and the options for dealing with them. We are conscious that there are severe financial constraints but have concluded that there are, nonetheless, real opportunities to bring about practical improvement.

**12.2** Many of our conclusions may be unsurprising, certainly to those whose professional lives or voluntary work is devoted to the needs of older people. Even if our role has been simply to act as a timely reminder, then we shall have achieved a minor success. In practice, we hope for far more practical and tangible outcomes.

### **12.3 Older people living in and around Norwich need:**

**12.31** to be able to better influence decisions that affect their lives

**12.32** easier access to information that is reliable, complete and trustworthy at the point that they expect to find it

**12.33** to live in a community that has a network of good neighbours that support them to live independently, especially where family support is not available

**12.34** earlier access to everyday basic help that prevents, or at least slows down, any deterioration in a person's wellbeing

**12.35** the ability to get out and about as much as they want

**12.36** more effective co-ordination by service and support providers

**12.37** an adequate income, including more proactive support to ensure that they receive all the benefits to which they are entitled

**12.38** reassurance that the specific needs of minority groups are recognised.

## **12.4 Carers of older people need:**

**12.41** to be included, as a matter of course, in communications between social services, health services and other service providers

**12.42** their status and authority to be explicitly recognised

**12.43** their circumstances and well being to be initially assessed and then reviewed regularly to ensure they are receiving the right level of support.

**12.5** In order to better meet the needs of older people and their carers, the Commission examined a variety of propositions, pursued potential remedies and assessed existing initiatives. Some were dismissed as unattractive or unlikely to be effective, others we believe deserve to be applied here or to be developed here in Norwich. Thus we selected our recommendations.

## 13. Our recommendations

The Commissioners were mindful of the need to make recommendations which are practical and achievable. We were also very clear that we wanted to give particular consideration to all that we had been told by older people and their carers. In making these recommendations we have also taken into account both the social and financial environments in which we currently live and the unique qualities of Norwich. We believe that these recommendations are achievable and will improve later life for people in and around Norwich and in the years ahead.

### 13.1 Norwich City Council establishes a single 'Older people's forum' for the city.

The Commission has found evidence that the co-ordination of strategic effort between service providers, voluntary organisations, third sector organisations and other representing and serving the interests of older people has scope for improvement. It is apparent that there are too many committees and bodies sitting in isolation, all aiming to improve the wellbeing of older people, but not achieving the best results as their strategies and work are not always co-ordinated.

**The Commission recommends** that Norwich City Council leads in the formation of, and then continues to support a single older people's forum or board that brings together all interested parties around one table to co-ordinate all overarching strategy and projects for older people living in and around Norwich. The Commissioners were clear that such a forum should have focussed terms of reference, which would include developing a programme of work which will deliver recommendations to service providers and those who can influence social policy. This forum would need to communicate with other relevant forums in surrounding areas.

**13.2** Voluntary and statutory organisations should work together to find effective and consistent ways for older people to access information.

Older people, their carers, families and friends have told Commissioners about the frustration they have experienced when trying to access information. The Commission acknowledges that a large amount of good quality information exists on a wide range of subjects, however, people are confused on how to access it.

**The Commission recommends** that organisations involved in the care and support of older people living in and around Norwich co-ordinate their efforts and that the proposed older people's forum works with these organisations to develop the best method or methods of doing this.

**The Commission also recommends** that, pending any longer term solution, all local community magazines, for example the Norwich Citizen magazine, regularly dedicate a section to updates relating to older people's issues and where practical share information with each other.

**13.3 Norwich City Council should work with existing and new community groups to develop good neighbour schemes within our communities.**

It is becoming apparent that in future older people will become increasingly dependent on their families and local communities to actively engage with them to provide support. However, the Commission has found evidence that due to changing demographics and family migration the number of people available to offer support and care will reduce in the coming years.

**The Commission recommends** that any new community initiatives or community engagement processes recognise the need to work with and for older people.

**13.4** Local authorities should continue to develop an enabling and supporting relationship with the voluntary and community sector, especially those working with and for older people.

It is apparent that the future health and well being of older people will be partly dependent on the quality and level of service provided by the voluntary sector.

**The Commission recommends** that the local authorities responsible for the area in and around Norwich continue to develop an enabling and supporting relationship with Voluntary Norfolk and local voluntary organisations such as Age Concern and Independent Living Norfolk.

**13.5** Local authorities, businesses and other organisations should ensure that the impact for older people is always considered and addressed when developing or changing the services that they provide.

The Commission has found evidence that the needs of older people, even if they are being recognised in the first place, are not always being addressed when developing or changing services. The main examples centre on transportation, condition of the highways and access to services.

**The Commission recommends** all organisations to not only undertake equality and diversity impact assessments but to also address and resolve the issues raised by these assessments.

**The Commission also recommends** that public and voluntary sector transport providers should introduce more services which offer mobility direct from someone's home to local and city centre facilities, preferably by innovations which meet the needs of both single individual and small groups such as those who live in sheltered accommodation or residential care.

**13.6** Organisations need to further develop their co-ordinated working and information sharing practices.

Evidence was received which said that the well being of older people, their carers, families and friends could be improved if co-ordination of effort and information sharing between service providers, voluntary organisations and others was further developed. The Commission is aware that Norfolk County Council are currently leading work to establish a system similar to the 'Home Shield' scheme operated in Suffolk and fully supports the development of a similar initiative locally.

**The Commission recommends** that this initiative be continued regardless of any future local government re-organisation.

**13.7** Norwich City Council should work with others to extend local publicity about welfare benefits and other information relating to financial inclusion.

While researching and talking to people it has become apparent to the Commission that a wide range of information, advice and help exists to enable older people to access benefits and manage their finances. The problem seems to be that people do not know where to find this advice.

**The Commission recommends** that Norwich City Council should use it's financial inclusion initiative as a means to make progress.

**13.8** The local authority responsible for social care should conduct a mapping exercise to establish the specific needs of older people in minority groups.

It is acknowledged that older people's issues are not always that visible to the rest of the community. Evidence has been presented to the Commission that suggests that even less apparent are the issues being experienced by minority groups, for example lesbians, gay men, bisexuals and transsexuals, as well as those people from black and minority ethnic groups in the older people's community.



**The Commission recommends** that the local authority responsible for social care undertakes a mapping exercise of the specific needs of minority groups of older people, where possible, through consulting with them.

- 13.9** The local authority responsible for social care should look into the feasibility of empowering carers, in appropriate circumstances, to have the authority to advocate on behalf of those they are caring for and to manage their care packages.

The Commission has found that carers can often be left out of discussions between social services, health services and other service providers. In addition, when they are included in the process their useful input is often restricted as they do not have the necessary authority to represent the person they are caring for.

**The Commission recommends** that the local authority responsible for social care should consciously respect the advocacy role of carers and ensure that they are involved in the development and management of any care package for the person they care for.

- 13.10** A 'Power of Care' authority for carers to be explored and, if practicable, established.

Carers often lack the authority to organise and negotiate on behalf of the older person they are caring for. The Commission believes that this weakness could be overcome by formal recognition of the status of individual carers. In particular, the Commission believes that what we describe as 'A Power of Care' should be developed.

The Commission recognises that such an authority to act for and represent an older person will have limitations and may be legally complex. What we envisage is that, to be granted a power of care would require both the written agreement of the older person and the support of a body such as the local authority or health authority. It would clearly need to be established that the carer was a fit person for such a role.

**The Commission recommends** that this proposal is initially explored in Norwich. If it works, then such a scheme could perhaps be given governmental support and applied nationally.

**13.11** Local authorities and other organisations should take a more proactive and co-ordinated role in identifying carers and then assessing and supporting their needs.

People and organisations told the Commission they felt that, in the main, carers of older people struggle on coping until their situation reaches crisis point. Only then do they engage with the authorities to seek the required assessment, help and support.

**The Commission recommends** that organisations should work more proactively together to identify people in the early stages of caring and provide them with the information and support required to prevent their situation becoming a crisis.

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