Early Intervention and Older People
The Case for Preventive Services

Report of a Conference on 26 January 2007

Government, academics, practitioners and older people all agree on the importance of preventive services, “that little bit of help” which allows older people to maintain their independence and helps avoid the need to use intensive services or go into residential care. Older people often see these services as valuable supports to their quality of life. However, in today’s funding climate, these services are increasingly squeezed out to concentrate on the most urgent needs and there is great concern about how they will be maintained in future.

Researchers, statutory sector representatives, older people and voluntary organisations came together at King’s College London to discuss the evidence for supporting and developing preventive services. The event was jointly organised by Making Research Count, the Social Care Workforce Research Unit, Age Concern England and Age Concern London.

Chair’s Introduction

Ryan Sampson, Head of Research & Development at Age Concern England, welcomed participants saying how important it is to bring together perspectives from researchers, practitioners and older people. He pointed to some key issues for the day. There is general agreement that early intervention and preventive approaches are valuable and deserve more support, but how robust and quantifiable is the evidence? Many older people value the same types of services, but they are likely to value them because they improve their quality of life rather than because prevention may save the NHS money in the long run.

Outcomes-focused services and prevention

Professor Caroline Glendinning, Social Policy Research Unit (SPRU), University of York

Prof. Glendinning’s presentation was informed by the Knowledge Review on adult services which the SPRU carried out with the Social Care Institute of Excellence (SCIE). The Knowledge Review aimed to identify outcomes that were valued by older people, systems and processes that can deliver these outcomes, and examples of good practice. It included a literature review, an England-wide postal survey and case studies of services in 6 different local authorities and was guided by a users’ advisory group.

“Change” outcomes include improvements in symptoms, physical functioning and morale. “Maintenance” outcomes are closely linked to older people’s views on the factors that contribute to their quality of life and maintaining independence. Maintenance outcomes include meeting physical needs, personal safety, a clean

home, keeping alert and active, having social contacts, having control over daily routines. “Process” outcomes refer to people’s experiences of the ways they receive services and include feeling respected, being treated as an individual, having a say, value for money, compatibility with other sources of help and respect for religious/cultural preferences.

The 6 case studies included some services aiming specifically at change outcomes: intermediate care or re-ablement services. They also included examples of local authorities commissioning services to meet maintenance outcomes. Some of these were low level preventive services such as shopping, prescription collecting and gardening being delivered in partnership with voluntary sector organisations. Other local authorities were reviewing their commissioning of home care services to allow greater flexibility in meeting the preferences and priorities of individual older people. Trust between commissioner and provider was crucial to these new commissioning arrangements. Adapting the single assessment process (SAP) to an outcomes focus could be an issue.

Some success factors and some obstacles emerged. Success factors included the national policy environment which increasingly emphasises outcomes-focused services, and strong vision and leadership and good change management at local level. Making it work at local level was literally a full time job. Partnerships and “whole systems” approaches were also vital to ensure access to the full range of skills and resources needed to help older people maintain their independence. Whole systems approaches mean for example, taking account of people’s needs for transport and learning opportunities, and community safety issues.

Obstacles included resource constraints, some national policies and performance indicators, and some attitude/cultural barriers on the part of staff and also some users and carers. Emerging issues for Prof. Glendinning included realising the potential of statutory/voluntary partnerships and being clear about the implications of different views and interpretations of outcomes – for example from the different perspectives of professionals and service users.

Adult Services Knowledge Review 13 on “Outcomes-focused services for older people” can be found on the SCIE website at www.scie.org.uk/publications

Discussion

In response to a question, Professor Glendinning said that the Single Assessment Process (SAP) should not be an obstacle to using Direct Payments-in fact Direct Payments had not come up in response to the survey. One person reported that Greenwich was an example of an area where direct payments

work. Assessment and review of needs are separate processes with separate teams often undertaking them.

Social care for older people in the future: findings from the Wanless Social Care Review
Jose-Luis Fernandez, PSSRU, London School of Economics

Dr Fernandez gave a wide-ranging outline of the issues covered by the Wanless Social Care Review carried out for the King's Fund (for a weblink to the report, see http://www.kingsfund.org.uk/ and go to "Publications"). He started by looking at some key issues and problems with the present system, such as the serious level of unmet need, e.g. for personal care for moderately dependent people on middle incomes, and the complex and unpopular funding system. He considered the likely increase in the numbers of older people needing care. The Review's central scenario assumed an increase over the next 20 years of 44% in the number of older people not needing care, an increase of 53% in the numbers of older people with low needs and 54% in the number of older people with high needs.

Estimating future resource requirements has a number of components. It implies deciding the outcomes that need to be achieved. The Review looked at outcomes like supplying quality personal care to those who need it and ensuring they can take part in social activities and have a sense of control and empowerment, while safeguarding basics like nutrition and safety. Questions following on from this are the costs of achieving these outcomes, society's willingness to pay the cost and what funding system is best suited.

The Wanless Review, he said, had looked at a range of different scenarios for the level of expenditure and the funding system. A benchmark was developed to set service levels at maximum economically justifiable levels (by use of a cost/utility threshold similar to the one used by the National Institute for Health and Clinical Excellence (NICE). Of the funding scenarios, the Review had focussed most on the idea of a partnership model where the State funds most of the cost and the individual the remainder up to the benchmark level (higher than existing provision in order to ensure outcomes are met).

Services would have to be reconfigured to meet the desired outcomes. The future looks like including more community-based services and new models of care such as extra care housing and possibly, more preventive work. How to target preventive work seemed to be an issue. Looking at low-level preventive services, the review had found qualitative rather than quantitative evidence. They seemed to improve quality of life and well-being outcomes and may help prevent/delay institutionalisation for some users but little information had been found on costs or the economic value and size of benefits.

The Wanless Review's main overall conclusions were that:

- There is an economic case for greater resources
  - Providing more resources to social care would be justifiable from a cost-efficiency point of view.
  - BUT need re-configuration of service/system and development of supply/workforce.
- There is a need for changing the way care is funded
  - But requires careful, staged implementation.
- Is this affordable?
  - Difficult fiscal environment at present.
  - Where can extra resources be found: health, social security ?

Questions

Were service users' known preferences included in the Review? -Yes.

Were the costs of different community housing options included? – No

Why should we work later in life if it doesn't generate funds to pay for our care? – That's a question for the pension system rather than the care funding system. The Review did not look at the effect of changes in retirement age.

Service Users' Perspectives

Groups of service users and volunteers from two local Age Concern projects presented their perspectives.

Age Concern Tower Hamlets has an Involving Older People Project, which supports an Older People's Reference Group with a mental health service users' subgroup called the Challengers. Members of both groups presented their experience of the personal benefits of involvement and participation .

Joyce Mangan introduced the project which has been running for four years. The Reference Group has over 25 very diverse members, who have put forward older people's views in health and local authority meetings.

Christine Sheppard of Age Concern Tower Hamlets asked project participants some questions which they answered:

Q: What's the best thing about being older?
A: - looking after yourself and not seeming old.
- experiencing all the achievements in your life.

Q: What's the hardest thing about being older?
A: - People saying you're too old.
- Being concerned about whether there will be services to meet your needs in future.

Q: What do you never want to hear again?
A: - You're too old!
- We know what's best for you!

Q: How has involvement in the group affected your health?
A: - Volunteering with Age Concern and being involved in the group have made me feel relaxed and confident and helped me pick myself up.
- Three years ago I was depressed: one in four people are at some time. People having a bad patch can get worse if they're not listened to. Sharing the experience, counselling and listening services showed me I wasn't alone.

There was a very good service in the 1980s. It was a restaurant for people aged 60+. It ran a lot of activities: men especially needed activities and purpose. There was dancing, bowling, darts. Also home safety and health talks. The centre was a focal point: it got referrals from mental health services. But funding switched to urgent needs and the centre had to close. People are more in danger of isolation and loneliness since then.

Please listen to older people!

Becontree Heath Allotments Association supported by Age Concern Barking & Dagenham has supported and promoted allotment use by a number of older people. This has combined benefits of outdoor exercise, nutritional advice and the production of fresh vegetables and social inclusion through participation in a joint project with others. The project arose from work jointly supported by the local authority and Primary Care Trust (PCT) following the National Service Framework for Older People.

Denis Riley described the project and how it had got going. Four volunteers all aged over 70 had driven it. It got people out of their homes and found them company.

Pat Lesurf talked about the different activities provided in winter and summer for disabled people (as well as a good meal). It showed that everyone can do something. Exercise, fresh air and company were all good for health.

Another participant talked about how she lived in a warden-controlled flat and "couldn't believe what I could do" on the project. She was able to make good soup and had people to talk to and exercise.

Discussion

Ryan Sampson pointed to the key importance of people doing things and contributing to society, and the importance of talking therapies being available to those who needed them.

A participant asked how the project was funded. Initial funding came from Age Concern Barking & Dagenham, then matching funding included £6000 from the PCT.
Another participant asked if there was a danger of allotments being demolished to make way for the Olympics – this would be an issue to campaign against.

The Waltham Forest Model of Early Detection, Prevention and Healthy Ageing

Sheena Scott-Dunbar, Chief Executive, Age Concern Waltham Forest, presented this model which operates in the borough of Waltham Forest. It is based on a partnership between organisations including Age Concern Waltham Forest (and the Waltham Forest Older People's Voluntary Sector Partnership), the local authority's Social Services Department, the PCT and Whipps Cross NHS Trust.

This partnership includes a range of voluntary sector services which link with statutory and specialist agencies. These services, which can be accessed directly by older people, are: Waltham Forest Healthy Ageing Programme, Information &Advice and Advocacy, Waltham Forest Falls Collaborative, Case Finding, Voluntary Sector Partnership, and Hospital Discharge Services. Ms Scott-Dunbar outlined how these different services work, how they are accessed by older people and how they interface with statutory services. Some services such as case finding also involve a proactive approach to identify and contact older adults who are not previously known to health or social services.

The approach followed in Waltham Forest has been developed with reference to research evidence. Ms Scott-Dunbar outlined how the Healthy Ageing Programme is based on research carried out in Okinawa where a healthy and active lifestyle has led to long life expectancy. Services are able to show detailed and robust evidence for their effectiveness. However Age Concern Waltham Forest has been unable to obtain funding for a full evaluation of the work, which would be beyond the organisation's own means. Project funding rarely if ever includes monitoring, evaluation and evidence gathering. Research questions are often from the point of view of financial outcomes for statutory bodies.

Many of the services in Waltham Forest were exemplary in terms of commitment by statutory services to choose partnership working leading to responsive and effective services for older people. However, were the relationships sustainable? Partnership could be jeopardised by changes associated with the new commissioning approach in the NHS and social services, and rapid personnel change. Overall priority setting by the statutory sector was not free of ageism.

<u>Discussion</u>

Two participants from statutory sector backgrounds had concerns about how older people's services were being affected by the new commissioning agenda, and by political priorities like cutting Council Tax. On the other hand there was great potential for cooperation, for example by voluntary organisations being able to do single assessments.

One participant asked how many day care centres there are in Waltham Forest and how they are funded. Ms Dunbar indicated that there are only 3 or 4 day centres as such, many services being delivered in alternative ways. Another discussion point was on governance in local voluntary organisations and the problems of finding people to take on roles in them.

"Experiences of the Experienced" was presented by Professor Jill Manthorpe of King's College London.

Professor Manthorpe reported on the mid-term evaluation of the National Service Framework (NSF) for Older People, looking at what is said particularly on early intervention, which had been carried out for the Healthcare Commission and the Commission for Social Care Inspection (CSCI).

A team of older researchers had toured England visiting 10 sites and looking in a multi-disciplinary way at early intervention among other subjects. Key areas looked at had included falls and stroke services which are covered by two of the Standards of the NSF. Prof. Manthorpe presented some of the team's key findings.

One theme was around "using what we've got" – sites were not necessarily focussing on preventing falls, strokes or poor mental health in a systematic way which used the available data (for example, data from the ambulance service). A second was that there are many examples of good preventive practice in place, where people who are at risk are proactively contacted and offered services. A third is that there are still a lot of questions about whether older people are treated fairly- such as the older people who felt that their dance class was always lowest priority and liable to be cancelled if anyone else wanted the Civic Hall at the same time. The fourth finding was that prevention needs to cover a very broad range of services, "more than slippers" – also healthy eating, social activities, walking groups, quizzes … Fifthly, some communities were focussing on prevention, for example Buckinghamshire in its Community Plan made priorities of "trips and falls" and "safety in the home".

Overall conclusions of the exercise were that "prevention" needed to be defined in a very broad way – as older people themselves did when asked. It was not only an issue for health and social care services. Older people are interested in a wide range of social and leisure activities, which can also help keep participants

healthy as well as being an end in themselves. “Prevention” was not necessarily the right image to use. The agenda had to go beyond the usual suspects, “from slippers to swimwear”.

Discussion

Points were raised about the best use of data when working with official bodies:

- data protection could be an obstacle when working with local authorities
- are NHS statistics reliable/complete? For example they might identify that someone has broken a leg, but not that it was because of a fall.
- In relation to this, a case was mentioned of a falls clinic that did not pick up on a broken hip.

The question was also posed of what to do with older people who do not want to be “reached”, for whatever reason. How can or should services approach such people? Some answers were suggested:

- listening and asking questions
- nobody really wants to be isolated, so we need to look at triggers that would make people reject contact: life events, issues such as unresolved grieving
- there was a question about to what extent there is monitoring of whether people are isolated.

One participant felt that it starts with us ourselves, our feelings of solidarity with people of our own age and how we feel linked into our neighbourhood.

Chair’s Summing Up

Ryan Sampson pointed out what an unusual but inspiring mixture the day had been. The main thread was not about specific types of service, but having services that people want and which suit how they live their lives. Services have moved forward, but people need to be able to access them before they have got into a desperate situation and not after. From the service users’ point of view, key ideas seemed to lie in the area of psychological wellbeing, with a reason to live and contribute.

He left conference participants with two questions to take away and ponder on: Power is the key – how do we give it to older people and service users? How can we bring older people and carers into the commissioning process?

Contacts

Age Concern London
1st Floor
21 St. Georges Road
London
SE1 6ES
T 020 7820 6770
general@aclondon.org.uk

Age Concern England
Astral House
1268 London Road
London
SW16 4ER
T 020 8765 7200
info@ace.org.uk

Social Care Workforce Research Unit
King's College London
Strand
London
WC2R 2LS
T 020 7836 5454

Making Research Count
james.blewett@kcl.ac.uk