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Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Supporting the Independence of Older People: Are Councils Doing Enough?



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU





I have prepared and published this report in accordance with the Public Audit (Wales) Act 2004 and the Government of Wales Act 1998.

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# Summary report

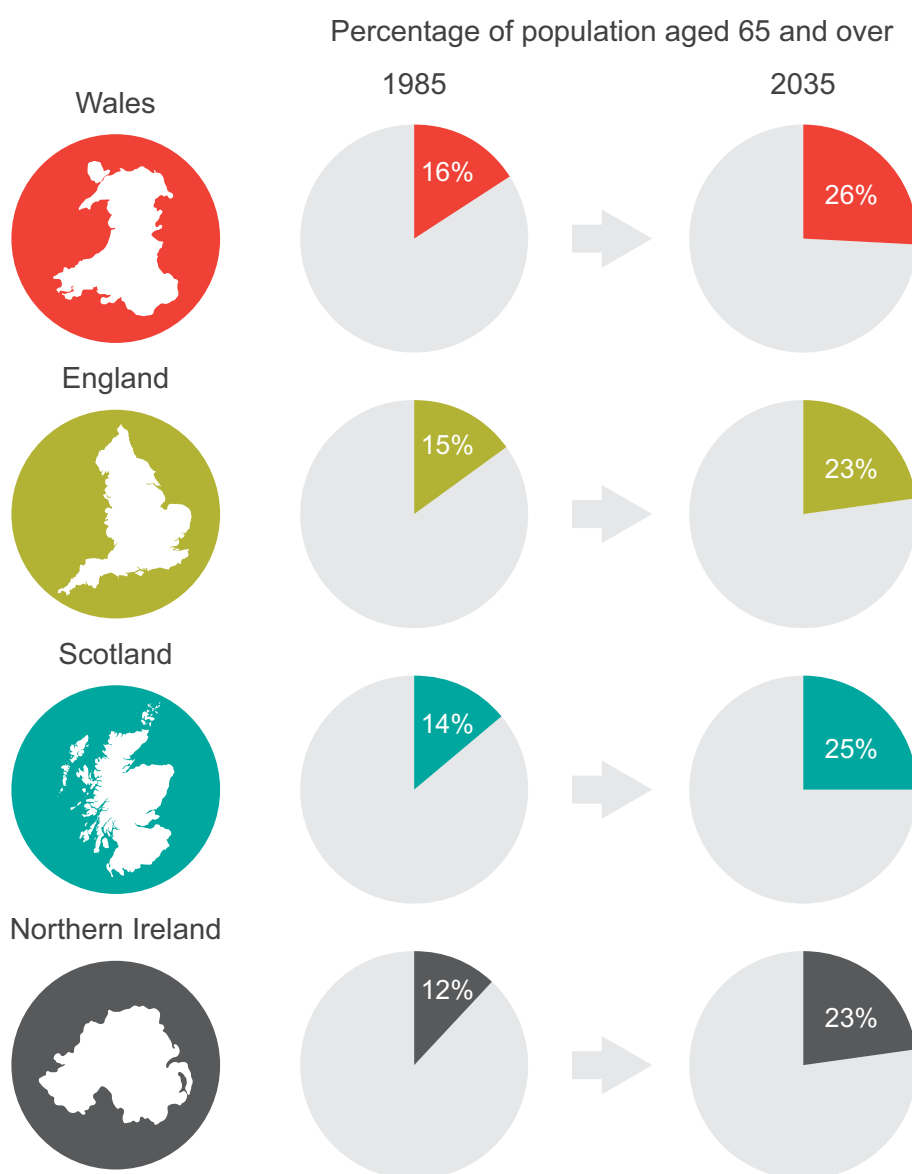


# Summary

- 1 The average age of the population of the United Kingdom is increasing rapidly. **Exhibit 1** shows that the percentage of persons aged 65 and over increased from 15 per cent in 1985 to 17 per cent in 2010, an increase of 1.7 million people. By 2035, the Office of National Statistics projects that those aged 65<sup>1</sup> and over will account for 23 per cent of the total population, and the numbers of ‘the oldest old’ (over 85 years) are projected to grow faster than any other age.

## Exhibit 1 – Percentage of the population aged 65 and over, across the UK

By 2035, the Office of National Statistics projects that those aged 65 and over could account for nearly a quarter of the total population.



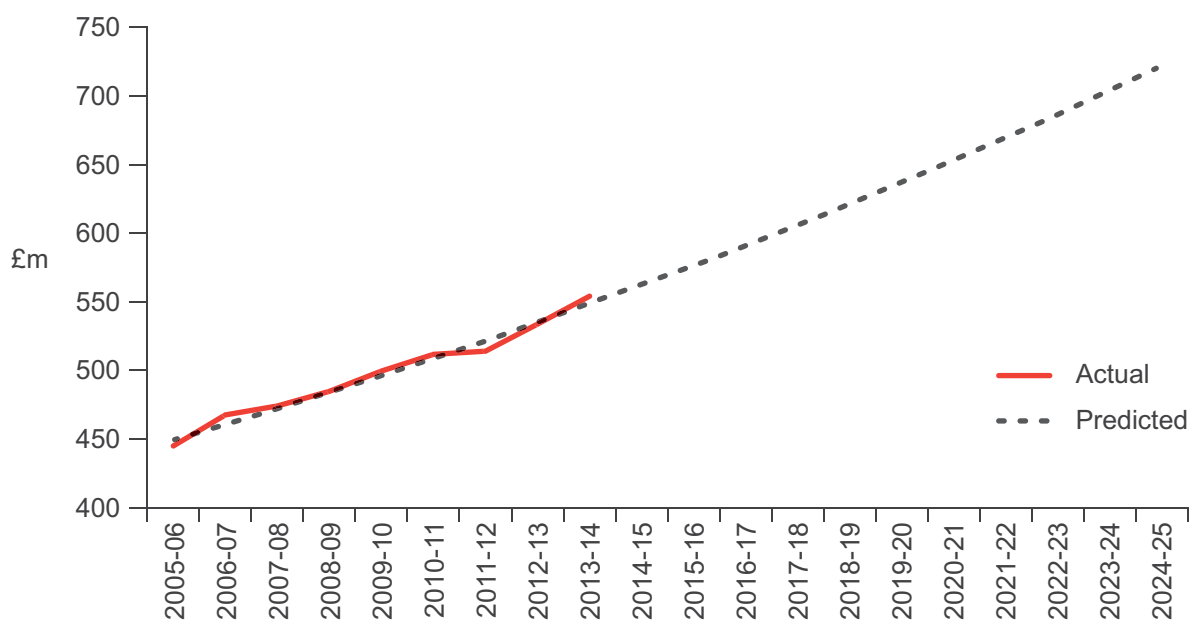
Source: Office for National Statistics, National Records of Scotland, Northern Ireland Statistics and Research Agency

<sup>1</sup> There is no agreed definition of what constitutes an older person in Wales or a general agreement on the age at which a person becomes old. The Older Peoples Commissioner in Wales uses the definition in the Commissioner for Older People (Wales) Act 2006 (Section 24) where an older person is defined as 60 and above. However, the Welsh Government Strategy for Older People in Wales defines ‘older’ as 50 and over (P.21) and the Ageing Well in Wales Programme also uses 50. Other public sector organisations define an older person as anyone aged 65 and above.

- 2 Many older people in Wales remain healthy, active and independent with little or no reliance on health and social care services. However, for others, increasing age can be associated with increasing disability and loss of independence, and function impairments such as loss of mobility, sight and hearing. One significant implication of an ageing population is the challenge of promoting independence and preventing or delaying deterioration in the health and quality of life of older citizens. Older people are the main users of health and social care services in Wales, just as they are in most European countries. The ageing population and growing number of people with long-term chronic conditions is placing considerable strain on health and social care services, and the current focus of Welsh Government policy is to seek to reduce this demand and shift services out of expensive acute hospitals and nursing homes and into the community.
  
- 3 The adult social care services delivered by the 22 councils in Wales remain heavily focused on people aged 65 and above, and this pattern has remained consistent in the last decade. **Exhibit 2** shows that over the eight years between 2005-06 and 2013-14, expenditure by Welsh councils on social care services for people aged 65 and over has increased by 23 per cent. On the basis of current trends, this expenditure is set to continue to rise to over £750 million within 10 years and could increase even more rapidly to meet the needs of our ageing population with increasing life expectancy and more complex needs.

**Exhibit 2 – Council expenditure on social services for older people (aged 65 and over)**

Council expenditure on older people has risen by 23 per cent in the last decade, accounting for £500 million of expenditure in 2013-14, and looks likely to increase to over £700 million within 10 years.



Source: Local Government Data Unit, Measuring Up Benchmarking Group Data Collection 2005-06 to 2013-14, and Wales Audit Office exponential trendline analysis



- 4 Although expenditure is rising, the number of adults receiving social care services has fallen – from 81,140 in 2006-07 to 78,111 in 2013-14. Services are now more focused on people with complex needs and councils are generally not prioritising those with moderate or low needs for assistance. The proportion of the adult social care services budget for people aged over 65 that is overspent is also increasing, rising from a 0.7 per cent overspend in 2011-12 to 3.2 per cent overspend in 2013-14<sup>2</sup>. There has also been an increase in NHS expenditure for primary and secondary care services in Wales with budgets rising from £5.2 billion in 2008-09 to £5.5 billion in 2013-14<sup>3</sup>. However, this budget information is not reported in a way that shows how much is spent on care services to older people.
- 5 Whilst health and social care are important, services such as education, leisure, housing, transport, community facilities and support to remain in employment all play an essential part in the well-being of older people. There are some services that are specifically focused on independence and prevention of ill health, whilst others are services that are not provided with prevention as their specific aim, but are of great benefit to older people in maintaining their quality of life. There are also obvious benefits to allowing older people to live independently in their communities: it may provide the best possible life for older people, they remain in their homes, close to their friends and families, they can continue to contribute to society and the impact on expensive health and social care services is minimised.
- 6 The Welsh Government is modernising social care services through the Social Services and Well-Being (Wales) Act 2014 (the Act). The Act builds upon the Welsh Government’s Strategy for Older People in Wales<sup>4</sup>, launched in 2003, as well as the commitments of the Dublin Declaration on Age-Friendly Cities and the Ageing Well in Wales Programme<sup>5</sup>. Taken together, these recognise the importance of supporting older people to remain independent and make commitments for public services to work together to deliver this goal. Further information on these is set out in [Appendix 1](#).
- 7 A key strand of the Act is on prevention which is intended to reduce demand for high-intensity, high-cost services. Preventive services range from relatively formal intermediate care services provided by health and social care professionals to interventions that could include befriending schemes, the fitting of a handrail or help with shopping; services not necessarily provided by a health or social care professional. When the element of social inclusion is included, prevention can be extended to cover wider community services, such as public transport, leisure centres and housing. For older people these services enable them to stay safe and healthy, and lead lives that have value, meaning and purpose by supporting them to remain in their community. Importantly, in the current financial climate, home-based support services also cost less than caring for older people in residential care or in hospital.

2 Local Government Data Unit, Measuring Up Benchmarking Group Data Collection

3 [www.gov.wales/statistics-and-research/nhs-expenditure-programme-budgets/?lang=en](http://www.gov.wales/statistics-and-research/nhs-expenditure-programme-budgets/?lang=en)

4 The Welsh Government first published its Strategy for Older People in 2003. The phase one strategy covered the period 2003-2008; phase two 2008-2013; and phase 3 the period 2013-2023.

5 [www.ageingwellinwales.com/Libraries/Documents/AWFinalEnglish.pdf](http://www.ageingwellinwales.com/Libraries/Documents/AWFinalEnglish.pdf)

- 8 Promoting preventative and early intervention services will require councils and their partners to change how services are currently planned and delivered. It will also require ownership outside of social services and an understanding that it is about other parts of the system working to maintain independence. At this time, however, no baseline information exists to identify what services are in place and what else is needed to deliver low level of assistance in such areas of everyday life that can enhance well-being through enabling an older person to remain in their own home, maintain independence and reduce the risk of institutionalisation.
- 9 At a time of increasing demand on health and social services, public sector spending is reducing. Between 2010-11 and 2014-15, we estimate that there has been a real terms reduction of £464 million (10 per cent) of Aggregate External Finance<sup>6</sup>. With reducing resources, these non-statutory, low-level prevention services are at risk of taking a bigger share of budget reductions as councils protect their statutory obligations.
- 10 During 2015, staff of the Wales Audit Office, on behalf of the Auditor General, examined whether councils are working effectively to support the independence of older people. Our study methods are set out in [Appendix 2](#). These included an online survey for older people to tell us about the services they consider the most important in supporting them to maintain their independence and audit fieldwork at six councils in Wales. Our methodology also included a budget and service data tool, to evaluate the range of services that support older people to live independently, and a review of key plans and strategies. Our work was also delivered jointly with staff of the Care and Social Services Inspectorate in Wales and the office of the Older People's Commissioner in Wales.
- 11 Based on the findings of this audit, the Auditor General has concluded that **whilst the Welsh public sector recognises the challenges of an ageing population, some key barriers are inhibiting the shift in focus that is needed to reduce demand for health and social care services and support older people to live independently.**

<sup>6</sup> This funding comprises the revenue support grant from the Welsh Government plus non-domestic rates, which the Welsh Government shares out among local authorities.

## Councils' strategies and leadership focus too much on delivery of social services and do not always recognise the important contribution that other services can make in supporting and sustaining the independence of older people

- 12 Whilst recognising the essential role councils play in providing leadership on older people's issues, partner organisations are not always positive about the delivery of that leadership role. The role of the older people's strategy coordinator, seen by the Welsh Government and others as key in delivering councils' engagement and leadership on older people issues, has diminished over time, reducing their ability to influence joint working in councils and meet the needs of older people.
- 13 There is a surfeit of often disconnected plans and strategies in councils that set priorities and actions aimed at maintaining or improving the independence of older people, and the contribution of low-level preventative services in supporting independence is often overlooked. Fifty-five per cent of partner organisations surveyed stated that their council's plan was developed using comprehensive information from all relevant council and partner services, and only 46 per cent believe the plan considers population forecasts and future demand on services. Only 45 per cent of citizens who are actively engaged with councils were asked their views as their council developed its plan(s) for older people.

## Despite some innovative examples of councils supporting older people, the wider preventative services that can help reduce demand for health and social services are undervalued

- 14 Many of the preventative services that support older people to live independently have experienced cuts in their budgets and overall finances. However, because many councils lack good data on the number of older people using preventative services, they are unable to effectively manage the delivery of these services, plan future provision and target activity appropriately in a time of reducing resources.
- 15 Seven of 10 services rated as most important by older people and four of the top-five services that support them to live independently have been reduced – community halls (41 per cent), public toilets (26.8 per cent), libraries (18.7 per cent) and public transport (5.7 per cent). Whilst we acknowledge the challenge councils face in having to reduce expenditure to balance budgets, the effect of these cuts is going to impact adversely on older people and may prove to be a false economy for the taxpayer as cuts to preventative services can often result in more demand for more costly acute health and social services in the medium term<sup>7</sup>.

<sup>7</sup> Joseph Rowntree Foundation, **The importance of 'low level' preventative services to older people**, 1998; and Kings Fund, **Preventative Social Care: Is it cost effective?** 2006

- 16 The Intermediate Care Fund, which was created by the Welsh Government to encourage integrated working between local authorities, health and housing has provided £70 million in 2014-15 and 2015-16. We found that the short-term nature of the funding, and weaknesses in its allocation and evaluation, makes it difficult to judge whether the intentions of the Intermediate Care Fund are supporting the transformation of services that was intended.

### **A lack of data is making it difficult for councils to demonstrate the impact of their services in supporting the independence of older people, and this weakens their decision making and scrutiny when setting future priorities**

- 17 Councils' plans and strategies show a clear understanding of the issues they face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people. However, we found that many councils were unable to provide service usage numbers for a significant number of the preventative services we reviewed. This highlights that capturing good-quality information and having the right systems to analyse and use this data effectively continue to be a challenge for many councils.
- 18 There is a risk that councils are changing services without fully assessing the potential impact on older people, thus undermining their ability to meet the Public Sector Equality Duty. Whilst 97 per cent of older engaged citizens knew that their council had to make savings and cut services, only 46 per cent knew where cuts were to be made and only 29 per cent had been told how it would affect them. We also found that the quality of information in equality impact assessments is not always robust enough to demonstrate potential impacts which makes it difficult to clearly identify the effect of decisions on older people.

# Recommendations

19 The key recommendations arising from the work we carried out are that:

Recommendation	Responsible partners
<p>R1 Improve governance, accountability and corporate leadership on older people's issues through:</p> <ul style="list-style-type: none"> <li>• the appointment of a senior lead officer who is accountable for coordinating and leading the council's work on older people's services;</li> <li>• realigning the work of the older people's strategy coordinators to support development and delivery of plans for services that contribute to the independence of older people;</li> <li>• the appointment of a member champion for older people's services; and</li> <li>• regularly disseminating and updating information on these appointments to all staff and stakeholders.</li> </ul>	Councils
<p>R2 Improve strategic planning and better coordinate activity for services to older people by:</p> <ul style="list-style-type: none"> <li>• ensuring comprehensive action plans are in place that cover the work of all relevant council departments and the work of external stakeholders outside of health and social care; and</li> <li>• engaging with residents and partners in the development of plans, and in developing and agreeing priorities.</li> </ul>	Councils
<p>R3 Improve engagement with, and dissemination of, information to older people by ensuring advice and information services are appropriately configured and meet the needs of the recipients.</p>	Councils
<p>R4 Ensure effective management of performance for the range of services that support older people to live independently by:</p> <ul style="list-style-type: none"> <li>• setting appropriate measures to enable members, officers and the public to judge progress in delivering actions for all council services;</li> <li>• ensuring performance information covers the work of all relevant agencies and especially those outside of health and social services; and</li> <li>• establishing measures to judge inputs, outputs and impact to be able to understand the effect of budget cuts and support oversight and scrutiny.</li> </ul>	Councils

Recommendation	Responsible partners
<p>R5 Ensure compliance with the Public Sector Equality Duty when undertaking equality impact assessments by:</p> <ul style="list-style-type: none"> <li>• setting out how changes to services or cuts in budgets will affect groups with protected characteristics;</li> <li>• quantifying the potential impact and the mitigation actions that will be delivered to reduce the potentially negative effect on groups with protected characteristics;</li> <li>• indicating the potential numbers who would be affected by the proposed changes or new policy by identifying the impact on those with protected characteristics; and</li> <li>• ensuring supporting activity such as surveys, focus groups and information campaigns includes sufficient information to enable service users to clearly understand the impact of proposed changes on them.</li> </ul>	<p>Councils</p>
<p>R6 Improve the management and impact of the Intermediate Care Fund by:</p> <ul style="list-style-type: none"> <li>• setting a performance baseline at the start of projects to be able to judge the impact of these overtime;</li> <li>• agreeing the format and coverage of monitoring reports to enable funded projects to be evaluated on a like-for-like basis against the criteria for the fund, to judge which are having the greatest positive impact and how many schemes have been mainstreamed into core funding; and</li> <li>• improving engagement with the full range of partners to ensure as wide a range of partners are encouraged to participate in future initiatives and programmes.</li> </ul>	<p>Council, health bodies, third sector partners and the Welsh Government</p>

20 We have also set out in [Appendix 3](#), the key assurance requirements for developing a strategic focus on services for older people covering recommendations 1 to 5 above, as a checklist for councils to review their current performance.

## Part 1

Councils' strategies and leadership focus too much on delivery of social services and do not always recognise the important contribution that other services can make in supporting and sustaining the independence of older people





- 1.1 In this part of the report, we examine how effective councils have been in providing strategic leadership on older person's issues, and in particular, the role of older people's strategy coordinators<sup>8</sup> within local authorities. We also review councils' plans and strategies for older people, their priorities in respect of supporting the independence of older people and their engagement with key stakeholders – services users and partners – when developing and agreeing their plans.

## Councils are not always providing the direction needed to address the needs of older people

- 1.2 The role of councils is seen as essential in providing leadership on older people's issues. Welsh Government strategies (see below) highlight the important role councils have in this respect, acknowledging that effective leadership on older people's issues by councils can create confidence amongst stakeholders by clearly explaining priorities, the role of partners, staff and services and encouraging joined up and integrated delivery. In particular, clear and accountable leadership is especially important in a time of austerity and cuts in services.
- 1.3 Through our surveys, we found that 94 per cent of elected members who responded believe that councillors and senior managers recognise the importance of supporting older people to live independently. However, only 86 per cent of elected members knew if there was an older people's champion<sup>9</sup> in their council and of these, only 69 per cent thought that their council's older people's champion was effective.
- 1.4 Partner organisations that we surveyed – such as housing associations, care and repair bodies, supporting people organisations and specialist advice agencies – were slightly less positive about councils' leadership on older people's issues. Only 64 per cent of partners who responded to our survey stated that they know who the senior manager – the chief officer – accountable for services to older people within the council they work with is; and only 57 per cent know if there is an older people's champion. Further, only 51 per cent of partners stated that they were engaged in the development of their council's plans for older people.

<sup>8</sup> Older people's strategy coordinators have typically adopted a coordinating role in councils, forming planning groups and working with '50+' groups to identify the needs and priorities of older people, and broker solutions. These posts have historically been supported by funding from the Welsh Government, who sees them as critical in ensuring the needs of older people are understood and planned for within each local authority.

<sup>9</sup> The older people's champion role is to galvanise the views of older people and represent these views at the highest levels of local decision making within councils acting as the elected member voice on older people's issues on cabinet and council discussions.



The role of older people's strategy coordinators has diminished over time which reduces their ability to influence joint working in councils to plan for, and meet the needs of, older people

- 1.5 The Welsh Government's **Strategy for Older People 2008-2013**<sup>10</sup> refers to the role of older people's strategy coordinators within local authorities at some length. The coordinators have a central role in councils' engagement with older people. Coordinators are also seen as having played a key role in establishing and supporting local 50+ forums<sup>11</sup> throughout Wales.

The Welsh Government has published three strategies for older people as follows:

**Phase one (2003-2008)** prioritised improving the quality, quantity and responsiveness of services for older people and saw the introduction of popular schemes, such as free bus travel and free swimming for older people, as well as the appointment of a Commissioner for Older People. The first phase of the strategy aimed to raise the profile of older people's needs and ensure that their views were sought in the development and delivery of local services. Local authorities and other partners were allocated £13 million to implement the first phase of the strategy.

**Phase two (2008-2013)** focused on a range of key strategic areas including continuing to improve the health and well-being of older people and ways of enabling them to stay independent and active for longer. Phase two also prioritised the 'mainstreaming' of ageing into the work of public sector bodies in Wales. An additional £7 million was also provided to ensure the effective implementation of the strategy.

**Phase three (2013-2023)** is intended to run until 2023 and aims to create 'full participation' of older people in Wales, develop communities that are 'age-friendly' and ensure future generations are equipped for later life by improving the social, economic and environmental well-being of older people.

- 1.6 The role of the coordinator is directly funded by Welsh Government grant to councils. The Welsh Government and the Older People's Commissioner for Wales view the coordinator role as being critical in providing leadership on older people's issues within councils, as well as working with a wide range of partners in the local community. The Welsh Government's strategy highlights the importance of local authorities taking into account older people in **all** policy areas, by 'mainstreaming' services. The strategy also encourages councils and other stakeholders to build on work already underway and further address the concerns of the over 50s in areas such as planning and building regulations, economic development, education and skill development, transport, housing and income maximisation.

<sup>10</sup> [www.wales.nhs.uk/sitesplus/documents/829/Older%20Peoples%20Strategy%20Wales.pdf](http://www.wales.nhs.uk/sitesplus/documents/829/Older%20Peoples%20Strategy%20Wales.pdf)

<sup>11</sup> Fifty plus forums for older people are independent groups of people aged 50 plus who meet to discuss issues that affect the lives of older people across their council area. Forums are usually supported by the older people's strategy coordinators, but it is the forum members who decide the agenda and campaign at each meeting and often invite speakers, assembly members, local councillors and senior officers of the local authority to explain how their policies and strategies affect older people.

- 1.7 In section four of the strategy, the Welsh Government states that ‘local authorities have made real progress since the launch of the Strategy and Co-ordinators have played a crucial role in developing and implementing the Strategy. Further priority and emphasis will again need to be given to this over the next five years.’ Phase two of the strategy goes on to further state that ‘Co-ordinators need a wide corporate remit in order to implement the Strategy...co-ordinators will need to receive strong management support and leadership from the Chief Executive.’
- 1.8 Phase two of the strategy also outlined the Welsh Government’s intentions to decrease funding specifically for the coordinator role to councils, reducing the grant from £2.4 million in 2008-09 to £1.7 million in 2009-10. In the following year – 2010-11 – the grant would drop again, to £1 million, and this money would be transferred from grant funding to the revenue support grant for local authorities. The Welsh Local Government Association in its response to the consultation on the development of the phase three strategy<sup>12</sup> noted its concern that ‘the challenge of maintaining such structures will become increasingly difficult for local authorities should the Welsh Government reduce further the funding provided for the co-ordination, mainstreaming and implementation (and other tasks and roles) carried out by Co-ordinators’.
- 1.9 Nevertheless, the Welsh Government makes clear that this ‘level of funding will enable councils to continue to support the key roles played by Co-ordinators, Champions and over 50s forums...more emphasis on local responsibility for the achievement of strategic goals, including the commitment of appropriate resources to achieve them.’ However, neither phase three of the strategy, nor the accompanying strategic delivery plan, make any reference to the role or contribution of older people’s strategy coordinators, although phase three does recognise the importance of local authorities continuing to coordinate local activity. This means that the role of coordinators, which is valued by many stakeholders, is not formally recognised in the current national strategy which diminishes their legitimacy.
- 1.10 We asked all local authority older people’s strategy coordinators how their council supports older people to live independently. Specifically, we asked about their role and the other duties outlined in phase two of the strategy around older people’s champions and older people’s forums. Of the 19 councils that responded, 14 have a full-time co-ordinator and five a part-time coordinator.
- 1.11 **Exhibit 3** shows how much time each coordinator spends per week delivering the role of older people’s strategy coordinator. Of the 19 coordinators who responded, eight spend less than half their time delivering on the role of older people’s strategy coordinator. Five of these coordinators spend less than one quarter of their time in this role. A number of coordinators also commented on the reduction in the time they committed to working older people’s issues in the past three years, which has resulted in them not being able to dedicate as much time to the role of coordinator as the role warrants, and this is undermining the council’s leadership and coordination role on older people’s issues.

<sup>12</sup> [www.wlga.gov.uk/social-services-consultation-responses/wlga-consultation-response-the-strategy-for-older-people-in-wales-phase3-2013-2023/](http://www.wlga.gov.uk/social-services-consultation-responses/wlga-consultation-response-the-strategy-for-older-people-in-wales-phase3-2013-2023/)

### Exhibit 3 – Percentage of time spent by coordinators on delivering the role of older people’s strategy coordinator

Using the mid-point in the range of the four options below, this shows that each coordinator spends an average of 55 per cent of their work time each week delivering on older people’s issues.

Percentage of time per week spent on coordination role	Number of local authorities
0-24	5
25-49	3
50-74	2
75-100	8
Information not provided in survey return	1

Source: Wales Audit Office survey of older people’s strategy coordinators, April 2015

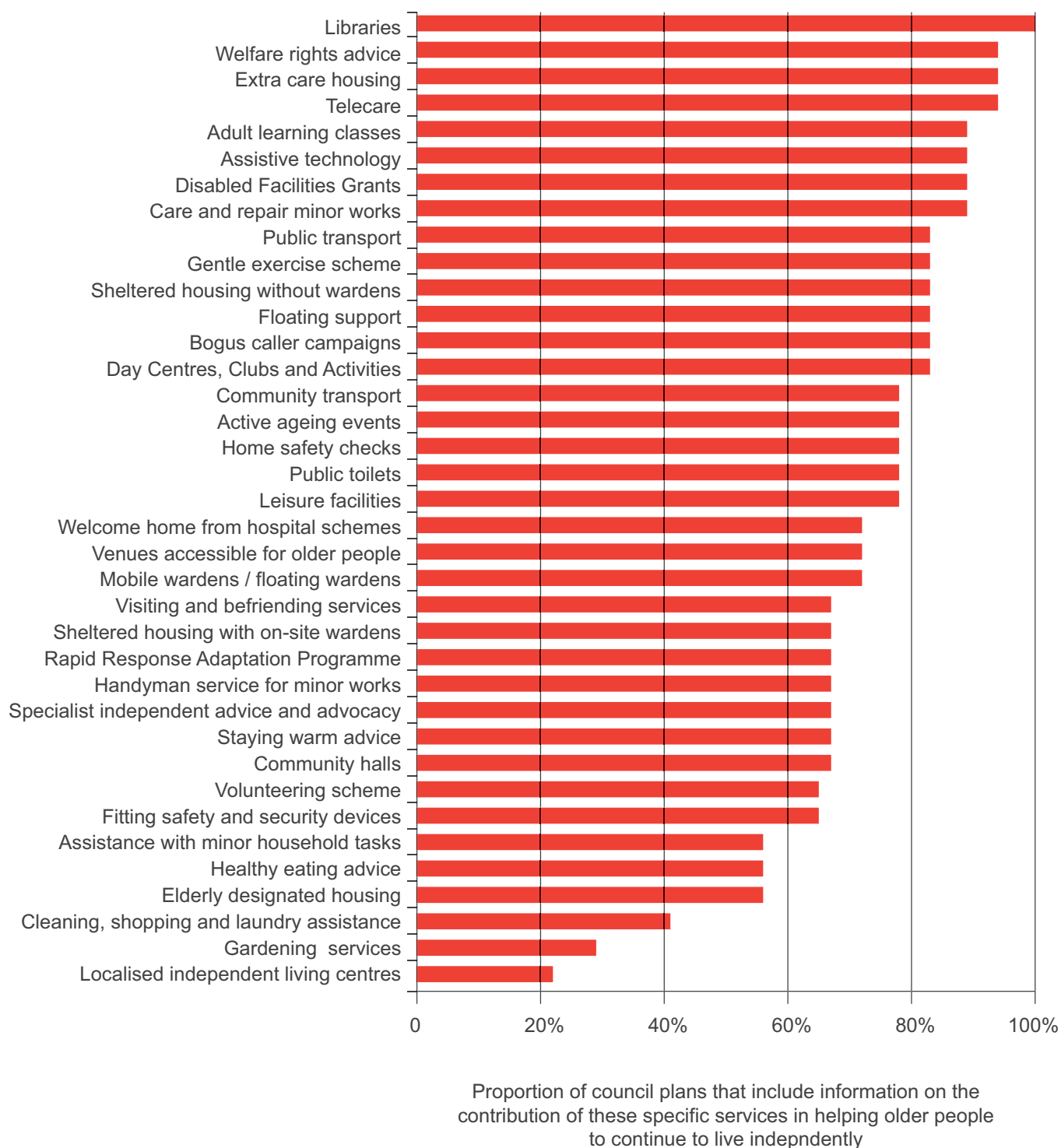
1.12 A number of coordinators also refer to a change in their role, away from mainstreaming older people’s services into the day-to-day work of all council services and engaging with older people, to supporting council transformational programmes, most notably in adult social care. This change in emphasis may be necessary but stymies councils’ abilities to deliver the commitments of the Welsh Government strategy for older people. It also reinforces the perception that older people continue to be seen by councils as primarily recipients of health and social care services. This can undermine the role of other services that help maintain independence and does not provide the leadership needed to promote the importance of preventative services. It is also a reflection of the changed financial environment of councils and the need to widen responsibilities of many officers as budget cuts bite.

## Whilst councils have identified the independence of older people as a priority, strategies and plans do not always recognise the positive contribution made by partners and other council services

- 1.13 Councils are clear that supporting older people to maintain their independence and live in their communities is beneficial to both them and society in general. There are obvious benefits to allowing older people to live independently in their communities: it may provide the best possible life for older people, they remain in their homes, close to their friends and families, they can continue to contribute to society and the impact on expensive health and social care services is minimised.
- 1.14 However, most councils' plans focus on how they plan to provide health and social care services to older people and fail to identify the importance of providing services through council departments and partner organisations that can, in conjunction with less-intensive health and social care services, contribute to older people living independently. These non-health and social care services are cheaper than the intensive health and social care option; they can be delivered in the community and are often integral to allowing older people to maintain their independence. They include:
- a practical support services that provide 'that little bit of help' that promotes health, well-being and quality of life of older people;
  - b advice and information services that provide older people with the information they need to continue to live independently;
  - c the continued provision of community based facilities such as public toilets, libraries and community halls; and
  - d specialist housing, housing adaptations, warden, telecare and low-level floating support that enable older people to remain in their home.
- 1.15 **Exhibit 4** shows that there is an inconsistent picture on how well embedded these services are in councils' planning documents. We found that whilst all councils recognised the role that libraries can make to supporting older people to live independently, less than half recognised the importance of cleaning, shopping and laundry assistance and gardening services, and in many other important areas – healthy eating advice and visiting and befriending services – coverage varied widely across Wales. This highlights that whilst all councils recognise that supporting older people to maintain their independence is beneficial to both them and their communities, many are not planning or prioritising services to enable this vision.

**Exhibit 4 – Summary of preventative services that older people’s coordinators report are covered in Welsh councils’ plans and strategies for older people**

Councils do not always value the role of many preventative services in supporting older people to live independently in their strategies and plans.



Source: Wales Audit Office survey of older people’s coordinators, April 2015

- 1.16 Notwithstanding, we found that a small number of councils have explored the value of some of these services in detail, outlining their importance and contribution to supporting older people, listing individual services and identifying the organisations and departments which provide them. For instance, Powys identified that an accessible and community based transport system would be a key issue for older people who live in remote, rural communities to continue to live independently. The One Powys Plan provides detail on why transport is important to its older people, the benefits it can bring and how it intends to meet this priority. In Torfaen, an older people's priority programme for the local service board, entitled 'Happily Independent', used data from a survey of older people to identify which services are most appreciated by users and set their priorities accordingly.
- 1.17 Whilst some councils do make reference to these non-health and social care services in plans and strategies, they often do not refer to who will provide them and how they will be paid for. In other instances, local authorities make detailed reference to these services. Blaenau Gwent and the Isle of Anglesey both detail, in various plans and strategies, what non-health and social care services will be provided to support the independence of older people, which council department or external organisation will be providing them, and how they will be funded.
- 1.18 Some local authorities also use their plans and strategies to outline their commitment to collaboration and the pooling of budgets as a policy to improve service delivery. They identify the contribution that external partners and organisations can play in delivering the wide range of non-health and social care services that contribute to the independence of older people, and the financial benefits that can be achieved through pooling budgets.

**Many councils still view older people as vulnerable recipients of social services and councils' plans do not always take an holistic view of older people's needs which hinders their effectiveness**

- 1.19 The current planning structure in place for the strategic development of public and voluntary services is complex. Services for older people, even including health and social services, can be the responsibility of a number of different public and voluntary sector organisations, and they can fall under the auspices of a number of different plans or strategies. Our review found references to maintaining or improving the independence of older people in the following plans and strategies provided by councils:
- Single integrated plan
  - Older people's strategy
  - Corporate strategy

- Improvement plan
- Strategy for older people
- Community strategy
- Older person's housing strategy
- Older people's commissioning strategy
- Local housing strategy
- Supporting people commissioning plan
- Consultation and engagement strategy
- Strategic equalities plan
- Local housing strategy delivery plan

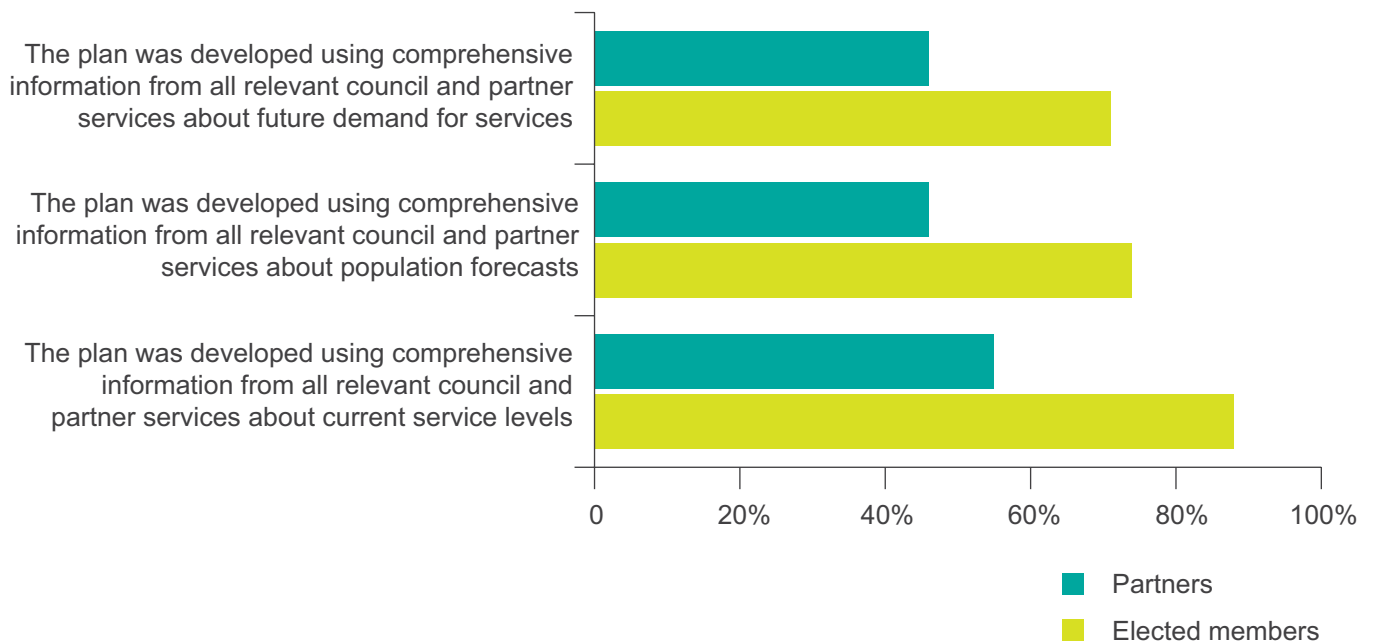
1.20 The plans we reviewed clearly highlighted the challenges of an ageing population but respond to this in terms of health and social care services. The tone of many plans and strategies suggests that older people are seen as merely users of services – in many cases, expensive and complex services – rather than people with a contribution to make to their communities. Whilst many older people require some health and social care services, there are also older people who are able, and wish to, live independently in their communities with minimal intervention and support. These older people contribute to their local communities through employment, interacting with friends and families, using local services and contributing to the local economy.

1.21 Some councils provided us with as many as five current plans or strategies that contained reference to priorities and actions aimed at maintaining or improving the independence of older people. Often these plans and strategies contain the same priorities, which show that the strategic planning within some councils is joined up. However, the repetition of priorities can lead to ambiguity about who is responsible for setting these priorities and who is accountable for the actions required to deliver them.

1.22 The range and volume of plans and strategies covering services supporting the independence of older people also made it difficult to establish which plan or strategy was the sovereign document. Because priorities are spread across a number of plans and strategies, most councils did not have a single document that collated all the priorities they and their partnerships were working towards to support or improve the independence of older people. **Exhibit 5** shows that there is also a divergence of opinion between partners and elected members on the quality of information captured in council strategies and plans.

### Exhibit 5 – The views of elected members and partners on the range of information contained in local authority plans for older people

Partners and elected members have very different views on the coverage of information used to develop council plans.



Source: Wales Audit Office, online surveys of elected members and partner organisations, March 2015

1.23 Only 55 per cent of partner organisations who responded to our survey stated that their council’s plan(s) was developed using comprehensive information from all relevant council and partner services. However, only 46 per cent believe the plan considers population forecasts and future demand on services. This is much lower than responses we received from elected members.

### Consultation with citizens and partners is not sufficiently robust to provide the insight, endorsement and support needed to deliver councils’ priorities for older people

1.24 Government policy in Wales emphasises the importance of effective public engagement, and engagement is widely seen as a crucial aspect of ensuring that all public sector organisations in Wales develop a more ‘citizen-focused’ approach to the design and delivery of their policies, programmes and services. Through our public survey, we found that 87 per cent of citizens who responded to the survey stated that they had not been asked for their views as a user of council services by their council in the previous 12 months.



1.25 With regard to those citizens who are actively engaged with councils as members of consultation panels or older people's forums, we found that whilst 63 per cent stated that their council had a plan(s) to support older people to live independently, only 45 per cent were asked their views as their council developed their plan(s) for older people. In addition, of these engaged citizens, only 39 per cent were involved by their council as the plan has been implemented. Of those citizens who had been asked for their views on council services, 76 per cent also felt that there had been no change or improvement in these services since they were asked.

I am frightened It (services) will go and I will be alone with less help, no family just elderly friends and my dog. Does the council really understand what it's like to rely on these services?

There seems to be a profusion of well-meaning organisations to help us 'oldies' but they do not seem to be co-ordinated e.g. help the aged/age connects. It would help if there was one point of contact & less duplication.

It would be useful to continue to ask us 'maturing' members of the community what our opinions and needs are in future, particularly as there are increasing numbers of us. Things change and this could be a useful way of monitoring our needs so that those of us who can will be able to continue to be independent, provide others with support and not require additional costly services.

Councils are short sighted they are happy to end services with no thought to the impact they have on older people e.g. they were planning to cut services to the senior health shop in Barry which provides services such as welfare exercise support for carers.

Obviously the council have made no effort to inform residents what future plans involve. E.g. - the carers home visits have been privatised and it has been virtually impossible to arrange visits when we were away for short periods.

The council are supposed to consult with the public about how cuts should be made, but they don't and I think it is inevitable that the libraries are going to go, they don't ask the people where they think cuts should occur.

Council not taking any action to what is needed by elderly people.

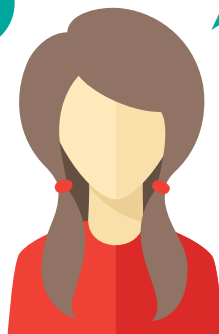
Comments from older people on their council's engagement with residents  
Source: Wales Audit Office, citizen online survey, April 2015

- 1.26 We also found that 74 per cent of elected members believe that their council has effectively communicated its plans and strategies for older people internally within their organisation to all relevant council employees. However, with regard to wider communication, 64 per cent of elected members believe that their council communicated effectively on its plan(s) with partners and only 50 per cent with older people.
- 1.27 We found that 56 per cent of partner organisations who responded to our survey believe that their council has effectively communicated its plan for older people to external partners. Only 51 per cent of partner organisations that worked with councils to deliver services for older people stated that the council had developed its plans with input from its organisation. Further, only 35 per cent of partners believed that their council made changes to the plan because of feedback provided by partners and only 33 per cent that the council communicated effectively on the plan(s) with older people.

The changes to older people's services are not taking place against the Supporting People guidance and there has not been any consultation with service users.

There is no clear commissioning plan to help the Third Sector plan, no procurement plan available either. The voluntary sector is being looked to in order to provide services but are often seen as the cheap option, this is not the case and many charities are now not able to provide the services required because their reserves are being drawn on to hold up existing services, even those contracted with the public sector... This continuous short-term contracting does not support growth in the voluntary sector and ultimately will result in less free services being available to older people through charities.

For our organisation the local challenge to maintain our services increases as financial resources dry up. It's so much harder to get grant assistance and benevolent funding and hurts an area like Blaenau Gwent that has significant high needs for the older population and independent living.



Comments from partner organisations on their council's decision to cut services

Source: Wales Audit Office, online partners, April 2015

1.28 One of the key themes that arose in our surveys with citizens is the fear many have that whilst they do not need to use these services at present, they are concerned that they will not be available when they do need assistance. Many responded to note their fears that any cuts in low-level supportive services could isolate some older people who are already feeling lonely. Many stressed that not everyone has family who are available to help and the loss of these services will accelerate deterioration in their well-being and independence with the consequence of them having to be moved to residential care.

## Part 2

Despite some innovative examples of councils supporting older people, the wider preventative services that can help reduce demand for health and social services are undervalued



2.1 Reductions in public funding are resulting in the withdrawal of services and tightening of eligibility criteria in many areas of social care. Recent high-profile cases also suggest that some overstretched services run the risk of failing to provide older people with basic dignity and nutrition. In this part of the report, we analyse the Welsh Government's and councils' budgets. We also consider the range and availability of preventative services across Wales, looking at four core aspects that support older people to continue to live independently. These are:



Practical support services



Advice and information services



Community based facilities



Housing and housing based services

2.2 We review information on numbers using services, whether these services are being protected from budget cuts, access and assessment processes and plans for introducing or raising charges. We also consider the importance of these services for older people based on the findings of our surveys and provide an analysis of the impact of the Welsh Government's Intermediate Care Fund.

## The impact of austerity requires councils to make difficult decisions to balance budgets and councils are struggling to maintain expenditure on services that support the independence of older people

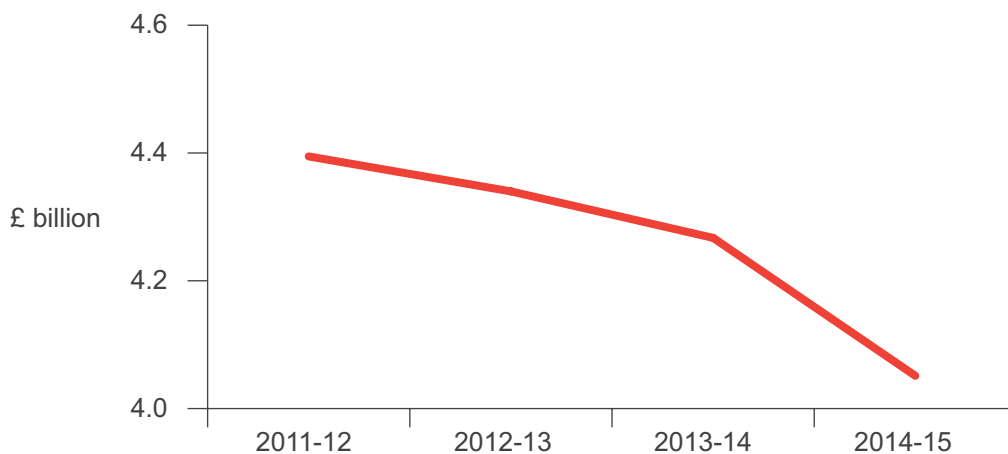
2.3 In setting the budget for 2015-16<sup>13</sup>, the Finance Minister announced that the Welsh Government is prioritising investment to improve health and well-being, promote growth and jobs, break the link between poverty and educational attainment and support children, families and deprived communities. These are areas of work the Welsh Government has prioritised over others in setting budgets and deciding where reductions in public expenditure, especially grants, will be made. By highlighting these areas, other services get less priority and consequently less protection from the cuts that the Welsh Government has to make.

13 Written Statement of the Finance Minister, **Final Budget 2015-16**, 2 December 2014

2.4 Local government receives the bulk of its funding through what is known as Aggregate External Finance (AEF). Comparing AEF across the period 2010-11 to 2014-15 is complicated for two main reasons. Firstly, the Welsh Government has incorporated into AEF grants that were previously provided separately. While this 'de-hypothecation' of grants results in an increase in AEF, it is not necessarily a net increase in funding. The net value of grants incorporated into AEF since 2010-11 is around £137 million in real terms (adjusted for inflation). In addition, the picture is complicated by the devolution of council tax benefit, which has been incorporated into the AEF. My estimation is that having adjusted for these factors to get as close to a like-for-like comparison as is possible based on the information that is available, there has been a real-terms reduction in local government funding by Welsh Government between 2010-11 and 2014-15 of £464 million (10 per cent).

#### Exhibit 6 – Welsh Government funding of councils 2011-12 to 2014-15

Councils' funding has reduced by £464 million (10 per cent) in the last four years







Source: Wales Audit Office, analysis of Welsh Government finances, June 2015

- 2.5 With rising demand and reducing resources, councils face difficult choices when setting budgets. The Welsh Government's Daffodil<sup>14</sup> system predicts that by 2020 there will be a 23 per cent increase in the number of people aged over 55; a 55 per cent increase in the number of people aged over 75; and a 72 per cent rise in the number of people aged over 80. This challenge requires councils to prioritise their diminishing resources on maintaining, if not increasing, expenditure on social care. Spending on personal social care for older people by local authorities rose by 15.8 per cent from £0.63 billion in 2008-09 to £0.73 billion in 2013-14.
- 2.6 To compensate for protecting social care services, councils have had to make difficult decisions and cut funding elsewhere, often in preventative services that help older people to live independently. These are the very services the 2014 Social Services and Well-being Act (see [Appendix 1](#)) is promoting as essential to maintaining people in their home and outside of the expensive health and social care system. Below we provide a summary of changes looking at areas of work that collectively play an important role in supporting older people to continue to live independently. [Exhibit 7](#) shows that from our analysis, preventative services have experienced a 16.8 per cent cut with budgets falling from £147.3 million in 2013-14 to £122.5 million in 2014-15.

### Exhibit 7 – The change in budgets between 2013-14 and 2014-15 to services that support the independence of older people

Preventative services that support older people to live independently are reducing.

Preventative services	Budget 2013-14	Budget 2014-15	Change (+/- %)
 Practical support services	£34,127,940	£30,305,053	-11.2
 Advice and information services	£8,446,427	£9,514,705	12.6
 Housing and housing based services	£55,848,319	£42,554,024	-23.8
 Community based facilities	£48,910,100	£40,062,571	-18
<b>Total</b>	<b>£147,332,786</b>	<b>£122,436,353</b>	<b>-16.8</b>

Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool<sup>15</sup>, April 2015

<sup>14</sup> Daffodil is a web-based system developed by the Institute of Public Care for the Welsh Government. The system pulls together in one place the information needed to plan what care services might be required in a local area in the future. Information from research and population projections show potential need for care over the next 20 years for children, adults and older people.

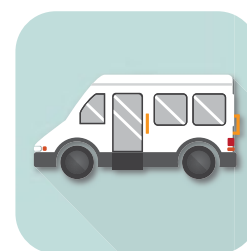
<sup>15</sup> We completed an assessment of councils' budgets for older person's services outside of health and social care based on information provided by councils. We requested councils to provide information covering budgets, number of people using the service, access and application processes, referral arrangements, charging for services, operational restrictions in provision or access and planned changes. We received responses from 21 Welsh councils with the exception of Newport City Council. The quality of returns from councils also varied and some did not provide detailed information on budgets, access arrangements or the number of service users for some of the preventative areas we reviewed.

## There has been a reduction in many practical support services that provide older people with the assistance they need to live independently

2.7 Older people want to retain their independence and health for as long as possible. To do this often requires the provision of practical support services, which can make a significant positive impact to the continued independence, and well-being, of older people. These are services such as buses and community transport, and assistance with cleaning, gardening and shopping. Being able to get out and about, keep active and develop new skills can make a positive impact on helping older people to continue to live independently and avoid expensive health and social care services. **Exhibit 8** sets out the practical support services provided by councils that we have reviewed.

### Exhibit 8 – Practical support services we have reviewed cover the following

- **Public transport** is a safe and comfortable way for older people to be able to care for themselves as long as possible, and to participate actively in society by helping them to continue to be mobile and independent.
- **Fitting safety and security devices** enables vulnerable people to feel safe and secure, and to continue to live at home for as long as possible.
- **Community transport** is door-to-door transport for disabled people, older people and those who do not have immediate access to a local bus service but need to access services and facilities to maintain their quality of life.
- **Active ageing** is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups and allows people to realise their potential for physical, social and mental well-being throughout their life and to participate in society, while providing them with adequate protection, security and care when they need it.
- **Assistance with minor household tasks** such as cleaning, form filling and essential shopping and gardening can support older people to continue to live in their home and maintain their independence.
- **Gentle exercise** schemes provide low-impact exercises that can help improve health and fitness and allow older people to keep active into older age and are seen as important in staying fit, mobile and independent.
- **Adult learning** classes are seen as critical to getting the most out of life at any age. However, as people grow older, these opportunities become even more important and adult learning can enhance both the health and quality of life of people by keeping them active and can help strengthen that connection.
- **Volunteering schemes** provide older people with the opportunity to use their skills and expertise to help others but also benefit them by remaining active and engaged in their community.
- **Visiting and befriending** schemes support older people who are socially isolated or 'at risk of social isolation' by providing a volunteer befriender to visit them in their home on a regular basis to provide company.

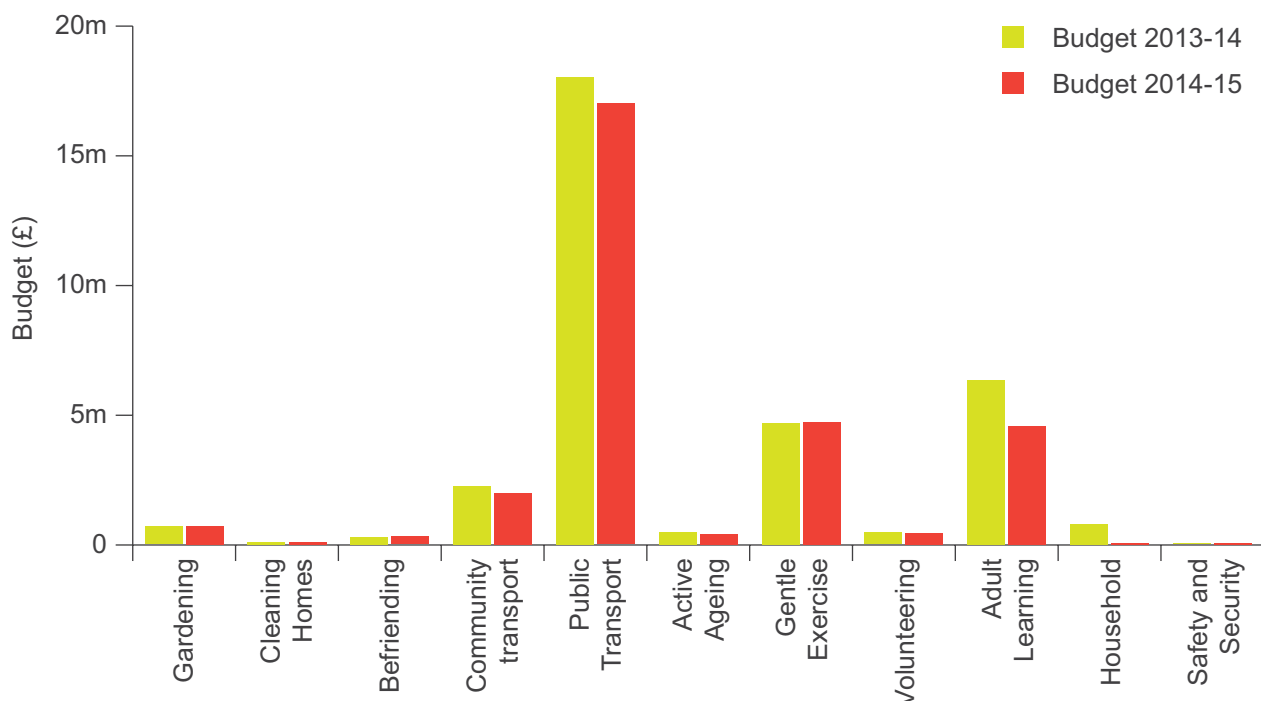




- 2.8 We found that whilst all councils recognised the value of these services in supporting older people to live independently, the availability of services was limited in most areas and, due to resources pressures and the need to balance budgets, was reducing. For example, we found that 11 councils make available adult learning opportunities for older people, which was the largest provision for all of the practical support services we reviewed but in other areas, practical support services were limited. Only one council operated a befriending scheme, only four councils delivered services to assist in cleaning their home and garden, and seven provided volunteering schemes for older people. Many councils stated that they worked with other partners to provide these services but due to limitations in performance and management information, they were unable to confirm current standards of service or the numbers using these services.
- 2.9 The level of expenditure by councils on practical support has fallen since the previous financial year, from £34.1 million to £30.3 million, an 11.2 per cent reduction. **Exhibit 9** shows that, of the 11 areas we have reviewed, four had their budgets increased or maintained, and seven had their budgets cut. The largest cuts proportionally have been made in adult learning (particularly courses with limited employment potential), which reduced by 28 per cent, active ageing projects, which fell by 18.7 per cent, community transport which reduced by 11.3 per cent and public transport which has been cut by 5.7 per cent. At the time of our fieldwork, we found that councils were yet to agree their budget options for 2015-16 and had not decided whether to cut the budgets for these services.

### Exhibit 9 – Expenditure on practical support services in 2013-14 and 2014-15

Council expenditure on practical support services has fallen by £3.8 million in the last financial year.

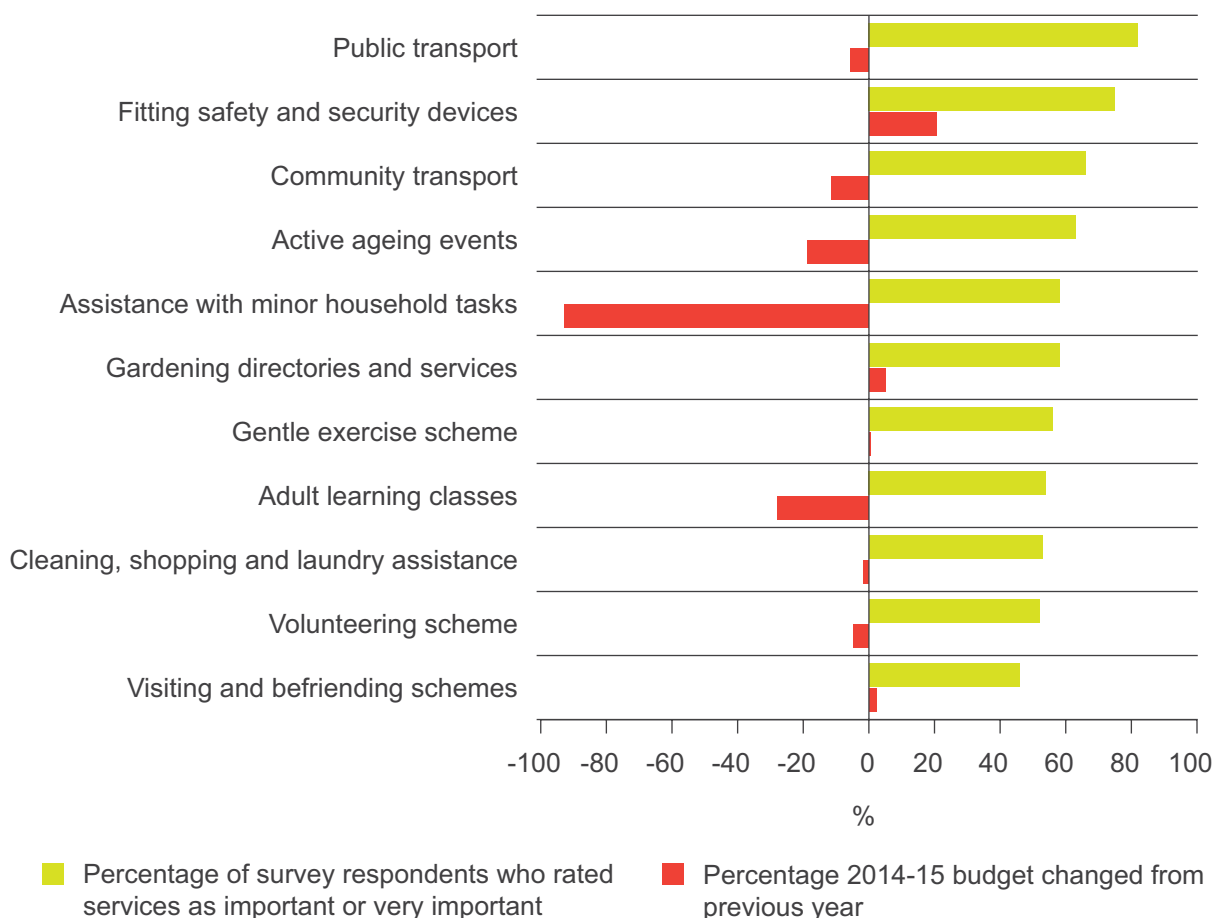


Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool, April 2015

2.10 Through our survey, we asked older people to tell us about the current standards of provision of practical support services and assess whether the availability of these services is increasing or decreasing; evaluate how effective their council has been in communicating with them planned changes in provision; and prioritise which services are most significant in supporting them to remain independent. Exhibit 10 shows that many of the practical support services we have reviewed are considered as important by older people in helping to maintain their independence. The level of prominence ranged from 82 per cent of older people strongly agreeing or agreeing that public transport is important in supporting them to maintain their independence to 46 per cent for home visiting and befriending schemes.

**Exhibit 10 – Comparison of the practical support services that older people have told us are the most important to enable them to live independently against the changes in council budgets for these services**

Older people recognise the important role that practical support services play in supporting them to live independently but seven of the areas we have reviewed have seen their budgets reduce, including four of the five practical support services which are most valued by citizens.



Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool, April 2015

2.11 Respondents to our survey who had used practical support services had mixed views on the quality and effectiveness of the practical support services they received. In particular, many recognised the importance of public and community transport in supporting them to live independently and are concerned that reductions in budgets for these services will significantly reduce their mobility and leave them isolated.



Comments from older people on practical support services  
Source: Wales Audit Office, citizen online survey, April 2015

## Advice and information services have mostly been maintained but many of these are universal services for all citizens

2.12 Information, advice and advocacy is seen as a fundamental area of activity for individuals who need, or in the future may need, services and support in order to continue to live independently. Getting hold of good, accurate information can help older people stay in control of their lives, and as there is generally more information than people are aware of, awareness raising and managing knowledge are becoming ever more critical. **Exhibit 11** summarises the range of advice services provided by councils, directly or in partnership, that we have reviewed.

### Exhibit 11 – The specific advice services we have reviewed are as follows

- **Welfare rights** advice services that provide information and assistance for older people to apply for, and secure, the benefits they are entitled to;
- **Bogus caller campaigns** that encourage people to question whether or not the person on the other side of their door, or on the other end of their phone line, is who they say they are;
- **Home safety checks** to assess the risk of fire in the home and put measures in place to keep older people safe such as smoke alarms;
- **Welcome home from hospital** schemes that provide practical advice and support after discharge from hospital or after treatment from a health establishment;
- **Specialist independent advice and advocacy** that help to safeguard the rights of older people and empower them to make informed decisions about what they need;
- **Staying warm advice**, especially over the winter months, can help prevent colds, flu or more serious health conditions such as heart attacks, strokes, pneumonia and depression; and
- **Healthy eating advice** to promote the importance of a healthy diet to help reduce the risk of developing coronary heart disease, and reducing the risk of diabetes and high blood pressure.



2.13 Advice services can broadly be divided into two distinct areas: universal services that provide a general level of advice that are available to all residents such as welfare rights and benefits advice; and specialist advice, which is focused on specific issues for older people and to address specific risks and needs.

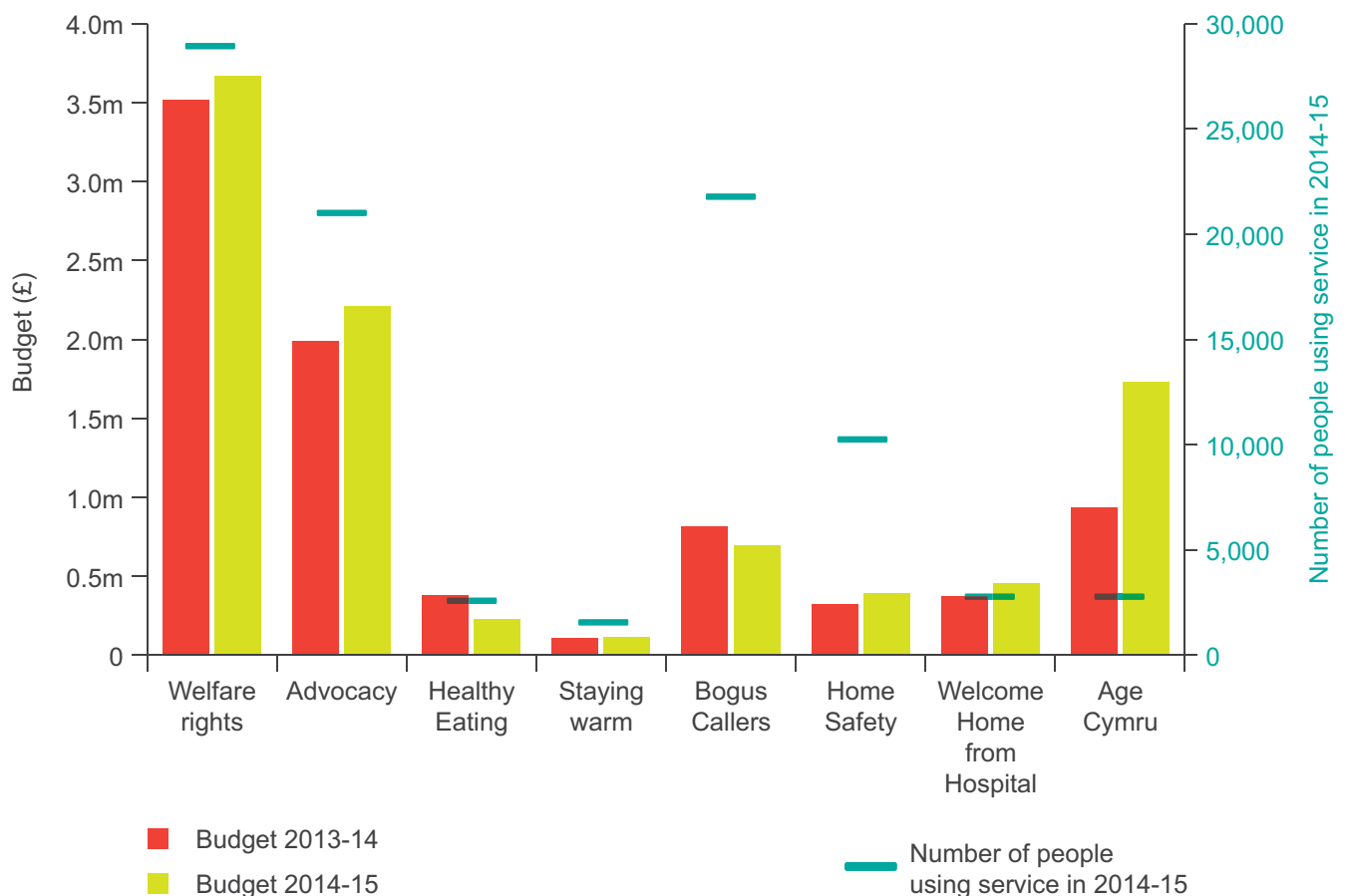
2.14 We found that the availability, accessibility and impact of advice services varied widely across Welsh councils. Only three councils provide a welcome home from hospital scheme compared to 18 councils who operate bogus caller campaigns. However, where councils do not directly provide advice services, these are often commissioned from voluntary sector partners – most usually, Age Cymru<sup>16</sup> – and many councils also fund the third sector to provide independent advice services as well as directly providing their own services.

<sup>16</sup> Age Cymru is a charity for all older people in Wales and campaigns to improve the life of all older people.

- 2.15 Accessing advice services also varies widely. Very few provide services specifically for older people with most operating universal services open to all residents. The more generalist services – such as welfare rights advice – operate without referral or the completion of an application, whilst the more specialist and targeted services often require an application and assessment or referral from a professional, such as the welcome home from hospital service. However, because of the wide range of approaches in place, older people with similar needs currently receive different standards of service.
- 2.16 **Exhibit 12** shows that overall expenditure on advice services for older people has increased by 12.6 per cent, rising from £8.4 million in 2013-14 to £9.5 million in 2014-15. Of the eight areas we have reviewed, six had their budget increased and two saw a decrease in funding, with the largest in healthy eating advice, a change of 40.5 per cent. At the time of our fieldwork, we also found that a number of councils were planning to reduce expenditure on these services in 2015-16 but most were yet to agree their budget options. We also found that there were no council charges for advice services and no plans to introduce charges in 2015-16.

**Exhibit 12 – Expenditure on advice services in 2013-14 and 2014-15 and number using these services in 2014-15**

Council expenditure on advice services increased by £1 million in 2014-15.



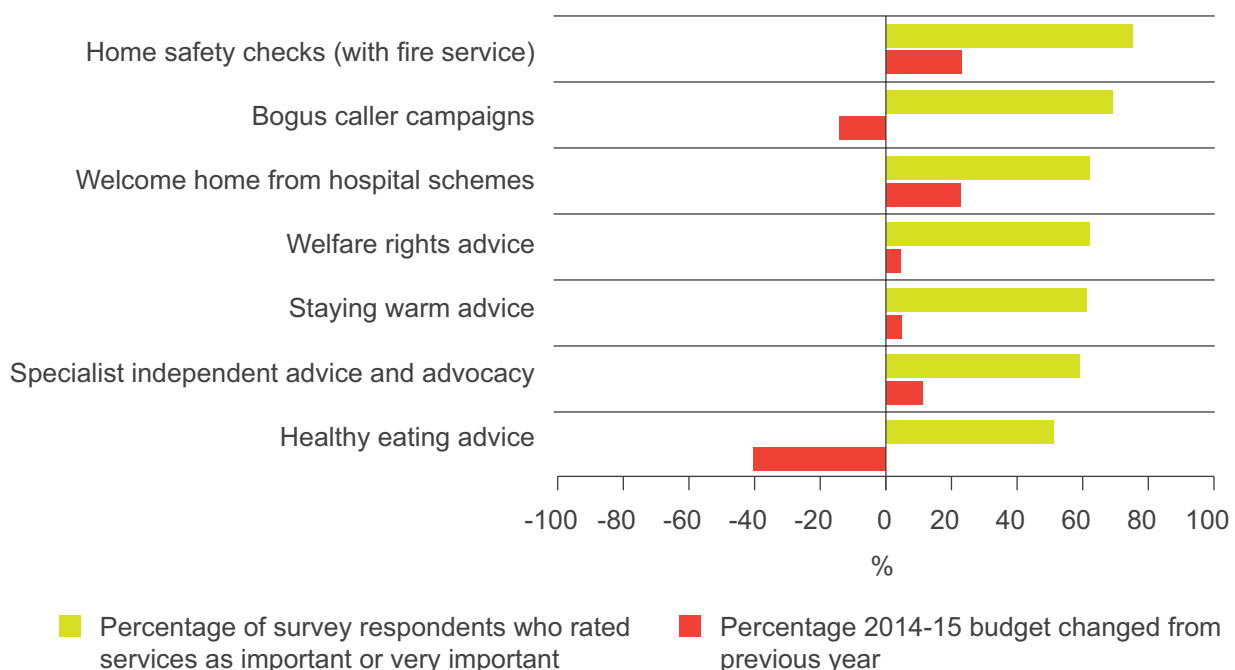
Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool, April 2015

2.17 However, because many councils lack good data on service usage, they are unable to either effectively manage the delivery of these services or plan future provision by targeting activity to get the greatest beneficial impact as resources reduce. For example, councils' funding on bogus callers fell by 14.1 per cent between 2013-14 and 2014-15 despite these services reaching almost 22,000 households. In comparison, Age Cymru saw an 85.6 per cent increase in budgets but was used by less than 3,000 older people.

2.18 **Exhibit 13** shows that all the advice services we have reviewed are considered as important by older people in helping to maintain their independence. The level of prominence ranged from 51 per cent of older people strongly agreeing or agreeing that healthy eating advice is important to 75 per cent for home safety checks. Respondents to our survey who had used advice services gave views on the availability and quality of services ranging from very positive to very negative. Most respondents were positive about advice programmes such as welfare benefits, healthy eating, bogus callers, home safety checks and staying warm. All of these are seen as valuable and mostly improving. However, welcome home from hospital schemes are seen as very poor and not effective.

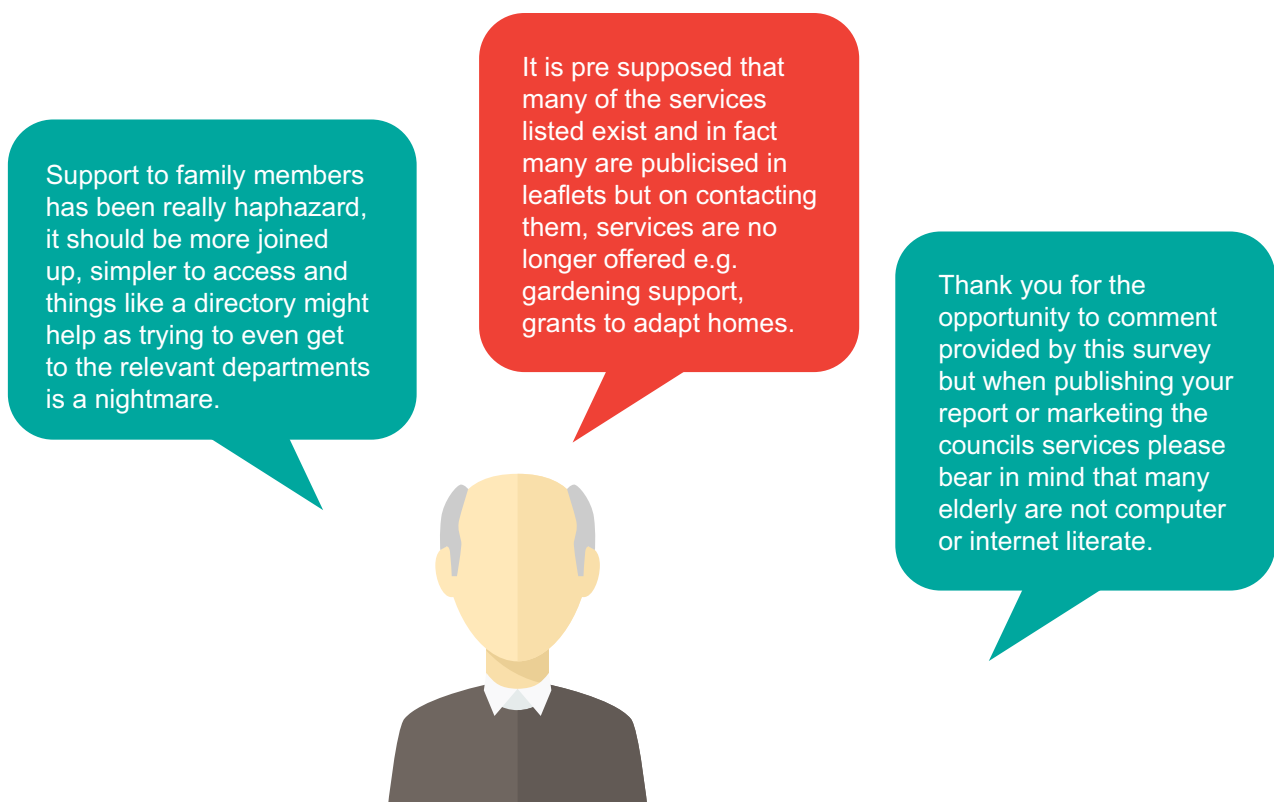
**Exhibit 13 – Comparison of the advice and information services that older people have told us are the most important to enable them to live independently against the changes in council budgets for these services**

Older people recognise the important role that practical support services play in supporting them to live independently but seven of the areas we have reviewed have seen their budgets reduce, including four of the five practical support services which are most valued by citizens.



Source: Wales Audit Office citizen survey, April 2015, and analysis of budget information provided by councils collected via our data tool, April 2015

2.19 A number of respondents also highlighted the importance of simple single points of access to information and that the increasing digitalisation is a barrier for some older people, especially those in rural areas that have poor broadband service. A number of survey respondents also made clear that they would have used services if they had known about them and others that some services publicised by councils for older people are no longer available which is misleading and unhelpful. Survey respondents were also concerned that voluntary sector advice services, especially in rural communities, are being reduced or closed which is adversely affecting their independence.



Comments from older people on advice and information services

Source: Wales Audit Office, citizen online survey, April 2015

## Access to, and availability of, housing and housing based support services for older people has reduced in recent years

2.20 Addressing the housing needs of older people can substantially reduce demand for, and cost of, health and social care, as well as enhance their quality of life. For many older people, their home and the surrounding area are the centre of their lives. Homes and neighbourhoods often hold decades of memories and research on the housing decisions made by people aged 60 and over has found that the design, quality and standard of housing is a critical factor in the way people continue to live independently<sup>17</sup>. Exhibit 14 sets out the housing and housing based support services provided by councils, directly or in partnership, that we have reviewed.

Exhibit 14 – Housing and housing based support services we have reviewed cover the following

- **Extra care housing** is specialist housing that enables people to self-care for longer but also gives them access to on-site care and other services, which help them retain their independence.
- **Sheltered housing** is housing that gives older people the independence of having their own flat with the security of an alarm system and/or a warden. The flats or bungalows are usually small self-contained units or single rooms in a complex, which often has a communal social area.
- **Housing designated for the elderly** is housing only let to older people but does not benefit from warden support, shared and communal rooms and facilities or other specialist on-site services.
- **Assistive technology** is an umbrella term that includes assistive, adaptive and rehabilitative devices that promote greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing.
- **Telecare** are systems that offer remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes. For example, the use of sensors that can provide support for people with illnesses such as dementia, or people at risk of falling.
- **Mobile wardens** are peripatetic rather than residential wardens who work across a council area and respond to emergency calls raised via home alarms, pull cords and assistive technology.
- **Floating support** is a service that provides housing related support to vulnerable adults (over 16) to enable them to maintain their independence in their own home. Floating support services will generally be short-term (less than two years) and will have the flexibility to support a person wherever they live – as distinct from accommodation-based services, where support is tied to particular accommodation.



<sup>17</sup> Institute for Applied Health and Social Policy, **Living Well in Later Life: An Agenda for National and Local Action to Improve the Lives of Older People in Britain in the 21st century**, Joseph Rowntree Foundation, 2003



- **Disabled facilities grants** are provided by councils to pay for essential housing adaptations to help disabled people stay in their own homes. The grant is able to pay for changes the council consider essential for the disabled person to live an independent life.
- **Care & Repair Cymru** provides services to the network of 22 care and repair agencies across Wales, including policy information and briefing, training and networking events, coordination of the national Care and Repair Information System (CARIS), agency support, and coordination of funding applications to the Welsh Government.
- **Rapid Response Adaptations Programme** is a free rapid reactive repair and/or adaptation service operated through care and repair agencies to assist older and/or physically disabled people, who are owner/occupiers or private tenants, to return from hospital without undue delay and to prevent accidents in the home that could lead to hospital admission. The programme is funded by the Welsh Government and is provided in conjunction with Care & Repair Cymru.
- **Handyman** services organise and carry out small DIY-type jobs around the home and are generally low cost in nature but can have a high beneficial impact for the householder.

2.21 Housing and housing based support services can be categorised into three broad areas:

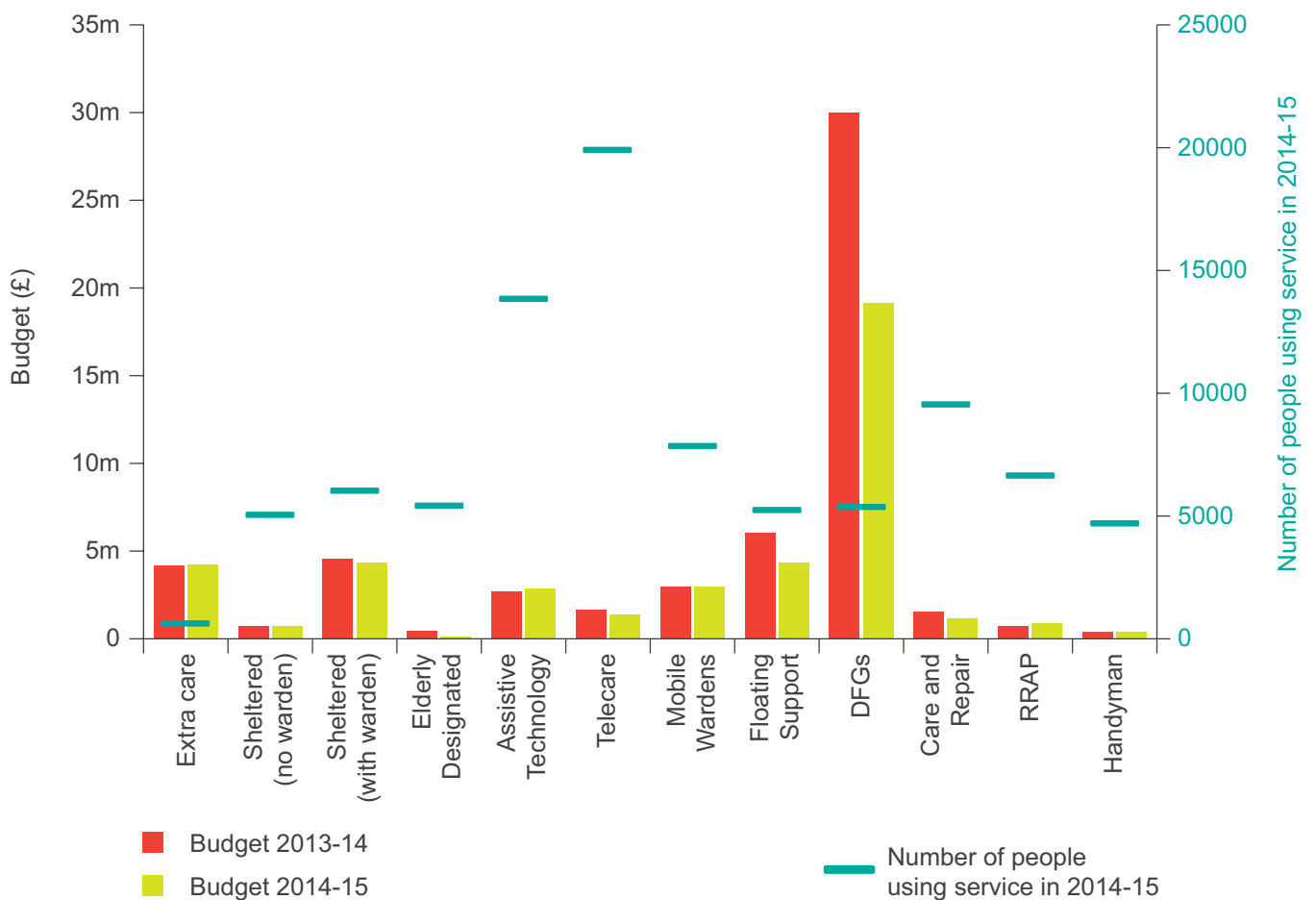
- The direct provision of housing for older people that ranges from low-level unsupported accommodation, such as bungalows or flats, to specialist extra care housing which provide self-contained accommodation with access to on-site support and/or care.
- Services provided to the home that enable an older person to live independently. These range from day-to-day on-site support provided by a warden or support worker to the fitting of specialist equipment to the home such as a community alarm or fall detectors which is primarily used in an emergency.
- Physical improvements work to adapt the existing home ranging from minor works and adaptations, such as the fitting of grab rails, to fully adapting the home to meet the specific needs of a disabled person.

2.22 We found that only three councils directly provide extra care housing and 11 councils directly manage sheltered and elderly designated accommodation. With regard to assistive technology and provision of support to the home, service availability ranged from seven councils commissioning floating support services for older people to 19 councils which provided assistive technology services. In respect of services that adapt and improve the home, few councils provided these directly outside of disabled facilities grants and all worked in partnership with Care & Repair Cymru. Access to the majority of housing services requires the completion of an application form and an assessment to determine eligibility. For many floating support, assistive technology and telecare services, referrals from professional bodies/services is an additional requirement to access these services. Most housing and housing based support services operate waiting lists.

2.23 **Exhibit 15** shows that overall expenditure on housing and housing based support services fell by 23.8 per cent from £55.8 million in 2013-14 to £42.5 million in 2014-15. Of the 12 areas we have reviewed, six had their budgets cut, most notably expenditure on disabled facilities grants and floating support services, where budgets have fallen by 36.1 per cent and 28.3 per cent respectively. Charging for housing and housing based support services is standard practice, although some, such as disabled facilities grants, are means tested. We found that councils were still considering whether to make further cuts and/or introduce/ increase charges for these services in 2015-16, although at the time of our fieldwork, most councils had not finalised their budgets.

**Exhibit 15 – Expenditure on housing and housing based support services in 2013-14 and 2014-15 and number using these services in 2014-15**

Council expenditure on housing and housing based support services fell by £13.3 million in 2014-15.

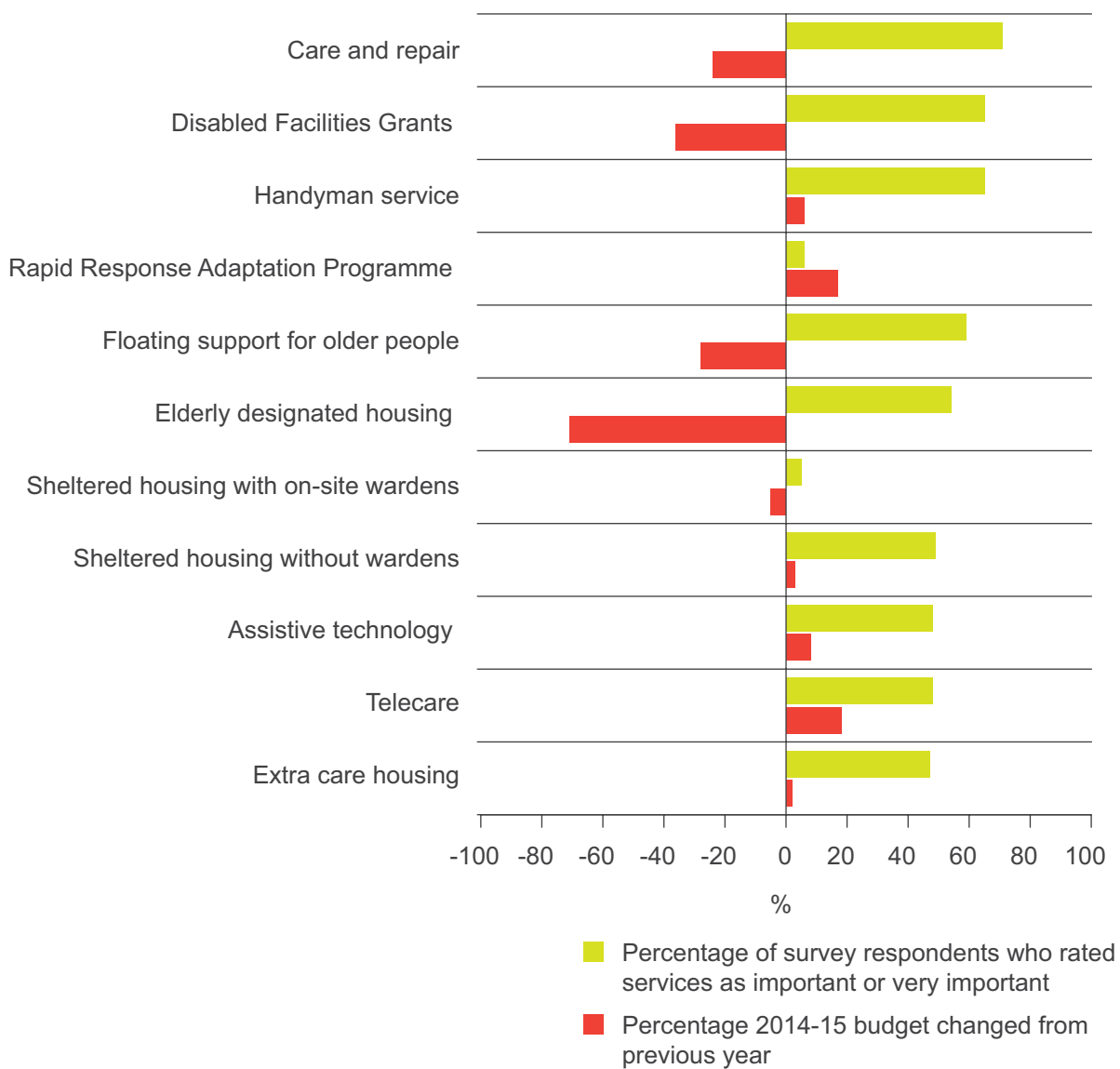


Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool, April 2015

- 2.24 Older people are also clear on which housing services are the most important in helping them to live independently. **Exhibit 16** shows that physical improvements work to adapt the home are seen as having a more positive impact on independence than other forms of housing support. For example, disabled facilities grants, handyman and minor adaptations works provided to the existing home are recognised as more important by older people in helping them to continue to live independently than other types of housing service. These are also, comparatively, cheaper and have greater impact than other types of housing service. For example, the combined budgets for handyman services in 2014-15 were £0.4 million and the service was used by over 4,800 people. Extra care housing budgets exceeded £4 million and assisted 753 people.
- 2.25 This is not to suggest that one service is more important or of greater value than any other. From our examination, it is clear that older people have different needs that will need to be met at different times and by different types of service. Some of these will be specific to the current home with the provision of minor works and adaptations whilst others will be more intensive on-site support provided in a specialist setting. However, it is likely that reducing funding in one form of provision will potentially have a knock-on effect on other programmes of work and, ultimately, will undermine older people's independence. Councils need to therefore ensure that they understand the contribution and impact of different services, and this requires good-quality information on inputs (budgets), outputs (number using the service) and impact (the intended outcome). Our review would suggest that capturing good-quality information and having the right systems to analyse and use this data effectively continue to be a challenge.

**Exhibit 16 – Comparison of the housing and housing based support services that older people have told us are the most important to enable them to live independently against the changes in council budgets for these services**

The provision of services that adapt or improve the existing home are seen as more important by older people in supporting them to maintain their independence than other types of housing services but the most important ones have seen budget cuts.



Source: Wales Audit Office citizen survey, April 2015, and analysis of budget information provided by councils collected via our data tool, April 2015

2.26 Residents who completed our survey commented positively on the impact of disabled facilities grants, the Rapid Response Adaptation Programme and handyman services. However, they also noted that these are also much harder to access, the time taken to receive them is increasing and charges are beginning to rise. With regard to specialist housing, views were mixed. Many were critical on the loss of on-site residential wardens and mobile wardens were seen as both more expensive and less effective. Telecare and assistive technology, whilst growing and seen as providing an important safety net, were also criticised, especially where landlords had outsourced alarm coverage to call centres who operated outside of Wales. A number quoted poor customer service response where alarm operators were not aware of the geography of a service user's community, which older people felt adversely affected the emergency response they received.

## There has been a reduction in the number of community based facilities owned by councils that support older people to continue to live at home

2.27 Community facilities such as public toilets, day and community centres and libraries, play an important role in helping older people to remain active, engaged with their community and continue to live independently. There is great concern among older people that these services, which they often describe as 'a lifeline', are at risk of disappearing because of the current budgetary pressures facing Welsh councils. **Exhibit 17** sets out the community facilities and services provided by councils that we have reviewed.

### Exhibit 17 – Community facilities and services we have reviewed cover the following

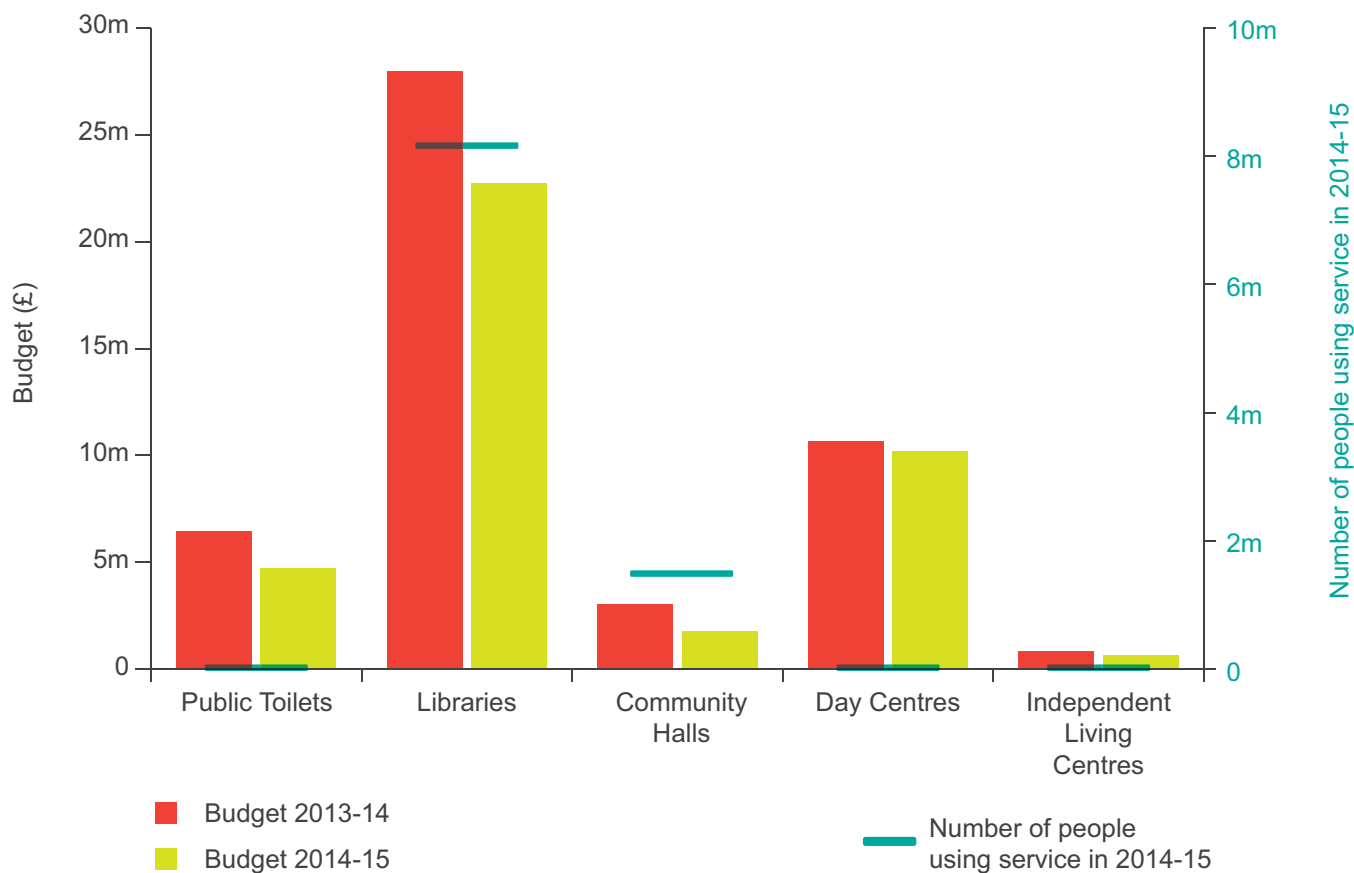
- **Public toilets** provide older people with freedom, independence and the confidence they need to lead fulfilling and active lives.
- **Libraries** do not just provide books, computer and learning opportunities, they are a stimulating environment that allows older people to get out and meet people.
- **Community halls** have a long and strong history and act as a hub in communities for people of all ages, and are often the result of residents taking social action to address a local need or problem.
- **Venues that are accessible** to older people are essential to ensure all citizens can actively engage in social and community activity that can have a positive bearing on their well-being.
- **Leisure facilities** for older people allow people to keep active, involved in their local community, and can have a positive impact upon their health and well-being. Community based activities can help people to learn new skills, keep active, meet people, make a difference in their community and have fun.
- **Day centres, clubs and activities** are places that older people can visit to socialise and take part in activities in a supported environment. Some offer help for people with social care needs, and many offer meals or lunch clubs.
- **Localised independent living centres** usually offer a free and impartial assessment and information service to older people looking for equipment and advice to help them to live independently.



2.28 **Exhibit 18** shows that expenditure on community facilities has fallen by 18 per cent, from £48.9 million in 2013-14 to £40 million in 2014-15. All of the five areas we have reviewed had their budgets cut in the last year, with the largest in public toilets which has fallen by 26.8 per cent, and then libraries where expenditure fell by 18.7 per cent. At the time of our fieldwork, we also found that seven councils were planning future budget cuts to community halls, four councils were planning to reduce expenditure on public toilets, three on accessible facilities, two on libraries and one on independent living centres. However, when we completed our fieldwork, most councils were yet to agree their budget options for 2015-16, and for a number of the areas we reviewed, councils were unable to provide information on the numbers using these services.

**Exhibit 18 – Expenditure on community facilities and services in 2013-14 and 2014-15 and use of these services in 2014-15**

Council expenditure on community facilities fell by £8.8 million in the last financial year.

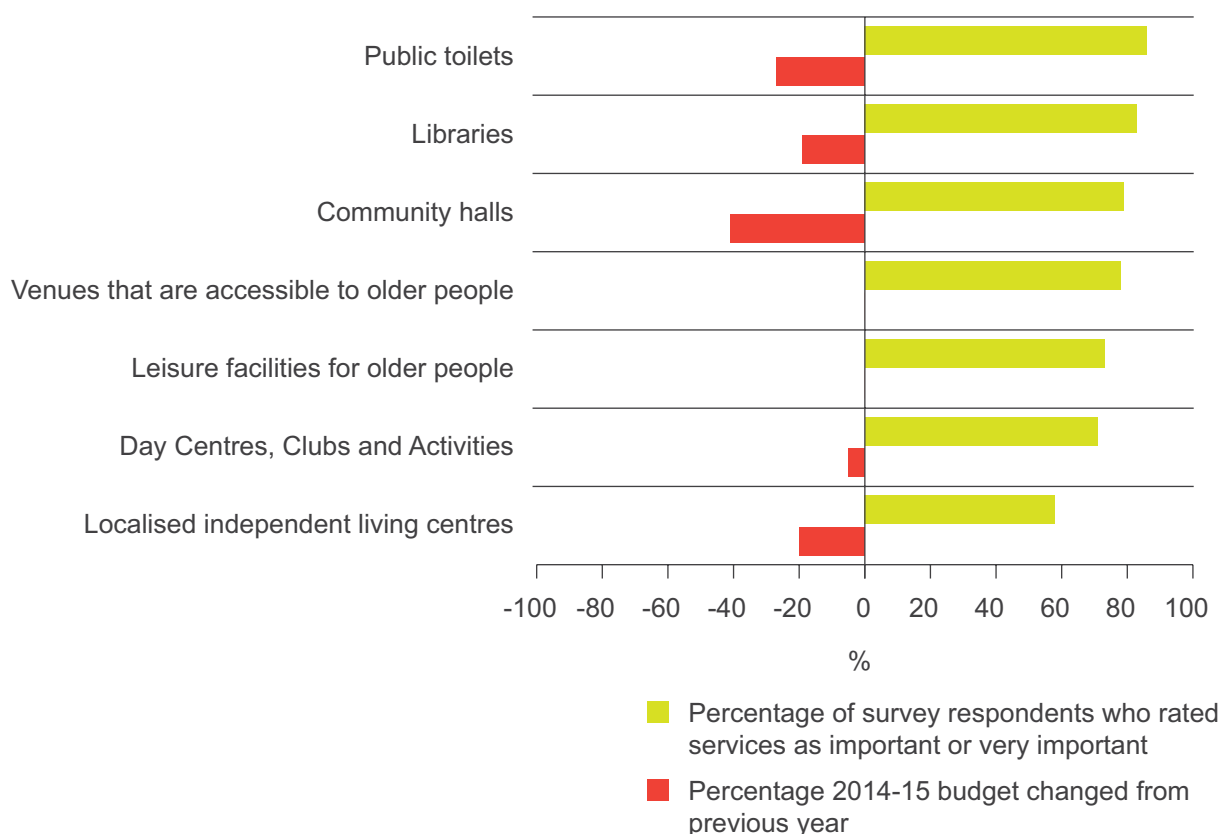


Source: Wales Audit Office analysis of budget information provided by councils collected via our data tool, April 2015

- 2.29 In a number of councils, community facilities have been transferred to other providers or new uses are being made of these facilities. We identified that currently councils manage and maintain 450 public toilets across Wales but have also changed management and delivery arrangements for a further 48 facilities, primarily through asset transfer to community based groups. We found that seven councils no longer directly manage community halls and four councils no longer directly provide libraries. Changing management of assets may have no direct impact on services. It may also result in an increase or a decrease in what is available. However, given the gaps in usage data previously noted, it is often difficult to judge what the impact has been.
- 2.30 **Exhibit 19** shows that community facilities are considered as important by older people in helping to maintain their independence. The level of prominence ranged from 58 per cent of older people strongly agreeing or agreeing that local independent living centres are important to 86 per cent for public toilets, and all community facilities scored an above 50 per cent importance rating from older people. Despite the high importance older people attach to these services, most have seen a reduction in funding.

**Exhibit 19 – Comparison of the community facilities and services that older people have told us are the most important to enable them to live independently against the changes in council budgets for these services**

Older people recognise the important role that all community facilities play in supporting them to live independently, and budgets for five of these seven services have been cut and the other two have had no change.



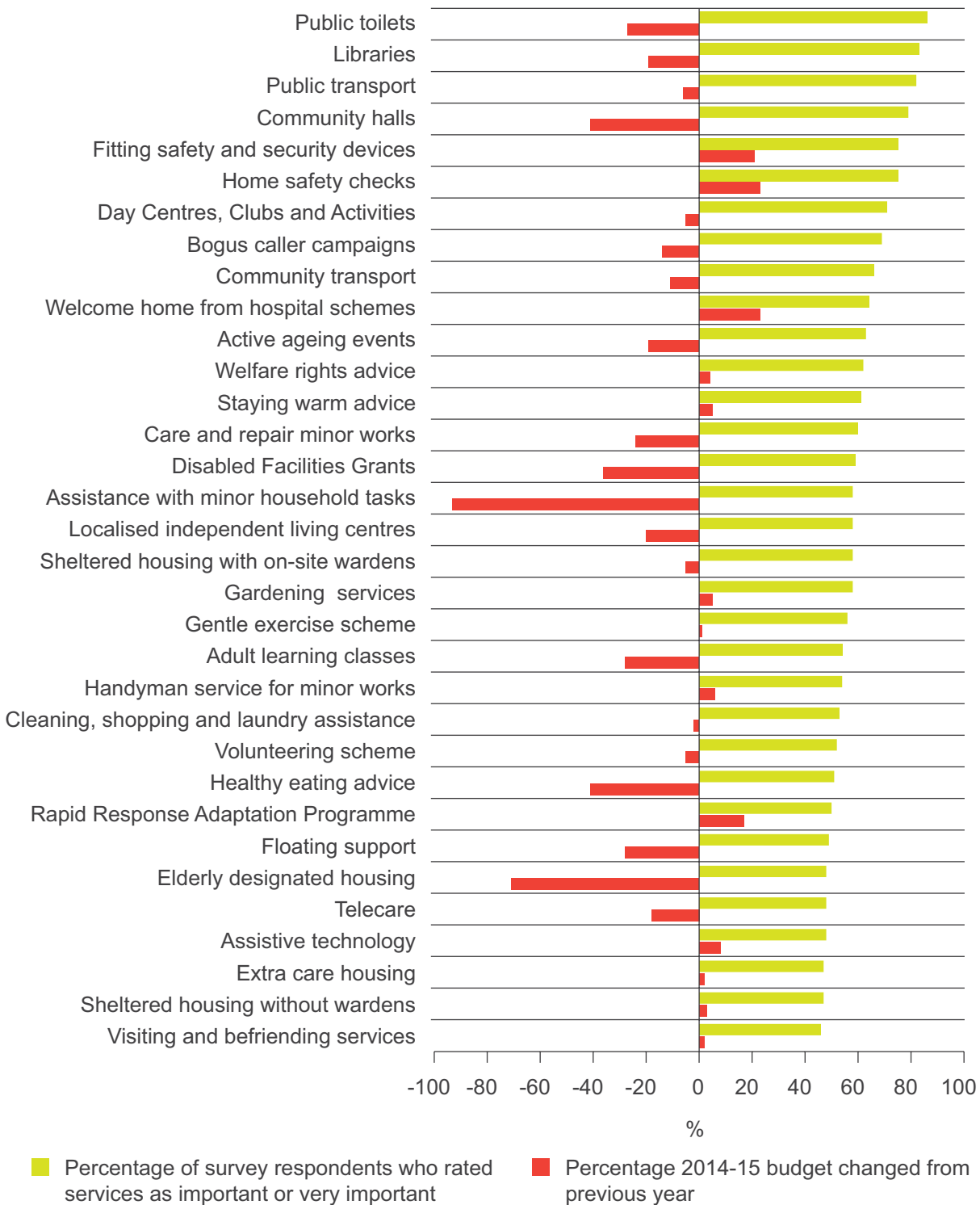
Source: Wales Audit Office citizen survey, April 2015, and analysis of budget information provided by councils collected via our data tool, April 2015

2.31 In summary, **Exhibit 20** shows that of the 33 different preventative programmes we have analysed in detail and have surveyed older people on their relative importance in maintaining their independence, 20 have seen a reduction in funding. Seven of the 10 services rated as most important by older people and four of the top-five services that support them to live independently have been cut – community halls (41 per cent), public toilets (26.8 per cent), libraries (18.7 per cent) and public transport (5.7 per cent). Councils face significant challenges in having to reduce expenditure to balance budgets.



**Exhibit 20 – Comparison of reductions in preventative services’ budgets and older people’s ranking of importance of these services in maintaining their independence**

Older people recognise the important role that community facilities play in supporting them to live independently but over half of these have been subject to budget cuts.



Source: Wales Audit Office citizen online survey and data tool, April 2015

- 2.32 Whilst we acknowledge the challenge councils face in having to reduce expenditure to balance budgets, the effect of these cuts is going to impact adversely on older people and may prove to be a false economy for the taxpayer as cuts to preventative services can result in more demand for more costly acute health and social services in the medium term. The impact of these budget cuts in low-level preventative services is, however, difficult to quantify because of limitations in the quality and detail of budget and performance data that is collected and reported across the spectrum of public services in Wales.
- 2.33 Survey respondents were also concerned that the closure and reduction in availability of community facilities would significantly affect their independence.



Comments from older people on the impact of closing community facilities  
 Source: Wales Audit Office, citizen online survey, April 2015

The Intermediate Care Fund has proved valuable in supporting services that enable older people to live independently but the short-term nature of the funding, and some limitations in partnership working and evaluation, means it is difficult to ascertain if the transformation in delivery that was desired is being achieved

- 2.34 The Intermediate Care Fund (the Fund) was created by the Welsh Government in 2014-15 to encourage integrated working between local authorities, health and housing. The Fund included £35 million revenue funding and £15 million capital funding to support older people, particularly the frail elderly, to maintain their independence and remain in their own home. The lateness of the decision to create this funding stream in December 2013, and the short timescale available for setting up and distributing the fund by March 2014, was challenging for both the Welsh Government and partners.
- 2.35 Funding has been allocated to the regional footprint areas of Cardiff and the Vale, Cwm Taf, Mid and West, North Wales, Western Bay and Gwent. However, the Fund is not directly paid to health bodies for services, and guidance provided by the Welsh Government stresses that resources needs to be 'pushed out' to support integration/collaboration between health, social care, housing, third and independent sectors and support older people to remain at home or in the community. The Fund has allowed for some innovative work to be undertaken and for partners to trial new approaches to delivering services and can also be used as pump-prime funding to assist transformation in service delivery. As an example of good practice, we highlight the following work in the Vale of Glamorgan reported by Age Alliance Wales.

#### **Vale of Glamorgan – Voluntary Sector Broker Service**

A six-month pilot project was undertaken to establish a third sector broker role within Vale of Glamorgan council's contact centre. The Intermediate Care Fund funded a full-time post to further integrate working between local authorities, health, housing and the third sector. The post holder worked in partnership with Vale Council for Voluntary Services to ensure that a range of voluntary sector health and social care services were pulled together in response to identified needs of vulnerable people including frail, older people. In the first four months since the service was created, the broker raised awareness of third sector services and received 81 referrals, with 45 per cent of these receiving support from the third sector.

- 2.36 The Fund was to only be made available for the 2014-15 financial year, but the Welsh Government has extended its funding into 2015-16 with a further £20 million being made available (£17.5 million for existing projects and £2.5 million to roll out Wales-wide 'success stories'). Notwithstanding this extension, to maintain services, partners will need to secure alternative sources of funding or mainstream these budgets.
- 2.37 Through our review, we identified some weaknesses in setting up the scheme which make it difficult to judge whether the intentions of the Fund is supporting the transformation of services intended:
- a The Welsh Government requires partners which receive funding to submit quarterly monitoring reports to judge success of funding projects and their impact. The Welsh Government left the format and coverage of monitoring reports to partners to agree, partly in recognition of each project's unique focus but also to encourage as wide an evidence base as possible. However, this can make it difficult for the Welsh Government to compare projects on a like-for-like basis and to identify which schemes are delivering the best results. And, with no baseline set at the start of projects, partners will find it difficult to demonstrate the impact of their work and improvement over time.
  - b The Welsh Government requires partners to submit an end-of-project evaluation report. At the time of our fieldwork, no evaluation report had been received for 2014-15 and this is despite a new round of funding being agreed for 2015-16. We have been informed that reports have been provided subsequently. The Welsh Government encouraged partners to agree the format and coverage of the end-of-year evaluation reports. This was partly influenced by the tight timescale for setting up and distributing the monies and a desire on the part of the Welsh Government to minimise the administrative burden of the Fund. However, it is acknowledged that without the data reporting requirements being established up front, it is difficult to undertake a like-for-like analysis and evaluation to identify innovative approaches that could be rolled out across Wales. This is something the Welsh Government is addressing with partners through, for example, shared learning events.
  - c The approach and timing of the initial grant distribution reduced voluntary sector input in some areas. Age Alliance Wales<sup>18</sup> and the Wales Council for Voluntary Action<sup>19</sup> expressed their concern that because the fund was allocated exclusively to local authorities, some third sector organisations had effectively been excluded by statutory partners from directly accessing the Fund. This approach can seriously compromise the development of fully integrated preventative services as the work of third sector partners often support the transformation in social care that is required, and is something the Welsh Government has stressed authorities need to be mindful of in agreeing projects.

<sup>18</sup> Age Alliance Wales is the alliance of 19 national voluntary organisations committed to working together to improve the lives of older people in Wales.

<sup>19</sup> The representative body that campaigns for voluntary organisations, volunteers and communities in Wales.

- d Finally, at the time of our fieldwork, in early 2015, the Welsh Government was unable to confirm how many of the projects that had been allocated intermediate care funds had now been mainstreamed into core budgets by partners and could operate without reliance on the Fund. Because the full evaluation of the impact of the Fund cannot be completed until the funding has ended, it is not clear if this key aim of the Fund – to develop integrated services and sustainable models of delivery that are mainstreamed in budgets – has been achieved and the benefits of the Welsh Government’s ‘pump-priming’ has worked or not.

## Part 3

A lack of data is making it difficult for councils to demonstrate the impact of their services in supporting the independence of older people and this weakens their decision making and scrutiny when setting future priorities



- 3.1 In this final part of the report, we assess councils' performance management arrangements for overseeing services to older people. Our review looks at the information that is used by councils to judge performance and is reported to elected members to both scrutinise current activity but also in deciding on future choices in service development. We also consider the robustness of decision making under the Public Sector Equality Duty.

## Key data to measure how council services support the independence of older people is not currently collected which makes oversight and decision making on services to older people difficult

- 3.2 Councils have shown in their plans and strategies, a clear understanding of the issues they will face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people. These conditions include falls and fractures; dementia and other mental health conditions; and frailty. In addition to the indicators that measure the prevalence of these, and other, conditions, councils also looked at indicators for services such as delayed transfers of care and rates of people being looked after in the community.
- 3.3 In some cases, councils have clearly identified the non-health and social care services that they will provide to support the independence of older people in their area. However, the indicators used to measure the impact of priorities to support the independence of older people – 'how much of a difference are our plans and strategies making?' – are completely different to the indicators used to identify and establish priorities in the first place – 'what are our issues that we want to tackle?'
- 3.4 Because it is difficult to isolate and quantify the impact that different services may have in supporting an older person to remain at home and live independently (although contribution analysis<sup>20</sup> is growing as a methodology used by some councils), councils are required to develop output data to better judge the impact of their work. This data can be developed at a service level to reflect how many older people are using it and what effect it is having on their lives. It would be difficult to quantify how each individual service is contributing to their independence.
- 3.5 We found that current data focuses too much on measuring performance against statutory performance indicators, although there is some data relating to service demand and response times as well. Much of this information is also reported and scrutinised within specific services and consequently does not provide a holistic overview of all the services that contribute to older people's independence. Further, these and other indicators used in plans and strategies refer to health and social care data and not the other services that support older people to live independently. This lack of data for non-health and social care services within councils makes it difficult for them to demonstrate the impact that these services can make.

<sup>20</sup> Contribution analysis is an approach to assessing the performance of policies and programmes towards an outcome or outcomes. Contribution analysis focuses on questions of 'contribution', specifically to what extent observed results (whether positive or negative) are the consequence of the policy, programme or service activity. In the context of this study, this would be used to assess the progress being made to achieve the outcomes of supporting older people to live independently.

- 3.6 We noted in [Part 1](#) that in some councils, there are up to five strategies and plans in place covering services for older people. These are, however, often delivered independently of each other, are not conterminous in coverage and performance information is scrutinised at different levels and by different people. This makes scrutiny extremely difficult and weakens the strategic overview needed on the broad range of services that affect older people.
- 3.7 The older people's strategy coordinators who responded to our survey told us that there is a need to improve how councils analyse and understand the role of different services in supporting older people to live independently. A number acknowledged that because of data weaknesses and continued reporting of performance on departmental rather than outcome lines, it was difficult to ascertain the impact of many services on supporting older people to live independently.
- 3.8 For instance, Powys County Council, through its One Powys Plan<sup>21</sup>, has included as one of its priorities that 'older people will be supported to lead fulfilled lives within their communities'. Under this priority, a series of measures of success have been agreed but these primarily focus on health and social services and no measures to judge the work of other services are captured. For example, of the eight measures set out in the plan, four relate to the work of social care services and four relate to health. No information is included on the other council services that contribute to this strategic aim despite the plan acknowledging the impact of other services on independence such as transport. Indeed, many of the services that we have analysed above are not covered in the performance measurement framework at all.
- 3.9 Limitations in performance information and data is especially problematic when councils are taking decisions to cut or disinvest in non-statutory preventative services as a means to protect expenditure on social care and other statutory services. This short-term imperative – to balance budgets – is reducing councils' ability to support older people to live independently and consequently deliver greater savings on health and social care budgets.

<sup>21</sup> One Powys Plan 2014-2017, page 11



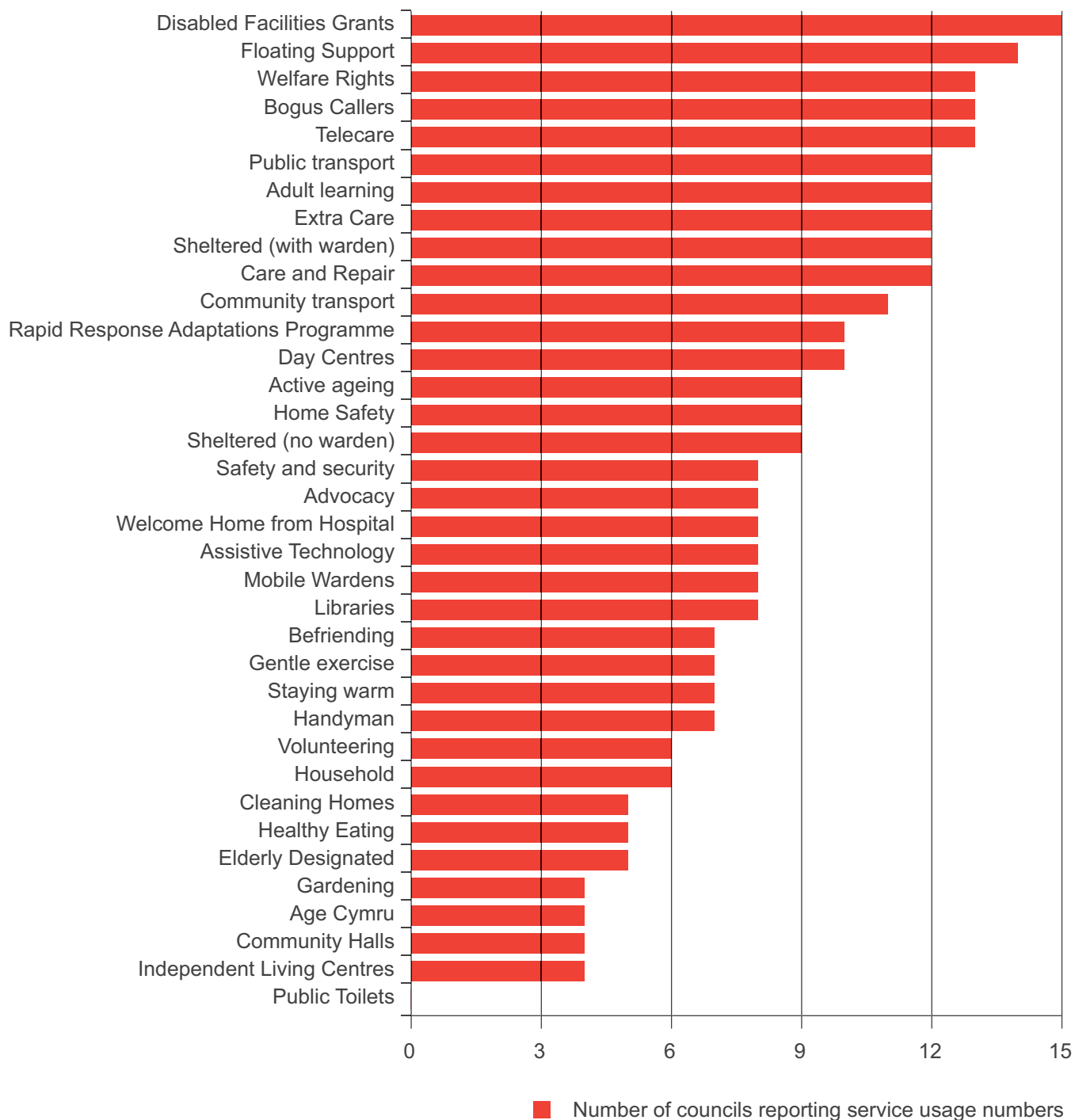
## Many councils do not record data on service usage for many non-health and social services provided to older people

- 3.10 Councils can gain a good understanding of their residents and communities by unlocking the wealth of official and personal information they hold and collaborating with other data holders such as neighbouring councils, police, housing associations and other partners. Intelligent gathering, aggregation and analysis of this information will lead to better targeted support and intervention activities. In addition, by studying, analysing and predicting the demographics of an area, local authorities are much better positioned to offer the most appropriate support and intervention activities. For instance, in an area where the average age of the population is 60, investment in mobility support could be far more suitable than investment in playgrounds.
- 3.11 To effectively cut expenditure requires councils to use data effectively to support decision makers to take informed and evidence-based policy and operational choices. Increasingly, therefore, evidence is needed that shows the relationship between inputs (how much is spent), outputs (services delivered as well as how many people use them) and outcomes (the beneficial impact that the service has). However, our analysis shows that at present, many councils are not recording key data – for example, the number using services – which makes data analysis difficult and advanced analytics<sup>22</sup> work is extremely limited.
- 3.12 **Exhibit 21** summarises our analysis of the data returns from 21 of the 22 councils that responded to our information request. We found that a small number of councils collate and report on a good range of data in respect of the services we have reviewed, such as the City and County of Swansea and Neath Port Talbot County Borough Council.
- 3.13 However, many other councils were unable to provide service usage numbers for a significant number of the preventative services we reviewed, in particular for community facilities, where no council recorded information on public toilet usage and only four on community halls and independent living centres. This means that many councils are unable to effectively manage the delivery of these services and plan future provision and does not support councils to target activity in a time of reducing resources. **Appendix 5** sets out our detailed analysis including information from councils on the numbers using these individual services.

<sup>22</sup> Advanced analytics refers to future-oriented analyses that can be used to help drive changes and improvements in business practices. Advanced analytics are based on mathematical principals and started as descriptive statistics which sum and count past occurrences for what has happened in the past which is useful in a reactive, course correction manner. Advanced analytics allows you to anticipate possible future outcomes and either capitalise on them or adjust now to influence the future.

**Exhibit 21 – The number of councils which hold service usage data for non-health and social services that support older people to live independently**

Many councils do not record key data that is essential for both the planning of future services to older people and in deciding where to make budget cuts.



Source: Wales Audit Office data tool, April 2015

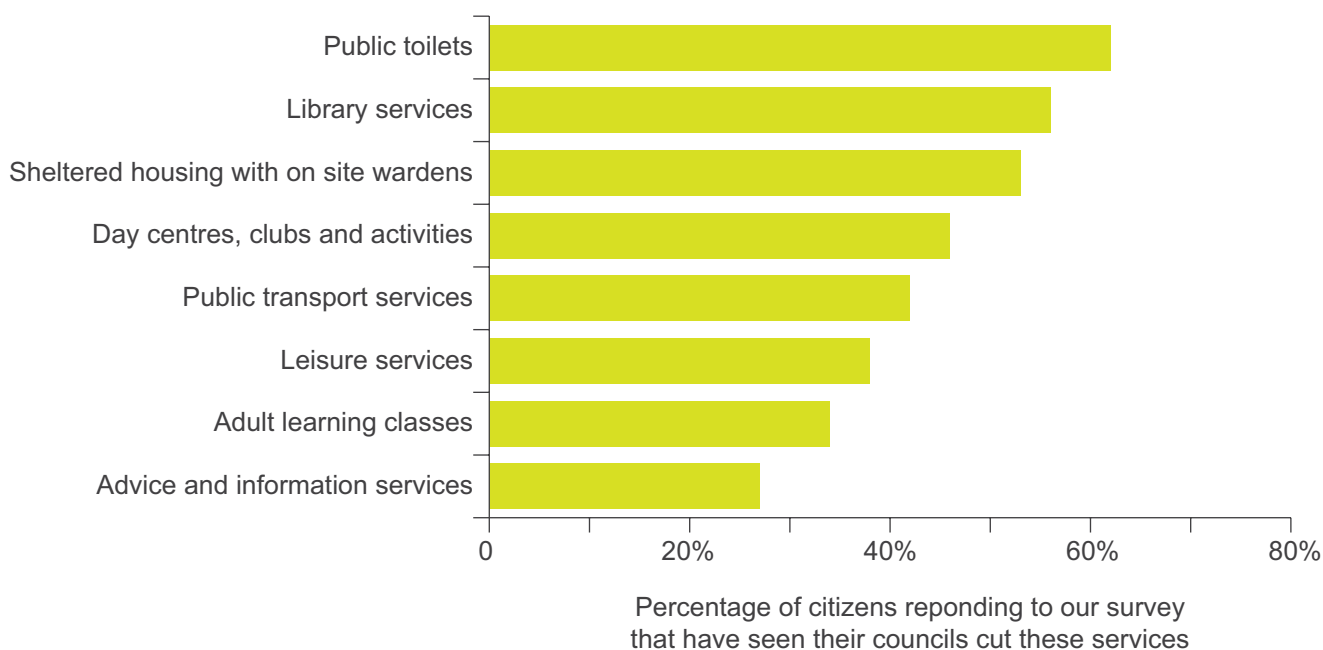
## There is a risk that councils are changing services without fully assessing the potential impact on older people which undermines their ability to fully meet the Public Sector Equality Duty

- 3.14 The Equality Act (2010) marked a 'step change' in the equalities law applying in Great Britain. It sets out a general duty to promote equality in relation to age, gender reassignment, sex, race (including ethnic or national origin, colour or nationality), disability, pregnancy and maternity, sexual orientation, religion or belief (including lack of belief). Under the Public Sector Equality Duty, listed bodies are required to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the act; advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not. Public authorities are listed in Schedule 19 of the Equality Act and include local authorities.
- 3.15 A listed public body in Wales must assess the likely impact of proposed policies and practices on its ability to comply with the general duty and assess the impact of any policy, which is being reviewed, and of any proposed revision. In addition, public bodies are required to publish reports of the assessments where they show a substantial impact (or likely impact) on an authority's ability to meet the general duty and monitor the impact of policies and practices on its ability to meet that duty. In particular, policies with high relevance, such as strategic budgetary decisions, grant-making programmes and changes to service delivery (including withdrawal or reorganisation of services), should always be subject to an assessment for impact on groups of people who share protected characteristics.
- 3.16 When assessing for impact of policies and practices on its ability to comply with the general equality duty, an authority must comply with the engagement provisions and have due regard to the relevant information the authority holds. Reports on assessments must set out, in particular, the purpose of the policy or practice (or revision) that has been assessed; a summary of the steps the authority has taken to carry out the assessment (including relevant engagement); a summary of the information the authority has taken into account in the assessment; the results of the assessment; and any decisions taken in relation to those results.

3.17 We found that whilst 97 per cent of engaged citizens<sup>23</sup> knew that their council had to make savings and cut services, only 46 per cent knew where cuts were to be made and only 29 per cent had been told how it would affect them. This highlights that councils are not communicating their plans for changing budgets with engaged citizens who generally have a better understanding of the work of local government and are likely to be more aware of their council's decision-making processes. This is particularly concerning as the same group of engaged citizens report significant cuts in many preventative council services, and Exhibit 22 shows that these changes range from a 27 per cent of citizens noting a reduction in advice and information services to 62 per cent reporting reduction in the availability of public toilets.

**Exhibit 22 – Engaged citizens’ feedback on which services to older people have been cut by their council**

Engaged citizens report that many important services that support the independence of older people are being cut.



Source: Wales Audit Office telephone survey of engaged citizens, March 2015

<sup>23</sup> The term 'engaged citizens' is used to describe local residents who formally participate in a citizen panel or consultation group set up and coordinated by their council to obtain public views when revising policies or introducing new services for example.

- 3.18 We also identified a number of weaknesses in equality impact assessments<sup>24</sup> undertaken by councils when deciding their budgets. These include councils:
- a Plans for increasing council tax lacking any detail in the accompanying equality impact assessment to show how changes will affect groups with protected characteristics.
  - b Undertaking a channel shift in advice and information services away from home visits and office-based services to online and digital provision. These channels are generally used less by older people and consequently would have a negative impact but the accompanying equality impact assessments do not quantify either the potential impact or the mitigation actions that will be delivered to reduce the potentially negative effect.
  - c Raising fees for services without indicating the potential numbers who would be affected and identifying the impact on those with protected characteristics, even where proposals for increasing charges relate to services that would be heavily used by older people – eg introduction of debit card charges for those who pay remotely and not in person.
  - d Using standard equality impact assessment forms that lack detail and do not provide any assurance that the assessment used has been completed with rigour and the conclusions reached can be justified.
  - e Engagement activity undertaken as part of the budget setting process not including sufficient information to enable service users to clearly understand the impact of changes on them.
- 3.19 We have noted above that councils continue to have trouble in collecting data on the potential effect of planned changes to support decision making. The quality of data available is not always robust enough to demonstrate potential impacts. This consequently makes it difficult, if not impossible, to undertake a comprehensive equality impact assessment and clearly identify the effect of decisions on older people.

<sup>24</sup> Equality impact assessments are a self-assessment tool to help councils look at the likely positive and negative impact of their work on staff, members, customers, partnerships, individuals and communities with regards to equality of opportunity and promoting diversity in employment and service delivery, and to take appropriate action. The Public Sector Equality Duty 2010 places a requirement on councils to give due regard to the impact of their policies and decisions on people with protected characteristics, including age.



Comments from older people on their council's decision to cut services  
 Source: Wales Audit Office, citizen online survey, April 2015



# Appendices

Appendix 1 - Key strategies and programmes of work that promote the independence of older people in Wales

Appendix 2 - Study methodology

Appendix 3 - Checklist on key features on developing a strategic focus on services for older people

Appendix 4 - Survey findings from older people on which services are the most important to enable them to live independently

Appendix 5 - Service usage data for services that support the independence of older people in 2014-15



# Appendix 1 - Key strategies and programmes of work that promote the independence of older people in Wales

## The Strategy for Older People in Wales

The Strategy for Older People in Wales was launched by the Welsh Government in 2003. The older people's strategy has now entered its third phase<sup>25</sup> and sets out the Welsh Government's ambition of making Wales a great place to grow old, where people feel valued and supported, whatever their age, and have the social, environmental and financial resources they need to deal with the opportunities and challenges they face. In particular, the Deputy Minister for Social Services notes in her introduction to the strategy that this 'phase of the Strategy aims to improve quality of life for older people in ways that go beyond the traditional health and social care agenda'.

The strategy aims to address the barriers faced by older people in Wales today and ensure that well-being is within the reach of all. This is broadly captured in three key statements which the strategy is focused on addressing, that older people want to:

- have a sense of purpose and good relationships;
- live in a community that is sensitive to my needs; and
- afford a good quality of life.

The strategy identifies three main priority areas for action by Welsh public services in respect of social resources, environmental resources and financial resources. Under each of these three priority areas, the Welsh Government has also identified 12 outcomes it wants to achieve for older people and has agreed a number of high-level indicators of success to judge progress against these outcomes over the life of the strategy. The 12 outcomes, which are included in full below, focus on many services that support older people to maintain their independence, such as access to good-quality information and advice, services in the community, transport and housing. The older people's strategy therefore recognises the important role of low-level preventative services in both maintaining independence but also providing older people with a better quality of life.

<sup>25</sup> The Welsh Government first published its **Strategy for Older People** in 2003. The phase one strategy covered the period 2003-2008; phase two 2008-2013; and phase three the period 2013-2023.



Priority areas	The outcomes the Welsh Government want to achieve for older people by 2023
Social resources	<ul style="list-style-type: none"> <li>• <b>Social participation</b> – older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted social isolation is minimised. Older people are not subjected to abuse.</li> <li>• <b>Diversity</b> – older people are not discriminated against because of their age, and do not experience multiple discrimination on account of gender, ethnicity, disability, religion and belief, or sexual orientation, in addition to their age.</li> <li>• <b>Access to information</b> – older people have access to information and advice about services and opportunities, and are not disadvantaged when accessing them.</li> <li>• <b>Learning and activities</b> – older people have opportunities to be engaged in lifelong learning and other appropriate social activities.</li> <li>• <b>Healthy ageing</b> – older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.</li> </ul>
Environmental resources	<ul style="list-style-type: none"> <li>• <b>Shared spaces</b> – older people find public places welcoming, safe and accessible;</li> <li>• <b>Living in the community</b> – older people are able to participate and contribute in their communities and access services and amenities;</li> <li>• <b>Transport</b> – older people can access affordable and appropriate transport, which assists them to play a full part in family, social and community life; and</li> <li>• <b>Housing</b> – older people have access to housing and services that support their needs and promote independence.</li> </ul>
Financial resources	<ul style="list-style-type: none"> <li>• <b>Pensions and other income</b> – older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled;</li> <li>• <b>Energy</b> – older people live in energy efficient homes and can afford to heat their homes to the temperature required to protect health;</li> <li>• <b>Financial inclusion</b> – older people can access appropriate financial advice and services, and are not over-indebted; and</li> <li>• <b>Employment</b> – older people who want to work are able to do so and can access help with re-skilling and retraining.</li> </ul>

Source: Welsh Government, **The Strategy for Older People in Wales 2013-2023 – Living longer, ageing well: Making Wales a great place to grow old**, 2013

## The Dublin Declaration

In 2007, the World Health Organisation (WHO) launched age-friendly cities<sup>26</sup>, identifying eight domains of city life that might influence the health and well-being of older people. Age-friendly communities are intended to encourage and enable older people to engage with their surroundings and continue to engage socially within those communities, thereby maintaining their health, independence and well-being.

In practice, an age-friendly community is one where local people have decided their priorities to better support people as they age. This can include physical design, promoting better access and mobility, promoting people's social engagement, and developing support and relationships between the generations. The most important aspect is that it is an integrated approach to thinking about the places where people live and how best to promote older people's well-being and engagement with their physical and social environments.

The age-friendly cities concept was refreshed in 2013, under the Irish Presidency of the European Union, when the Dublin Declaration on Age-Friendly Cities and Communities was launched. The Dublin Declaration shows a city or community's pledge to become 'age-friendly' using the eight WHO domains as a framework for development and commits a city or community to pledge to become 'age-friendly' based on this framework. The declaration includes initial pledges to:

- promote the Dublin Declaration;
- collaborate with all relevant regional and local stakeholders to support the full application of the pledges; and
- communicate through local and regional channels and networks between the various cities and communities to stimulate and support advances in the promotion of equal rights and opportunities for older citizens and to share learning about advances in policies and practices, which improve their lives.

All local authorities in Wales were encouraged to sign up to the Dublin Declaration and formally support best practice for older people and as a demonstration of their intent to work with local communities to develop and nurture the creation of age-friendly communities. All 22 local authorities in Wales have subsequently signed up to the Dublin Declaration.

<sup>26</sup> [www.who.int/kobe\\_centre/ageing/age\\_friendly\\_cities/en/](http://www.who.int/kobe_centre/ageing/age_friendly_cities/en/)

## The Ageing Well in Wales Programme

The Ageing Well in Wales Programme<sup>27</sup> (the Programme) was formally launched in October 2014 as a five-year partnership of national and local government and major public and third sector agencies in Wales. The Programme is hosted and chaired by the Older People's Commissioner for Wales. The Programme's overall aim is to ensure that within Wales, there is an improvement in the well-being of people aged 50 and over and builds on the commitments of the Dublin Declaration.

Whilst the Programme recognises that there is much that individuals can do to maintain their own health and well-being, it is also made clear that there is much more required from the Welsh public sector to make Wales a good place to grow older for everyone. The Programme also challenges the assumption that frailty and dependence are an inevitable part of ageing, an assumption that often creates barriers for older people and restricts the opportunities available to them. The Ageing Well in Wales Programme has five key objectives. These are:

- Age-friendly communities
- Falls prevention
- Dementia support
- Learning and employment
- Loneliness and isolation

The Older People's Commissioner for Wales is currently working with councils to produce local older people strategies. These strategies will address both the Ageing Well in Wales Programme and the requirements of the Welsh Government's Strategy for Older People. Councils have been given flexibility on the structure and content of strategies, but the strategies will need to demonstrate how councils intend to address the five priority themes of the Ageing Well in Wales Programme and the three 'pillars' of the Strategy for Older People.

<sup>27</sup> **Ageing Well in Wales 2014-19: Ensuring Wales is a good place to grow older for everyone**, Welsh Government and Older People's Commissioner in Wales, 2014

## The Social Services and Well-being Act 2014

The importance of preventative services has also been recognised by the Welsh Government in the development of the Social Services and Well-being (Wales) Act (the Act). The Act received Royal Assent and became law on 1 May 2014 and provides the legal framework for improving the well-being of people who need care and support, and carers who need support. The Act is seeking to transform the way social services are delivered, promoting people's independence to give them a stronger voice and control. Integration and simplification of the law are intended to provide greater consistency and clarity for people who use social services, their carers, local authority staff, third sector partners, and the courts and the judiciary.

The Act specifically encourages prevention and early intervention through a new citizen pathway. The citizen pathway is currently being developed by the Welsh Government and focuses on the different levels and types of service that people need, covering:

- Universal services which everyone is entitled to, or eligible for, and are provided at a baseline level to every resident. These are sometimes free – prescription for example – or can be paid for but charging is levied at the same rate for everyone irrespective of their individual circumstances.
- Community and well-being services. These are generally council services which are configured to support the independence of older people and cover a range of non-social-care-based services including council-wide information and advice, housing and housing based support, and services that support independence or prevent hospitalisation or residential care.
- Social care and/or health services, which are provided following a comprehensive needs assessment. The level and type of service are based on the individual's circumstances and the level of service is determined through the application of nationally agreed eligibility criteria.

Through the citizen pathway, the Welsh Government's expectation is that community and well-being services will play an important role in preventing access to the social care system and will support vulnerable people to live as independently as possible. The citizen pathway will also map the targeted preventative services which are just below the eligibility threshold for social care and which are often delivered by the third sector. The citizen pathway will focus on preventative services that enable people to live independently by addressing low to moderate needs and reduce demand on more expensive health and/or social care services.

## Appendix 2 - Study methodology

### Working with the Care and Social Services Inspectorate Wales and the Older People's Commissioner for Wales

This study has been supported by both the Care and Social Services Inspectorate Wales and the Older People's Commissioner for Wales. Both organisations participated in the project steering group that oversaw development and delivery of the study and contributed to:

- the development of the study methodology;
- the structure and content of the surveys we used;
- the analysis of survey data and performance information; and
- drawing conclusions discussions and agreement on the key study findings.

In addition, the Care and Social Services Inspectorate Wales also assisted in completing the on-site fieldwork at the six council sites and the office for the Older People's Commissioner for Wales distributed surveys on behalf of the Wales Audit Office to older people's forums. Working with Care and Social Services Inspectorate Wales and the Older People's Commissioner for Wales allowed us to draw on their expertise and local knowledge in delivering this study. The staff involved in this work were:

- Iwan Williams – Communities, Local Government and Wellbeing Lead, Older People's Commissioner for Wales
- Chris Humphrey – National Inspector and Study Project Coordinator, Care and Social Services Inspectorate Wales
- Bernard McDonald – Area Manager, Care and Social Services Inspectorate Wales
- Ken Redman – Area Manager, Care and Social Services Inspectorate Wales
- Sarah Glynn-Jones – Area Manager, Care and Social Services Inspectorate Wales
- Hugh Morgan – Area Manager, Care and Social Services Inspectorate Wales
- Denise Moultrie – Area Manager, Care and Social Services Inspectorate Wales

### Review of literature, data and statistics

We have reviewed a wide range of documents and media, including:

- Welsh Government policy and guidance documents;
- local authority plans and strategies for older people in all 22 councils;
- council performance indicator returns to StatsWales and the Benchmarking Hub;
- information produced by the Older People's Commissioner for Wales; and
- relevant research and guidance from councils, voluntary sector groups and research bodies.

## Wales Audit Office data tool – analysis of local authority budgets and service usage data

We completed an assessment of councils' budgets for older persons' services outside of health and social care based on information provided by councils. This was captured in a Wales Audit Office data tool. The data tool was provided to councils to complete and requested information on four key service areas that support older people to live independently, as set out in the table below.

<p>Practical support services</p> 	<p>Advice and information services</p> 	<p>Housing and housing based services</p> 	<p>Community based facilities</p> 
<ul style="list-style-type: none"> <li>• Gardening</li> <li>• Cleaning homes</li> <li>• Befriending</li> <li>• Community transport</li> <li>• Public transport</li> <li>• Active ageing</li> <li>• Gentle exercise</li> <li>• Volunteering</li> <li>• Adult learning</li> <li>• Household</li> <li>• Safety and security</li> </ul>	<ul style="list-style-type: none"> <li>• Welfare rights</li> <li>• Advocacy</li> <li>• Healthy eating</li> <li>• Staying warm</li> <li>• Bogus callers</li> <li>• Home safety</li> <li>• Welcome home from hospital</li> <li>• Age Cymru</li> </ul>	<ul style="list-style-type: none"> <li>• Extra care</li> <li>• Sheltered (no warden)</li> <li>• Sheltered (with warden)</li> <li>• Elderly designated</li> <li>• Assistive technology</li> <li>• Telecare</li> <li>• Mobile wardens</li> <li>• Floating support</li> <li>• Disabled facilities grants</li> <li>• Care and repair</li> <li>• Rapid Response Adaptations Programme</li> <li>• Handyman</li> </ul>	<ul style="list-style-type: none"> <li>• Public toilets</li> <li>• Libraries</li> <li>• Community halls</li> <li>• Day centres</li> <li>• Independent living centres</li> </ul>

In completing the data tool, councils were requested to provide information against each of these four areas covering budgets, number of people using the service, access and application processes, referral arrangements, charging for services, operational restrictions in provision or access and planned changes. We received responses from 21 Welsh councils with the exception of Newport City Council, which elected not to participate in our study. The quality of returns from councils also varied and some did not provide detailed information on budgets, access arrangements or the number of service users for the preventative areas we reviewed.

## Local authority fieldwork

We visited six local authorities in Wales, between January 2015 and April 2015. The councils selected represented a mix of city, urban, rural and valleys authorities which are geographically spread across Wales. These were:

- Cardiff Council
- Caerphilly County Borough Council
- Ceredigion County Council
- Denbighshire County Council
- Powys County Council
- Rhondda Cynon Taf County Borough Council

During the visits, we interviewed a range of local authority staff and elected members.

## Surveys

We undertook a range of online surveys and we surveyed:

- Voluntary sector partners who work with local authorities to provide services to older people and received 66 completed returns.
- Elected members across Wales and received 68 responses.
- Citizens from October 2014 to March 2015 and we received 545 responses.
- Older people's strategy coordinators in each local authority and received responses from 19 of the 22 councils. Bridgend, Neath Port Talbot and Wrexham councils did not respond to this survey.
- In addition, in December 2014 and January 2015, we conducted a telephone survey with 'engaged citizens', who agreed to take part in our survey. Engaged citizens are those who formally participate in a citizen panel or consultation group set up and coordinated by their council.

# Appendix 3 - Checklist on key features on developing a strategic focus on services for older people

Corporate assurance standard	In place	Under development	Not in place
<b>Corporate leadership</b>			
The council has appointed a named person at senior management level who is accountable for coordinating and leading the council's work on older people's services.			
The council has appointed an elected member champion for older people's services.			
The council has realigned the work of the older people's strategy coordinators to support development and delivery of plans for all council services that contribute to the independence of older people.			
The council regularly disseminates and updates information on these appointments to all staff and stakeholders.			
The council regularly tests awareness and understanding of these corporate leadership roles.			
<b>Council-wide strategy and action plan</b>			
There is a council-wide strategy on meeting the needs of older people covering all council services.			
The council has a comprehensive action plan that covers the work of all relevant council departments and the work of external stakeholders (outside of health and social care) focused on meeting the needs of older people.			
The councils engaged with residents and partners in the development of the strategy, action plan and in agreeing priorities.			
The final plan reflects the priorities of older people that the council consulted with.			



Corporate assurance standard	In place	Under development	Not in place
The strategy and action plan is publicised, promoted and distributed widely.			
Delivery of action plan targets are reviewed at least annually.			
The strategy is reviewed at least every three years.			
The strategy and action plan is approved and signed by the relevant management body (eg council or the executive).			
The council regularly tests awareness and understanding of the strategy and action plan within the council and with stakeholders.			
<b>Scrutiny, assurance and making an impact</b>			
<p>The council has set appropriate measures to enable members, officers and the public to judge progress in delivering actions for all council services covering:</p> <ul style="list-style-type: none"> <li>• Advice and information services</li> <li>• Housing and housing based support services</li> <li>• Preventative services</li> <li>• Community based facilities</li> </ul>			
The performance measures cover the work of all council services, other relevant agencies and especially those outside of health and social services.			
<p>The measures enable the council to judge:</p> <ul style="list-style-type: none"> <li>• Inputs (expenditure on defined activities for older people)</li> <li>• Outputs (the number of older people using the services)</li> <li>• Outcome (the beneficial impact that the service has)</li> </ul>			

Corporate assurance standard	In place	Under development	Not in place
<p>The council regularly reports its performance on meeting the needs of older people covering all council services to scrutiny committee(s) including:</p> <ul style="list-style-type: none"> <li>• Delivery against action plan targets</li> <li>• Benchmarking and comparisons with others</li> <li>• Equality impact assessments</li> </ul>			
<p>The council's management and evaluation of performance demonstrates the positive impact of its services on older people.</p>			
<b>Compliance with the Public Sector Equality Duty</b>			
<p>When undertaking equality impact assessments, councils need to ensure that they:</p>			
<ul style="list-style-type: none"> <li>• clearly set out how changes to services or cuts in budgets will affect groups with protected characteristics;</li> </ul>			
<ul style="list-style-type: none"> <li>• quantify the potential impact and the mitigation actions that will be delivered to reduce the potentially negative effect on groups with protected characteristics;</li> </ul>			
<ul style="list-style-type: none"> <li>• indicate the potential numbers who would be affected by the proposed changes or new policy by identifying the impact on those with protected characteristics; and</li> </ul>			
<ul style="list-style-type: none"> <li>• ensuring supporting activity such as surveys, focus groups and information campaigns includes sufficient information to enable service users to clearly understand the impact of proposed changes on them.</li> </ul>			

## Appendix 4 - Survey findings from older people on which services are the most important to enable them to live independently

### Practical support services

Area	Not at all important	Unimportant	Neither important nor unimportant	Important	Very important
Public transport	5%	3%	10%	26%	56%
Fitting safety and security devices	9%	5%	12%	31%	44%
Community transport	12%	5%	17%	28%	38%
Active ageing events	11%	5%	21%	34%	29%
Assistance with minor household tasks	13%	7%	22%	31%	27%
Gardening directories and services	13%	6%	23%	35%	23%
Gentle exercise scheme	12%	6%	26%	31%	25%
Adult learning classes	9%	5%	32%	31%	23%
Cleaning, shopping and laundry assistance	15%	7%	25%	32%	21%
Volunteering scheme	11%	5%	32%	35%	17%
Visiting and befriending schemes	17%	8%	30%	27%	19%



## Advice and information services

Area	Not at all important	Unimportant	Neither important nor unimportant	Important	Very important
Home safety checks (with fire service)	8%	4%	13%	35%	40%
Bogus caller campaigns	10%	6%	15%	34%	35%
Welcome home from hospital schemes	11%	6%	21%	32%	30%
Welfare rights advice	12%	5%	21%	25%	37%
Staying warm advice	11%	7%	21%	29%	32%
Specialist independent advice and advocacy	13%	6%	22%	32%	27%
Healthy eating advice	12%	10%	27%	32%	19%



## Housing and housing based support services

Area	Not at all important	Unimportant	Neither important nor unimportant	Important	Very important
Care and repair	13%	4%	12%	25%	46%
Disabled facilities grants	14%	5%	16%	25%	40%
Handyman service	13%	5%	16%	32%	33%
Rapid Response Adaptation Programme	16%	5%	20%	24%	36%
Floating support for older people	16%	7%	19%	26%	33%
Elderly designated housing	18%	7%	21%	30%	24%
Sheltered housing with on-site wardens	18%	9%	23%	23%	27%
Sheltered housing without wardens	18%	9%	24%	32%	17%
Assistive technology	17%	7%	27%	28%	20%
Telecare	18%	8%	25%	26%	22%
Extra care housing	19%	9%	26%	26%	21%



## Community facilities

Area	Not at all important	Unimportant	Neither important nor unimportant	Important	Very important
Public toilets	2%	3%	8%	30%	56%
Libraries	3%	2%	13%	29%	54%
Community halls	4%	3%	14%	33%	46%
Venues that are accessible to older people	8%	3%	12%	33%	45%
Leisure facilities for older people	7%	3%	16%	34%	39%
Day centres, clubs and activities	8%	4%	16%	28%	43%
Localised independent living centres	11%	7%	25%	32%	26%



# Appendix 5 - Service usage data for services that support the independence of older people in 2014-15

We requested information from councils on the number of older people using services outside of health and social care. Below we summarise both the number of councils who record this service usage data and the numbers using these services across Wales. This information is taken from the 21 data returns we received.

## Practical support services

Area	Number of councils reporting service usage numbers	Number of people using these services across Wales
Gardening	4	25,684
Cleaning homes	5	558
Befriending	7	1,120
Community transport	11	299,655
Public transport	12	18,950,224
Active ageing	9	62,384
Gentle exercise	7	39,806
Volunteering	6	2,000
Adult learning	12	72,294
Household	6	11,394
Safety and security	8	11,350



## Advice and information services

Area	Number of councils reporting service usage numbers	Number of people using these services across Wales
Welfare rights	13	29,108
Advocacy	8	21,194
Healthy eating	5	2,769
Staying warm	7	1,710
Bogus callers	13	21,969
Home safety	9	10,434
Welcome home from hospital	8	2,952
Age Cymru	4	2,946



## Community facilities

Area	Number of councils reporting service usage numbers	Number of people using these services across Wales
Public toilets	0	Not recorded
Libraries	8	8,214,569
Community halls	4	1,539,978
Day centres	10	21,336
Independent living centres	4	5,652





## Housing and housing based support services

Area	Number of councils reporting service usage numbers	Number of people using these services across Wales
Extra care	12	753
Sheltered (no warden)	9	5,180
Sheltered (with warden)	12	6,159
Elderly designated	5	5,548
Assistive technology	8	13,972
Telecare	13	20,012
Mobile wardens	8	7,978
Floating support	14	5,372
Disabled facilities grants	15	5,497
Care and repair	12	9,673
Rapid Response Adaptations Programme	10	6,778
Handyman	7	4,828



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