

		AGENDA ITEM 5
		PAF/02/14
Committee:	People and Families Scrutiny Committee	
Date:	16 January 2014	
<u>Ageing Well Task & Finish Group – final report</u>		
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Purpose of the Paper:

To review the responses from Cabinet Members to the report produced by the Ageing Well Task & Finish Group. (Responses to follow as PAF/03/14.)



AGEING WELL

A Review by a Task and Finish Group of the
Community and Older People
Policy & Scrutiny Committee

April 2013



C O N T E N T S

FOREWORD

By the Vice-Chairman of the Community and Older People Policy and Scrutiny Committee, Councillor Janet Whitehouse	4
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FOREWORD

Ageing Well was a Department of Work and Pensions programme from 2010-12 designed to support local authorities to improve their services for older people.

The key aim of the programme was to provide a better quality of life for older people through local services that are designed to meet their needs and recognise the huge contribution that people in later life make to their local communities.

Ageing Well was designed to –

- help local authorities to use their resources effectively
- promote well-being in later life
- ensure that older people can live independently for longer
- engage older people in civic life
- tackle social isolation by recognising older people's potential.



This Task and Finish Group attempted to identify which areas within ECC are concerned with older people's issues and to see how a better service for older people might result from them working more closely together.

We also tried to discover which voluntary and community organisations in Essex were supporting older people in order to see if there were gaps that should be filled or duplication of services.

Social isolation and loneliness has recently been recognised as a health issue. Essex County Council chose Loneliness for the LGA support that was offered to councils as part of the Ageing Well programme and an action research pilot was developed. The Task and Finish group were impressed by the work that has been done and particularly the mapping of social isolation across Essex.

The number of older people is increasing and the impact of an ageing society is one of the major fiscal challenges for the public sector. However, the majority of older people are not recipients of social care. Many are active contributors to society and many voluntary organisations would be unable to continue were it not for the contribution of their older volunteers. Older people know what older people need and it is important that their voice is heard when new services are planned or changes are made to existing services which are relevant to them.

The Task and Finish Group were able to meet only four times as its formation was agreed by the Community and Older Peoples PSC late in the council's cycle. The group

was therefore unable to examine issues as fully as we wished. However, a number of practical and achievable recommendations have been made. I hope the Cabinet members in the new Council will see the benefits these would bring to both older people and ECC and will take them forward.

I would like to thank my fellow Members of the Task and Finish Group Councillor Lyn Barton, Councillor Dick Madden, Councillor Colin Riley and, for transport issues, Councillor Chris Pond. I would also wish to thank Maureen Montgomery, Co-Chair Older People's Planning Group, who was a co-opted Member of the Task and Finish Group.

A handwritten signature in blue ink that reads "Janet Whitehouse". The signature is written in a cursive style.

COUNCILLOR JANET WHITEHOUSE

Chairman of the Task and Finish Group and Vice-Chairman of the Community and Older People Policy & Scrutiny Committee

Issues, Evidence and Recommendations

Highways and Passenger Transport

RECOMMENDATION 1

Data regarding falls and their severity should be recorded, while recognising that many are not reported, to ensure better maintenance of footways.

Owners: Cabinet Member for Highways and Transportation

Implementation Review Date: October 2013

Impact Review Date: April 2014

Specific highways schemes are based on national standards and guidelines; however, in Essex where there are significant numbers of older pedestrians, crossing times at Pelican Crossings have been extended.



The Task and Finish Group heard that not as much is known about pedestrian movements as highways movements. If more was known prioritisation of intervention regimes to assist pedestrians could occur. There are over 14,000 kilometres of footways in Essex. The Task and Finish Group raised a concern about falls on pavements as any data on this does not seem to be captured in a way that could put into perspective what may need to be done to ensure maintenance; whereas data on traffic accidents allows road maintenance to take place where there have been clusters of accidents. The officers from Highways & Transportation said their opinion was “The day when trips and falls are treated as ‘accidents’ rather than ‘acts of God’ the more we would know and be able to try and prevent them”. What appear to be minor footway defects can cause older people to trip. Many of these trips and falls lead to older people sustaining permanent injuries or lead to mobility problems..

RECOMMENDATION 2

There should be data gathered on pedestrian foot journeys to map priority pedestrian routes throughout the county. This could be undertaken by local community groups.

Owners: Cabinet Member for Highways and Transportation

Implementation Review Date: October 2013

Impact Review Date: April 2014

The Task and Finish Group heard that information on pedestrian journey patterns by older people would also be able to assist Highways & Transportation with planning

maintenance. The potential for pitfalls on pedestrian routes are a big determinant as to whether people use public transport and feel confident to walk to and from their destination. However, the data available is sparse. The maintenance and provision of seats on pedestrian routes is crucial in local areas if older people are to be encouraged to walk. The Task and Finish Group heard that footways are inspected at least once a year. All defects are noted but these have to be prioritised. The Task and Finish Group agreed that mapping of the priority pedestrian routes should be undertaken, and this should be done at destination point rather than origin. This could be done by community groups. This would assist maintenance engineers in prioritising maintenance of footway defects. In some parts of the county, local Councils have promoted the use of signage and naming of footpaths and alleyways to promote walking, a valuable part of older people's fitness, and this should be encouraged.

RECOMMENDATION 3

In its role as public health promoter the County Council should consider providing a self-referral programme for older drivers regarding their fitness to drive.

Owners: Cabinet Member for Health and Wellbeing

Implementation Review Date: October 2013

Impact Review Date: April 2014

On the whole older drivers do not have any needs specifically different to other highways users. Anecdotally, there is evidence that older drivers travel less at night and travel on familiar routes where they feel more comfortable. In Essex no data has been detected in terms of accidents that are specific to older drivers; however, other Local Authorities do suggest there are issues, for example, both Suffolk and West Sussex County Councils host workshops related to accidents involving older drivers.

The issue of older drivers was raised in the Task and Finish Group. The potential dangers in continuing to drive when no longer fit to were discussed in the light of two accidents involving older drivers in Theydon Bois and Colchester. An education programme for older drivers to consider their fitness involving self-referral could be introduced. There is always plenty of advice for younger drivers so maybe the same could be considered for older people. The Task and Finish Group felt that opticians should be involved to assess the appropriateness of eyesight, though it was recognised this would require national legislation. This might be taken up by Essex County Council in its new role as public health promoter.

RECOMMENDATION 4

An information leaflet on how to use Public Transport should be delivered when people are sent concessionary bus passes. There should also be more advertising of the concessionary bus pass.

Owners: Cabinet Member for Highways and Transportation

Implementation Review Date: October 2013

Impact Review Date: April 2014

Research has shown that giving up driving can lead to social isolation. It is often many years since a driver has used public transport and they lack confidence and knowledge to get started. The older people taking part in the research asked for a leaflet to explain how to use the bus, e.g. how do you ensure it stops at the right place. The Task and Finish Group would like information leaflets informing residents how to use public transport, to be produced. One way to distribute these would be to send it out with the concessionary bus passes. How to apply for a concessionary bus pass also needs to be advertised.

RECOMMENDATION 5

All bus stops in the county should enable buses to get to kerbs, as a matter of course, as well as having bus boxes/cages as considered appropriate. The default position should be that all but the lightest use bus stops should be protected by no-stopping restrictions.

Owners: Cabinet Member for Highways and Transportation

Implementation Review Date: October 2013

Impact Review Date: April 2014

Passenger transport is critical in terms of older people maintaining their levels of independence. The Task and Finish Group heard that often older people use public transport, not only for shopping or healthcare needs, but for social interaction. The lack of Sunday buses in the county were also raised as a concern.

Essex County Council has achieved a great deal in making travel easier for people. However, access to bus stops is often an issue due to indiscriminate parking. It is not uncommon to see buses stop away from the kerb due to obstruction caused by parked cars thus preventing them from stopping close to the raised kerb. As a result this causes difficulties in getting on and off the bus.

The amount of kerb space a bus needs is 1½ times the length of the bus. The Task and Finish Group raised the issue of bus stop clearways and whether there is a good reason as to why every bus stop in the county should not have a clearway. It was acknowledged that in order for this to be achieved Traffic Regulation Orders (TROs) would be needed. The Parking Partnerships are currently reviewing all TROs. The County could request Parking Partnerships to bear in mind bus stop boxes when reviewing TROs.

RECOMMENDATION 6

Amendments to the Blue Badge Scheme that exclude social care schemes from having Blue Badges should be reviewed by the Cabinet Member.

Owners: Cabinet Members for Adults Social Care; and Customer Services, Environment and Culture

Implementation Review Date: October 2013

Impact Review Date: April 2014

The Task and Finish Group heard that the social car schemes in Loughton and Ongar, which are a valuable feature of the county's transport scheme in terms of taking patients to medical appointments used to be eligible for Blue Badges. However, these are organisational Blue Badges and the county has decided to withdraw these from the scheme – this is not a national decision. The Task and Finish Group were concerned about the difficulty this creates in the provision of this important service and questioned the rationale behind this decision.

RECOMMENDATION 7

The Task and Finish Group heard of innovative schemes in the county related to community and passenger transport and would recommend active, and ongoing support and promotion of these; and other innovative schemes should be encouraged.

Owners: Cabinet Members for Highways and Transportation

Implementation Review Date: October 2013

Impact Review Date: April 2014



The Task and Finish Group heard that Transport for London (TfL) have been approached on numerous occasions by Essex County Council to ensure that all accesses to stations on the Central Line London Underground Essex stations are Disability Discrimination Act (DDA) compliant.

Bus provision in rural areas is often sparse and some older people cannot use the regular bus. Essex County Council has developed a network of over 30 Shopper Buses. These travel one or twice a week from village locations to the nearest towns. They are often run by local community transport schemes. The cost to run these services is £60 per day (which is provided by Essex County Council); therefore, around 10 people are needed on each day the service runs to ensure the service is economical. Community transport schemes are now struggling to get volunteers, so some of the Shopper Buses are using paid drivers, and as a result these become as expensive as commercial services to run.

The Task and Finish Group heard about the new approach delivered in Dengie which commenced in September 2012. A taxi service to take people to local bus routes from Althorne, North Fambridge and Stow Maries has been introduced as a subsidised service. The service is available between 6 a.m. and 8 p.m. Monday – Saturday. There used to be five passengers a day on the bus service, but this has increased to 34. The local community has done a great deal to promote the service.

The Task and Finish Group heard that some rural buses are old and difficult to alight from. All buses, on County Council supported services, have to be DDA compliant. There was a stipulation that buses should not be over 10 years old, however, this changed in September 2012. So now older buses are being used.

It was confirmed that commercial bus services run entirely outside the jurisdiction of Essex County Council. There is a lack of understanding about this from the general public who raise complaints about these services to Essex County Council. Commercial operators register routes and timetables with the Traffic Commissioner and then operate the service. If a commercial operator withdraws a service the County considers whether the route can be replaced. There is a notice period of 56 days for operators if they wish to make any changes to the service. At this point, Essex County Council monitors the situation to decide if any part of the service needs replacing. The Transport Act, 1985 set-up this free-market approach to public transportation.

Parts of Essex are in the Transport for London (TfL) and these buses have centre-exits. The Task and Finish Group heard that centre-exit buses are discouraged in Essex due to the infrastructure in the county. Centre-exits reduce seating capacity and seats are more important to older people than being able to exit the bus at a central point. Bus drivers prefer a single exit point near to them as it provides social interaction with passengers.

Loneliness and Isolation

RECOMMENDATION 8

The Campaign to End Loneliness work being undertaken at the Authority should be brought to the attention of the Health and Wellbeing Board and measures should be taken to address the effects of social isolation on health.

Owners: Leader of the Council as Chairman of the Health & Wellbeing Board

Implementation Review Date: October 2013

Impact Review Date: April 2014

There are two main types of loneliness: social and emotional, which is defined as a self-identified feeling of negativity through lack of contact with and missing a significant individual or even a pet; the focus of ECC is on social loneliness which it is possible to do more to counter by providing opportunities for people to build relationships once again.

The common factors that result in loneliness have been researched and, as a result, an *Isolation Index* has been produced which can be used as a loneliness measure. The Task and Finish Group saw a coloured map highlighting the areas in Essex where one might expect levels of loneliness to be high or low. This map uses the *Isolation Index* and gives a statistical measure of loneliness, based upon a combination of Indices of Multiple Deprivation (IMD) (although loneliness per sé has not been used as an IMD) and selected criteria in the commercial MOSAIC database. The data and the map can be used to prioritise an approach to loneliness in a particular area. There has been a great deal of interest in the work from other Local Authorities and the Department of Health, and preliminary discussions have taken place. The Essex Coalition of Disabled People (ECDP) have been funded to undertake a test and learning project to apply the data from the *Isolation Index* and relate this to disability as an additional issue. They have been tasked to look for lonely people with disabilities and have a conversation with them about their aspirations and ambitions and then work with them to rebuild social activity. This will

test the model and the ECDP will work with the individuals to tackle their loneliness. The Task and Finish Group would have liked to follow this up but were unable to do so due to the lack of time.

The MOSAIC data (see Annex B) is allowing officers to produce a gap analysis, but the issue of loneliness is considerable. Many CVSs are providing activities which enable social interaction and reduce loneliness and isolation. Age UK and the Campaign to End Loneliness are bringing together Voluntary Organisations whose activities reduce social isolation so that they may be aware of each other and can possibly work more closely together. The Task and Finish Group believe the CVSs and District/Borough/City Councils could assist in mapping activities related to reducing social isolation in the county, and that they work with Healthwatch to avoid duplication. **The Task and Finish Group recognised they could not formalise this as a recommendation but would encourage them to consider participating in this.** A special supplement on loneliness is being delivered to the refreshed Joint Strategic Needs Assessment.



The Campaign to End Loneliness chose Essex to be its pilot. Awareness of loneliness as a health issue has been brought to the notice of the Health and Wellbeing Board. Essex County Council had a countywide campaign which included a BBC Essex phone-in; there will also be a set of articles going into parish magazines and an ongoing feed into local papers.

A Lent Invest scheme has been established in partnership with the Chelmsford Diocese, whereby people are asked to give of their time to deliver a community initiative. This scheme has been endorsed by the Bishop of Bradwell and he is actively promoting the campaign throughout south Essex and into the London Borough of Havering. If successful, the Lent Invest scheme will be countywide from next year. Coming out of the Lent Invest scheme is an *Our Offering* website which is aimed at the faith community in the Diocese of Chelmsford areas. The website can be found at www.ouroffering.org and is a domain site for projects which whilst similar to Good for Essex includes the option for “crowd funding” and companies to offer *pro bono* services.

The Government have said they will make Local Authorities accountable for loneliness. As part of the Essex Whole Place Community Budget work the Strengthening Communities strand is attempting to increase links between communities and get them working more closely together. The work aims to have earlier interventions with older people rather than at a critical point.

Thurrock Council is in the process of appointing Local Area Co-ordinators working on similar activity as the Community Connectors. The Thurrock Co-ordinators are working within a budget entitled Asset-Based Community Development. ECC sees local-based connectors bringing about community cohesion. Potential options are being worked on and will be available shortly. ECC is looking at Community Connectors being salaried positions with Local Area Co-ordinators being a procured service. Local Area Co-ordinators work very well in both Derby and Middlesbrough.

RECOMMENDATION 9

The Community and Older People Policy & Scrutiny Committee should support, and recommend the Authority supports the 'Gold' Campaign to reduce loneliness.

Owners: Chairman of the Community and Older People Policy & Scrutiny Committee

Implementation Review Date: October 2013

Impact Review Date: April 2014

The Task and Finish Group were impressed with the work already ongoing at the Authority related to the Campaign to End Loneliness. Adult Social Care is in discussion with External Communications with regard to an ECC 'Gold' PR campaign next year on Loneliness. ECC runs annual campaigns with funding attached to them – 'Gold' campaigns receive approximately £50,000 in the year. The Task and Finish Group supported the 'Gold' campaign to end loneliness. The campaign also aims to look at inter-generational issues by getting older people into schools.

The Voice of Older People

RECOMMENDATION 10

The possibility of re-establishing the Older People's Forum, along similar lines to the Young Essex Assembly, should be explored. This should include initial exploratory work to establish the effectiveness of the Fora in operation in Suffolk and Thurrock.

Owners: Cabinet Member for Adults, Health and Community Wellbeing

Implementation Review Date: October 2013

Impact Review Date: April 2014

The older people's section of the Strategic Planning and Commissioning for Adult Social Care service plan was presented to the Task and Finish Group – this, and the action plan, is effectively the Older People's Strategy. A wider strategy is also being developed. A joint health and social care approach is being taken in developing the strategy.

The Task and Finish Group heard that Suffolk has a representative group of VCS organisations. This group, the Suffolk Congress has formulated Task and Finish Groups to undertake work on how they engage in a commissioning environment. This model is being looked at in Essex by Strategic Services. Given time the Task and Finish Group would have liked to have seen if this is an appropriate model that could be developed in Essex.

The strategy focuses on demand management and in this respect there is a focus on falls, continence and dementia. Work on how to prevent unnecessary falls is being developed as many people who go into hospital following a fall end up in residential care. The Task and Finish Group were informed that such a crisis situation is not a good time

for a decision to be made to be admitted into residential care, and that such decisions should be delayed.

The wider strategy document being developed will have a section on hearing the older person's voice and independent living. Intelligence from older people goes into Strategic Planning and Commissioning from the Older People's Planning Group, and the new 'Task and Finish' Group approach it will be taking via Research & Development in Strategic Services. Reference was made to the work undertaken by the disbanded Older People's Forum. Younger people have stereotypes about the wants and needs of older people and it is important that older people themselves are included when new services are planned or changes are made to existing services which are relevant to them.

RECOMMENDATION 11

Equality Impact Assessments should differentiate 'old' older people separately on the Age section of the EIA form rather than just have a section on the consideration of age in general.

Owner: Cabinet Member for Adults, Health and Community Wellbeing???

Implementation Review Date: October 2013

Impact Review Date: April 2014

The Task and Finish Group received all EIAs completed in the last six months and acknowledged them as comprehensive documents. The effect of ECC policy on 'old' older people was captured within the wide-ranging Age category of the EIAs. The needs of the frail older old are very different from those of the recently retired old, and the Task and Finish Group believe this should be captured within an explicit subset of the Age category in the EIAs.

Health and Wellbeing of Older People

RECOMMENDATION 12

A mapping exercise should be conducted to ascertain all Voluntary and Community Service organisations in Essex which provide services to older people. This would enable the County to highlight the gaps in provision and be of benefit to the Health and Wellbeing Board.

Owners: Cabinet Member for Health and Wellbeing

Implementation Review Date: October 2013

Impact Review Date: April 2014

There is a universal recognition of the importance of the work the Voluntary and Community Sector (VCS) undertake. The Voluntary Sector Unit at ECC no longer exists but the ECC relationship with the VCS remains practical and strong through the robust alternative arrangements that have been put in place.

The VCS is vast and covers large national organisations to locality-focussed small voluntary organisations. Advocacy groups are also covered in the VCS. There is some concern that as grants disappear the VCS groups will not be able to engage within the commissioning environment, and the specifications are written in such a way that only the large providers are able to tender.

One potential outcome of the Community Budgets work would be the establishment of an Endowment Fund. The idea of this is to provide grants in a more consistent way. Any Endowment Fund would give the opportunity for sustainable investment. If this comes to fruition it is hoped it would be a whole public sector fund involving ECC, District/Borough/City Councils, CCGs, Lottery as well as some private sector funding. This could possibly be up-and-running by 2013/14. It is recognised that grants will still be needed as well as commissioning.

The Task and Finish Group were informed the Health and Wellbeing Board will be fully established from 1 April 2013 and that it will be a Committee of Essex County Council and will require approval by Full Council. The Board is also a partnership group in that the Voluntary and Community Sector (VCS), Clinical Commissioning Groups (CCGs), District/Borough/City Councils and HealthWatch are all represented alongside Members and officers of ECC. Discussion groups and workshops were held when developing the Health and Wellbeing strategy. The Older People's Planning Group and other user groups were consulted for a response to the survey undertaken. The Joint Strategic Needs Assessment (JSNA) is the main driver of the strategy in that it outlines the priorities. The Health and Wellbeing Board have agreed the represented bodies will not be foregoing any sovereignty or governance of their own bodies.

It has been recognised in the Health and Wellbeing Strategy that there are inequalities in terms of life expectancy in the county. The three priorities in the strategy are starting and developing well; living and working well; and ageing well. The ageing well priority is to ensure older people remain independent for as long as possible.

Integration of health and social care; tackling health inequalities; empowering local communities and community assets; the transformation of services; prevention and effective intervention; and safeguarding are recognised as key themes in the strategy. Prevention and reablement are regarded as effective interventions.

An outcomes framework to benchmark progress on the strategy is being developed and the considered priorities for the ageing well strand cut across each of these outcomes.

Two of the outcomes are specific to ageing well, namely maintaining independence in the home and providing better end of life care. The Health and Wellbeing Board see the ageing well agenda as key. The anticipated spend on older people to ensure independence and support in their own homes is going to rise in future years based on the demographic data available. Every Health and Wellbeing Board in the country has written a letter to support the Prime Minister's Dementia Challenge. It is also recognised that the importance of carers be considered in the strategy.



RECOMMENDATION 13

The Library Service should be more heavily promoted by Essex County Council in terms of the health, wellbeing and social benefits to older people; and the opportunities for volunteering.

Owners: Cabinet Member for Customer Services, Environment and Culture

Implementation Review Date: October 2013

Impact Review Date: April 2014

It is increasingly recognised that mental and physical activity and social interaction are important in delaying the onset to dementia. In this respect the Library Service and Adult Community Learning (ACL) have a key role to play.

The Task and Finish Group heard Essex Library Service has a network of 73 libraries, 11 mobile libraries plus a home library service which reaches across Essex to around 450 people in their own homes and in care homes. As well as reading and information the Library Service has a digital/ICT offer with computers in every library, wi-fi access, on-line information and free coaching to assist people with computing; learning opportunities and support including over 400 free on-line courses; and volunteering opportunities. The Library Service has a register of 6-700 volunteers at present all adding value to the library offer. Libraries also act as community hubs where people can access a range of voluntary and statutory services and information. Some libraries host helpdesks and surgeries with, for example, the Alzheimer's Society, Age UK, Essex Police, credit unions, village agents and other charities. Libraries also support community groups by providing meeting space. As many government services are now available online only, or request an email response the digital/ICT offer at libraries helps assist isolation and exclusion.



The Task and Finish Group were informed that the Library Service supports older people through addressing loneliness and isolation; by enabling them to age well and stay independent. Libraries are places where older people can spend some time having contact with others, feel safe, access services, and support their interests keeping their minds active and remain warm in cold weather.

There are 11 mobile libraries in 727 locations including 164 care homes/accommodation for older people. This is across 232 Essex parishes. The home library service has a number of options available in terms of how it runs. Friends or neighbours can collect on someone's behalf, there may be a mobile stop close to someone's home or a volunteer may be asked to visit. Over 450 volunteers call regularly on over 1,200 customers living in their own homes, sheltered housing or care homes and act as a personal link with the library. Most of these visits are to people over the age of 80. Eligibility for the home library service is assessed, and those in receipt of the service are often referred from other agencies. The volunteers are made aware of what is going on in the local community they are visiting as well as any relevant local and national campaigns so that

they are able to keep the customer informed. One example of this was the Digital Switchover. All of this reduces the isolation of older people.

Libraries support over 600 reading groups which run independently in libraries and community venues. These are places to share reading ideas as well as giving people a chance to socialise and meet with other people. There are also a few specialist groups which meet in library premises such as groups for visually impaired people and 'knit and natter' groups.

The Library Service provides books in large print, audio CD and by-post (via the RNIB) Talking Books, DVDs with captions and audio descriptions and also has induction loops.

The Task and Finish Group also received additional written evidence related to research on the impact of library use on the wellbeing of older customers and the use of the mobile and home library services.

RECOMMENDATION 14

Any future Essex County Council Lifelong Learning Strategy should go beyond the age of 65 and capture the learning needs of older people.

Owners: Cabinet Member for Education, Lifelong Learning & the 2012 Games

Implementation Review Date: October 2013

Impact Review Date: April 2014

The current ECC Lifelong Learning strategy seems to imply that lifelong learning concludes at retirement and lacked any acknowledgement of the recently retired. The importance of accredited and non-accredited learning for this body of people should be explicitly included within such a strategy – otherwise the word *Lifelong* is inaccurate.

The Task and Finish Group received data related to learners between the ages of 60 and 100 by subject area. The data seemed to show a dramatic fall-off in numbers after 2006/7 when the concessionary fees for older people were abandoned; with an increase in learners returning in 2008/9 and then a similar drop the following year. The last two years 2010/11 and 2011/12 have shown an increase in numbers but at a significantly lower level than those in 2006/7, around 65% fewer learners. The four most popular subject areas studied by the over 60's are ICT, Fitness, Arts and Crafts, and Foreign Languages and Communication. Anyone on benefits receives a 35% reduction in fees; and bursaries are available for people with a household income of less than £20,000. Informal learning organisations such as the U3A and the WEA have shown an increase in learner numbers.

The Task and Finish Group were informed about the role Adult Community Learning (ACL) has to play in the wellbeing of older people. The benefits of participating in learning as people get older were highlighted and backed up by quotes from Government and the National Institute of Adult Continuing Education (NIACE) publications. A NIACE study, conducted in 2009, listed the benefits of participation in learning by older people in care homes as improved confidence, self-esteem and a sense of wellbeing; better physical and mental health; increased mobility; improvements

in motor-skills; lower levels of depression; lessening of incontinence; less dependence on medication; faster recovery rates; managing pain and illness better; increased levels of resilience and ability to cope; changes in behaviour; maintenance, and for some, improvement of attention, communication and memory skills; reduced dependency on others; reduced isolation; development of stronger relationships; increased sociability with other older people; greater levels of engagement, by providing opinion, speaking up and communication with others; development of new skills; improved levels of motivation to participate in day-to-day activities; and greater enjoyment of life – something to look forward to and to talk to others about. In general learning does have significant benefits for older people.

The Task and Finish Group were told the minimum number of learners for an ACL course to be viable is 14; however in terms of older people ACL would likely run a course if there were eight learners. ACL is trying to find some way of getting a discount for older learners – the concession was abandoned at the end of the 2006/7 academic year.

The Task and Finish Group were informed about the Thinking Fit programme, which was developed between ECC Adult Social Care, ACL and the North Essex Partnership Foundation Trust (NEPFT). This programme involved people in the early stages of dementia. The concept behind the programme is that learning something new stimulates the brain more than learning something one is already familiar with but at a higher level, as found in the previously referred to NIACE research. Research has shown that combining the three domains of cognitive, physical and social learning has a cumulative effect greater than the benefit of just one discipline alone, and it was this that led to the Thinking Fit research project. The project was initiated in 2009 and completed in late 2012 and was delivered in Chelmsford, Epping, Great Dunmow, Harlow and Maldon. Thinking Fit aimed to design a range of interventions to delay the onset of dementia with people diagnosed with mild cognitive impairment. The learning activities take the form of cognitive, physical and social exercises with the emphasis on meeting individual needs, respecting and recognising the wealth of talents, skills and varied experiences that each person brought to the programme. The participants were monitored over a two-year period to determine success in meeting the primary project aims; however indications showed very positive outcomes evidenced in learner feedback particularly in trying out new experiences and gaining the confidence to learn new things – one participant stated that they thought they “wouldn’t be able to learn anything new and this project has proved that notion wrong”. Participants’ families have also provided feedback on the benefits of the programme. Social inclusion was a primary outcome within Thinking Fit as isolation is a recognised side-effect of dementia which increases its severity. The programme has also been made available to participants as a distance-learning package to ensure that location was not a barrier to accessing the programme. Evidence showed the programme was highly successful in engaging participants with the results appeared to demonstrate proof of the concept through increased physical and mental wellbeing and increased confidence in engaging in social interaction. Retention on the programme was 99% and many participants asked to continue to meet. At present no funding has been secured to continue with the project although NEPFT has submitted a number of funding bids.

RECOMMENDATION 15

The induction sessions for members following the 2 May 2013 elections should include Libraries and Adult Community Learning to raise awareness of the work each does to support, amongst others, older people.

Owners: Cabinet Members for Customer Services, Environment and Culture; and Education, Lifelong Learning & the 2012 Games

Implementation Review Date: October 2013

Impact Review Date: April 2014

The Task and Finish Group were impressed by the range of, and innovative activity, conducted by the Essex Library Service and ACL and would wish this to be brought to the attention of new Members.

Concluding Remarks

During the course of the four meetings of the Task and Finish Group it was recognised that there is still a much work to be undertaken to break down barriers that exist within the structure of the County Council and service areas, in terms of silo working, which make it difficult for individuals to fully understand the impact of their service area policies on other service areas, for example falls and trips on the pavement have an impact of adult social care. A case study included within the Age UK *Pride of Place* report is an example of this:

While walking to the bus stop, 81-year old Phil Healey tripped over a tree root that was breaking through the paving. Mr Healey fell flat and banged his forehead and hurt his left hand and right knee as he tried to break his fall.

Fortunately some passers-by were on hand to help him to a nearby seat and call for an ambulance to take him to the local hospital. He was discharged later that day.

Following his experience he phoned the local council to tell them about the pavement and asked them to mend the areas where the tree roots were protruding by nearly five inches. Even though he had taken pictures and shown the walkway was uneven the council has not yet made any repairs, as it argues that there is no dangerous edge.

Mr Healey has had to go back to hospital for further tests and treatment, he has received physiotherapy to help manage the pain and regain his mobility.

Witnesses who gave evidence learned from each other and this approach enabled conversations to be held, outside of the formality of meetings, which may benefit older people in the medium to long-term.

The need for appropriate housing for older people was referred to by Task and Finish Group Members. This might be suitably adapted general housing, sheltered housing or

other specialist provision. Housing is not an Essex County Council responsibility, but it is hoped that County Councillors who are also District/Borough or City Councillors can raise this issue within these local authorities.

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LGA/CfPS: A good place to grow older? Ten questions to ask if you are scrutinising local preparation for the ageing society

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Scoping Document for Scrutiny

Committee	Community & Older People Policy and Scrutiny Committee	
Topic	Ageing Well Agenda	Ref: CWOP-SCR
Objective	<p>To identify which service areas within Essex County Council are dealing with older people's issues or undertake work which affects older people.</p> <p>To consider how the loneliness and isolation of older people can be addressed.</p> <p>How are the views and needs of older people communicated to Essex County Council?</p> <p>To identify which third sector organisation exist in Essex to support older people and how their service to older people is affected by changes within the County Council (e.g. Commissioning)?</p> <p>Awareness of Housing issues (those who are District/Borough/City Councillors)</p>	
Reasons for undertaking review	<p>To link with the Department for Work and Pensions Ageing Well strategy</p> <p>The CfPS highlights best practice in linking with the DWP Strategy</p> <p>To increase the awareness of loneliness as a public health issue</p> <p>To ensure effective communication between older people and ECC</p> <p>To examine the effect of changes in the relationship between ECC and the VCS sector by linking with that sector</p>	
Method <ul style="list-style-type: none"> • Initial briefing to define scope • Task & Finish Group • Commission • Full Committee 	Task and Finish Group once the scope of the item is agreed.	
Membership <i>Only complete if Task and Finish Group or Commission</i>	Councillor Janet Whitehouse (Chairman), Councillor Lyn Barton, Councillor Dick Madden, Councillor Chris Pond (for transportation issues), Councillor Colin Riley. Maureen Montgomery (OPPG) is a co-opted member.	
Issues to be	<ul style="list-style-type: none"> • Isolation and loneliness • Does ECC communicate clearly what services it provides to older 	

addressed	<p>people and does ECC effectively promote these services?</p> <ul style="list-style-type: none"> • How do ECC service areas which affect or are working with older people, operate? • The effect of changes in the relationship between ECC and the VCS
Sources of Evidence and witnesses	<ul style="list-style-type: none"> • Officers of the Authority • Members of the ECC Older People's Planning Group • Service users • VCS organisations • Cabinet Member • Libraries • Passenger Transport • Adult Community Learning • Adult Social Care • Highways • Village Agents • Churches • DWP Ageing Well reports and Campaign to End Loneliness reports
Work Programme	Scoping document to be considered and agreed at the 12 July 2012 Committee. Task and Finish Group meeting dates to be agreed once membership confirmed.
Indicators of Success	Practical outcomes bringing service areas together and improved liaison between service areas. There should be an acknowledgement of the part the Transformation process will have on the work of the Task and Finish Group in its final recommendations to the Committee and Cabinet Members in looking at future work and strategic and structural changes.
Meeting the CfPS Objectives <ul style="list-style-type: none"> • <i>Critical Friend Challenge to Executive</i> • <i>Reflect Public voice and concerns</i> • <i>Own the scrutiny process</i> • <i>Impact on service delivery</i> 	<ul style="list-style-type: none"> • Impact on service delivery • Reflect public voice and concerns
Diversity and Equality <i>Diversity and Equality issues are to be considered and addressed.</i>	To be completed.
Date agreed by Committee	To be considered 12 July 2012
Future Action	To be agreed

Governance Officer	Robert Fox	Committee Officer	Graham Hughes/Matthew Waldie
Service Lead Officer(s)	To be confirmed		

Social Isolation in Essex

Using Mosaic Customer Profiling Toolkit to map older residents vulnerable to Social Isolation and Loneliness

10% - 14% of all older people self-identify as lonely, in Essex this relates to 26,000 to 36,000 people. There are many negative outcomes associated with loneliness and isolation including: reduced longevity, depression, poor quality of life; early onset and faster progression of dementia. It is also associated with admission to residential care.

There is no measurement which can directly determine where in the county isolation affects residents. To make an estimation we have created an 'isolation index' using variables that literature indicates are potential drivers of isolation. These include identifying areas where residents are:

- Single pensioners
- Widowed
- Retired
- Unlikely to meet friends family regularly
- Unlikely to interact with neighbours
- Poor health
- Permanently sick
- Suffering from depression
- Suffering from poor mobility
- Visually impaired
- Hard of hearing
- Struggling financially
- Not employed (Part-time, Full-time, self employed)
- Less educated (No further education, no degree)

To create the index, the customer profiling toolkit Mosaic was used. Mosaic contains an individual index score for each of the variables identified above at a household level. An index score of 100 for 'Widowed' would mean that the likelihood that the household contains a widow is the same as the average for the UK. A score of 200 would illustrate that the household is twice as likely to contain a widow. A score of 50 would mean the household is half as likely.

All the index values for the above variables were extracted at a household level and combined to make a social isolation index. Different scenarios were explored by placing weighting on the variable values.

The scenarios were as follows:

Uniform – all variables equal. No weighting applied and all variables had the same impact on the overall social isolation index.

Age/Single/Health – Emphasis on older people that are widowed and in poorer health

Contact/Health – Emphasis on health and contact with friends/relatives/neighbours

Contact – Emphasis purely on contact with friends/relatives/neighbours

Bereaved/Contact – Emphasis on widowed and contact with friends/relatives/neighbours

Health – Emphasis on poor health

Finance – Emphasis on financial struggles

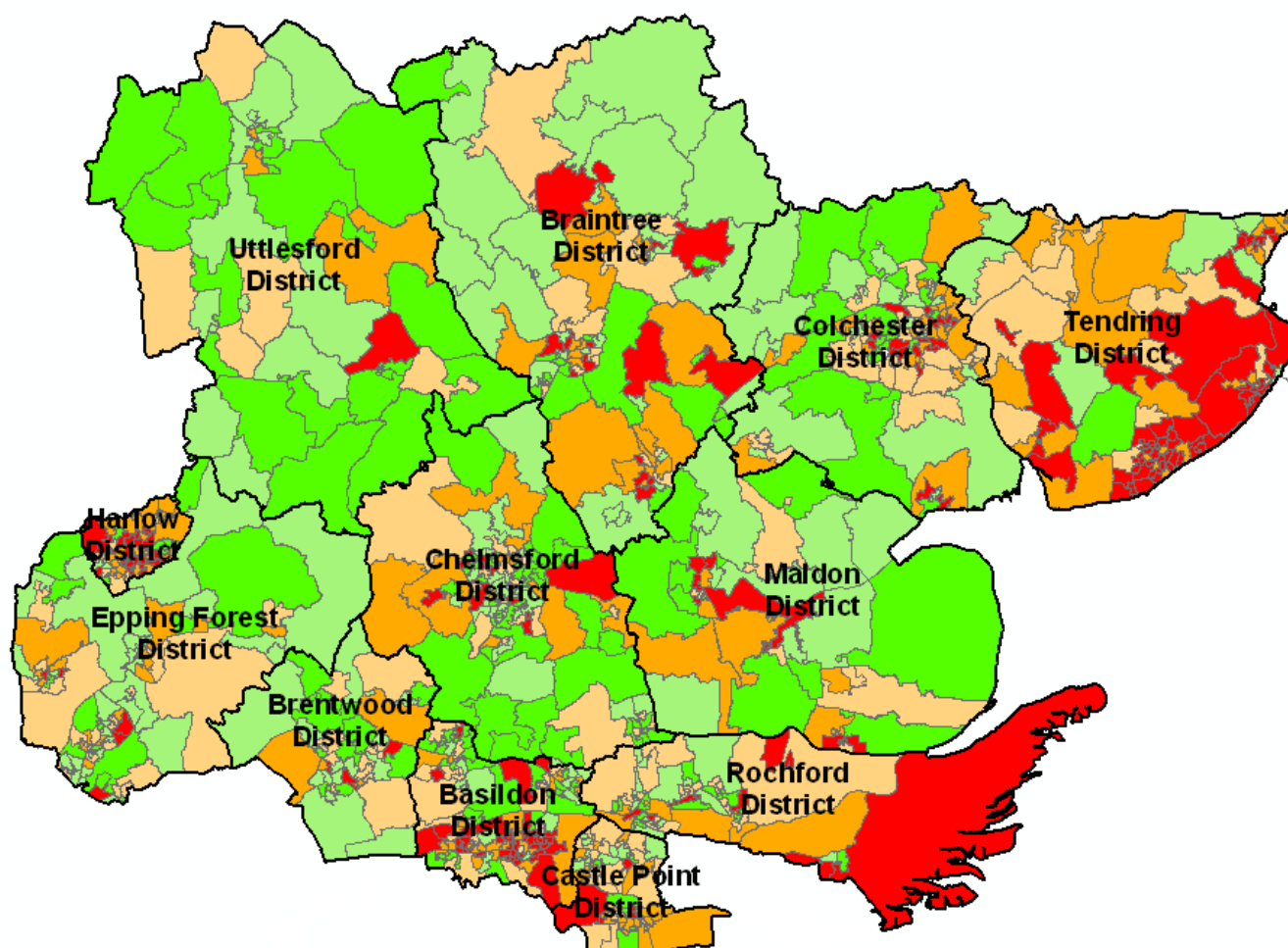
Lonely – Greater emphasis on contact with friends/relatives/neighbours plus age/widowed

Lower Super Output Area (LSOA) Isolation mapping

Once the indices were created for the scenarios above scores were created at two geographical levels – Household and Lower Super Output Area (LSOA).

Lower Super Output Area allows us to see clusters of households that are potentially vulnerable to isolation – and household level allows us to drill down further and pin-point households that demonstrate the variables associated with isolation.

Firstly, Isolation at an LSOA level was explored to give an idea of potential hot-spots. The household indices were aggregated up to LSOA level and split into quintiles. The map below shows the 'uniform' scenario with the **red** LSOAs the most vulnerable (highest quintile) and the more intense green the least vulnerable:



The map above highlights areas that one might expect, particularly within Tendring, but also highlights areas not traditionally targeted such as Colchester. There are also some more random smaller pockets of isolation scattered throughout the county.

When looking at LSOA quintiles for all other scenarios there was little change of great significance using weighting variances of between 0.5 and 2 (i.e. twice as important). An LSOA would only move a maximum of one quintile (for example from 'above average' to 'highest').

We then further stressed the model by taking the "Lonely" scenario and increasing the weighting to 3 times. Again this had limited effect.

This indicates that changing weighting to individual variables had minimum effect on 'isolation' at an LSOA level. In fact the correlation between the 'uniform scenario' and the altered scenarios was near perfect (values above 0.98). This allows us to purely focus on just one of the scenarios – in this instance, the 'uniform scenario'.

The maps for other scenarios (at an LSOA) level are available if required.

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