

Leicester  
City Council

**WARDS AFFECTED**  
Corporate issue

**FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:  
CABINET**

**12TH FEBRUARY 2001**

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**BEST VALUE REVIEW -YEAR ONE  
SERVICES FOR OLDER PEOPLE WITH COMMUNITY CARE NEEDS**

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**Report of the Director of Commercial Services**

**1. PURPOSE OF THIS REPORT**

1.1 This report seeks the Cabinet's consideration and approval of:

- (i) the draft Improvement Plan put forward as the result of the Services for Older People with Community Care Needs Best Value Review;
- (ii) the procedures followed during the course of that review (which were in line with the Council's Best Value Review process); and
- iii) the assessment of the review against the criteria set out in the Audit Commission's publication "Seeing is Believing."

It also gives feedback on the Social Services & Personal Health Scrutiny Committee's consideration of the attached report.

1.2 The details of each of the three items listed above are contained within the attached report.

1.3 That report (albeit with one exception to content) was considered by the Social Services & Personal Health Scrutiny Committee at its meeting on 3<sup>rd</sup> January. The exception referred to is Appendix B, which in the report which went to the Scrutiny Committee consisted of the draft report of the consultants (OPM) who were employed to carry out the consultation exercise with service users, their carers and advocates for older people. Since writing the report for the Scrutiny Committee OPM have submitted their final report and this has now replaced the draft report at Appendix B of the attached document.

**2. FEEDBACK FROM SCRUTINY COMMITTEE**

2.1 Following detailed consideration by the Social Services & Personal Health Scrutiny Committee Members resolved that the recommendations as listed in the report be endorsed.

[N.B. Those recommendations were as follows:-

- i) that endorsement be given to the draft (interim) implementation plan as set out in general terms in paragraph 4.10 of the report; and
- ii) that responsibility for:
  - the delivery of the individual elements in the endorsed interim implementation plan;
  - the identification of options for change in the services covered by the review, together with
  - the production of the final improvement plan

should be allocated to the Director of Social Services, to be undertaken by the Assistant Director – Social Services (Community Care: Older People’s Services) through that person’s leadership of an interdepartmental team of officers.]

2.2 In addition to giving its endorsement to the above recommendations the Scrutiny Committee also noted the suggestion made by the consultees involved in the consultation exercise that the Council should consider the establishment of a forum, which would represent the diverse needs and voices of older people in Leicester. In making the suggestion the consultees identified that the forum would need to:

- be inter-departmental and multi-agency and involve external invitees/representatives of older people and be led by a portfolio holder who would provide a conduit into the new political structures, including the Cabinet;
- have “scrutinizing” powers and be taken seriously; and
- be supported by a cross-departmental executive officer group to be led by the (currently proposed) Assistant Director of Social Services (Community Care: Older People’s Services)

The Scrutiny Committee expressed particular support for the idea of setting up an Older Persons’ Forum and asked that this support be relayed to the Cabinet.

### 3. **RECOMMENDATIONS**

3.1 The Cabinet is asked to:-

- i) give its endorsement to the draft (interim) implementation plan as set out in general terms at paragraph 4.10 of the attached report; and
- ii) agree that responsibility for:
  - the delivery of the individual elements in that interim implementation plan;
  - the identification of options for change in the services covered by this review; together with
  - the production of the final improvement plan

should be allocated to the Director of Social Services, to be undertaken by the Assistant Director – Social Services (Community Care: Old People's Services).

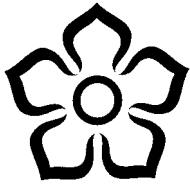
- iii) endorse the procedures followed during the course of the Best Value Review of Services for Older People with Community Care Needs; and
- iv) note the Director of Commercial Services' assessment of the review against the criteria set out in the Audit Commission's publication "Seeing is Believing".

3.2 The Cabinet is also asked to note the strong support by the Social Services & Personal Health Scrutiny Committee for the suggestion that an Older Person's Forum be established to represent the diverse needs and voices of older people in Leicester and to consider its response.

#### 4. **FINANCIAL AND LEGAL IMPLICATIONS**

The legal implications of this report are dealt with in paragraph 8 of the accompanying report. There are no additional comments following the meeting of the Scrutiny Committee. (Guy Goodman, Assistant Head of Legal Services, ext 7054)

**Peter Connolly**  
**Director of Commercial Services**  
**January 2001**



Leicester  
City Council

**WARDS AFFECTED**  
**All Wards (Corporate Issue)**

**FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:**

**SOCIAL SERVICES & PERSONAL HEALTH SCRUTINY COMMITTEE**      **3<sup>rd</sup> January 2001**

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**BEST VALUE REVIEW - YEAR ONE**  
**SERVICES TO OLDER PEOPLE WITH COMMUNITY CARE NEEDS**

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**Report of the Director of Commercial Services**

**1. PURPOSE OF REPORT**

a. This report seeks Members' consideration and approval of :

- (i) the draft Improvement Plan put forward as the result of the Services for Older People with Community Care Needs Best Value Review;
- (ii) the procedures followed during the course of that review (which were in line with the Council's Best Value Review process); and
- (iii) the assessment of the review against the criteria set out in the Audit Commissions' publication "Seeing is Believing".

**2. SUMMARY**

2.1 A report to the Social Services & Personal Health Scrutiny Committee in August explained the rôle of that Committee in ensuring the rigour of the Council's endorsed procedure had been applied during the course of this review. A further report, in November, gave information on the progress achieved by then with the review, identified some process issues that had arisen and how they had been managed and, also, gave details of what were seen as some of the emerging issues at that stage.

2.2 This report:

- sets out the results to-date of the Services for Older People with Community Care Needs Best Value Review;
- proffers for Members' consideration (and endorsement) a draft implementation plan; and
- provides background information for Members' consideration prior to the completion of the service assessment, the identification of options for change and the completion of the improvement plan.

- 2.3 Certain key support information is appended to this report and the documentation completed to date in the review is available in the Members' Library.
- 2.4 Previous reports to Members gave notice that this review had been undertaken against an evolving process, with resource availability problems for many of the staff concerned and against very tight deadlines. In my November report I advised that the final submission of improvement options (together with the final Improvement Plan) was unlikely to be possible until April 2001. I remain of that view; consequently, at this stage, I can only put forward a draft (interim) implementation plan.
- 2.5 In order to maintain progress on this review, I propose that responsibility for:

- the delivery of the individual elements of the draft implementation plan;
- the identification of options for change in the services covered by this review; together with
- the production of the final improvement plan

be now allocated to the Director of Social Services, to be undertaken by the Assistant Director – Social Services (Community Care : Older People's Services) currently being proposed as part of a restructuring exercise which is under consultation at the moment and anticipated to take effect from April 2001.

- 2.6 Members are advised that an evaluation of the current corporate review activities, together with recommendations for next year's programme of reviews, is to be the subject of a separate report to the Council's Cabinet.

### 3. **RECOMMENDATIONS**

- 3.1 The views of the Social Services & Personal Health Scrutiny Committee are invited, ahead of consideration by the Cabinet, on my recommendations:

- (i) that endorsement be given to the draft (interim) implementation plan as set out in general terms in paragraph 4.10 of this report; and
- (ii) that responsibility for:
  - the delivery of the individual elements in the endorsed interim implementation plan;
  - the identification of options for change in the services covered by this review; together with
  - the production of the final improvement plan

should be allocated to the Director of Social Services, to be undertaken by the Assistant Director – Social Services (Community Care: Older People's Services).

### 4. **REPORT**

- 4.1 As mentioned in the two previous reports the services which were included within the scope of this review are, to varying degrees, all affected by emerging national and local strategies and policies. These include:-

- (i) The National Framework for Older People, which will set a clear agenda for the range and quality of these services.

[This policy document has been anticipated since August 2000 but is now expected to be published during January. It will have a direct, and major, impact on the outcomes of this review.]

- (ii) The setting up of new Primary Care Trust(s) within the city from April 2001, which will result in a major restructuring of health and social care services and have far-reaching financial and organizational implications for the Authority and (probably) the Health Authority.
- (iii) The Council's endorsement of the "Better Care: Higher Standards" document. This sets out quite clearly standards for service delivery, which will be subject to inspection and audit. The commitments made, both to service users and their carers, in this charter for long term care must be an ingredient of the final improvement plan drawn up as the result of this review.

4.2 In recognition of the breadth and complexity of this review a decision was taken at the start of it to set up three separate tasks groups to look at:

- access to these services
- the configuration of the services; and
- the "quality" aspects of their delivery.

4.3 To stimulate discussion by each of these groups, and in recognition of the paucity of hard data (both in terms of local availability and meaningful comparisons with other Authorities), a paper, "Living with Security, Independence and Dignity", was produced by the officer originally leading the review. Members have already been supplied with a copy of this document; however, for the purposes of completeness, a copy is appended at Appendix A of this report. The production of that paper did stimulate productive discussion and promoted cross-departmental working (and awareness raising) within the three sub-groups.

4.4 During the course of the review great importance was placed on consultation with users, their carers and advocates to gain views on the quality of existing services and where they saw areas for improvement. The view of the Team overseeing the review (the "Core Review Team") was that the independence of this consultation was imperative in order to achieve an accurate profile on which to draw up a productive improvement plan. This was in line with the concerns raised separately by staff delivering the services, by their team leaders and the senior managers involved with the review. In order to deliver this "independent view" the "Office for Public Management" (OPM) were engaged to carry out the consultation. Their initial findings draft report is to be found at Appendix B of this report. Members are encouraged to read through the OPM report since the relevance given to the views expressed by the people consulted was a major factor in influencing the direction (and future direction) of this review.

4.5 In addition to the views of service users, their carers and advocates two separate meetings were held with external service providers. These were attended by representatives from the voluntary and private sector and Housing Associations. The views expressed by those who did attend have been considered in the development of proposals for improvement.

- 4.6 Staff from the three Council departments (Social Services, Housing and Arts & Leisure) have been consulted during the review. They included: front line staff; team leaders and managers. In addition, representatives from the Trade Unions were part of the Core Review Group and participated in the consultation with external providers. The written views of the Trade Unions on this review, my findings and recommendations and the contents of this report are to be found at Appendix C.
- 4.7 On the basis of the research and consultation undertaken so far in this review it is justified to say that the experience of old age is just as varied as that of childhood. However, despite this, the Council is perceived by older people as treating them as a homogeneous group that must fit in with a fixed pattern of service, with little true recognition being given to the diversity of older people. This situation is also exacerbated by Government policies; for example, with the targeting in recent years of social services on those most in need but without personal means. The Council should begin to use its unitary status, together with the new possibilities opening up as a result of the NHS Plan, to rethink its approach to services based on meeting diverse needs, structures and ways of thinking that overcome current organizational barriers.
- 4.8 Older people feel that they do not have a voice in local government. The Council is encouraged to consider the expressed request to establish a forum, which would represent the diverse needs and voices of older people in Leicester. Such a forum would need to:
- be inter-departmental and multi-agency and involve external invitees/representatives of older people and be led by a portfolio holder who would provide a conduit into the new political structures, including the Cabinet;
  - have “scrutinizing” powers and be taken seriously; and
  - be supported by a cross-departmental executive officer group led by the (currently proposed) Assistant Director of Social Services (Community Care: Older People’s Services)

[There are examples of such a forum given in the national “Better Government for Older People” initiative.]

- 4.9 There is also an urgent need to develop the range of services for older people to address, more effectively, the diversity of Leicester’s community through more specialist services, which offer greater choice (on specific and non-discriminatory grounds) of who provides which services and where they are to be obtained. This will mean developing more community specific services as well as ensuring that “mainstream” services are welcoming and inclusive. The Council needs to make sure that, as far as is practically possible, the staff employed on these services (both in-house and via other agencies) reflect the diversity that exists within our communities and that those staff have the skills needed to meet individual, cultural and religious needs and preferences.
- 4.10 Whilst this overall approach is rethought and implemented the following matters need urgent attention (and form the elements of the proposed interim Implementation Plan).
- (i) The Council’s current spend and performance on the key statutory services must be compared with similar Authorities, together with the identification of the scope that exists for redirection of resources to the key agenda aimed at promoting independence for older people and supporting carers.

- (ii) The long delays in responding to Occupational Therapy assessments and adaptations (and their links with Disabled Facilities Grants) must be addressed.
- (iii) Greater clarity must be established on eligibility criteria for home care, arranged transport and mobile meals.
- (iv) The Council needs to determine how best to deliver a reliable and cost effective home care service in a mixed-economy of provision scenario.
- (v) The Housing and Social Services Departments should develop, with the NHS where appropriate, a new approach to meeting the accommodation and care needs of older people. This will draw on best practice in extra care housing, intermediate care and the future use of residential and nursing home care.
- (vi) The Council should decide whether it should continue to provide a subsidized (but limited) laundry service for some users.
- (vii) The Council's emergency alarm service should be better promoted amongst older people generally.
- (viii) There should be a unified approach to charging (and the use of concessions) across all Departments.
- (ix) There should be a re-examination of the established protocols for hospital discharges affecting older people in an effort to ensure a more holistic approach.

4.11 It is not possible (or practical) to allocate specific responsibility for each of the above suggestions at this juncture. The considered view is that the (currently proposed) Assistant Director of Social Services – Community Care: Older Peoples' Services should be charged with ensuring that each of the above tasks is allocated through a detailed Action Plan. In turn the Director of Social Services should monitor (via the Council's Performance Management Framework) the progress which that Assistant Director achieves in delivering that plan. A pre-requisite of such an arrangement, of course, is that the Assistant Director concerned leads the inter-departmental group of officers (proposed) to support the (again proposed) Older Persons' Forum.

## 5. **COMMENTS BY THE INDEPENDENT ADVISERS**

5.1 The comments of the independent adviser appointed for this review have been sought but are still awaited. When they are received they will be incorporate in this report.

## 6. **ASSESSMENT AGAINST THE BEST VALUE INSPECTORATE'S CRITERIA**

6.1 To assist Members in their assessment of how well the procedures and processes followed during this review meet the published criteria of the Best Value Inspectorate the table below has been drawn up. Members are reminded that the questions which will be asked by the Inspectors are:

- Is it a good service?
- Is it going to improve?



INSPECTORATE QUESTIONS	RESPONSES AS A RESULT OF THE REVIEW
<b>A Good Service?</b>	
<p><u>Are the Authority's aims clear and challenging?</u></p> <p>Has the Authority challenged the need for the service?</p>	<p>A fundamental challenge has been completed and the services provided are underpinned in large by statutory requirements e.g. NHS and Community Care Act 1990, Chronically Sick and Disabled Persons Act 1970, National Assistance Act 1948, Community Care Act 1990, Home Energy Conservation Act 1996, Public Libraries Act 1964, Better Care: Higher Standards Charter 2000.</p> <p>Whilst services provided in Neighborhood Centres are discretionary their importance to the social inclusion of Older People has been clearly demonstrated through independently conducted consultation workshops with older people.</p>
<p>Does the service support corporate aims Community Plan?</p>	<p>The Council's Community Plan recognises Leicester as a diverse city and one of its priorities is "Better Health for All".</p> <p>Relevant goals listed:</p> <ul style="list-style-type: none"> <li>❑ To provide local, accessible health and social care services, which identify and respond to peoples need.</li> <li>❑ To create a healthy living environment with good quality housing....</li> <li>❑ To develop health and social care services that will promote the independence of older and disabled people.</li> <li>❑ To improve the quality and availability of accessible housing for disabled people.</li> </ul>
<p><u>Does the service meet these aims?</u></p> <p>Is there effective performance management?</p> <p>Is the Authority delivering?</p>	<p>We have attempted to examine the performance of the Council's in-house services and the findings of monitoring systems required of the voluntary sector through service level agreements.</p> <p>Benchmarking information against peer group Authorities is limited. Departments are putting in place facilities for future benchmarking and the outcome of this review will further inform the performance indicators necessary to demonstrate effective performance management.</p>
<p><u>How does its performance compare?</u></p> <p>How does the Authority compare with the top 25%?</p>	<p>Leicester Housing Department is an "A" Housing Department rated in the top 5% of peer group Authorities according to DETR criteria.</p> <p>10 Dept. of Health PI's for 1999/2000 relate to services for Older People of which 9 PI's are rated good or better against peer Authorities by inspectors. Leicester Social Services is rated as one of the three most improved Authorities in the country.</p>
<p>Has the Authority demonstrated cost effectiveness?</p>	<p>It is not possible to identify relative performance at this time.</p>

INSPECTORATE QUESTIONS	RESPONSES AS A RESULT OF THE REVIEW
<b>Going to Improve?</b>	
<p><u>Does the BVR drive improvement?</u></p> <p>Is the BVR process managed effectively?</p> <p>Has the Authority fundamentally challenged what it does?</p> <p>Has the Authority made rigorous comparisons throughout the review?</p> <p>Has the Authority made good use of consultation?</p> <p>How competitive is the Authority's choice of procurement?</p>	<p>The BV process approved by Members has been followed. Because of the difficulty encountered in identifying issues due to a lack of data and/or comparative information a discussion paper "Living with Security, Independence and Dignity", produced by the Review Lead Officer, has been used to stimulate discussion.</p> <p>This work has still to be completed.</p> <p>This work has still to be completed.</p> <p>Independent consultants have consulted with Advocates, Carers and a diverse group of Older People. This has been used to inform the review of the service priorities and level of satisfaction of stakeholders.</p> <p>A significant number of services to Older People are commissioned externally. Where services are provided directly, and an alternative supplier exists, these have not been subject to competitive tender within the last 2 years.</p> <p>The procurement review should help improve the service strategy for older people.</p>
<p><u>How good is the Improvement Plan?</u></p> <p>Is the Authority trying to improve the right things?</p> <p>Are the improvements ambitious enough to get the Authority into the top 25%?</p>	<p>In the time available and given the complexity of this cross cutting review we have only been able to put forward an interim improvement plan. This requires further service assessment to identify final options for improvement.</p> <p>As required by BV legislation the final improvement plan will put in place the necessary changes required to maintain the authority within the top 25% of Authorities.</p>
<p><u>Will the Authority deliver the improvements?</u></p> <p>Does the Plan have the commitment that it needs from Members and others?</p> <p>Is the Improvement Plan practical?</p> <p>Does the Authority have a track record of managing both change and performance?</p>	<p>We are not yet in a position to demonstrate this yet.</p> <p>There is a high level of commitment amongst staff to engage in a continuous improvement process in these areas.</p>

## 7. FINANCIAL IMPLICATIONS

- 7.1 Due to the complexity of this cross-cutting review, and the restricted time available for service assessment, it has not been possible to complete a full assessment of the potential for savings. A strategy, which will allow a greater number of older people to remain in their homes and guide the appropriate redistribution of resources to this area,

is proposed in the attached paper "Living with SID". Over time it is believed that the strategy will result in lower investment being required in the "high support needs" services, where approximately 75% of resources are allocated to 5% of older people. It is generally accepted that this redistribution of resources should lead to greater efficiency and overall financial savings.

7.2 The financial options required by Directors' Board meeting of 12<sup>th</sup> September, 2000 are as follows:

(a) The implications of a 2% reduction in costs;

The full breakdown of costs for providing the services delivered is still being produced. This prevents the assessment required.

(b) The options for re-investing 2% in the service area;

The strategy proposed calls for the re-investment of savings initially from process improvements and subsequently from a reduced need for "high demand services". Further work is required to identify efficiency savings and it is possible that an invest to save policy may initially be required to bring about the changes in demand desired.

(c) The implications of re-aligning overall spend to comparator data where this is available.

Further work is required to identify comparator data.

## 8. **LEGAL IMPLICATIONS**

8.1 The Head of Legal Services was consulted on and his comments are as follows:-

The delays referred to at paragraph 4.10 (ii) continue to leave the Council vulnerable to criticism by the Local Government Ombudsman and to legal challenge. Remedial action to reduce delay to a reasonable waiting time is essential. Any clarification of eligibility criteria referred to 4.10(iii) requires detailed legal advice to ensure such clarification is in accordance with public law principles.

## 9. **EQUALITY**

9.1 The review has taken great care to identify the needs of Leicester's diverse community of Older People, through focused workshops run by independent consultants. This work has identified a series of common issues affecting all communities that will ease the improvement and provision of services.

9.2 There are a number of concerns that have been raised by ethnic minority elders, their carers and advocates. These concerns relate to a lack of services that are specifically designed to meet the needs of ethnic minority elders. The views expressed include the need to ensure that services are designed to reflect different cultural identities and cultural histories. This requires far more than just interpretation and translation facilities, although clearly these are also essential.

- 9.3 African Caribbean elders who were involved in the consultation process expressed low levels of satisfaction with the range of services available to them and more work will be required to fully investigate the reasons for this.
- 9.4 Transport was a key issue which was constantly raised by older people and was particularly crucial where mobility was limited due to frailty or disability. Transport was not included within the scope of this review but users, carers and advocates considered it to be a crucial component of an independent life and the key to avoiding social isolation. This issue should be raised as an important part of the Best Value Review of transport in 2001/02.
- 9.5 The proposed implementation plan must ensure that these concerns are used to inform the process.

### **REPORT AUTHOR/OFFICER TO CONTACT**

Lead Director: Peter Connolly  
Facilitator: Geoff Payne  
Lead Review Officer: Domini Gunn

**BEST VALUE REVIEW OF OLDER PEOPLES SERVICES TO SUPPORT INDEPENDENT LIVING : 2000**

DISCUSSION PAPER  
AUTHOR : DOMINI GUNN

**Living with SID**

**Security, Independence & Dignity**

**Introduction**

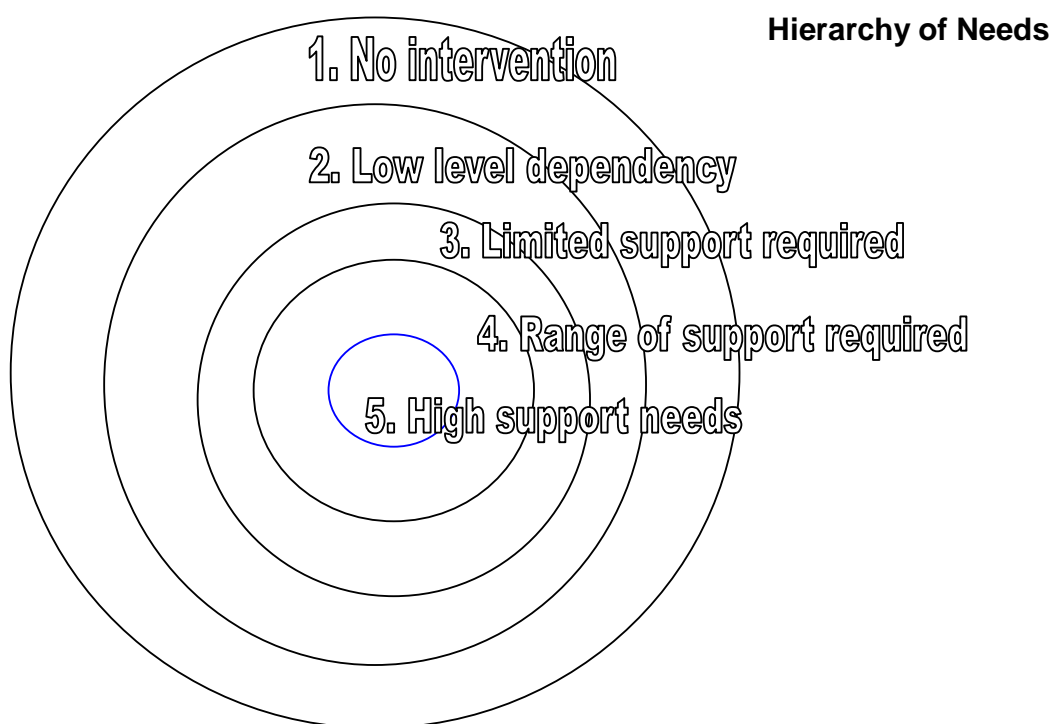
It is recognised that older people require access to a range of services in order to be able to sustain a good quality of life and that services need to be sufficiently robust and flexible to cope with changing demands, needs and aspirations

Many older people living in their own homes, whether rented or owner occupied, need to be able to access support services when a particular need arises. The challenges for service providers include fulfilling their statutory requirements, ensuring that needs are identified, assessing how needs can best be met, calculating the costs of providing services, commissioning services from the most appropriate provider and, perhaps most importantly, ensuring that older people can easily access the services.

The Community Care Act, 1990, set out the core principles of community care:

- To enable people to live as normal a life as possible in their own homes or in a homely environment.
- To provide sufficient care and support to help people to achieve maximum possible independence and, by acquiring or re-acquiring basic living skills, help them to achieve their full potential as individuals.
- To give individuals a say in how they live their lives and what services they need.

**A Needs Model for Services**



## *General Comments*

The Hierarchy of Needs should operate in a flexible and responsive manner with comprehensive, accessible and responsive services which enable older people to move with ease from one circle to the next and back out towards the outer rings. In reality what often happens is that services are insufficient, difficult to access, complex and unresponsive to needs resulting in the inner rings operating as a magnetic field pulling older people towards dependency and subjecting them to a loss of security and dignity.

For some old people, particularly those experiencing severe mental and physical disability, this may be inevitable but for the majority it can be argued that if robust, well resourced, accessible and joined up support services are available the pull to the centre can be overcome. Older people can move with ease and confidence between the stages and negotiate the level of dependency that changes in their circumstances necessitate.

Each of the levels of need have implications for carers and their needs, concerns and aspirations must also be considered for each category.

The challenge for this Best Value review is to design services that make the latter model achievable.

**TASKS:** the task list on the final page is to be completed for each of the needs levels identified. The responses to some of the tasks are specific to the different task groups and where this approach is required the group is identified. Elaine Yardley has prepared a framework summary document which is appended to this paper where findings can be recorded in a table.

### 1. No Direct Intervention

For many older people this level of need is maintained throughout their lives in terms of direct intervention from external agencies. It is important however that this group is able to access information and advice in order to be able to remain independent.

Issues that are likely to threaten higher levels of dependency in this group include loss of income, ill health, isolation and bereavement. It can be argued therefore that a number of the services that are subject to the Best Value review are vital if these old people are not to be drawn towards higher dependency.

### **2. Low Level Dependency**

This group of older people are potentially at risk in terms of the “pull to the centre”. It is vital that services are easy to access as soon as a need is identified. This level of dependency is often experienced due to the same circumstances outlined above and these, combined with the absence of informal support mechanism, can result in a shift towards the centre.

The ability of these older people, or their carers and advocates, to rapidly access the required levels of support is not only going to help to preserve independence, but will also result in considerable savings in health and social care support services, if greater intervention becomes necessary when an individual’s needs have increased.

### **3. Limited (but specific) support required**

The arguments that are applicable to group 2 are also relevant here but the response required is usually prompted by a specific change in circumstances. For example a period of hospitalisation which results in a temporary loss of mobility and confidence – hip/knee replacements are typical examples. Successful rehabilitation requires more than medical treatments and it is often in the period following hospital discharge that independence is threatened and risks being irretrievably lost if “joined up” support services are not available.

Services across a wide range of disciplines need to be available at the time of need, for the time required and the emphasis must be on rehabilitation. The needs and aspirations of the service user should be paramount. For example, if the older person is to be rehabilitated in their own home it must be a “place of safety”. A full assessment that takes account of all the housing needs (including warmth, safety & security), contact with the outside world, through leisure and recreational services, and social care should operate in partnership with the medical services to create the necessary environment for an effective recovery and independence. Decisions over services and their delivery must be negotiated with users and their carers and advocates.

#### **4. Range of Support Required**

This group of older people are particularly vulnerable to losing their independence due to a multiplicity of needs which under existing systems are either only partly met or for which key elements are missing. For example an older person living alone in a home they own may be receiving home care, they are waiting for a disabled facilities grant and have regular contact with the District Nurse. The other problems of a cold, damp home, poor home security and isolation are not being addressed. The result is likely to be a deterioration in mental and physical well being resulting in poor health, loss of confidence and a very poor quality of life resulting in eventual removal to residential care or long term hospitalization.

It is clear from the range of services covered by this review and knowledge of other existing services outside the scope of the review that services to provide solutions to the example given above exist. The problem that has to be faced is that access is difficult, shared knowledge of the art of the possible is dire and no existing mechanisms are going to ensure that the problems are overcome.

Decisions over services and their delivery must be negotiated with users and their carers and advocates.

#### **5. High Dependency Needs**

Is independent living viable for this group? It could be argued that the existing access, service configuration and service delivery methods in Leicester make this profoundly difficult under the existing arrangements. There are models elsewhere that do provide an independent lifestyle for older people who fall into this group and many of them involve high quality sheltered / very sheltered housing provision.

If the argument is accepted that many older people in this group do want to preserve elements of control of their lives to preserve security, independence and dignity, how can existing arrangements be reconfigured to assist this and what gaps in existing provision need to be filled to make this possible?

Are there issues that can be effectively addressed for the earlier stages in the hierarchy of needs that will reduce the number of older people in this circle?

Are decisions over services and their delivery negotiated with users and their carers and advocates?

**BEST VALUE REVIEW OF OLDER PEOPLES SERVICES TO SUPPORT INDEPENDENT LIVING : 2000 - TASK LIST**

Please list the services that you believe should be included and outline the issues that need to be addressed in the context of your Task Group.

Please show clearly:

- which services are subject to Best Value
- which other services currently available should be included in the “package”
- where there a gaps in services and how these might be filled.

Recommendations will be required which identify and source evidence for the following:-

- |                                       |                     |
|---------------------------------------|---------------------|
| ➤ Access to services                  | Access Task Group   |
| ➤ Effectiveness of service            | Delivery Task Group |
| ➤ Cost benefit analysis               | Config Task Group   |
| ➤ Most appropriate effective provider | Delivery Task Group |
| ➤ Areas of duplication                | Config. & Access    |
| ➤ Who should pay?                     | Access Task Group   |

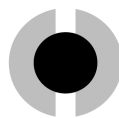
Best Value Series 2 – 5 forms can be used to evidence all this information. Please highlight areas where there is insufficient evidence to enable you to reach a conclusion or where you feel the evidence is ambiguous or misleading



# **Leicester City Council Best Value Consultation on Older Peoples' Services**

## **Final Report**

December 2000



*Office for Public  
Management*

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## 1. Introduction and Methodology

The Office for Public Management (OPM) was commissioned by Leicester City Council's Best Value review team for older peoples' services to carry out consultation with key stakeholder groups. The groups consulted were chosen for the range of perspectives they would provide on older peoples' services and independent living in particular. From a variety of stakeholder groups, the following were selected:

- Sheltered housing clients/"general" group (elder people drawn from the wider population)
- African Caribbean elders
- Carers and advocates
- Asian elders

Half-day workshops were held with each of the groups (2.5 hours). Venues were chosen which were known to and comfortable for the participants. For example, the sheltered housing clients had their workshop on site, whilst the Asian elders workshop was in the centre where they attended a regular lunch club.

The workshops were held in late October 2000 and were facilitated by the Office for Public Management (Claire Cowley and Loraine Martins). The numbers at each meeting varied quite widely, from around 10 people attending the carers and advocates workshops to around 40 at the Asian elders' group.<sup>1</sup>

The key topics to be explored in the meetings were mapped out in advance in conjunction with Leicester (topic guide attached): main areas were:

- Positives and negatives about services
- Experiences
- Ideal service – what should services look like?
- "Reality gap" between actual and ideal
- Possible improvements

However, the project team was keen to hear about older peoples' views in terms of their own lives and experiences. Because of this, the topic guide was used as a loose framework for discussion rather than a list of questions that were asked in all groups.

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<sup>1</sup> For the future, it would be worth considering extra facilitation support where numbers exceed around 15-18 people

The following represents the initial findings discussed at a debriefing meeting early in November.

## 2. Overview

Throughout the consultation, it was clear that older people wanted the Council to understand *their individual lives* – not solely through the delivery of services, but through peoples' everyday experiences. It was important to participants that they were “*not treated as second best*”.

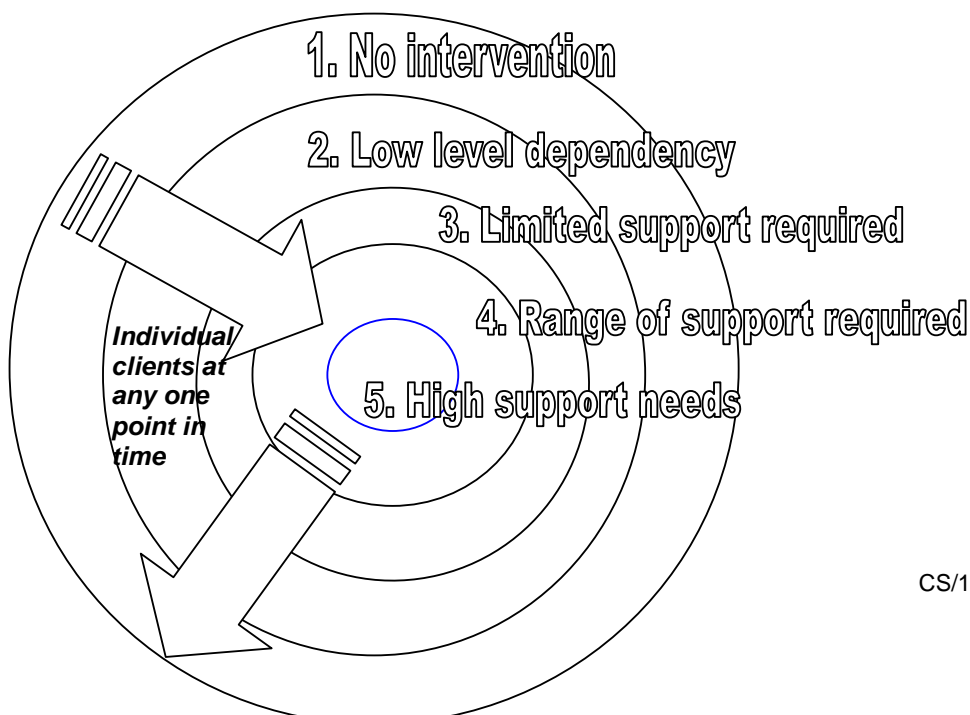
In particular, older people were keen that the Council consider the following:

- *Needs* - the delivery of varying levels of support, types of services depending on need
- *Fears* - the general fear of growing old, services being withdrawn, fear of crime etc
- *Capabilities* – the ability to perform certain tasks, get out and about; also capacity concerning language and disability
- *Confidence* – the ability to articulate needs, confidence in knowledge about where to go and who to ask

We saw a particular desire from the participants in each group for *independence* in their lifestyles and a *flexible approach* from service providers, within and outside of the Council, as to the methods and levels of delivery. It was felt that current systems and structures were not tailored to treat people as individuals with distinct sets of needs and requirements. Therefore, future systems need to acknowledge the myriad circumstances between the extremes of “high support” and “no intervention” in Leicester’s hierarchy of needs diagram below; that the areas between 1 and 5 are not fixed for individual clients or groups but more shifting and changing, and an individual client at any point in time might be moving away from or towards the centre:

### A Needs Model for Services

#### Hierarchy of needs; movement within the hierarchy



Given this situation, participants highlighted the need for *individualised support* that recognised their specific requirements. There was a sense that this help would have to be proactive for it to be truly effective, because for many older people, there was a fear that no one was looking out for them. Some felt a care system incorporating a caseworker approach would be more productive.

*Structures and ways of working that overcame organisational boundaries* were felt to be important because such flexibility would improve and increase access to services and limit the confusion experienced in trying to find information or services in the existing system. Additionally, establishing a championing voice for older peoples' services was seen as a means of ensuring that services for older people were not marginalized. One participant highlighted this by saying, "we need a committee for older people", which would enable the Council to facilitate streamlined and holistic service provision.

Along with these underpinning themes, the main issues raised in the groups concerned the following (with main key points in brackets):

- *Access to services* (navigation between services, different agencies and responsibilities)
- *Accommodation* (more help on repairing/maintenance for those in their own homes)
- *Basic services* (speed, appropriateness and continuity of care)
- *Carers* (recognition of care provided, importance of respite care)
- *Charging* (lack of understanding for basis of charging; some paying over the odds)
- *Diversity* (catering for languages, gender, race; importance of community meeting places)
- *Healthcare* (lack of time and care from health professionals)
- *Information and involvement* (information about services, providers, rights and redress; involvement in care and planning)
- *Staffing* (need for sufficient staff across sectors, continuity and sufficient time spent)
- *Tailoring care* (flexibility for specialist needs; health, culture etc)
- *Transport* (importance of social contact as well as mobility; equal access and flexibility)

### **3. Main findings**

The findings from the workshops illustrate that the key issues and concerns for older people in Leicester are underpinned by the need and desire to be treated with dignity and respect. This fundamental principle is closely allied to the need for appropriate attention to be given to individual requirements. So whilst there are many common features within the experiences of older people in Leicester, the Council still needs to provide for the particular needs of the individual.

Many of the themes intersect and the challenge for the Council is to make the links between the themes more explicit and more effective within the services provided. For instance providing good information and tailoring care are integral aspects of delivering basic services. Similarly, more formal connections between services and sectors such as sign-posting need to be improved if older people are to benefit from future developments like that of one-stop shops.

This section sets out the common themes and issues from all workshop groups:

- access to services
- diversity considerations
- information and involvement
- provision of basic services
- specific services such as healthcare, transport and accommodation; charging and benefits
- staffing
- tailoring care

Where issues were particularly important to any one set of participants in a workshop, the group is highlighted in the text. To illustrate general themes, participants' verbatim comments are italicised.

#### **1- Access to services**

Within each workshop, there was a wide variation in the levels of knowledge about services and access to services through different organisations in Leicester. Some participants had clearly had information and access to services, while others were not getting what they felt they were entitled to, or didn't know where to go for help. As the groups were mainly recruited through existing networks, we might expect this situation to be amplified in the elderly population as a whole.

Assistance with navigation through the maze of services was felt to be a particular need. Participants wanted Leicester to "cut the red tape" and provide more help in signposting different services to different people, perhaps by means of a specific advocacy service:

*We need a support worker system in touch with other agencies - to give help and support for finding a (respite) home, to recommend places - carers are busy people - we need someone to help us through the maze*

*We feel like if we fall through holes in the net it's our responsibility - but we should be getting more help*

However, where advocacy services were available (eg CLASP), at best only half of all the people we talked to had heard of them.

It was felt that sometimes if older people were in touch with only one of the statutory agencies (eg health service through their local GP) they were not getting all the information they needed about other linked services appropriate to them, for example, social or advocacy services. This lack of assistance and support made some more reluctant to seek out help, or meant that others felt there was no help for them to call on. For this reason, help needs to be forthcoming more readily, rather than people having to seek it out:

*We need proactive help from all agencies - doctors, nurses and so on - at every contact point older people use*

The importance of the assessment of individual needs was stressed - that access to improvements should be made hand in hand with providing more tailored services, as outlined in the section on the provision of basic services below.

Central co-ordination by way of a computer database of services, workers and agencies, available to all support workers/community and voluntary groups, was mentioned as a possible way forward.

A more general point was made by some in the advocates' and carers' group, that it was not necessarily a lack of "navigation" that made services difficult to access, but that processes undergone by different statutory sectors could result in services not being delivered, for example, because funding protocols were divergent:

*The different health and social services protocols can mean that decisions can be changed without explanation*



Some non-statutory services, even where a range of appropriate services were not necessarily provided, were felt accessible and helpful. For example, the Red Cross was mentioned as being central, with helpful workers available to talk. Could statutory services learn from best practice in these agencies?

*Voluntary sector providers are more flexible, more understanding and have more time to listen*

Access to services was also linked to physical access and transport, mentioned later in the section on specific services below.

## 2 - Diversity

There was a feeling amongst all the groups, and not solely those workshops made up of Asian and African-Caribbean elders, that the provision of care for people with diverse needs are insufficiently addressed by Leicester City Council. Respite care was noted as a particular problem. As an already stretched service, it was felt that appropriate care for different people, for example, with needs related to gender, race, culture and language - was unlikely to be available, particularly to fit specific needs:

*If we want to go and see relatives in the Caribbean - to have a break - 2 weeks isn't long enough*

Meals and home care were also thought problematic:

*You need to think about dietary needs; vegetarian diets, other cultural needs, Sikhs and Muslims*

*When home carers do the housework, we do not know how much we can ask for as it all seems related to the time rather than what is necessary*

It was felt that it was important to get information about services and what to expect right. For older people in general, but in the Asian group in particular, it was noted that face-to-face communication for important issues was more useful than written information. Similarly, older people may also have sight or literacy problems so services need to explore a range of mediums for distributing information about services. For example using different sites which are likely to be attended by older people like GPs surgeries, community centres, using local radio, and libraries and advocates and community workers.

Specific issues raised by participants included:

- the need for an emergency 999 service staffed by multilingual workers
- help in filling in forms; *"we used to have help but it was taken away"*
- area/community based one-stop services with workers who speak the appropriate community languages across the city, that also act as meeting places *(important for social contact and social inclusion)*
- the importance of appropriate meals - not just delivered, but catering for groups of people - again stressing the important of social aspects of eating for certain communities
- getting hospital food, frozen food right for different communities as often the meals are inappropriate, *"some dishes do not freeze well at all"*

- specific services for the African Caribbean elders, which has a growing older population. For example a specific purpose built centre for older people from African Caribbean communities was stressed as an important and significant development.

Leicester City Council will need to consider its capacity to develop a range of specific and culturally appropriate services for particular communities. For example, the distinct services for people from Asian communities do not exist for the African Caribbean community.

None of the participants indicated that they only wanted services from people from their communities, yet having the option to choose particularly if the older people encountered difficulties with existing provision, was seen as important. More significantly older people were clear that they wanted all staff to treat them with respect and sensitivity to their individual needs. This will have implications for the customer care training provided to front-line staff in particular to ensure that diversity and cultural awareness become integral to services provided.

### **3 - Information and involvement**

It was felt that generally, information about services and providers was not forthcoming in formats that were accessible and easily available to all older people.

Some participants gave accounts of a lack of information, misunderstanding and poor responses to requests for help leading to serious medical situations. These situations were likely to arise for a number of reasons, centring on people being unable to articulate their needs or needs falling between the net of health and social services. For example, one older carer was caring for her husband by herself, despite him being too large for her to lift and move. She injured herself while tending to him, which then resulted in them both needing medical attention. She felt alone and unsupported. She was unaware until the workshop of many of the support systems she could have tapped into

Even if information available about basic services and providers, it was not recognised by our participants. Information shortages were thought to exist about:

- basic services (eg Dial a Ride, Take a Break for carers)
- providers (statutory, private and voluntary sectors)

- rights (e.g. what service entitlements people had, what benefits were available)
- redress (rights to complain - for example when basic services were not delivered)

There was a call for a variety of information sources and methods of dissemination, like using places that people regularly visit, such as post offices and doctors surgeries, and that information was replenished and updated regularly. The Leicester Link seemed to be well known by most participants in the groups; there is evidence that this type of paper is better read by older people than the wider population, so dissemination through this medium may be effective. Again, as mentioned in the section above (Diversity), exploring the potential use of local radio and increasingly local TV.

The message about involvement in service delivery was clear:

*Please take time to listen*

#### **4 - Provision of Basic Services**

Quality of life was significantly affected for people we talked to depending on the standard and availability of basic services; standards of care differed markedly between participants and groups. The main issues mentioned are detailed below and these themes underpin the detailed commentary and findings in this report:

##### **Speed of service**

Services could be provided too slowly or too quickly. Particular areas where slow service or response was a problem included waiting lists for services, such as meals on wheels, home care and adaptations, and waiting times for primary and in-patient care. Examples included:

- *I've been waiting four years for a shower instead of a bath*
- *(After a break-in) I've been waiting months for locks to be refitted*
- *The waiting list for home care is too long*
- *Carers are more difficult to get here compared to London - they're short of staff and we have to wait*

It was recognised that some of these were linked to insufficient staffing levels. However, it was felt that in some cases the needs of elderly people were not seen as a priority.

In other cases, services could be rushed - many elderly people felt that insufficient time was spent assessing their needs generally, as circumstances

changed (became more frail, needing more care) or in an individual consultation - for example with a GP:

*GPs give you a grudging consultation and don't spend enough time with you*

## **Appropriateness of services provided**

Many people mentioned that care and support provided could be inappropriate for a number of reasons centring on individual needs, such as home circumstances, level of care required, gender, race and/or culture:

- *There's a lack of specialist services available - that's down to money*
- *The Council find it difficult to provide services for those suffering from Alzheimer's and Dementia*

Participants praised care which was tailored and appropriate to circumstances:

*At Morland they give personal, individual care*

And criticised provision that showed scant understanding of individual needs and requirements, for example where staff ridiculed those with learning disabilities or dementia.

Carers in particular mentioned provision suitable to needs and circumstances:

*Respite care can be inappropriate to cultures and languages - so it's not taken up in a number of cases*

And some people suggested that a more individualised style of care provision should be looked at, for example:

*We need specialist mental health advocates for older people*

## **Continuity of care and support**

This was a particular problem for people receiving home care when there were changes in personnel:

*We get different people coming around and there's a fear of opening the door to someone you don't know*

Continuity of services as well as personnel was also an issue:

- *Your carer can focus on other things or doesn't know your individual needs because they're too busy*
- *When we're ill we can't go to a lunch club - we need food in our homes, food seven days a week*

## **Follow-up**

Continuity was also linked to following up services - making sure that, for example, adaptations fitted were working and appropriate for the older person's needs

*I had adaptations fitted to my bath but do not use them as I'm frightened of injuring myself - nobody's asked me whether it's any good*

## **User involvement and consultation in service delivery**

Many people felt that on an individual level, they were not sufficiently involved in any assessment of their needs or service delivery changes. Many people mentioned the "sudden" price rise for personal alarm provision; others mentioned a general lack of awareness of individuals' needs during the assessment process. Many also mentioned that wider consultation over the direction of services, such as the discussion groups they were involved in, should be effective but had to be acted upon and participants informed of any outcomes. Some people said that they had been involved before in sessions like this and had seen no changes as a result:

*We need to see something positive coming out of this.*

There was a general feeling across the groups that some services were so overstretched that delivery had to be reprioritised and additional resources put aside for this - meals on wheels and adaptations were two services which were highlighted.

The Asian group in particular, all of whom were members of the Belgrave lunch club at the neighbourhood centre, felt that recognition of additional activities and amenities as services in themselves was important; to enable older people to keep occupied, meet friends and keep up social contact and mental agility. Keep fit at the centre, and activities such as playing cards and the lunch club itself, were all mentioned and praised. This centre was seen as an important community resource and there was some anger when regular elders' activities were "shunted" around when playgroups and council meetings were held in their centre. Other participants appreciated the d activities laid on at sheltered housing developments.

The African Caribbean group stressed their desire for more specific services for their community and in particular a purpose built centre. Such a building was seen as having the capacity to respond to a range of health and social care needs, providing advice about entitlements and other services, alongside

creating a focal point for obtaining information and participating in cultural community activities which would alleviate isolation.

### **Tailoring care**

A key theme of the research was that people did not feel the care services provided were sufficiently tailored to meet individuals' needs. There was a sense that even if assessments were carried out, changing needs were not reflected in adaptations of services provided, particularly where peoples' circumstances changed significantly. Examples mentioned were specialist care for illnesses/conditions (eg dementia as mentioned earlier), cultural needs and specialist services and equipment; all these factors were felt to be best served with knowledge of individual cases and catering to individuals' needs. Even the simplest things were sometimes overlooked:

*It's about people showing they care - for example, recognising clothing in homes, not dressing people in the wrong clothes*

## **5 - Specific services**

Specific services outlined below, were also singled out for consideration by the groups - healthcare, transport and accommodation services, as follows, along with charging and benefit issues:

### **Healthcare**

For some participants there was a marked distinction between the social care and healthcare sectors in terms of treatment of older people. Participants told stories suggesting that in some instances:

*Older people are ignored*

By the health profession, and complained that some general healthcare was not forthcoming:

- *Home visits do not happen, even if you cannot get out*
- *For older people some issues are seen as less important - are older people ignored?*
- *Some doctors don't want older patients - some doctors are shameful*
- *Doctors should be required to do MOTs for all older people - they can be patronising and insulting to elderly people*

Specific complaints referring to health services and the medical profession included:

- A lack of understanding of individual needs of older people:  
*Doctors are grudging; they don't have a good bedside manner or common sense (with elderly people and their concerns/conditions)*

- A lack of information about services, particularly in languages other than English, provide in writing but more preferably by skilled interpreters
- A lack of communication and systems linking health, social services and other support and service networks
- The speed of treatment (too fast - eg diagnosis procedure, not taking time to listen - or too slow - waiting lists for treatment, appointments - some people, especially in the Asian group, complained of waiting a week for an appointment):
- Access to services (home visits not often forthcoming, difficulties of getting to hospital without help, not only for those needing treatment but carers and visitors too, disabled access and parking in hospital)

### **Transport**

Transport was seen as a vital service not only in terms of getting from A to B but as a way of getting social contact for those otherwise isolated and alone:

*(Without transport) we feel imprisoned*

It was felt that services have been downgraded in some respects - for example, stopping ambulance transport for certain non-essential health services.

Some of the particular issues raised centred on the following areas:

- Unequal access:
  - between different boroughs outside Leicester - why did other boroughs give free transport to people over the age of 65?
  - areas of city which were more outlying and remote
  - physical access - for older people, mothers with babies etc - more low floor buses, drivers allowing more time for passengers to get on/off
- Flexibility:
  - importance of travel to different locations (hospitals, lunch club venues)
  - at different times (evenings and weekends as well as during the day)
  - using different methods appropriate to peoples' needs and journeys (could taxi services be made more accessible and affordable? Could Dial a Ride be more widespread?)
- Knowledge of services available - many people did not know a Dial a Ride service existed in Leicester
- Reliability (ability, desirability of older people waiting for services for long periods of time, also safety of waiting especially when late/dark)
- Regularity (wanting a more flexible service - every 15 minutes rather than half hourly, for example)
- Comprehensive network across the city - direct services to places important for social contact other than central "nodes" like the town centre, also direct



access to hospitals, neighbourhood centre etc without changing buses, which could put a significant amount of time onto an already long journey

#### **Accommodation**

Apart from the group of people living in sheltered housing, who were generally happy with provision, most discussion around housing centred around peoples' ability to stay in their own homes for as long as possible.

The importance of living in a community in which many people had grown up, or at least settled into, was acknowledged, with some people noting that cultural and family ties made it particularly important that they were helped to remain in their own homes and localities for as long as possible. This could as easily be in a private residential area than an estate - one person noted that facilities supporting older people, such as community centres and clubs, predominated near estate based housing, and that there should be at least equality of access to these facilities to those living further from such facilities.

It was felt by many that not enough effort was made to facilitate repairs, adaptations such as those for ground floor living, and maintenance in peoples' own homes (even if they were non council properties), to stop them having to live elsewhere. Some people had not decorated for years - one commented that decoration charges from council contractors were as high sometimes higher than, private contractors.

Again, allowing people to remain independent was often a case of comprehensive assessment of an individual's needs (eg mobility around the home, access into it and between different locations in the local area, existing adaptations, links to community and so on). The need for community facilities, support and transport was seen as inextricably linked to independent living, along with a need for safety; many otherwise able bodied people who could adapt well to living in their own homes as they grew older said they felt threatened by crime and anti social behaviour, and in fact this was more likely in places which were known as "elderly areas":

*Youngsters harass elderly areas - it's wrong to live in just "elderly areas" - harassment of people in sheltered accommodation is a problem*

It was interesting that those not living in sheltered housing felt that there had been a downgrading of sheltered accommodation in recent years - for example, removal of a 24 hours warden service, less amenities and activities etc. Many felt that for those who needed it, this service was a high quality one and should be kept up to the high standards it had attained in the past.

The environment and area in which people lived was recognised as having a significant effect on the quality of peoples' lives. Things such as litter, dog fouling, cracked pavements, refuse collection and unswept leaves were all mentioned as reasons why older people may not go out as frequently as they otherwise might, as well as crime and community safety factors.

## **Charging and benefits**

The concern from most participants about the level of basic state pension support was overlaid by anxiety over charging for essential services, high prices, unexplained increases and charging "at the margins". Alarms' charges had risen quickly recently - why was this, and should this service be charged for at all, some thought:

- *Why pay at all for some services*
- *It saves the social services money in the long run*

Safety locks were mentioned too - some people had had these fitted free, others had had to pay.

Some people were finding it hard to make ends meet when they were missing out on benefits through not meeting the criteria for a matter of pence or a pound.

There was some confusion over charging criteria for certain services:

*Why do criteria change?*

Some people also complained of having to pay for undelivered services:

*Home care was not supplied for a week when they were short staffed - I still had to pay*

Additionally, there was a sense among some older people that they were being forced to use their savings to get services and this was an affront to the hard work that they had done:

*You have to be poor to get entitlements*

## **6 - Staffing**

A concern was raised as to whether there was sufficient staff generally, across sectors. Home carers, care homes and the health sector were particularly mentioned in this regard:

*Homes are short staffed, or staff focus on other things (rather than the needs of the individual being cared for)*

And as already mentioned there was considerable concern over staffing related to provision of adaptations and appliances.

Alongside continuity of staffing and time spent with elderly people (often not thought sufficient), there was some concern over the availability of emergency care, particularly for elderly carers:

*We need help when both the cared for and carer are ill - an emergency number*

*There's no one to call on over the weekend*

*(When me and my wife were both ill)) The doctor wasn't helpful and meals on wheels came and went before I could get to the door for them*

The idea of an emergency number to call was echoed by other participants

Standards of care were mentioned, and although the standards were mainly good, problems arose where there were staff changes and lack of continuity of care, in particular with temporary or agency staff. Inadequate training was sometimes a problem and one older person who was also disabled suggested training from those with disabilities and older people themselves, to engender a greater understanding of what people had to face when they had increasingly to rely on other people for help and support.

Some participants raised the issue of roles and responsibilities of different staff. It was sometimes unclear what different staff working in the healthcare or social work sectors and were providing or advising on. Some workers, in fact, made things more difficult for the elderly by saying an issue was "nothing to do with me".

There was also some concern about private sector involvement in care for older people - some people saw this area of work as being best provided for by the public sector.

## **Carers**

Leading from the concerns about staffing was a general but heartfelt anxiety, especially among those who were carers themselves, that carers' activities were not sufficiently recognised and supported, in terms of them acting as "proxy staff":

*(I went to the doctors feeling stressed and was told that) "Carers aren't supposed to be stressed"*

Many pointed out that Leicester City Council was being saved money by carers, and that at least recognition of the value for money provided by this group of people was lacking. In particular, carers identified the importance of individualised and flexible support in their roles and the importance of respite, for "time and space" for people away from those they cared for:

- *The sitting service time period is too short*
- *Money provided to carers is insufficient - just £40 a week*

There was a particular call for information around entitlements for carers:

*I don't know the allocation of respite I am entitled to*

## **4 Recommendations**

### **Access**

Leicester City Council considers improving the range of access to information and services for older people. Such considerations will be in the context of physical access and the extent to which buildings, offices and centres that offer services to older people are friendly, available at convenient times and can be easily reached by public transport.

In the context of information available, the Council considers the extent to which older people can obtain adequate and appropriate information, which facilitates their independence. Such information can be made available through a range of mediums, word of mouth at lunch-clubs, day centres or 'one-stop shop facilities'; in essence bringing information to older people rather than expecting older people to 'find' the information themselves. Similarly, in terms of written material the Council should consider the need for translations, availability on audiotape and in large print.

### Awareness

The Council undertakes regular training of its staff about the needs of older people, working improve the levels of sensitivity and understanding across services areas. This will include developing skills of those people who are the initial contact points to work with older people for example through customer care; and equalities training to enable staff to be more culturally aware of the needs of Leicester's diverse older population. Leicester City Council, which will over the next few years encounter increased numbers of older people from African Caribbean and Asian backgrounds. Therefore, such training would enable staff to appreciate cultural differences whilst checking individualised requirements and limiting homogenous approaches to older people from diverse populations.

### **Committee/Forum for Older People.**

To give effect to establishing a 'voice for older people' the considers establishing a forum which represents the diverse needs and voices amongst the older people of Leicester could provide a focal point for a range of service providers across departments such as Social Services, Arts & Leisure, Education, Housing and across sectors, Health, the Police and the voluntary and community sectors.

This forum could co-ordinate information and involvement in current political structures; identify a 'champion' with a portfolio for older people that would feed into/complement the cabinet structure. Work would need to be done on the terms of reference to ensure that the group reflects the diversity, experience and interests of older people generally and not those older people that are used to being 'active' citizens.

### **Communication**

The Council improves the ways in which it communicates with older people. Alongside the use of the local press, many of the participants listen to local radio, use community centres and Councillors' surgeries. Some have access to satellite/cable television and therefore access to community TV and many are interested in accessing the Internet. The Council can explore the ways in which its existing and future communication and public relation strategies integrate approaches to older people, consolidating the use of the written medium with ways in which older people can gain social contact whilst learning about current and new services or developments within the Council. This can include the ways in which the Council incorporates other providers like GPs, voluntary and community organisations, housing associations etc.

### **Consultation**

The Best Value Review consultation was a useful mechanism for creating relationships with older people. When asked, all the participants appreciated that the Council had taken the time to consult with them and would be willing to be consulted in the future. Equally the participants would like to be informed about the outcomes of the review and therefore the Council should consider revisiting the groups at the end of the project.

The Council should examine a range of methodologies to engage older people in the future. This can include regular 'listening days' where senior staff are available to hear the concerns and comments of older people; the use of simple questionnaires with assistance to complete them; training for staff to undertake consultation through a range of methodologies, - workshops, small focus groups, neighbourhood groups, citizens panels and so on.

### **Diversity**

We have suggested that the Council develops the skills of its staff to work with a diverse range of older people. Similarly, the Council will need to make sure that its staffing reflects the diversity of the community and can therefore offer older

people some choice (on specific and non-discriminatory grounds) of who provides services and where services can be obtained. This will mean developing a series of community specific services eg African Caribbean day centres, or a Jewish luncheon club alongside so-called 'mainstream' services that are welcoming and inclusive of older people from diverse communities.

### **Information**

The Council regularly reviews the existing information available for older people and through working in partnership with other agencies ensures that it provides accessible information at various sites, and has an outreach programme for exchanging information with older people. The information will range from details about entitlements and benefits to signposts to services and will need to be jargon free and support people to steer their own way through the system.

## 5 Appendix

### Leicester Services for Older People Best Value Review

#### Final topic guide

##### 1 Introduction (2-3 mins)

*OPM/LCC (if represented)*

Purpose of the day, process overall, who's involved

How results will be used

Ground rules and confidentiality

Carers and advocates – think about those you represent BUT ALSO your own lives and needs

##### 2 Our lives now - general views (30 minutes)

Good and bad things about our lives and services we receive (from the council and elsewhere) AND those cared for

(PROMPT IF NECESSARY) Services like...(as appropriate to group, could include:

- Recreational and social activities
- Home care
- Adaptations
- Transport
- Community alarms
- Advice and support)

What works well?

Where are the problems?

Do you think you receive adequate support – the right kind?

Any services you weren't aware of? (Leaflets, posters etc)

Mapping of goods and bads. Post-it notes, small groups of 3-4 and flip-charting. Facilitators to provide help for non-English speakers/those with literacy problems.

**Break (tea, coffee, biscuits) (15 minutes)**

**Our hopes for improvement (40 minutes; 2 smaller groups within same room)**

Review of goods and bads

What would we like our lives to be like; how could problems be overcome?

What would be the key service improvements, which would make these things happen? AGAIN PROMPTS AROUND:

- Recreational and social activities
- Home care
- Adaptations
- Transport
- Community alarms
- Advice and support

Who would make these improvements (responsibilities)? Prompt if necessary:

How would better services be delivered (more/better training, new services, another provider, applying blanket charges, means tested charges or other ways?)?

**Break (5 minutes)**



**Review** (30 minutes; larger group)

What improvements are important to prioritise, what not so important?

What might the council concentrate on in providing services?

If you could make one recommendation for action after our meeting – what would it be?

**Thanks and close**

**JOINT TRADE UNION COMMENTS -BEST (YEAR 1 )**

**SERVICES TO OLDER PEOPLE**

The trade union recognise the need for further work and are aware of the potential impact of the national framework for older people and the implementation of primary care trusts which have an impact on staff in terms of TUPE pensions, terms and conditions of employment, etc.

The trade unions note that service users identified a gap in the levels of information available to older people living City Council owned accommodation and the low levels of information available to non-Council tenants. The City Council owned accommodation was preferred against private residential homes.

In particular the trade unions note the concerns expressed by users about home care services provided by profit-making organisations and suggest that options to bring home care contracts currently held by profit-making organisations back in- house.

Full consideration should be given to doing this as it will enable a consistent high quality home care provision with a accountability.

Links need to be drawn with other best value reviews to ensure that emerging strategies and improvement options incorporate the issues raised.