



Excellent Ageing

LINCOLNSHIRE

Excellent Ageing Lincolnshire

Concept Stage

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Excellent Ageing Lincolnshire

Concept Stage

1. Introduction

Excellent Ageing Lincolnshire was set up in July 2010 as a county-wide programme to identify radical solutions in response to the challenges and opportunities provided by our rapidly ageing population. This is a bigger challenge than in many other areas of the country.

Its aim was to bring together public, private and voluntary sector organisations to work with communities and individuals over an intensive 6 month period **to develop ideas for improving the well-being and quality of life of older people whilst reducing social and financial costs.**

For the purposes of this programme, the definition of an older person is anyone over the age of 50. This is in line with the classification used by Age UK and by the DWP which focuses on those people approaching retirement as well as pensioners, and encourages people to make the right provision for their later life.

If the programme is successful then Lincolnshire would see a fundamental cultural and organisational shift so that in 10 years time:

- Older people have more choice and control, can receive the help they need and are valued and respected within their communities;
- Public, private and voluntary sectors work together with communities in a seamless way to ensure services, facilities and resources meet demand and are accessible; and
- Services and support are locally based, cost-effective and sustainable.

A high level plan of activities for this phase of the programme is set out below as agreed with the Sustainable Community Strategy Board in July 2010:

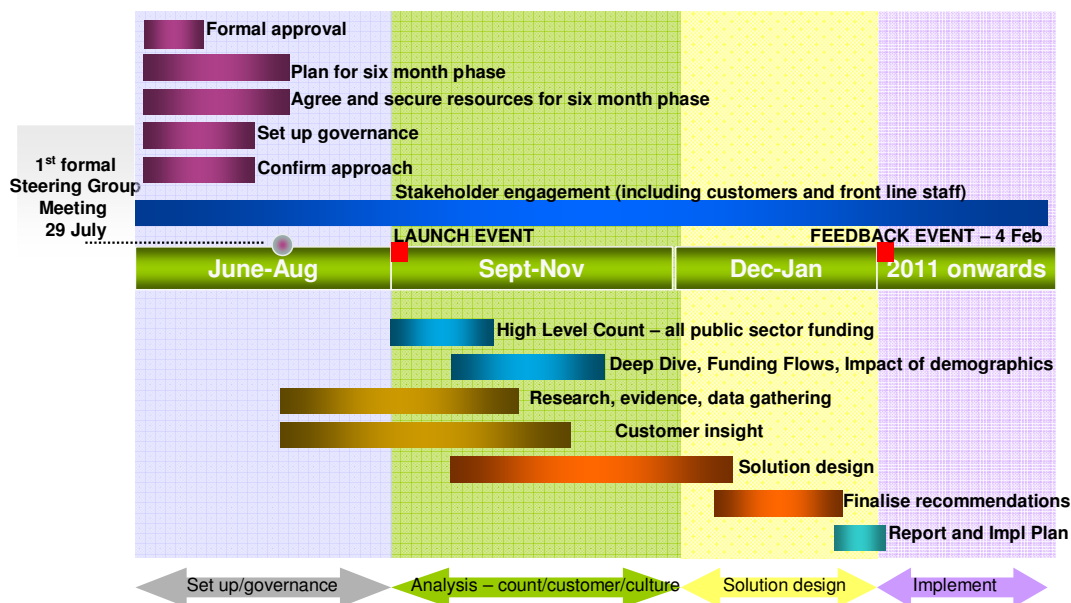


Figure 1: High Level Programme Plan

A number of objectives were established at the beginning of the programme for this phase of work and are as follows:

- Understand the challenge of an ageing population locally
- Establish what older people want (and so agree outcomes)
- Review best practice elsewhere
- Involve older people, community groups and frontline staff from across the public, private and voluntary sectors
- Understand how much public sector spend comes into Lincolnshire and how this is translated into services for older people
- Generate ideas which will “improve the health and wellbeing for our older population and reduce the social and financial costs”
- Work with central government to get buy-in and support
- Work differently with partners to arrive at radical solutions
- Propose a plan to take forward ideas which will make a tangible difference for older people in the county

This phase of the programme (June 2010 – January 2011) has been supported by £270,000 funding from the Regional Improvement and Efficiency Partnership (RIEP).

The approach used to establish the baseline position and generate ideas and solutions has been developed from the Total Place projects piloted across the country in 2009. This focuses on removing the barriers and artificial constraints which prevent services being delivered effectively, and instead looking at how we can better use the total resources and assets within our county to deliver real improvements for older people, their carers and families.

2. Research, insight and findings

This section provides a summary of the research, insight and findings which have been brought together during the first stage of the programme.

In order to understand how we can make improvements in Lincolnshire, we first need to know as much as possible about our older population. This includes understanding the demographics, the current landscape for support and services and a profile of spend on older people's services as well as determining the existing working relationships between service providers. Most importantly we need to understand older people's priorities for living an active and happy later life. This will enable us to create a baseline against which we can measure improvements later on in the programme and will ensure that we target our ideas to deliver outcomes that older people actually want.

2.1. *Demographics*

The quality of life in Lincolnshire attracts many people to retire to the county and the population is expected to rise dramatically over the next 20 years, far faster than the rest of the country. For instance:

- Today **40%** of the Lincolnshire population is over 50, compared to 34% in the UK as a whole and this is set to rise in Lincolnshire to almost **50%** by 2033
- The majority of Lincolnshire's **284,000** over 50s live a happy and active life
- Over 50s make a huge contribution in their communities as volunteers, carers, employers, employees, neighbours and active citizens
- Households with someone over 50 are likely to contribute **£2.5 billion** to the economy in Lincolnshire
- There are **25,232** pensioner households living alone without transport
- There are pockets of deprived older people are scattered across the county in both urban and rural areas
- There are as many as **20,000** households where older people live in temporary accommodation in the county

More detail is available in the Joint Strategic Needs Assessment and at the Lincolnshire Research Observatory - <http://shared.research-lincs.org.uk>

There is compelling evidence to support a new approach which will enable us to continue to provide a good quality of life for our dramatically increasing population of older people. We must look for ways to deliver better outcomes with the resources we have, particularly at a time when those resources are decreasing and demand continues to rise. The status quo is not an option.

2.2. *Priorities for Older People in Lincolnshire*

Any improvements through Excellent Ageing must deliver against the priorities which older people have outlined. Our research identified 10 outcomes that older people want, based on engagement and feedback with older people (see Figure 2).



Figure 2: Priority outcomes for older people in Lincolnshire

We intend to identify, or if necessary develop, measures for each of these outcomes over the next few months in order to enable us to track the benefits of the programme as we move to deliver and implement solutions.

In addition, continued engagement and informal consultation with older people during this phase of the programme highlighted a number of other core areas where older people would like to see improvement. These include:

- Locally based support
- More money (so that they can have more choice)
- Better access to and information about services
- To be involved and to be able to contribute in later life

Progress against the outcomes set out above will be continuously monitored as initiatives are prioritised and delivered.

2.3. Current landscape for support and services

The team¹ has held three major events to communicate with and receive ideas from front line staff and those who support older people. We also spent time with social workers, district nurses and other front line staff and held meetings with over 100 stakeholders individually to get their input and feedback. In addition, significant work was done to map existing services provided for older people by the public and voluntary sectors in the county. We have set out some of the key findings from this preliminary research and insight gathering activity below.

We have identified over 280 services for older people provided by the public and voluntary sectors of which over one third are universal services and nearly half are free at the point of delivery. The targeted questionnaire which we used for this mapping work is provided at Appendix A.

¹ The central team for this phase of the project was led by Sophie Dickinson from Lincolnshire County Council, and Rob Bonneywell (Mouchel Management Consulting), with support from Charlie Mellor (LCC) and Tom Baker (intern)

There is some excellent practice already underway which we can build on, particularly the First Contact service, the Carers Partnership and the pioneering work of organisations like Age UK, Evergreen Care Trust and Citizens Advice Bureaus within Lincolnshire.

Extensive feedback from professionals, customers and communities suggests that current provision of services for older people is fragmented, siloed and not cost-effective.

The main areas where improvement is required (as identified in the feedback) include:

- Communication between different service providers
- Accessible information so that older people know what services are available
- Integration/joined up working – remove complexity and barriers to delivery
- Leadership – the need for a collective single vision that all parties are signed up to
- Greater meaningful involvement of older people in decisions
- A need to pool resources and remove duplication – more people need to be skilled to deal with a broader range of issues

Evidence suggests that older people's quality of life is often severely impacted by a number of key factors such as:

- Financial instability, poverty and debt
- Deterioration after a major life event such as a bereavement
- Complex health needs (such as frailty and dementia)

Consultation carried out by Just Lincolnshire, the single county-wide equality organisation, generated further key points:

- The focus must be on keeping older people active, physically and socially – transport is crucial in order to tackle rural exclusion
- We need to ensure the continued free or cheap provision of health and social care
- We need to build on the positive work of Age UK and work through GPs who have the closest links with vulnerable older people
- More emphasis should be put on pre-retirement planning and support for the poorest, particularly elderly widows

One size will not fit all for Lincolnshire: there is a requirement for local solutions based on local need.

2.4. Overview of public sector spend in Lincolnshire

Work was undertaken to identify the total amount of public sector spend coming into Lincolnshire (through a High Level Count) and to show how this funding flows down to front line services and customers. Wherever possible the analysis for both the Count and the Funding Flows is based on available figures for 2009/10, with estimates and assumptions used where actual figures could not be ascertained.

The High Level Count identified public sector spending in Lincolnshire of between **£5.349bn** and **£5.649bn**.² The main findings of the Count are summarised below:

The biggest spend in the county is by the **Department of Work and Pensions (DWP)** and is approximately **£1.586bn**³. The main bulk of this is the payment of Pension Benefits. **Local service delivery organisations** (such as local authorities, the health service, education, public order and safety and housing) account for just over **£3.188bn** (see breakdown below).

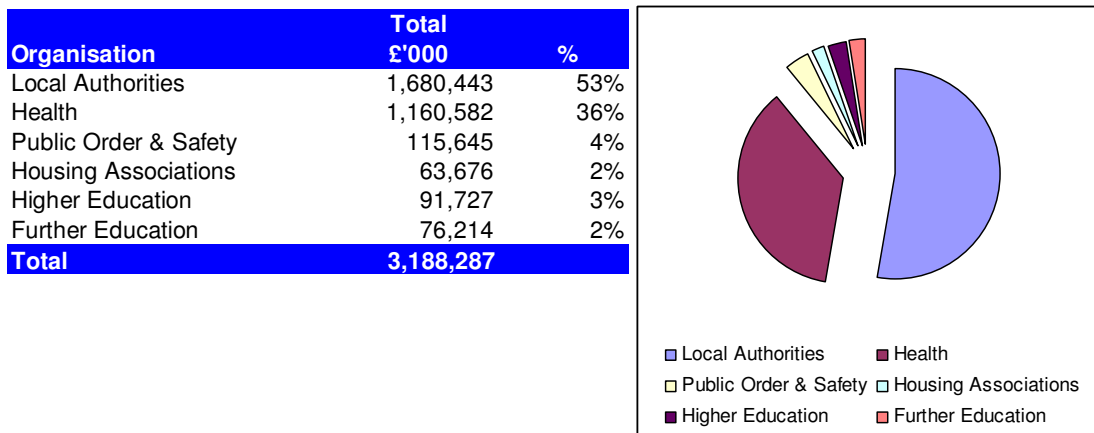


Figure3: Lincolnshire Spending by Organisation

By far the largest expenditure is through Local Authorities and together with the expenditure by health organisations account for nearly 90% of the total expenditure in the county.

Following on from the Count, further analysis was performed in order to determine how much of this total amount is spent direct on Older People (the Funding Flow). It was found that of the £3,188bn, approximately **£875m** (or 27.5%) was spent directly or indirectly on services for older people. This compares against an older people population that makes up almost 40% of the population of Lincolnshire. On a per person basis it equates to just over £3,000 per annum.

The following diagram (Figure 4) illustrates how the funding flows from seven central government departments, through local delivery organisations to the older people in Lincolnshire.

² The difference is due to an assumption made for MOD spending in Lincolnshire and represents a high and a low estimate

³ Net of operating costs, that have been estimated at £87m

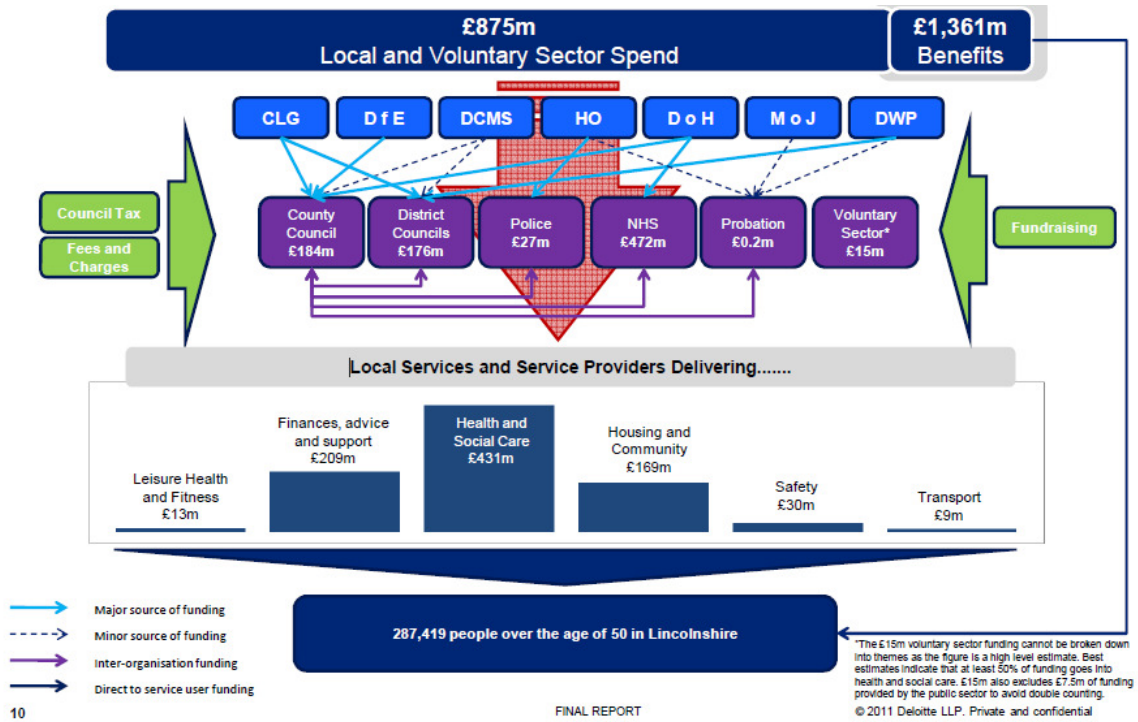


Figure 4: High Level Funding Flow for Lincolnshire

The Funding Flows have been developed for both organisations and themes. The biggest proportion of expenditure on older people is through the NHS (£472m) and the County and District Councils total approximately £357m.

The following diagram shows how the expenditure is split by theme. It shows that the significant area of spend is on Health and Social Care and only 1% is spent on transport related services⁴.

Lincolnshire Spend per Theme

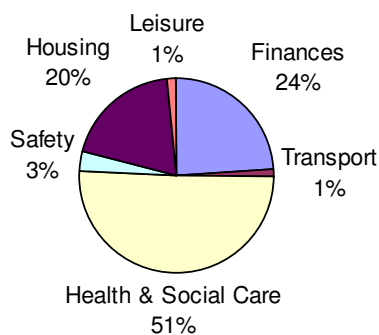


Figure 5: Expenditure by theme

Detailed analysis was undertaken to break down the total spend on older people in a further two ways. First the spend was analysed in terms of its age impact. This

⁴ This figure for spend on transport does not include the money spent in the county on highways, road maintenance and rail which benefits the whole population including older people

demonstrated what spend related to services where older people are the unique customers, compared to those where older people are a key client group (significant impact) and finally those where the age of the person is irrelevant (marginal impact).

Secondly, a Department of Health model was used to breakdown the spend into four categories of prevention:

- Primary prevention: services aimed at the whole population regardless of need, ensuring general wellbeing e.g.advice services
- Secondary prevention: services aimed at people considered at risk e.g.social housing, dial-a-ride
- Tertiary prevention: services aimed at people with an established need to prevent admission to acute service e.g. day care, respite care
- Acute: hospitals, residential care homes

. The findings are set out in the diagram below:

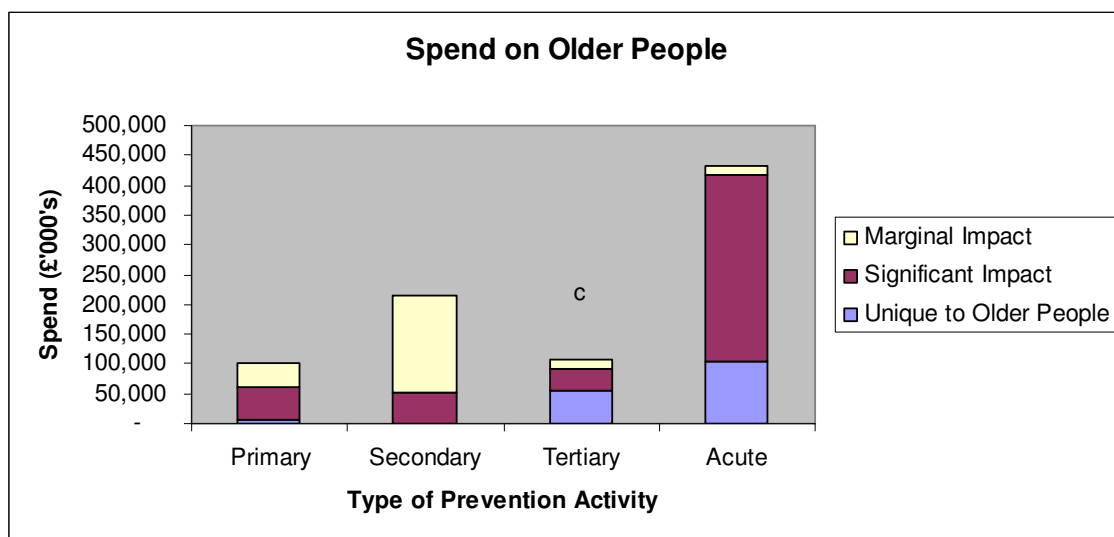


Figure 6: Analysis of Older People's Spend

From this analysis it is clear that the majority of spend is either unique to older people or on activities where older people are significantly impacted (£627m)⁵.

The amount of expenditure on acute services accounts for approximately £442m (or just over 50%) of the total expenditure on older people. It is also apparent that tertiary prevention, such as district nurse services and homecare, represents a significant opportunity for expansion.

If the population rises as forecast over the next 20 years then an additional **£248m** will be required to provide the same level of services. This is equivalent to over a quarter of the total spend on older people in Lincolnshire currently. Without transformational change, high quality services for older people will not be affordable or sustainable in the county.

⁵ The nature of this analysis involves judgement and interpretation so it is important to note that the findings represent trends in spend and should be used as a starting point for further discussion only

2.5. Partnership working

Over 30 different organisations have been actively involved in the programme to date (see Appendix B for a list of those organisations). They have been involved in a number of different capacities, from providing resources, participating in workshops, assisting in providing the central team with front-line experience or just by communicating and spreading the word. Their input has been a critical factor in the programme's success so far and we have had very positive feedback on this partnership working.

The Concept Phase of the Excellent Ageing programme has been governed by a Steering Group made up of representatives from a number of different organisations including both district and county councils, the NHS, Lincolnshire Police, the Police Authority, Lincoln University, the Voluntary Sector (represented by Age UK) and Lincolnshire's Older People's Advisory Group. The group reported into the Sustainable Community Strategy planning group and Strategy Board on a quarterly basis.

The lead officers of the Excellent Ageing steering group are listed below:

Chair: **David O'Connor** (Executive Director Performance and Governance, Lincolnshire County Council)
Deputy Chairs: **Dr Tony Hill** (Director of Public Health, NHS Lincolnshire) and **Barry Earnshaw** (Chief Executive, Age UK Lincolnshire)

External scrutiny and challenge has been provided informally by:

- Local Government Improvement and Development
- Just Lincolnshire
- Local Leadership
- DWP Ageing Well team
- Leicestershire Total Place programme team
- Bournemouth and Dorset Total Place programme team

Governance will be reviewed and revised for the next phase of the programme. More details on this are available in section 6.

3. Working Groups and Idea Generation

3.1. Working Group set up and role

Five working groups were set up in September to look in more detail at specific themes (agreed at the Launch Event) where it was felt that there was the biggest opportunity for radical improvement and innovation. The diagram below shows the five themes and a description of the areas that they covered.

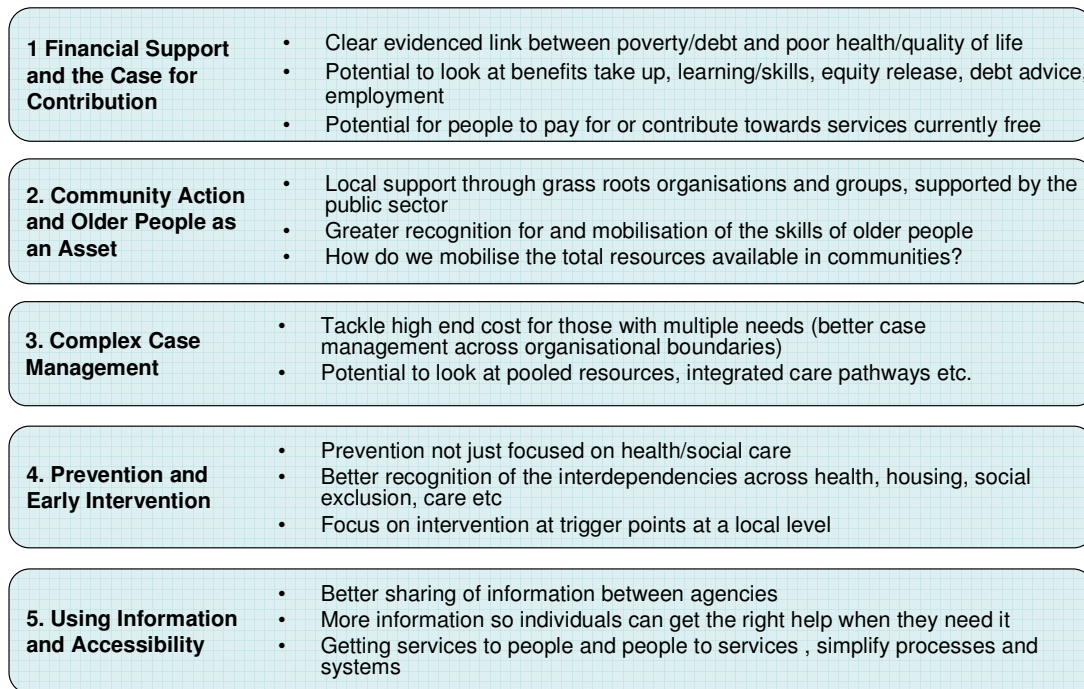


Figure 7: Working Groups

The working groups were deliberately focused away from current organisational provision of services in order to get people thinking in a more holistic way about the potential for improvement.

The programme was keen to include as many different views as possible and to avoid one theme taking precedence. Each working group had two co-leads from different organisations. The working groups:

- Involved over 150 people including 20 Councillors
- Used the research and insight about Lincolnshire’s older people (see section 2)
- Reviewed best practice from elsewhere in the country
- Received support and involvement from 3 Government departments (DH, DWP, HM Treasury)
- Engaged and involved older people as part of their working sessions to develop ideas

3.2. Ideas and solutions

A summary of the ideas generated by the working groups is contained in Appendix C.

In addition, the central team has included a number of other ideas which have emerged through discussions and research. These are included in “working group 6 – miscellaneous”.

Ideas cover areas as diverse as benefit and debt advice, transport, health and social care and community involvement. However, there are a number of core principles which underpin all the ideas and support the findings which have emerged through research and insight. These are set out below:

Excellent Ageing Lincolnshire should:

- help people to help themselves;
- help people to help each other;
- keep people independent in their own homes for as long as possible
- recognise and harness the contribution that older people can make in their communities;
- support people to make the right choices to ensure a happy and active later life rather than simply waiting to pick them up after they have had a crisis;
- address the causes of a poor quality of life for older people (i.e. social isolation, transport, lack of information, lack of money etc) with targeted prevention work in order to reduce the demand on acute services;
- look at how support can be provided as locally and close to home as possible, including embracing the role of the third sector and communities themselves;
- understand that different solutions will work in different parts of the county; and
- work together to make resources go further.

Each idea was written up using a template which captured a summary of the idea, evidence and assumptions behind it as well as an indication of the likely benefits and costs from implementing the idea.

A review of the ideas was undertaken by Just Lincolnshire who raised the following points in relation to equality and diversity:

- In developing these ideas further, consideration must be given to the accessibility requirements of older people with sensory impairments and other communications barriers (like language)
- Provision should be made to avoid rural and cultural exclusion from certain groups of older people
- Safeguards are needed around ideas like data sharing and equity release, given that the older people are a vulnerable group
- Any money saved needs to be directed back into services for older people potentially through third sector agencies like Age UK
- Potential for discrimination if applying a local residency tax to people who already pay a site fee which contributes to business rates.

These points will be taken into account as further work is done during the next phase of the programme to develop the ideas.

3.3. Ideas analysis

High level analysis was undertaken once all the ideas had been submitted. This also enabled the team to understand how the ideas relate to each other and what dependencies exist across groups so as to inform the development and delivery of solutions as the programme moves forward. The ideas were also mapped against the

agreed 10 outcomes that older people want (see Figure 2). Visual maps were created to show how each outcome would be delivered through the proposed ideas. An example of this is set out in Figure 8 below.

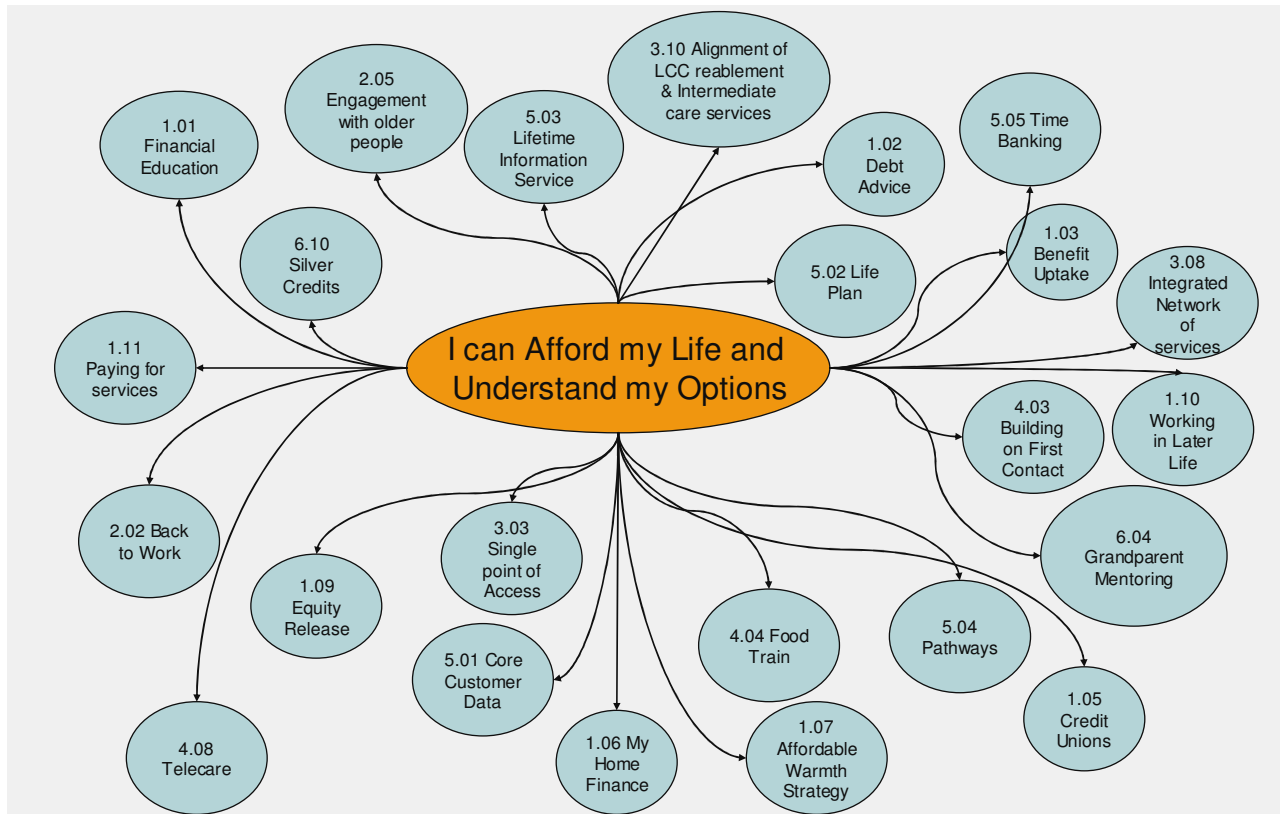


Figure 8: Analysis of ideas against outcomes

The ideas were also categorised by their **delivery constraints**, in simple terms:

- Those ideas that have already received buy-in and can be implemented immediately with one organisation taking the lead;
- Those ideas that require buy-in or involvement from two or more organisations in order to proceed; and
- Those ideas that require a change in policy from central government.

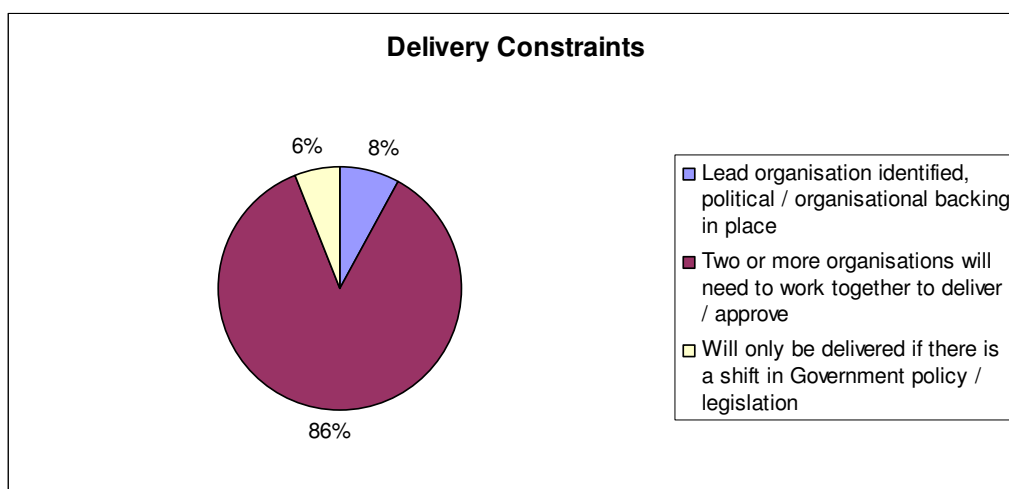


Figure 9: Delivery constraints analysis

Figure 9 (above) demonstrates that while there are a few ideas which can be taken forward immediately, the majority will require a number of organisations to work together to deliver improvements.

Successful partnership working and robust accountability will be required for these ideas to be delivered effectively.

The ideas were also mapped against Canadian Frailty Score. This is a method for allocating all individuals against a 1-7 frailty score pathway. The pathway applies a scale in relation to growing frail, where 1 is where an individual is robust, active, fit and energetic through to 7 which is where an individual is completely dependent on others. More information on the frailty pathway is set out in Appendix D.

The majority of ideas will cover a range within this scale – for example the Food Train idea might be appropriate for those who score between 3 and 6. Figure 10 below shows that there is an emphasis on prevention activities before people become too frail, though there are also a number of ideas which support those at the acute end of the frailty pathway.

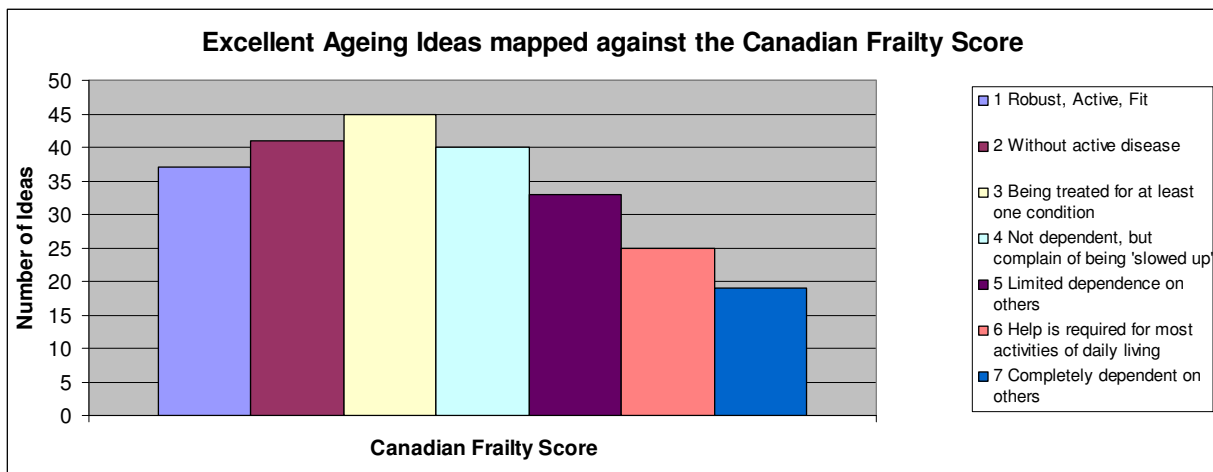


Figure 10: Analysis against frailty score

Excellent Ageing is focused on managing the increased demand that we expect over the years ahead rather than making significant cashable savings. However, some analysis was undertaken to look at the financial impact of our ideas. The key findings are set out below:

- 40% of ideas will deliver more resources into our economy – for instance by increasing benefit take up or by encouraging more older people back to work; and
- Approximately 65% of ideas would generate a saving for Lincolnshire over a 10 year time period. However, it must be understood that this might not equate to a saving for a particular organisation as money which is spent by one organisation can deliver a saving elsewhere in the system.

4. Recommendations Event

162 people attended the Recommendations Event on 4 February 2011 at The Lawn, Lincoln. The event brought together senior stakeholders and those individuals who had been actively involved in the working groups, as well as frontline staff and older people and their carers. The aim was to highlight the achievements of the programme so far, focusing on the ideas developed by the working groups and the differences they could make for older people in the county. To view the slides from the event including the citizen's journey go to: [Excellent Ageing Recommendations Event](#)

The event also provided an opportunity to hear from national policy makers. Rachel Holynska from the Department of Health set out developments within health and social care. She indicated the continued support of central government for Excellent Ageing, widely seen as a forerunner among local initiatives focused on an integrated approach to the challenges of an ageing population.

The recommendations from the concept stage as presented at the event are set out below:

1. The programme continues as a strategic priority for the county
2. Effective governance is developed to support the programme, enhancing existing partnership work and ensuring accountability
3. Excellent Ageing continues to look for the opportunity to deliver quick wins but also start to lay the foundations for longer term organisational and cultural change
4. The funding flow work is used for better targeting of resources across the county to deliver improved outcomes
5. Older people are actively encouraged to contribute to and shape the direction of Excellent Ageing
6. A means for us to track and measure success is put in place
7. Excellent Ageing continues as a unifying vision for older people's services in our county.

The event has helped to generate further momentum for Excellent Ageing as a county-wide programme with strong commitment from key partners.

5. Lessons learnt

A summary of the key lessons learnt in this phase of the programme are set out below:

- The common shared challenge of Lincolnshire's demographics drew together all major partners to look at a different, innovative approach; it proved to be a key reason for organisations to become involved in the programme
- Momentum has been maintained through a tight timescale and regular monthly steering group meetings
- Spending time seeing stakeholders individually, speaking to older people directly and communicating face to face as much as possible has proved an effective way to gain insight, involvement and buy-in
- Central Government have provided support through their involvement from the outset
- The programme's approach has avoided getting the same faces round the table and has widened the usual partnership working to include a wide range of people with experience and expertise at all organisational levels, as well as members of the community
- Strong leadership and support from Steering Group members, particularly in acting as advocates for the working groups, has been effective
- Councillor involvement has been positive and given an extra dimension to the working groups
- Pressure on resources has limited the ability of some core organisations to contribute
- Personal relationships and past history (i.e. where things have been tried and failed) have limited people's ability to think innovatively about what might work
- The tight timescale has made it difficult to reach all key partners or involve older people as extensively as we would have liked
- There has been a lack of robust data to evidence views expressed by older people or baseline the current situation in the county
- It has been difficult to prove the benefits of up front investment on downstream outcomes (i.e. link between an older persons financial stability and long term health outcomes) and therefore to validate some ideas.

6. Next Steps

The Steering Group and Sustainable Community Strategy Board have given their support to the continuation of the programme. Resources have been secured in order to ensure the continuation of the central team for Excellent Ageing for the next year.

As the programme moves forward activities will be undertaken to start to implement the ideas which have been generated and to develop and set up appropriate governance.

6.1. Taking the ideas forward

A number of ideas are already being actively pursued. These include:

- a community transport brokerage scheme
- a new approach to benefits advice
- improving engagement with older people
- hot meals in schools
- integrating health and social care and
- more targeted use of core customer data

Key partners have been identified and are being engaged. In some cases, pilots are being designed (hot meals in schools and benefits advice).

The intention is to continue to use the working groups to support the programme as we look at taking forward the ideas. The groups will work with the central team to assess the ideas within their group and to look at the delivery constraints, resource needs and viability of each idea. For each idea, for instance, this might require plans for a pilot to be drawn up, a business case to be developed or discussions to be had around which partners will be involved.

The ideas will be taken forward in three or more waves. Wave 1 projects are those that are either being undertaken already or in very advanced discussions about how to commence. We will engage with the working groups to identify those ideas that could form part of the second wave of projects, with a third wave to commence later in the year.

Older people will continue to be engaged in the development of the ideas and in prioritising which we take forward. There will still be scope for new ideas to be considered and included in the programme; for instance, a number of new ideas have been proposed by Fire and Rescue following discussion at the event.

The central team will be working with key working group members who are leading already on the implementation of ideas and approaching other key partners to lead on some ideas which have not yet been initiated.

6.2. Governance

Work is being undertaken to review the membership of the steering group and agree the governance arrangements. This includes establishing the roles and responsibilities for those on the steering group, the central team members and those involved in delivery. We will also be agreeing an approach to securing resources and setting up a reporting mechanism which will allow us to measure the success of the programme

without imposing undue bureaucracy on delivery teams. The milestones and detailed plan for the next 12 months are also being developed.

The Steering Group is working on developing flexible and light-touch governance for the next stage in order to:

- Maintain momentum
- Provide leadership, ownership and transparency
- Provide a forum for customers to engage with the programme
- Break down barriers and prevent a return to silo-working
- Support the mainstreaming of project work and sustainable resources
- Provide expertise, solutions and ad-hoc support to individual projects but recognise local ownership and decision making
- Monitor, measure and report progress

We will continue to engage with older people, groups and organisations in the county to look at how they can be involved. In particular we are looking to build into the governance a role for older people so that they can hold the steering group to account. We will be holding a public meeting in the next few months to give older people a chance to engage with the programme.

It is likely that the steering group will report into the Health and Wellbeing Board once this is in place. This will enable us to ensure that the underlying principles of Excellent Ageing are embedded in the strategic approach of all organisations across the county.

Wherever possible we will use existing infrastructure and governance arrangements both at a delivery and strategic level. We will look specifically at the added value of partnership working and community budgets with pooled resources, focusing in particular on the areas for potential savings. The interface with emerging infrastructure within the county will be considered as this develops over the next 12 months.

We will be gathering together senior stakeholders to discuss how we use the funding flow work to identify potential for better targeting of resources across the county to deliver improved outcomes.

We will be continuing discussions with central government in particular around a number of ideas which require their involvement, for instance we have a meeting with the DWP in mid February to look at piloting a new approach to benefit advice in the county.

We are exploring opportunities to establish a Knowledge Transfer Partnership working with Lincoln University to get specialist input into the delivery and evaluation of the programme. We will also be continuing to involve participants in the Leading Into the Future Programme. This programme is a county-wide leadership and development programme which is looking at developing the skills of 24 officers from across the public and voluntary sector via a bespoke one year leadership course designed and delivered by Lincoln University. A team of 6 from the 24 joined the working groups as solutions and ideas were generated and will now be working with the central team and steering group to address some of the challenges around delivery.

We are looking to deliver some quick wins over the next 6 months but also to start to put in place plans to transform the county's approach to older people over the next 10 years.

For more information on the programme and details about opportunities to get involved go to www.lincolnshireassembly.com/excellentageing or via the programme office on 01522 553953

Appendix A - Mapping Current Provision

Summary of Service:

Provider Details

Provider:

Type: public sector / commissioned private sector / commissioned voluntary sector

Contact Details:

Name

Role

Telephone number

Email

Extent of Provision - If information not available, indicate when it might be and note if approximations have been supplied.

Number of older people using the service

Over 50

Over 65

Locality: Lincolnshire wide / specific area(s)

Details of specific area(s):

Type: Universal / targeted

If universal, % of the service being used by older people

If targeted, details of intended client group:

Age range

Gender specific

Needs requirements

Other

Accessibility - Costs

Cost to individual: free at point of delivery / charges apply

If charges apply, % of cost to be covered by individual:

Means tested: yes /no

If means tested, criteria applied:

- Financial
- Age
- Locality
- Other

Accessibility - Application Process

Referral required for initial access: yes / no

If yes, details of professionals able to refer:

Application required: yes / no

If yes, information requested:

Personal	yes / no
Financial	yes / no
Needs (clinical, care etc)	yes / no
Other	

Appendix B - Stakeholders involved in Excellent Ageing

Age UK Lincolnshire
Boston Borough Council
Carers Partnership
Citizens Advice Bureau
City of Lincoln Council
Deloitte
Department for Work and Pensions
Department of Health
DNA consulting (Steve Nicklen)
East Lindsey District Council
East Midlands Ambulance Service Trust
East Midlands Strategic Health Authority
Evergreen Care Trust
Government Office East Midlands
GP Cluster Leads
Her Majesty's Treasury
Lace Housing
Lincolnshire Association of Local Councils
Lincolnshire Community Health Service
Lincolnshire Co-operative
Lincolnshire County Council
Lincolnshire Fire and Rescue
Lincolnshire Older People's Advisory Group
Lincolnshire Partnership Foundation Trust
Lincolnshire PCT
Lincolnshire Police
Lincolnshire Police Authority
Lincolnshire Research Observatory (LRO)
Local Government Improvement and Development
Mouchel
North Kesteven District Council
Pension, Disability and Carers Service
Prince's Trust
South Holland District Council
South Kesteven District Council
South Lincolnshire Community & Voluntary Service
United Lincolnshire Hospitals Trust
University of Lincoln
West Lindsey District Council

Appendix C - Ideas generated by the working groups

Ref. No.	Working Group 1 – Financial Support and the Case for Contribution
1.01	Development of a Money Skills Programme – Making the Most of Your Money. Financial planning annual health checks by employers – to improve financial capability and resilience.
1.02	Improvement of debt advice services – The aim is to reduce debt by £5m – link to local Advice Networks, with one agency taking the lead e.g. CAB.
1.03	Improvement in benefit take-up – In Lincolnshire by £5m a year over 5 years – develop Advice Networks with a lead agency to co-ordinate work and engage front line workers in undertaking benefit checks, develop simple self-assessment tool.
1.04	Devolve welfare benefit payments – Pension Credit, Attendance Allowance and Disability Living Allowance to Local Authorities and harmonise with Personal Budgets so that people are using the ‘benefit’ to purchase health, care and support services aimed at promoting independence.
1.05	Development of a Credit Union – Further development of credit unions in Lincolnshire in partnership with a commercial partner organisation to provide financial sustainability and local access points for saving and borrowing.
1.06	Expansion of the ‘My Home Finance’ social enterprise – Explore the possibility of expanding ‘My Home Finance’ a social enterprise run in partnership with the DWP, Royal Bank of Scotland, Housing Associations and Wates Giving – to provide access to affordable credit in Lincolnshire – currently operating in West Midlands.
1.07	Develop/build on Affordable Warmth Strategy – Engagement with voluntary and community sector to help overcome fuel poverty in Lincolnshire – estimated that 25% of households in the County suffer fuel poverty. Also look to develop further the use of green energy.
1.09	Development of an Equity Release scheme – To help older people purchase goods and services that promote healthy and active lifestyles and support care in later life – and encourage older people to downsize to smaller and more manageable homes to release equity – this could be part of a wider housing strategy that releases family accommodation.
1.10	Promote working in later life – Promotion of working in later life with mutual benefits for employers and employees & promote volunteering as a stepping stone to work – links with Community Action Theme group.
1.11	Encourage people that can pay to pay for services – Explore the opportunity for social enterprise models and self help groups to enable services to be available for a minimal (subsidised fee). Many of the 284,000 over 50s in Lincolnshire can afford to pay for services or are excluded from statutory services because they do not meet eligibility criteria. Older People have said that they would like the option for paying for services (e.g. exercise classes, luncheon clubs). Explore Social Insurance model and link to Royal Commission on Longer Term Care of Older People.
1.12	Exploration of a local residency tax – For those people living in mobile homes [coastal caravans] on a longer term occupancy basis and accessing a range of support services in the County, the exploration of whether a local residency tax could be implemented or whether this “hidden population” could be recognised by the government in the funding formula.
1.13	Use unclaimed benefits for use in local solutions – Explore whether a percentage of the unclaimed DWP benefits (and other agencies) could be passported to Lincolnshire to be used on improving outcomes for older people.

Ref. No.	Working Group 2 – Community Action and People as a Community Asset
2.01	Hot meals in schools – Work with targeted and identified individuals within communities who are elderly, taking them to educational establishments for hot meals and a chance to interact with

Ref. No.	Working Group 2 – Community Action and People as a Community Asset
	younger people.
2.02	Helping older people back to work – Promote a positive pathway to employment, either through paid or voluntary work for older people who want to return to work. Engage and encourage employers to look positively at older people as a valued asset.
2.03	Intergenerational Working – Develop a programme of locally based intergenerational initiatives which will bring together older and younger people to build mutually beneficial relations built on respect and a greater understanding of each other. Make Lincolnshire a beacon for intergenerational working in the country.
2.05	Engagement with older people – Coordinate how we engage with older people as a county by providing more support for the infrastructure around older people forums and other community groups which enable older people to influence decision making and have a say in services.

Ref. No.	Working Group 3 – Complex Case Management
3	<p>Excellent Ageing Pathway for Individuals with Complex Needs – The development of a single care pathway that will support people to remain independent and safe at home. Any approach to the case management of older people with complex conditions must be integrated at a local level across the NHS, social care and universal services. Quality of life, including a wide range of social links and supports, impinges on health, and ensuring people are not inappropriately dependent on health care requires their being supported into social roles, life opportunities and living situations commensurate with their needs and potential. The model would align health and social care provision and shared care pathways and REPLACE existing arrangements. It would be based on the FOPS model and the Single Point of Access, with co-location and trusted assessors working across organisations sharing customer information and using common assessment processes (the Canadian Frailty Score). New shared governance to enable strategic partnership and coordinated local delivery.</p> <p>It would include:</p>
3.01	Multi-disciplinary teams with consultant geriatrician input, around GP clusters.
3.02	Case/care coordinator accessing right care, right place, right time.
3.03	Single point of access.
3.04	Trusted assessors to enable referrals across organisational boundaries (i.e. district nurse referring in to Adult Social Care).
3.05	Common assessment tool.
3.06	Rapid access clinics and rapid access to 48hr beds.
3.07	Acute hospital inpatient specialist frailty service.
3.08	An integrated network of services.
3.09	Development of more electronic communication (to speed up referral and reduce duplication of assessment).
3.10	Quick win: alignment of LCC reablement and NHS intermediate care services into one system (already being progressed).

Ref. No.	Working Group 4 – Prevention and Early Intervention
4.01	Advanced Forecasting – This would involve multiple agencies to plot annual trends to support targeted provision. This could be piloted, for example, by working closely with the Met Office during periods of cold to proactively engage with vulnerable clients before the cold weather arrives. This could also involve the further use of the PARR – Patients At Risk of Re-hospitalisation – system.
4.02	Befriending and Bridging Service – This could be based on the Age UK Visiting Service and the current 'Bridge Project', whereby professionals make wellbeing calls to potentially vulnerable people. This could be targeted during periods of cold or after hospital discharge.
4.03	Building on First Contact – This is a scheme which enables the over 60's to access a wide range of services and information to help them stay safe and well in their own home through one

Ref. No.	Working Group 4 – Prevention and Early Intervention
	point of contact. It could be expanded, for example, through the use of on-line learning, wider access to community information, increased number of dedicated staff and volunteers, 'Tell Me Once' and village agents.
4.04	Food Train – To build on an idea developed in Scotland (Dumfries and Galloway) which provides a grocery shopping, befriending and household support service to older people, increasing independence and social inclusion.
4.05	Health Trainer / Improvement – A group of professional 'health trainers' to work with various clients to help them become more fit and healthy. This could include attending gym sessions, walking groups or simply more information and advice on living a healthier lifestyle. This could, for example, reduce the ever increasing costs associated with obesity.
4.06	Multi-Skilled Staff – This would involve up-skilling various members of staff and creating more generic responsibilities. This would mean that professionals don't undertake their specific role and hand over to another professional, they could look after various elements of a person's need. It could be piloted in a particular locality or amongst a particular set of professionals (e.g. Floating Support).
4.07	Single Prevention Mapping Tool – The development of a single tool to help predict the effectiveness of investment in prevention services and identify where the potential savings will be made in other areas of demand. Build on the Single Dementia Mapping tool already being used in Lincolnshire to measure quality of service and support the development of staff in relation to services provided to people with dementia.
4.08	Telecare / Telehealth – These initiatives use technological solutions to offer clients and their carers new ways to manage home safety, enabling vulnerable people to live independently for as long as possible. They can, for example, remind people to take medication or automatically detect if a client has had a fall.
4.10	Joint-Use Buildings – This could be based on the expansion of 'Smart Care Clinics' and the utilisation of community access points.
4.11	Home from Hospital – Specific service dedicated to clients who are discharged from hospital and return home. This would involve support (and potentially re-ablement) to help people to maintain independence and assess whether there are any minor adaptations required in the home.

Ref. No.	Working Group 5 – Using Information Better and Accessibility
5.01	Core Customer Data – To develop processes and systems with partners to share customer data, utilising the Customer Data Hub which is already in operation. This existing system would require some small developments but, more importantly, this idea would be based on data sharing protocols between organisations to build customer profiles and target specific client groups where appropriate.
5.02	Life Plan – To provide a 'checklist' to guide people in Lincolnshire in preparing themselves for various life events (e.g. retirement). This is based on an approach used in America and could be filled out at various 'trigger points' during someone's life (e.g. at a certain age or when discharged from hospital).
5.03	Lifetime Information Service – Based on the concept and success of the Family Information Service; this developed, initially, from the Children's Information Service. The intention is to provide a single point of access for available, good quality and information which is not age specific. This also incorporates: A) A network of outreach hubs (e.g. In GP Surgeries and supermarkets). B) Funding for community groups to provide up to date information.
5.04	Pathways – To define, agree and publish a series of pathways experienced by older people and / or their carers as they access a range of care services (often provided by a range of organisations. The intention is to: A) Improve signposting and better inform people of the likely path that they will follow and what to expect. B) Provide valuable analysis and process mapping to inform other ideas (across the Excellent Ageing Programme).
5.05	Time Banking – To provide a way to increase volunteering and community support. Participants would 'deposit' their time in the bank (after giving help or support to others) and 'withdraw' their time when they would like to be supported in a particular activity themselves. Whilst this links very closely to Working Group 2, the branding and promotion will be important, as will the information system that supports it. This could also be supported by private sector organisations (e.g. Orange Rock Core).

Ref. No.	Working Group 5 – Using Information Better and Accessibility
5.06	Older Drivers – Support refresher driver courses for older drivers to give them the confidence to be able to drive safely in their later years and to reduce the high prevalence of involvement of older drivers in road accidents. Training would be provided by the Lincolnshire Road Safety Partnership which currently runs a limited number of courses in East Lindsey which have proved popular.
5.07	Community Transport Brokerage Scheme – Identify a suitable and sustainable brokerage model for the county, improving transport provision to groups and organisations which making maximum use of the range of community and statutory owned minibuses to enable older people to have better access to services and leisure activities. This will involve a move away from traditional ways of contracting services and is dependent on an improved brokerage mechanism, category management approach and more effective signposting. It may also be dependent on pooling of budgets. One example could be community car pooling schemes.

Ref. No.	Working Group 6 – Miscellaneous
6.01	Age-proofing Planning – Develop guidelines for planning bodies to champion the consideration of the needs of older people in future planning decisions and involve older people in the planning process. The aim is to ensure that Lincolnshire’s built environment supports and enables older people to live an active and happy life, for instance through greater provision of benches, better placement of bus shelters, more toilets and more accessible public spaces.
6.04	Grandparent mentoring – Older people used as mentors to provide children and young adults with support, encouragement and advice including teaching general life skills.
6.08	Service directory for Older People - A comprehensive list of services and support groups available to Older People, building on the directory produced by the Louth and District senior forum.
6.09	Outdoor gyms – Scheme to build outdoor activity centres with gym equipment to encourage older people to keep active and healthy, would be free of charge and could be supported by health trainers (see idea in working group 4).
6.10	Vouchers (silver credits) – An initiative to introduce generic vouchers which can be bought by/for older people, redeemable against a range of providers. This could be used for those not eligible for personal budgets to buy the sort of services which a personal budget would buy, but could also be used to pay for transport services, leisure classes, handyman services etc.
6.11	Adopt a grandparent – Develop a scheme which pairs volunteers with older people in their community with similar interests, allowing them to build up a relationship based on visits and sharing leisure time together. Would build on the befriending service already in place run by Age UK.

Appendix D – The Canadian Frailty Score

The care of the frail older person in community settings is complex and comes within the responsibility of many different clinical and non clinical professionals.

There are a variety of definitions of “frailty” but for the purposes of this pathway The Canadian Study of Health and Ageing (CSHA) Clinical Frailty Scale is recommended.

1. Very fit – robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
2. Well – without active disease, but less fit than people in Category 1
3. Well, with treated co morbid disease – disease symptoms are well controlled compared with those in Category 4
4. Apparently vulnerable – although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
5. Mildly frail – with limited dependence on others for instrumental activities of daily living
6. Moderately frail – help is needed with both instrumental and non-instrumental activities of daily living
7. Severely frail – completely dependent on others for the activities of daily living or terminally ill

An allocated score will allow for the professional knowledge of the assessor to be used subjectively to indicate the level of frailty of the person at the time of referral into the service. This scale could also be used to identify all those people at risk of becoming frailer (level 4 and 5) to allow for targeted health promotion services to be deployed to prevent deterioration of condition and independence.