

Summary of the Independence of Older People Report

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

2. Many older people in Wales remain healthy, active and independent with little or no reliance on health and social care services. However, for others, increasing age can be associated with increasing disability and loss of independence, and function impairments such as loss of mobility, sight and hearing. One significant implication of an ageing population is the challenge of promoting independence and preventing or delaying deterioration in the health and quality of life of older citizens. Older people are the main users of health and social care services in Wales, just as they are in most European countries. The ageing population and growing number of people with long-term chronic conditions is placing considerable strain on health and social care services, and the current focus of Welsh Government policy is to seek to reduce this demand and shift services out of expensive acute hospitals and nursing homes and into the community.

3. The adult social care services delivered by the 22 councils in Wales remain heavily focused on people aged 65 and above, and this pattern has remained consistent in the last decade. -----over the eight years between 2005-06 and 2013-14, expenditure by Welsh councils on social care services for people aged 65 and over has increased by 23 per cent. On the basis of current trends, this expenditure is set to continue to rise to over £750 million within 10 years and could increase even more rapidly to meet the needs of our ageing population with increasing life expectancy and more complex needs.

4. Although expenditure is rising, the number of adults receiving social care services has fallen – from 81,140 in 2006-07 to 78,111 in 2013-14. Services are now more focused on people with complex needs and councils are generally not prioritising those with moderate or low needs for assistance. The proportion of the adult social care services budget for people aged over 65 that is overspent is also increasing, rising from a 0.7 per cent overspend in 2011-12 to 3.2 per cent overspend in 2013-14. There has also been an increase in NHS expenditure for primary and secondary care services in Wales with budgets rising from £5.2 billion in 2008-09 to £5.5 billion in 2013-14. However, this budget information is not reported in a way that shows how much is spent on care services to older people.

5. Whilst health and social care are important, services such as education, leisure, housing, transport, community facilities and support to remain in employment all play an essential part in the well-being of older people. There are some services that are specifically focused on independence and prevention of ill health, whilst others are services that are not provided with prevention as their specific aim, but are of great benefit to older people in maintaining their quality of life. There are also obvious

benefits to allowing older people to live independently in their communities: it may provide the best possible life for older people, they remain in their homes, close to their friends and families, they can continue to contribute to society and the impact on expensive health and social care services is minimised.

6. The Welsh Government is modernising social care services through the Social Services and Well-Being (Wales) Act 2014 (the Act). The Act builds upon the Welsh Government's Strategy for Older People in Wales, launched in 2003, as well as the commitments of the Dublin Declaration on Age-Friendly Cities and the Ageing Well in Wales Programme. Taken together, these recognise the importance of supporting older people to remain independent and make commitments for public services to work together to deliver this goal.

7. A key strand of the Act is on prevention which is intended to reduce demand for high-intensity, high-cost services. Preventive services range from relatively formal intermediate care services provided by health and social care professionals to interventions that could include befriending schemes, the fitting of a handrail or help with shopping; services not necessarily provided by a health or social care professional. When the element of social inclusion is included, prevention can be extended to cover wider community services, such as public transport, leisure centres and housing. For older people these services enable them to stay safe and healthy, and lead lives that have value, meaning and purpose by supporting them to remain in their community. Importantly, in the current financial climate, home-based support services also cost less than caring for older people in residential care or in hospital.

8. Promoting preventative and early intervention services will require councils and their partners to change how services are currently planned and delivered. It will also require ownership outside of social services and an understanding that it is about other parts of the system working to maintain independence. At this time, however, no baseline information exists to identify what services are in place and what else is needed to deliver low level of assistance in such areas of everyday life that can enhance well-being through enabling an older person to remain in their own home, maintain independence and reduce the risk of institutionalisation.

9. At a time of increasing demand on health and social services, public sector spending is reducing. Between 2010-11 and 2014-15, we estimate that there has been a real terms reduction of £464 million (10 per cent) of Aggregate External Finance. With reducing resources, these non-statutory, low-level prevention services are at risk of taking a bigger share of budget reductions as councils protect their statutory obligations.

10. During 2015, staff of the Wales Audit Office, on behalf of the Auditor General, examined whether councils are working effectively to support the independence of older people. These included an online survey for older people to tell us about the services they consider the most important in supporting them to maintain their independence and audit fieldwork at six councils in Wales. Our methodology also included a budget and service data tool, to evaluate the range of services that support older people to live independently, and a review of key plans and strategies. Our work was also delivered jointly with staff of the Care and Social Services Inspectorate in Wales and the office of the Older People's Commissioner in Wales.

11. Based on the findings of this audit, the Auditor General has concluded that whilst the Welsh public sector recognises the challenges of an ageing population, some key barriers are inhibiting the shift in focus that is needed to reduce demand for health and social care services and support older people to live independently.

12. Whilst recognising the essential role councils play in providing leadership on older people's issues, partner organisations are not always positive about the delivery of that leadership role. The role of the older people's strategy coordinator, seen by the Welsh Government and others as key in delivering councils' engagement and leadership on older people issues, has diminished over time, reducing their ability to influence joint working in councils and meet the needs of older people.

13. There is a surfeit of often disconnected plans and strategies in councils that set priorities and actions aimed at maintaining or improving the independence of older people, and the contribution of low-level preventative services in supporting independence is often overlooked. Fifty-five per cent of partner organisations surveyed stated that their council's plan was developed using comprehensive information from all relevant council and partner services, and only 46 per cent believe the plan considers population forecasts and future demand on services. Only 45 per cent of citizens who are actively engaged with councils were asked their views as their council developed its plan(s) for older people.

14. Many of the preventative services that support older people to live independently have experienced cuts in their budgets and overall finances. However, because many councils lack good data on the number of older people using preventative services, they are unable to effectively manage the delivery of these services, plan future provision and target activity appropriately in a time of reducing resources.

15. Seven of 10 services rated as most important by older people and four of the top-five services that support them to live independently have been reduced – community halls (41 per cent), public toilets (26.8 per cent), libraries (18.7 per cent) and public transport (5.7 per cent). Whilst we acknowledge the challenge councils face in having to reduce expenditure to balance budgets, the effect of these cuts is going to impact adversely on older people and may prove to be a false economy for the taxpayer as cuts to preventative services can often result in more demand for more costly acute health and social services in the medium term..

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

17. Councils' plans and strategies show a clear understanding of the issues they face in the future if they are to support older people to live independently. These are based on an ageing population, people living longer and an increase in conditions prevalent in older people. However, we found that many councils were unable to provide service usage numbers for a significant number of the preventative services

we reviewed. This highlights that capturing good-quality information and having the right systems to analyse and use this data effectively continue to be a challenge for many councils.

18 There is a risk that councils are changing services without fully assessing the potential impact on older people, thus undermining their ability to meet the Public Sector Equality Duty. Whilst 97 per cent of older engaged citizens knew that their council had to make savings and cut services, only 46 per cent knew where cuts were to be made and only 29 per cent had been told how it would affect them. We also found that the quality of information in equality impact assessments is not always robust enough to demonstrate potential impacts which makes it difficult to clearly identify the effect of decisions on older people.