

Building community- based support with older people

Evidence from research
and other reports

Outside the Box, March 2015

About this report

This report is a summary of reports, discussion papers and research studies that have been published over the past few years. They look at aspects of creating and sustaining community-based support, especially for older people and including those activities which older people lead.

We brought this material together as a resource for community groups we work alongside. Our starting point was groups led by older people, but much of the material here also applies to other situations where people want more choices and opportunities in their lives and to community-based services benefitting other people too.

Links with work at Outside the Box

This work links in to several projects that Outside the Box has been working on over the past few years. Each has been funded by the Scottish Government as part of a larger programme that developed and supported policy initiatives. We will be taking on the ideas and continuing to be a route for other people to share what they are doing and the impact it is making.



Wisdom in Practice is a development project led by Outside the Box, which supports the growth of projects led by older people, including older people in the equalities groups. It brings together community development support for local projects and creating resources for groups led by older people and for public services and others working with older people:

- Discussion papers to raise awareness on issues that are important for older people.
- Practical tips based on the experience of groups and services led by older people to help people set up activities and keep them sustainable.
- Tips to support community activities to be accessible to a wide range of older people, including those from BME and LGBT communities and people with dementia.
- Examples of co-production with older people and reviews of the factors that help and that make it more difficult.

www.wisdominpractice.org.uk



We're Here Too is a partnership that is raising awareness about participation by older people with higher support needs.

www.otbds/werehere



Getting There is building the capacity of smaller, user-led services to make good use of the opportunities in Self-directed support. A development is looking at the experience and potential of micro enterprises as another way to extend the range of opportunities and choices for people, including older people and people living in rural areas.

www.gettingtheresds.com



Over the Fence is a website that gives information and peer based advice for people who are starting to look for social care services and/or community-based support for themselves or for people they care about.

www.overthefence.org.uk



Making Choices grew out of Over the Fence and is developing a peer support-based resource for older people who are already in touch with services, to help them have more choices in the support they get. We are also developing a companion resource for staff who work in services, to help them be more confident at supporting older people to make choices and then put these into effect.

www.otbds.org/makingchoices

Issues for local projects supporting older people

Many local projects get underway with funding for a few years. Those that are successful look to continue what they started or to develop into new directions. They usually have lots of feedback from the people who take part in the activities and from others, such as social work and health care staff and people in other services, who see the impact for the people they know. If they are asked for evidence of the longer-term impact, or of the savings for the public services they complement, however, it is a more difficult task.

The challenge is also there for staff in public services who want to develop or commission community-based supports for older people. Public services may be encouraged to be more innovative and find alternative approaches that will provide more effective support for older people that better reflects what people want and need. At the same time, they are also asked to make decisions based on evidence and not take risks with public funds.

But even if the evidence cannot be there for the impact of each potential or fledgling project, it often is there for others that have taken a similar approach and have had time to see the medium-term impacts and give pointers to the expected longer-term benefits. The problem is that the people involved may not know that evidence is there.

Contents of this report

This is the structure of the report.

- The next sections of the report look at the context – what people mean by various terms and approaches, and the policy context.
- There is an overview of the main findings and messages from the evidence and discussions around community capacity building, changes in public services and the impacts for older people.
- There is then a summary of some of the main reports and research reviews published over the past few years.

We have focussed on the policy and practice context in Scotland. However, most of the reports in this summary come from the experience of services in England and from teams that are based in England. This does not mean that people in other places are not doing innovative work to encourage and support older people to be part of their communities. It does reflect where the publications, and especially overviews of developments or research, have come from so far.

Although the countries within the UK – and the countries across the world that are featured in some of the reports included in this summary – have different systems for care and support and for developing inclusive communities, much of the lessons and ideas in the reports are transferable. Each person reading this paper and going on to read in more detail the reports it describes will be able to recognise experiences and learning that applies to their situation.

We know that there are other reports and discussions happening around the issues that we have explored. We look forward to hearing from other people what they are developing and learning and we will continue to share useful reports and other material.

We decided not to include summaries of the many reports and other material coming from local projects that involve or support people living in a particular area or community of experience. Here, the reason is that there are so many of them. Many of the overview reports have drawn on material from local projects, just as we have included case examples and extracts in the other reports that Outside the Box publishes.

In Scotland many community based services and activities that are used by older people as sources of support are describing and evaluating what they do and sharing their experience, for example through the programmes supported by the Scottish Community Development Centre and the Scottish Co-production Network (www.scdc.org and www.coproductionscotland.org.uk). We hope that this leads to a growing body of evidence that will shape learning and understanding about these ways of providing support to older people and how to achieve the potential benefits.

There are also national and local teams who are bringing together examples of community capacity building and co-production, and we would encourage people to follow up these sources as well as the reports that we have included here.

We hope that people will use this report to help them develop more innovative and effective supports for older people. From this, we want to see older people - and others - having choices in their lives, being able to live near the people and places they care about, and knowing that they are valued as contributing to the wellbeing of their community.

Context - descriptions and definitions

Numbers and circumstances of older people

- In 2013 there were 930,000 people in Scotland aged 65 and over. This is 18 % of the population.
- There were 75,000 people aged over 85, including 850 people aged 100 and over.
- By 2037 the estimates are that there will be 1.47 million people aged 65 and over. This will be an increase of 59 % in this age group since 2013 and people aged 65 and over will be 25 % of the population.
- The majority of older people do not make very heavy use of health and social care services. For example, in 2012-13 over 91 % of people spent their last 6 months at home or in a community setting.
- Most of us make our heaviest use of health services in the first few years and then the last year or so of our lives.

Older people with high support needs

“Older people of any age who need a lot of support due to physical frailty, chronic conditions and/or multiple impairments (including dementia). Most will be over 85 years old, though some will be younger. Many will be affected by other factors including poverty, disadvantage, nationality, ethnicity, lifestyle etc. Some of the very oldest people may never come into this category.” JRF, 2009
[Source: Katz, J., Holland, C., Peace, S. and Taylor, E. \(ed. Blood, I.\) \(2011\) A Better Life: what older people with high support needs value. Joseph Rowntree Foundation](#)

What supports older people’s wellbeing

The Audit Commission has identified a number of factors that improve the wellbeing of older people and their sense of having control over their lives. These include:

- A safe comfortable home using aids, adaptations and assistive technology.
- Neighbourhood close to friends, shops and amenities in safe well-designed ‘age friendly’ towns and streets.
- Social activities, social networks and keeping busy.
- Getting out and about (car, bus, shared taxis and mobility scooters).
- Income, including the availability of benefits advice.
- Information from an independent source to help navigate the system and know about the services and opportunities that are available.

[Source: Audit Commission and Better Government for Older People \(2004\) Older People: Independence and Well-Being](#)

What prevention is for older people

- “Slowing down the physical and psychological decline that can be compounded by depression, isolation and a sense of one’s own vulnerability.
- Avoiding where possible the circumstances and crises that reduce resilience and cause damage to health.
- Avoiding unplanned hospital admissions and delayed discharge after a hospital stay.
- Avoiding falls – which are a major cause of injury and death among people aged over 70.

[As an example,] reducing the number of older people having falls means looking at the range of reasons why people fall – uneven pavements, poor lighting, loose carpets inside homes, effects of medication as well as people having poorer sight, or balance, or cognitive abilities. People’s fear of a fall can add to the problems – not going out or being active leads to even poorer balance etc. People may be reluctant to take up advice and practical help when the focus is on what people can’t do and reinforcing the message of the person not coping, rather than based on ‘this is what you can do and this is how to make that continue for longer’.

The solutions include reviewing people’s medications, helping people learn coping skills as their circumstances change, making neighbourhoods safe, low-cost care and repair services for older people to keep their home safe, encouraging people to keep in touch with others in their community alongside – and for some people instead of – providing low levels of social care services earlier.”

Source: Roberts, Y. (2012) *One Hundred Not out: resilience and ageing*; The Young Foundation

Co-production

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

Source: New Economics Foundation and Nesta (2009): *The Challenge of Co-production*

Community assets

“An asset is any of the following:

- The practical skills, capacity and knowledge of local residents;
- The passions and interests of local residents that give them energy for change;
- The networks and connections in a community;
- The effectiveness of local community and voluntary associations;
- The resources of public, private and civic sector organisations that are available to support the community; and
- The physical and economic resources of a place that enhance wellbeing.”

Source: Foot J. and Hopkins T. (2010) [A Glass Half-Full - How an Asset Approach Can Improve Community Health and Wellbeing](#), I&DeA, (Local Government Improvement and Development Agency) quoted in [One Hundred Not Out](#)

Effective innovation in public services

There are factors stopping public sector innovation:

- No investment models for innovation in organisations.
- Lack of dedicated budgets, teams, processes and skills.
- Discouraging reward and incentive systems.
- Departmental silos blocking the sharing of innovation.
- Lack of mature risk management methods for experimentation.
- Looking for inappropriate levels, types and standards of evidence.
- Lack of understanding about how innovations spread and are taken up in public services.

There are steps public sector organisations and teams can take to improve the chances of new ideas creating value for the public.

- They can do more to cultivate and scan the hinterlands which new ideas will come from.
- They can recruit proven innovators.
- They can deliberately design and test promising new ideas.
- They can provide markets for solutions and outcomes rather than inputs.
- They can create protected spaces where radical ideas can evolve.

Source: [Mulgan, G. \(2014\): Innovation in the Public sector, Nesta](#)

Policy context

In 2011 the Commission on the Future of Public Services – the Christie Commission – published their report on what was needed to develop public services in Scotland. These are the main points.

- Public services need to change, because the current arrangements cannot deliver what is needed.
- The demand is going to increase in the short-medium term, as the result of demographic change (more older people and fewer people of working age) and because we have not tackled the causes of disadvantage and vulnerability for people and so are spending large sums dealing with their consequences.
- The quality of public services needs to improve, to meet the needs of people and communities.
- This is happening at a time when there are pressures on public spending. Public services will have to ‘achieve more with less’.

The Commission set out principles to inform the process of changing public services in Scotland.

- Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services that prevent negative outcomes from arising.
- Our whole system of public services – delivered by public, third and private sectors – must become more efficient by reducing duplication and sharing services wherever possible.

There is a list of priorities and recommendations for Government. These include:

- Recognising that services must be designed with and for people in communities.
- A strong focus on prevention.
- Making use of the resources and skills in public, private and third sectors, individuals, groups and communities.
- Improving the outcomes for people.
- Tackling inequalities.

The Christie Commission report is at: <http://www.scotland.gov.uk/resource/doc/352649/0118638.pdf>

The Christie Commission was concerned with all public services and not only services used by older people. Since many of the problems with current services that Christie was trying to tackle involved services used by older people, and the numbers of older people in our society are increasing, much of the discussion about how to respond to the Christie report has started with services that are used by older people.

The Scottish Government set out their response to the Commission's recommendations and since 2011 has been implementing elements of the plan. These include the legislation to integrate social care and community health services and the Community Renewal and Empowerment Act.

Since then, Audit Scotland has looked at how the current arrangements are working and highlights ways in which councils and other public bodies need to improve how they plan and then deliver or commission services. They reinforced difficulties that the Christie report had seen in current services and the benefits of solutions such as more preventative services.

The key messages in Commissioning Social Care were:

- Councils and their NHS partners need to do much more to improve how social care services are planned, procured and delivered through better engagement with users and providers and better analysis and use of information.
- People who need small amounts of support are not being offered the preventative services that might help or delay them needing more costly intensive support.
- More needs to be done to manage the risks to users when a provider goes out of business or closes, including contingency plans and financial monitoring of voluntary and private providers.
- Users and carers need to be more involved in decisions about social care services, with better evidence of what differences the services make to people's quality of life.
- Councils may need significant amounts of support to effectively implement self-directed support. (Councils' estimates of the resources they would need were based on the current patterns and types of services continuing.)

http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf

In 2013, the Scottish Government issued the Route Map to the 2020 Vision for Health and Social Care. It sets out an overall vision, and describes the actions that build on recent achievements and deliver the services that will realise this vision.

“Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

- We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self- management.
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.”

<http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

Over this period the Scottish Government was consulting on developments around Self-directed support, to give individual people more choice and control over the social care and support they receive. The Social Care (Self-directed Support) (Scotland) Act 2013 gave almost everyone in Scotland who receives social care paid for by a local Council the right to choose how they want to organise this – through a direct payment, a personal budget, support arranged by the Council, or a combination of routes.

This is the Scottish Government’s website to support the implementation of the Act:
<http://www.selfdirectedsupportscotland.org.uk>

Another development is the integration of health and social care service. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the ways in which community health and social care services that support people with long-term health conditions, including many older people, will join up from April 2015. The aim is for services to work better for those who use them.

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

There are similar issues in the other parts of the UK and in other countries where the proportion of the population made up by older people, and especially very old people, is increasing. The policies that are being developed in other parts of the UK and the innovative approaches to support for older people that are being developed are similar to those in Scotland. The evidence described in this paper draws on the experience of people tackling these issues in many locations.

Overview

This paper brings together the evidence and analysis from many of the major research teams, policy analysis and innovative thinkers who are looking at effective support for older people. They in turn have drawn on the experiences of thousands of local community-based activities and public services.

These are the main points we see consistently being raised in the evidence.

Older people, including many older people with higher support needs, are making a contribution to society. This is not a dependent group of people needing ever-increasing services and being a burden on society in the way they are sometime portrayed.

The older people who do need extra support know what will make life better for them. But often services are not delivering this, or are putting barriers in the way, even though that may not be the intention.

The range of developments that would give older people a better quality of life goes far beyond health and social care, although those are the aspects on which many policy initiatives and studies focus. The approaches that would make society work better for older people would also benefit younger people too.

Within the range of activities that are focussing on people's wellbeing, the community-based solutions that reflect what older people want complement other services. They are more cost-effective and produce better outcomes for older people. They also prevent people needing more expensive services.

Services that give low-level support to people before they need greater support, or just as they are beginning to need more support, prevent or reduce the need for higher intensity (and higher cost) services and are a good investment. They also bring significant benefits to the people involved.

The community services take pressure off specialist services, enabling them to focus on the smaller number of people who need that type and level of care. This improves access to care for the people who need it, producing more benefits in terms of people's wellbeing.

The community services have a positive financial impact when they prevent or delay even a small proportion of people going into residential care or needing NHS care.

The community-based approaches are usually started as pilots to develop and test an innovation. Despite the positive impacts, they often do not move into mainstream services, or get extended or replicated to reach people in other locations. Those that are part of short-term funding programmes can end when that particular change programme or policy initiative ends.

The evidence shows that the policies of some public services on eligibility and targeting services on only those people with the highest need would benefit from taking a broader approach.

- Having low-level and low-cost preventative services that every older person can use means that those who would otherwise have needed more extensive care are reached earlier. The relatively low cost of giving support to the other people who may not have gone on to need extra support is offset by the much higher savings on specialist services.
- There are also the benefits in the quality of life and wellbeing of the people involved. This includes avoiding or reducing poor mental wellbeing and other circumstances where people need support or care but are often not receiving it, and where the policy is to improve people's wellbeing.
- The social connections that older people make through community activities, including making and maintaining friendships with other people who continue to be relatively well and active extends the range and levels of support for those older people who do have higher support needs. Formal services have tended to underestimate this actual and potential very significant source of support.

On the issue of how innovative community-based approaches can be developed and extended to reach more people, the overall evidence again suggests a different approach is needed.

- Most innovations begin as small-scale pilots, or are developed by community-based groups or teams to benefit people living in that local area.
- Some reports include an ability to scale up a service or activity as one of the tests for successful innovations in a public services context. Here, the aim is to repeat the successful activity in a way that reaches a lot of people, such as extending a pilot to cover the whole local authority area.
- Another way of looking at extending the activity is scaling out – having lots of small-scale activities similar to the successful pilot, which together reach people across the larger area.
- Scaling out enables services to adapt to local circumstances and opportunities. It may also be easier to offer personalised care and avoid the factors that led to current service models becoming less flexible.
- The evidence on the higher costs and lower effectiveness of many larger-scale services suggests that the earlier assumptions that larger-scale services would be more cost-effective and efficient have not been true in this situation of care and support for older people.
- Public services do need to take account of factors such as fairness, consistency and quality of care. These have been factors in leading people to opt for scaling up approaches to public sector services.
- It is likely that in the future there will be a greater mix of scaling up and scaling out when following on from successful innovative community-based services for older people: making sure that people all have access to something that gives them the benefits of a new approach, rather than assuming that everyone must have the same thing.

Contents of reports

| | Overview | Focus on place or project | Case examples | Older people | Wider | Choice | Quality of life and prevention | Financial impacts | Commissioning, strategy | Delivering community services | Co-production | Participation | Partnerships | Integration | Public services working differently | Community inclusion, capacity | Innovation |
|---|----------|---------------------------|---------------|--------------|-------|--------|--------------------------------|-------------------|-------------------------|-------------------------------|---------------|---------------|--------------|-------------|-------------------------------------|-------------------------------|------------|
| A Better Life | X | | X | X | | X | X | | X | X | X | X | X | | X | X | X |
| Good days and bad days | X | X | X | X | | X | X | | | X | | | | | X | X | |
| 100 Not Out | X | | X | X | | X | X | | | X | X | X | X | | | X | X |
| Making a strategic shift | X | | | X | | X | X | X | X | | | | | | | | |
| National evaluation of POPP | X | | | X | | | X | X | X | X | X | | X | | | | X |
| Prevention that works | | X | | X | | X | X | X | | X | X | X | X | | | | |
| Economic value preventative services | X | | | X | | | X | X | X | X | | | | | X | | |
| LinkAge Plus | X | | | X | | | X | | X | X | | X | X | X | X | X | X |
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| Preventing loneliness - SCIE | X | | | X | | X | X | | | X | | | | | | | |
| Neighbourhood approach to loneliness | | X | | | X | | | | | X | X | X | X | | | X | |
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| Community capacity building in Northern Ireland | | | X | | X | | | | | X | X | X | | | | X | |
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| People powered health | X | | | X | X | | X | X | X | | X | | X | X | X | | X |
| Public services inside out | | | X | | X | | | | | | X | | X | | X | X | X |
| Saving money by doing the right thing | X | | X | | X | X | X | X | X | X | | | | X | X | | |
| Innovating better ways of living in later life | X | | X | X | | | | | | | X | X | X | | X | X | X |
| Silver cities | X | | X | X | X | | X | X | X | X | X | | | | X | | X |

Links with recent Outside the Box work

| | Overview | Focus on place or project | Case examples | Older people | Wider | Choice | Quality of life and prevention | Financial impacts | Commissioning, strategy | Delivering community services | Co-production | Participation | Partnerships | Integration | Public services working differently | Community inclusion, capacity | Innovation |
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| Wisdom in Practice | | | | | | | | | | | | | | | | | |
| Support to groups | | X | X | X | | | | | | X | X | X | X | X | | X | X |
| Reports | X | X | X | X | | | | | | X | X | | | | | X | X |
| Discussion papers | | X | X | X | | | X | | | X | X | | | | X | X | X |
| Hints and Tips | | | X | X | | X | X | | | X | X | X | X | | X | X | X |
| | | | | | | | | | | | | | | | | | |
| We're Here Too | | | | | | | | | | | | | | | | | |
| Report | X | X | X | X | | X | X | | X | X | X | X | | | X | X | |
| | | | | | | | | | | | | | | | | | |
| Getting There | | | | | | | | | | | | | | | | | |
| General resources | X | X | X | | X | X | | | | X | X | X | X | | | X | X |
| Mental Health resources | X | X | X | | X | X | X | X | X | X | X | X | X | | X | X | X |
| | | | | | | | | | | | | | | | | | |
| Over the Fence | | | | | | | | | | | | | | | | | |
| Website | | | X | X | X | X | X | | | | X | X | | | | X | |
| | | | | | | | | | | | | | | | | | |
| Making Choices | | | | | | | | | | | | | | | | | |
| Resources for older people | | | X | X | | X | X | | | | X | X | | | | X | |
| Resources for workers | | | X | X | | X | X | | | X | X | X | X | X | X | X | |

Summary of reports

A Better Life

Imogen Blood

Published by Joseph Rowntree Foundation, 2013

This is a major report that brings together a large body of evidence from across the UK examining how life is for older people, especially those who need more support and what they think would give them a better life. The evidence on effectiveness of responses in giving people a better life and in improving cost-effectiveness supports older people's assessment of what is needed and what will make a difference.

The main points are the importance of:

- Understanding who people are.
- Recognising and supporting their relationships and links with other people.
- Listening to the voices of older people.
- Organising services to respond better to what people need and be easier to contact and use.

The case examples and review of research highlight several points.

- Older people make a contribution as well as getting support, and these are often inter-linked.
- There is good quality, effective support and wider arrangements working well for people. These include innovative projects that are led by or co-produced with older people.
- Many of the ways to improve life identified by older people are low-cost or can be made within existing arrangements such as use of personal budgets.
- The current overall system is not working well for many older people and needs a significant change in focus in both policies and practice.
- It is also about changing the way communities work for everyone – creating an age-friendly society.
- Older people are, and want to be, part of the solution.

The actions to build a better life for older people lie with a range of people: policy makers, those planning and delivering care services, people designing and providing our physical environments and services that everybody uses, and people in communities where older people live.

There are 7 key aspects to making society and services work for older people:

1. Old age is not about 'them': it is about all of us.
2. Older people are individuals and they are, as a group, becoming more diverse.
3. Relationships matter to us whatever our age. We have a fundamental human need to connect with others meaningfully.

4. Older people with high support needs have many assets, strengths and resources.
5. Whatever our age or support needs, we should all be treated as citizens: equal stakeholders with both rights and responsibilities.
6. The individual and collective voices of older people with high support needs should be heard and given power.
7. We need both to innovate and improve existing models.

<http://www.jrf.org.uk/publications/better-life-valuing-our-later-years>

Good days and bad days: Stories of ageing in the community

**Carmel O’Sullivan, Diana Gerald, Will Normand and Jacques Mizan
Published by The Young Foundation, 2011**

This report looks at the experience of older people who have higher levels of use of health services, who are more frail and vulnerable.

These are the themes and findings from the research.

- Older people use support from a range of sources including family, informal supports and voluntary organisations as well as public services.
- Family relationships are often strong but can also be complex. Sometimes older people are the ones looking out for relatives.
- Older people’s relationships with their GP are crucial. When this was good, older people got the support they needed. When this was not strong, the older people struggled to find their way through the care system.
- Experience of hospitals varied from very good to poor.
- Continuity in social care services was important.
- Community supports such as clubs, church groups, hobby groups etc. give older people links with their community. For older people living in rural areas this was mostly based around geography, while for people in cities it was often based around communities of interest.
- Informal support from friends, neighbours and the wider community was very significant in both the level and the impact.
- Lack of co-ordination between formal services causes problems. Older people struggled to get access to services that were there and could have helped them.
- People’s situations were fragile and could worsen through one change, such as one older person in a couple becoming unwell or a relative no longer being able to drive.

The transition points had a big impact for older people. These include changes that services may see as less significant, such as no longer being able to drive and moving house through choice, as well as changes that are recognised as significant, such as bereavement and serious illness. People’s psychological needs at these times were recognised less often than their health and practical needs.

Even very frail older people have interests, are part of their community and can be making a contribution.

There are recommendations for commissioners, for clinicians and for service providers, and for wider policy-makers.

- Treat older people as people. Take time to ask what they want and to listen to them.
- Don't assume that "the community" and the voluntary sector are the same thing.
- Support vulnerable older carers.
- Design services to work over the transition points, which are a predictable part of the ageing process.
- Improve information provision.
- Go for 'mid-tech' solutions that older people and those they trust can cope with.
- Don't be afraid to try something different.
- Look again at transport for older people as the 'oil in the machine' that makes other parts of people's lives work, or not.
- Improve continuity of care, which means continuity of contact with people rather than contact with a service.

<http://youngfoundation.org/wp-content/uploads/2012/10/Good-days-bad-days-stories-of-ageing-in-the-community-November-2011.pdf>

One Hundred Not Out: resilience and active ageing

Yvonne Roberts

Published by The Young Foundation, 2012

This report makes the case for strategies that see older people and active ageing as assets and focuses on older people as contributors. This is in contrast to the images that are often presented of older people being passive recipients of care or as burdens, and of older people and their families being unable to make the choices that will give people a good life and so being fearful about the future. There are examples of innovative approaches to enabling older people to be contributors to their communities.

It argues for different ways to assess services to enable the value of prevention and improvement in people's wellbeing to be measured and costed. It proposes a SWAP approach for policies and services, to encourage active ageing:

- Start with the person rather than with services and fitting people into them. There are examples around starting with the person. These are consistent with the arrangements introduced in 2014 in Scotland on Self-directed support.

- Wellbeing matters. Focus on enabling people to have good wellbeing in the wide sense – being part of their community and having an active life as well as good physical and mental wellbeing. It looks at the factors that support people’s wellbeing as they get older and the factors that are associated with poorer wellbeing.
- Develop resilience as an integral part of supporting wellbeing. This means planning for age-friendly transport, housing etc., and enabling people to prepare for the transitions as they grow older.
- Asset-based: See all older people – including those with long-term conditions and needing more support – as active citizens with skills and experience that have a value to their community.
- Prevention: Improve the management of long-term conditions, preventing the need for more intensive health or social care.

Some of the changes that are needed to support people’s wellbeing come from the way services are designed, such as more activities that interest older men and especially those who live alone, and telehealth that works for older people who are less familiar with technology. Others are as much about how communities work, such as housing that is not age-friendly.

It is also about enabling people to prepare for growing older – looking ahead and building the supports or activities that help them have good wellbeing and avoiding the factors that are associated with poorer wellbeing. For example, our circumstances around the time we stop working have an impact on what happens next.

The report looks at the ways older people are able to be assets in a community and at the factors that often get in the way of the contributions they could make.

- It helps when there is a wider asset-based approach – seeing people in communities as having strengths and contributing to solutions.
- Older people are often the ‘social glue’ in communities and part of wider community building.
- The pattern of home care and day care for older people with higher needs can take attention away from enabling people to maintain their social contacts.
- Activities and services that see older people as assets help to reduce people’s anxiety and improve wellbeing.
- Asset-based approaches can change other people’s ageist attitudes, which go on to also affect older people’s perceptions of themselves.
- Individuals and communities flourish when they have control and genuine opportunities to influence decisions.
- The community resources such as libraries, village halls and working men’s clubs that are places older people may want to use are under threat, which has implications for people’s wellbeing. But older people may also be active in keeping these resources going.

<http://youngfoundation.org/publications/one-hundred-not-out-resilience-and-active-ageing/>

Making a strategic shift towards prevention and early intervention: Key Messages for commissioners

Guy Robertson

Published by Department of Health, 2008

This report outlines the main messages for staff in local authorities or joint health and social care teams who commission services, based on the learning from the Partnerships for Older People Programme (POPP), which was based in 29 sites across England.

The aims of the Programme included:

- Making a strategic shift to prevention and early intervention.
- Ensuring people have greater choice and control over how their needs are met.
- Building social capital within local communities.
- Facilitating access to universal services for older people.

The programme put early interventions and community capacity building in the context of a spectrum of people's needs and ways to respond to them, to enable people to get more support from lower-level supports and reduce or delay their need for more intensive (and more expensive) supports.

The main findings on evidence for prevention were

- There was a significant improvement in people's reported quality of life.
- The improvements in quality of life were 'cost effective' – the costs of the interventions compared to the gains in quality of life years were well below the thresholds used by the National Institute of Clinical Excellence to assess whether the gains are worth the cost.
- POPP sites had a significant effect on reducing NHS hospital bed day use, compared to other locations.
- People also made less use of some community services and slightly more use of others.
- The overall patterns of change in use of services was of the type that other research had shown was likely to lead to overall less use of more costly services later.

www.dorsetforyou.com/popp

The National Evaluation of Partnerships for Older People Projects

Karen Windle, Richard Wagland, Julien Forder, Francesco D'Amico, Dirk Janssen and Gerald Wistow
Published by PSSRU, 2009

This was a fuller evaluation of the national 3-year POPP programme, which developed services for older people that were aimed at promoting people's health and wellbeing and preventing or reducing the need for higher intensity or institutional care. There was a wide range of projects within the programme, including community-based preventative activities and services or co-ordination arrangements aimed at improving outcomes for people with high support needs.

These are the main points from the evaluation.

- The POPP services did reduce the need for in-patient and home care services, especially emergency bed days.
- The services also improved people's wellbeing and quality of life. The benefits came to older people in all circumstances, including those with higher levels of need.
- There were 146 core projects across the 29 POPP sites. Two-thirds were community-facing projects aimed at reducing social isolation for older people, and one-third were hospital-facing aimed at avoiding hospital admissions or reducing length of stay.
- There were also a further 530 small 'upstream' or preventative projects, in voluntary and community organisations. Together they supported over 260,000 older people.
- As expected, the hospital-facing projects had a more direct impact on reducing hospital stays.
- The community-based lower level services had a less direct impact on reducing bed days, but did have an impact as part of the overall range and level of support in the locations.
- Older people were involved in designing services (77 % of projects) and in governance of the local programmes (93 %) in most areas. There were fewer instances of older people being involved in delivery of services (29 % of projects). The factors that limited older people's participation were staff being reluctant to hand over power and practical factors such as tight timetables and administrative constraints. Some older people also found that their own health and/or caring responsibilities limited what they could contribute.
- The economic analysis of the costs and benefits make up a large part of the evaluation. Overall, each £1 spent on the projects produced a greater saving in in-patient bed days (average of £1.20, range from 80p to £1.60).
- Some of the projects were using innovative approaches, and some of these, along with some of the more traditional services, did not succeed as planned (although they often did bring other benefits). But the level of services that did not work as planned was not high and was offset by the benefits from the great majority of activities that were successful.

- The evaluation and other research identified good practice in projects, and if these guidelines were followed the level of projects that did not work as planned would be lower still.
- There are benefits for agencies from the increased partnership working. However the time and effort needed to support partnerships tended to be under-estimated at the planning stage. Policies and practice around having competition between providers also contributed to difficulties.

<http://www.pssru.ac.uk/pdf/rs053.pdf>

Prevention that works: Evidence and learning from POPP pilots in Dorset

Published by the National Development Team for Inclusion (NDTi), 2009

This was an in-depth evaluation of the Dorset POPP. Dorset POPP projects have the aims of the national POPP and also aim to:

- Improve the quality of life of older people in Dorset
- Save public costs by preventing use of health services, hospitals and residential care.

Here, local older people were employed to provide 2 roles: providing information face-to-face; and taking the lead on addressing local issues, including setting up new community activities where needed.

- There were improvements in outcomes for people.
- People had better access to community-based support services
- There were significant reductions in the use of hospital beds and care home admissions.
- Focussing service delivery on smaller, local areas was one of the critical factors.
- Another factor was strong partnership working.
- There were benefits to staff in job satisfaction and improved working between partner organisations.
- The pilot took the 2 approaches in different local areas: there would have been more benefits if the 2 approaches were combined.

<http://www.ndti.org.uk/publications/ndti-insights/insights-7-prevention-that-works/>

The economic value of older people's community based preventative services

Naomi Harflett, Helen Bown

Published by the National Development Team for Inclusion (NDTi), 2014

This report looks at the longer-term impact of the POPP services. It looks at the economic value of the community led preventative approach in Dorset to working with older people after the POPP had been running for 8 years. Overall, the findings suggest that the community based preventative approaches that Dorset POPP takes (and other services elsewhere taking a similar approach) provide economic value in preventing health and social care costs.

The first section of the report reviews the evidence of research that has looked at the economic value of comparable preventative projects and services in the UK. Although the evidence in general is relatively limited, overall it suggests that the approaches that Dorset POPP takes - partnership working, signposting, multi-agency referral and low-level community interventions - provide economic value in terms of efficiency and the prevention of health and social care costs.

The second section of the report draws on some cost-benefit and cost-effectiveness approaches taken in the existing research and applies it to contact monitoring and cost data from some of the Dorset POPP projects to consider their economic value. These included the Wayfinders, who are people working for 9 hours a week in each of 33 localities across Dorset. Their role is to provide signposting and support to older people who may require information or activities to support health promotion and independence.

Based on the figures available it is estimated that:

- If Wayfinders' interventions prevented at least 2 of the 5,514 contacts made in the outcome area of "having housing suitable for needs" going into residential care for 12 months, the investment would represent value for money.
- If Wayfinders' interventions prevented at least 82 of the 11,373 contacts made in the outcome area of "addressing social isolation" needing GP treatment for mental health problems, the investment would represent value for money.
- If attending a group funded by the POPP Community Initiatives Commissioning Fund prevented at least 2 people of the 172 people who attended a group aimed at promoting physical exercise needing treatment for diabetes for a year, the investment would represent value for money.
- If the 'sloppy slipper' falls prevention events prevent at least 1 of the 3,000 people who received slippers falling and fracturing their hip, the intervention represents value for money.
- £8000 investment in the Safe And Independent Living (SAIL) multi-agency referral scheme could prevent £25,267 in additional referral costs for partner organisations over a year. To put it another way, for every £1 invested in SAIL a further £3.15 may be saved in further referral costs.

<http://www.ndti.org.uk/who-were-concerned-with/ageing-and-older-people/the-economic-value-of-older-peoples-community-based-preventative-servi/>

LinkAge Plus: Capacity building – enabling and empowering older people as independent and active citizens

Martin Willis and Robert Dalziel

Published by HMSO/Department for Work and Pensions, 2009

LinkAge Plus (LAP) was an approach in England to develop accessible services for older people, by bringing together central and local government, health services and the voluntary sector. This is one a series of research reports for the LinkAge Plus national evaluation team on specific aspects of the programme.

The research looked at the 8 LAP pilots. There was evidence of the main aims for the community capacity building aspects of the programme being achieved:

- Enhanced skill and knowledge resulting in better ways of working within existing services.
- More effective processes generated by local organisations to enable access to, and targeting of referrals for, information, advice and services.
- Better understanding of the type and range of services offered by statutory, voluntary, community and private organisations and the ability to focus on appropriate strengths and specialisms.
- Joined-up or integrated services resulting in efficiency gains through reduced duplication.
- Holistic understanding of older people's quality of life outcomes resulting in people-centred, rather than organisational or service-centred, approaches to strategic commissioning and operational procurement.
- Older people having new opportunities to socialise through involvement in social, training, leisure and networking activity.
- Creation of employment, self help and volunteering opportunities that develop new skills and social capital through the engagement and empowerment of older people.
- Market development resulting in new organisations being created to work with and for older people by partnerships of statutory, third sector and private organisations.
- Market development resulting in new preventative services being created by statutory, third sector and private organisations, either individually or in partnership, to work with, and for, older people.
- Multiplier effects, where older people, either individually or collectively, have been at the centre of policy development and service design or empowered to identify outcomes and create innovative solutions.

There is also a comprehensive review of the literature on theories and research on capacity building and how this links with policies and practice around services used by older people, and descriptions of older people's experiences.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186771/rrep572.pdf

Preventing loneliness and social isolation in older people

IRISS Insights no 25, published February 2014

Loneliness and isolation are common problems amongst older people in Scotland and have a profound detrimental effect on many aspects of health and wellbeing. Tackling loneliness and isolation is inherently preventative in terms of delaying or avoiding the need for more intensive support.

This review found that while the evidence around which interventions are most effective in alleviating loneliness and isolation has limitations, we know that flexible support, ideally based within the community, and developed with the involvement of older people is effective. Group activities are also especially helpful.

<http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people>

Preventing loneliness and social isolation: interventions and outcomes: SCIE Research briefing 39

Karen Windle, Jennifer Francis and Caroline Coomber

Published by Social Care Institute for Excellence, October 2011

- Older people are particularly vulnerable to social isolation or loneliness owing to loss of friends and family, mobility or income.
- Social isolation and loneliness impact upon individuals' quality of life and wellbeing, adversely affecting health and increasing their use of health and social care services.
- The interventions to tackle social isolation or loneliness include: befriending, mentoring, Community Navigators, social group schemes.
- People who use befriending or Community Navigator services reported that they were less lonely and socially isolated following the intervention.
- The outcomes from mentoring services are less clear; one study reported improvements in mental and physical health, another that no difference was found.
- Where longitudinal studies recorded survival rates, older people who were part of a social group intervention had a greater chance of survival than those who had not received such a service.
- Users report high satisfaction with services, benefiting from such interventions by increasing their social interaction and community involvement, taking up or going back to hobbies and participating in wider community activities.
- Users argued for flexibility and adaptation of services. One-to-one services could be more flexible, while enjoyment of group activities would be greater if these could be tailored to users' preferences.

- When planning services to reduce social isolation or loneliness, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained.
- We need to invest in proven projects. Community Navigator interventions have been shown to be effective in identifying those individuals who are socially isolated. Befriending services can be effective in reducing depression and cost-effective.
- Research needs to be carried out on interventions that include different genders, populations and localities.
- There is an urgent need for more longitudinal, randomised controlled trials that incorporate standardised quality-of-life and cost measures.

<http://www.scie.org.uk/publications/briefings/briefing39/>

Can a neighbourhood approach to loneliness contribute to people's well-being?

Angela B Collins and Julie Wrigley
Joseph Rowntree Foundation, 2014

This is the research from a 3-year programme exploring ways of reducing loneliness for anyone – so including rather than focussing on older people. It focussed on 4 neighbourhoods in York and Bradford. There were teams of community researchers who talked to people, alongside partnerships between service providers and community organisations.

- There were benefits for the community researchers.
- The social benefits of people living in the local areas included wider social networks and the activities that the community researchers set up to bring people together.
- Service providers and other stakeholders were more aware of people being lonely. The increased awareness and resources reduced by the project are informing plans and priorities for the local authorities.

These are the lessons for good practice.

- The role of the programme manager is important in understanding and finding the assets in each area and setting the tone for the wider partnership working.
- There are benefits in having one person or organisation responsible in each area for drawing people together and communicating messages for and from the project.
- Personal contacts and practical ways of supporting participation by all of the target participants, such as free childcare and accessible venues, are an important element.
- The role of the community researchers and support for them is important.
- The participatory approach, which ran throughout the programmes, is essential.

<http://www.jrf.org.uk/publications/loneliness-evaluation>

Building community capacity: making an economic case

**Martin Knapp, Annette Bauer, Margaret Perkins and Tom Snell
Published by PSSRU (Personal Social Services Research Unit), 2010**

This research report looks at the case for community capacity building as a way of achieving policy aims of promoting independence, giving people choices and preventing the need to higher levels of services and poorer outcomes for people.

It looks at 3 examples of community-based support in terms of the evidence of cost-effectiveness and the extent to which they bring in social capital – the additional input of time and skills from people in a community. Each type of service is used to benefit older people and others in the community.

Time banks:

- The cost for each time bank member averages less than £450 each year.
- The average value of the economic consequences could be more than £1300 for each person per year.
- The wider range of impacts in term of people's well-being is in addition to this financial impact, and would have further economic benefit.

Befriending schemes – here the research focused on projects befriending older people and the impacts on people's mental well-being.

- A typical service costs £80 for each person getting a befriender.
- The economic benefits in the first year average £35 in savings on treatment and support for people's mental health needs.
- The impacts build up, and the quality of life impacts in future years would be around £300 per person per year.

Community Navigators, which help people to access public services and find community supports.

- The average cost per person of this support is around £300, plus a further £180 for people also using other services for similar information.
- The economic benefits in the first year are around £900 for each person.
- Quality of life benefits such as improved mental wellbeing – and the impact that then has on people using fewer services and making a contribution – are in addition to that.

<http://www.pssru.ac.uk/pdf/dp2772.pdf>

A Stitch in Time?

Published by Evaluation Support Scotland, 2012 - 2015

This is a project led by Evaluation Support Scotland and carried out for the Joint Improvement Team. It works with projects working with older people and carers in the area covered by NHS Lothian – Edinburgh, East Lothian, Midlothian and West Lothian. It developed a model to explain the third sector contribution to Reshaping Care for Older People.

The report shows how the third sector (i.e. voluntary and community organisations) complements the work of health and local authority services to contribute to ensuring the quality of life of older people and preventing the avoidable use of health and social care services.

There are evidence reviews, case examples and a model to help project demonstrate their impact.

<http://www.evaluationsupportscotland.org.uk/how-can-we-help/shared-learning-programmes/stitch-time/>

Community Capacity Building

Published by the Department for Social Development, Northern Ireland, 2008

This report brings together case examples of work done by voluntary and community organisations in Northern Ireland and the learning from them. It links to programmes aimed at building the capacity of communities in Northern Ireland:

- The Neighbourhood Renewal Strategy aims to improve the quality of life for people living in the 10% most deprived neighbourhoods.
- The Areas at Risk Programme intervenes in areas at risk of slipping into a spiral of decline.

It identifies principles of good practice in community capacity building.

Community capacity building should:

- Reflect the values of community development
- Be driven by the communities' priorities
- Take the existing strengths and talents within communities as the starting point for development
- Be of benefit to the individuals directly involved and to their own wider community
- Empower people to act on behalf of their community
- Learn from best practice in other communities
- Establish and strengthen new and existing networks.

<http://www.evaluationsupportscotland.org.uk/resources/thematic-programmes-resources/>

People helping people: the future of public services

Emma Clarence and Madeleine Gabriel

Published by Nesta, September 2014

This report looks at how people are involved in public services across the UK – through voluntary organisations, people volunteering in organised and in informal ways, and people providing peer support. Together, this is called citizen engagement or social action.

It looks at how public services can do more to engage with citizens.

- The focus is on social action that links to public services, although there is lots of other social action that does not link to public services and that people will continue to do as they choose.
- There is wide-ranging consensus among political parties that people can do more to link with services, and that this will improve public services – although different terms used and there are differences in the details of the policies/approaches.
- This approach builds on what people have done for a long time, so the learning and evidence of impact is there.
- The estimate from research for this report is that time given voluntarily by people to public services is equivalent to £34 billion. This is equivalent to 5% of total government expenditure.

The report looks at different types of social action and their relationships with public services: whether they are embedded within public services, acting alongside them or working outside public services.

It considers ways to increase the impact of this social action:

- Encouraging and supporting more people to take part (in ways that work for them too).
- Increasing the links of existing social action which is a bit more distant from public services to the services.
- Providing new types of opportunities for participation. Examples include short-term and weak ties supports (which do not create or expect long-term commitments), actions with elements of reciprocity, support among neighbours, and using digital technologies.

This sort of social action is integral to new ways in which people want to relate to public services:

- Services being delivered with people, rather than to or for them
- People recognising they have a contribution to make and being willing to get involved in public services.

The report identifies 5 reasons why public service should embrace social action.

- Increases the resources available to achieve social goals: bridging funding gaps but also providing a range and type of support as well as a level of support that paid staff alone cannot provide.
- Gives public services access to new expertise and knowledge, including peer support.
- Reaches people and places that public services cannot reach.
- Leads to a fundamental change in the way we respond to social needs and challenges. There are examples of services that are well-established now which began as innovative volunteer-led approaches.
- Creates better services and reciprocal value for the people who give their time. Better services come when people contributing are able to improve the experience for people using the service. Reciprocal value comes from those contributing themselves having improved wellbeing, increased skills and confidence, etc.

There are challenges for public services in working in these different ways. There are also examples where public services have found ways to manage the – real or perceived – difficulties.

- The public sector needs to work with resources outside of its direct control. This challenges staff to take a different approach to planning and designing services, managing quality and risk, and ensuring accountability. It also creates a shift in power relationships between professionals, people who give their time and people who use services, which can be uncomfortable at first.
- There are practical things that can be done to build in more social action to existing approaches, such as peer support alongside support from staff, good recruitment and training for people taking on some volunteers roles, making volunteering relevant to what the volunteers want from it as well as what the service wants from them.
- Recognise that people contribute because they want to and often will resent ‘imposition of government agendas on their existing activities’.
- Public services should take a more flexible approach to what is considered as evidence of impact and to what is a relevant outcome: anecdotal evidence as well as other types of information; benefits for people’s wellbeing sense of being part of a community as well as clinical or attainment outcomes; working out how to gather the information that is not recorded in current systems rather than saying there is no evidence.
- People may have to think differently about boundaries between what is funded and/or provided by the State and what happens through voluntary effort. These have changed over time for many services, and are different for some services in different parts of the UK, so are not as fixed as we sometimes assume.

The report looks at what is needed to move from traditional services to services with more social action. There is a list of steps public services need to make to bring about the culture change through the whole system to achieve this approach and the consequent benefits.

There are case studies that explain what places in the UK have done, how they made the changes and the impacts for the people involved and the public services.

The Nesta website also has a film showing how peer support works alongside health care.
<http://www.nesta.org.uk/publications/people-helping-people-peer-support-changes-lives>

The economic value of social action in and alongside public services

Oliver Hicks-Pattison, Riley Quinn and Kitty Ussher
Published by Nesta, September 2014

This is the detailed work behind the estimates of financial benefits in the People helping people report.

<http://www.nesta.org.uk/publications/people-helping-people-future-public-services>

People Powered Health

The People Powered Health programme was designed by Nesta to support the design and delivery of innovative services for people living with long term health conditions.

The resources from this programme review the evidence on impacts, including savings for the NHS - which Nesta estimates could be up to 20 % - and improved outcomes for people, and give practical steps to put this into effect.

<http://www.nesta.org.uk/project/people-powered-health>

People Powered Commissioning: Embedding innovation in practice brings together practical learning and evidence on what and how to commission differently for the People Powered Health approach to healthcare.

Co-production: right here, right now looks at why co-production is not happening to a significant extent, despite the evidence of the impacts it brings.

- It identifies the barriers to co-production: commissioning co-production activity; generating evidence of value; taking successful co-production approaches to scale; and developing professionals' skills.
- The recommendations in this report are focused on: changing the way services are managed and delivered; changing the way services are commissioned; and opening up new opportunities for coproduction.

Other reports review examples of co-production and look at the principles of co-design and co-delivery as part of improving health care systems.

Networks That Work: Partnerships for integrated care and services looks at the practical aspects of different organisations and sectors working in partnership

- The report shows how consortia work in practice, what the barriers are and how these barriers can be overcome.
- Case studies detail how networks can support the integration of care and services in different ways, including commissioning services together, providing services together and delivering services together.
- The work of the People Powered Health teams has shown that three core actions are necessary for partnerships to be successful - establishing a common purpose, developing a shared culture and enabling information sharing and open dialogue.

Public services inside out: Putting co-production into practice

David Boyle, Julia Slay and Lucie Stephens

Published by New Economics Foundation and Nesta, 2010

This report describes examples of co-production, covering a wide range of settings and types of co-production. It links these to 6 themes that run through effective co-production:

1. Building on people's existing capabilities: Altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities.
2. Mutuality and reciprocity: Offering participants a range of incentives which enable people to work in reciprocal relationships with professionals and with each other, where they have mutual responsibilities and expectations.
3. Peer support networks: Engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.
4. Blurring distinctions: Blurring the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.
5. Facilitating rather than delivering: Enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves.
6. Recognising people as assets: Transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.

The report also looks at the challenges to co-production:

- Funding and commissioning co-production activity.
- Generating evidence of value for people, professionals, funders and auditors.
- Taking successful approaches to scale, so people across the public sector have access to them.
- Developing the professional skills required to mainstream co-production approaches.

<http://www.nesta.org.uk/publications/public-services-inside-out>

<http://www.neweconomics.org/publications/entry/public-services-inside-out>

Saving money by doing the right thing

Locality, 2014

This report describes the findings from research on the use of health, social care and related services that starts by looking at individual people and following them through their use over time of the range of public services. It draws on hundreds of studies that looked at thousands of contacts. There are also in-depth case studies, including an older person.

Part 1 looks at how well public services work for people who need help. Vulnerable people not getting the support they need.

- Many services do not help people and often make their lives worse as a result of the way the services are designed.
- Services specialise in aspects of people's needs, look at whether the person meets what they do, and offer that 'solution'. People can use many services but find that no service meets their concern or need.
- The real demand for public services is not rising. Instead, there is an apparent increase through people repeatedly coming to services when their needs are not met, services repeated closing and reopening contact with people, and services referring people onto each other.
- A large part of the demand on services is due to an earlier failure to meet the person's needs – as high as 80 % of demand for some health and social care services.

Other impacts of trying to find economies of scale and large public services include:

- High costs of the commissioning process
- Adding to disjointed services
- Decrease in competition and diversity in services – which also means less choice for people getting support
- Less innovation and co-operation.

A better aim is economies of flow – making it easy and quick for people to move through the system to get to the service and people who can help them, and then get support in an effective way.

The report makes the case for services that are

- Based on local areas and needs – 'local by default'
- Help people to help themselves
- Focus on the purpose from the person's point of view, rather than the outcomes that matter to the system
- Manage value rather than cost.

There are examples of how this looks in practice including person-centred services in health and social care settings.

The report also looks at the changes in the policy context that would enable public services to both give better support to people and make significant savings.
<http://locality.org.uk/wp-content/uploads/Locality-Report-Diseconomies-web-version.pdf>

Innovating better ways of living in later life

**Carmel O’Sullivan, Geoff Mulgan and Diogo Vasconcelos,
Published by the Young Foundation, 2010**

This report looks at the changing context of life for older people, including changes in our expectations and circumstances, and ways arrangements that work well for older people also work well for other people.

New approaches are needed to respond and the report looks at innovation across the world, including:

- New ways for older people to remain active, as volunteers or in providing mutual support.
- New models of service delivery and care that contribute to greater independence.
- New environments that can improve everyday life.
- New ways of mobilising trusted networks to provide support of all kinds.

The most promising innovations have a strong focus on co-production and participation, with partnerships between public, private and civil (or community) sectors and older people being part of developing their own solutions.

The key areas of challenge and opportunity discussed in the report are:

- Pensions and income
- Housing
- Everyday support
- How to bring about better social interaction
- Care services – the volume and the type of support, and innovative approaches
- The needs of carers
- Work – opportunities for people to work longer and the transition between work and retirement
- Education and the benefits of continued learning for older people’s wellbeing
- Age readiness – encouraging people in their 40s and 50s to look and plan ahead
- End of life care
- Leisure, both for older people with more and those with less spending power
- Encouraging older people to volunteer
- Intergenerational projects
- Urban design – age-friendly cities

- Transport that is age-friendly
- Ways to use technology to provide support.

The examples of innovation are in fields where the authors – and the Foundations supporting the research – see the greatest need and potential for social innovation:

- Connected ageing: ways of using technology in creative ways to support and engage older people
- New models of care: that combine formal and informal support
- Age-friendly environments: the kinds of housing design, residential care design and design in the built environment that best promote independence and feelings of community
- Trust: innovations that support trust and confidence.

<http://youngfoundation.org/publications/innovating-better-ways-of-living-in-later-life-context-examples-and-opportunities/>

Silver Cities: Realising the potential of our growing older population

Ed Cox, Graeme Henderson and Richard Baker
Published by IPPR North, 2014

This report looks at the changing demographics and increase in the number of older people, and the diversity among older people. It also looks at the contributions older people can make, and the ways in which policies, environments and practical arrangements can take account of these changes, with UK and international examples.

It shows how older people have a role in local economic development.

- As producers of wealth through people being in employment longer and through older people starting their own businesses.
- As consumers, including leisure and similar activities.
- As potential investors in ways to give them – and other people – a better quality of life.

These are the principles and policies for developing ‘silver cities’:

- Moving beyond stereotypes and not basing policies and services just on people’s age.
- Taking an asset-based approach – seeing ageing populations as an economic and social opportunity that can benefit the whole population and not as just a care problem.
- Developing multi-agency co-operation and identifying mainstream solutions – creating a society that works well for older people.
- Recognising older people as co-producers of better social and economic outcomes for everyone and not just for services aimed at older people.
- Making a long-term commitment to strategic planning for an ageing society and learning for UK and international examples.

<http://www.ippr.org/publications/silver-cities-realising-the-potential-of-our-growing-older-population>

More information

Outside the Box provides community development support and works alongside people at the grassroots and partners to build better communities.

You can reach us at:

Unit 23, 150 Brand St, Glasgow, G51 1DH

0141 419 0451

admin@otbds.org

Materials from many of the projects we have supported since 2004 are on our website.

www.otbds.org

Wisdom in Practice was grant-funded by the Scottish Government Equalities Fund from 2012 – 2015. There is now a large body of material from the project and other useful sources, to help groups led by older people get established or contribute to services.

www.wisdominpractice.org.uk

The resources on co-production are at:

www.wisdominpractice.org.uk/co-production/

Getting There, Over the Fence and Making Choices are part of the Scottish Government programme for implementation of Self-directed support and develop capacity among providers and sources of information for people who need support. The projects are developed by outside the Box and delivered in partnership with groups led by older people and by others who get support, and with organisations that provide care and support.

www.gettingthersds.com

www.overthefence.org.uk

www.otbds.org/makingchoices



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