

Home truths

Older Londoners' access to home care services

February 2010



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February 2010

Published by

Greater London Authority

City Hall

The Queen's Walk

More London

London SE1 2AA

www.london.gov.uk

enquiries 020 7983 4100

minicom 020 7983 4458

ISBN

This publication is printed on recycled paper

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1. To examine and report from time to time on -
 - the strategies, policies and actions of the Mayor and the Functional Bodies
 - matters of importance to Greater London as they relate to the promotion of health in London and the provision of services to the public (other than those falling within the remit of other committees of the Assembly) and the performance of utilities in London.
2. To liaise, as appropriate, with the London Health Commission when considering its scrutiny programme.
3. To consider health matters on request from another standing committee and report its opinion to that standing committee.
4. To take into account in its deliberations the cross cutting themes of: the achievement of sustainable development in the United Kingdom; and the promotion of opportunity.
5. To respond on behalf of the Assembly to consultations and similar processes when within its terms of reference.

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Chair's Foreword



We now have greater individual choice than at any point in our history. That choice is displayed in our lifestyles, the products we buy and the services that we commission and receive. There is an ever-increasing expectation of choice and the ability to personalise products and services. As we move into later life the expectation of choice and personalisation collides with the practical and financial implications of assisted but still independent living.

We do not become less sophisticated consumers on the day that our Freedom Passes arrive. The current financial climate already puts pressure on local authorities and health providers, and our ageing population will increase the volume of demand for home care services. This combination makes it more important than ever to address how older Londoners' support needs will be met and paid for.

The challenge of addressing these strategic considerations cannot blind us to the real world difficulty in delivering home care services. Home care can have a significant and positive impact on older Londoners' health and quality of life, and is a service that an increasing proportion of Londoners will be making use of. Because of this, it is appropriate for London government to take an interest in how home care services are delivered and how easy it is for older Londoners to access them, which is the focus of this review.

Our work draws on the experiences and views of older people and their carers – people who experience the good and the bad of home care services – to identify areas where changes are needed to improve access to a high quality service. We found that far too many people face long waits to be assessed for care services or to get the help they need. Once they are accessing care, many find that services do not meet their needs, but lack the confidence to complain. Plus, older people often don't know how to get help to navigate the complexities of the care system. These problems can all have as great an impact on service users as the legislative framework in which services sit. Our solutions are practical and can be achieved over the short term. They include recommendations on ensuring timely and accurate assessments of need, giving people easier access to information and advice services and developing better complaints processes.

James Cleverly AM
Chair of the Health and Public Services Committee

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Executive Summary

Home care services are a lifeline for thousands of older Londoners, enabling them to remain in their own homes and maintain their health, dignity and independence. Home care services can involve help with personal care, help with cooking, or equipment and adaptations such as emergency alarm systems that help people stay safe at home.

However, London's home care services are under pressure. The population of Londoners aged 65 and above is projected to increase twice as quickly as the overall population over the next 20 years¹, and by 2030 projections indicate that there will be 240,000 more people aged 65+ in the capital than in 2010.² Older Londoners are more likely to need home care than older people elsewhere because they are more likely to live alone, in poverty and without family support.³ Local authority budgets are under increasing strain because of the rising costs of delivering more complex and intensive home care services, changes to the central government funding formula that have disadvantaged London and the possible extra costs of delivering the Government's agenda for personalised services.⁴ Predicted curbs in public spending together with the proposals for free home care outlined in the Personal Care at Home Bill could mean that budgets come under even greater pressure in the next few years.⁵

By 2030
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indicate that
there will be
240,000 more
people aged 65+
in the capital
than in 2010

Because of these demographic and financial pressures, the Health and Public Services Committee decided to review access to home care, focusing on how easy it is for older Londoners to get the help they need. The review also looked into the role the Mayor could play in improving access to home care, using his London-wide influence, his agreement in the City Charter to complement and support boroughs' statutory role in delivering social care, and his commitment in the draft Health Inequalities Strategy to achieve equitable access to social care services.

We found that local authorities, care providers, and older people and carers' charities are working hard to try to make it easier for older people to access the care they need to stay at home. We heard of many examples of good practice in ensuring good access to home care services including a project to support older people to make complaints, an independent local information and advice service for all older people and carers funded by the local authority and a free handyperson scheme to complement statutory home care services.

However, we also found that older people can face real challenges in accessing home care services that meet their needs.

In 2007-08, more than 1,700 older Londoners had to wait more than three months for an assessment

Thousands of older Londoners have had to wait a long time before the local authority assesses their care needs or before they receive services following an assessment. These delays can lead to people's conditions deteriorating before they get the help they need.⁶ In 2007-08, more than 1,700 older Londoners had to wait more than three months for an assessment and more than 1,500 had to wait more than six weeks following a successful assessment before receiving all their services.⁷ Older people and their carers also told us that they found the assessment process confusing and complicated. The Committee therefore believes that guidance for local authorities on how to conduct effective and timely assessments is urgently needed.

Older people and their carers often lack the information and advice they need to guide them through the home care system. They told us that they did not know where to go to get information, and that usually no single organisation could tell them everything they needed to know. Certain groups of older Londoners can find it particularly difficult to access the information and advice they need, including people for whom English is not a first language, housebound people and people who have to fund their own care, who usually only get very limited advice and information from their local authority. We therefore think that a single information line for older Londoners and carers would be beneficial.

165,000 older Londoners with care needs have to make do without local authority help or pay for their own care

Because of the growing pressures on local authority budgets, most now only fund services for older people with the most severe needs.⁸ This means that an estimated 165,000 older Londoners with care needs may have to make do without local authority funded help or pay for their own care.⁹ Preventative services that give people with lower level support needs "a little bit of help" can make a difference to older people's health and quality of life, and in the long term can save costs by reducing the demand on more expensive and intensive services¹⁰ However, funding pressures mean that local authorities can struggle to deliver comprehensive preventative services that meet all older peoples' needs.¹¹ The Committee therefore believes that more should be done to share and develop good practice in preventative care services.

Older people and their carers are often reluctant to complain about care, because of a fear of potential repercussions or because they do not believe their concerns will be taken seriously. The existing system for complaining about care is complex and can be time consuming. Older people, carers and the organisations that represent them told the Committee about care workers turning up late, rushing through their work, and not providing services that were sensitive to an individual's needs and background. The Committee believes that it must be made easier for older people to complain and they must be given more support through the process.

1. Introduction

Case study

Mrs W cared for her late husband, who had Alzheimer's for many years. Her husband was assessed for home care services, but they were told that he was not entitled to any local authority funded home care. He was later reassessed and told that he was entitled to help with personal care, but because their bathroom at home was so small, he was informed that he would have to go to a local residential home to be bathed, which he would not agree to. All of this meant that Mrs W had to become a full-time carer for her husband, which was a 24-hour a day job with almost no breaks. It would sometimes take Mrs W most of the day to get her husband washed and dressed, and she found it extremely difficult to move him around because he was much bigger than her. Caring took a huge physical and emotional toll on Mrs W, and eventually she could no longer cope and her husband's condition deteriorated and he had to go into residential care. This was difficult for both of them because she and her husband would have liked him to be able to stay at home.¹²

Why we conducted this review

Social care services that help people with everyday tasks such as washing, dressing and cooking provide a lifeline for thousands of older Londoners, helping them maintain independence and dignity, whilst preventing deterioration in their health and quality of life. However, the Health and Public Services Committee had heard that the growing older population and financial pressures on local authorities were affecting who could access care, as well as how services were delivered.

Social care services provide a lifeline for thousands of older Londoners

The Committee therefore decided that it should investigate how the pressures on social care services were affecting older Londoners access to care, as well as the challenges that care providers and local authorities face in delivering social care. We wanted to find out whether stories like the one highlighted above were common. We also wanted to find out where things are working well, so that we could highlight this good practice in our report.

Focus of the review

This review focused on home-based social care services for people aged 65 and above.

The age range of 65 and above was selected since people aged 65 and above are most likely to need social care services.¹³ Although most older people who need care will be much older than 65, this age range ensured that the Committee could take a holistic approach to looking at care – covering services for people with very low support needs, as well as those for people with much more substantial care needs.

The review focused on social care services delivered in people's homes. This was because older people generally prefer to stay in their own homes rather than move into residential care.¹⁴ Plus, technological advances and Government policy have made home care more popular in recent years¹⁵ and this shift is likely to continue because high property and land costs in the capital mean options for developing further residential care are limited.

Home care services have been taken to include help with personal care, such as washing and dressing, help with domestic tasks such as cooking, and equipment and adaptations such as emergency alarm systems that enable people to stay safely in their own homes.

How we conducted the review

Older Londoners and carers' views were gathered through a listening event at City Hall, two focus groups and a survey. Information from professionals including local authorities, older people's and carers' charities, care provider organisations and the Department of Health was gathered through written submissions and a series of formal and informal meetings. A literature review and a data analysis exercise were used to gather contextual data on home care. More information about how we conducted this review can be found in appendix four.

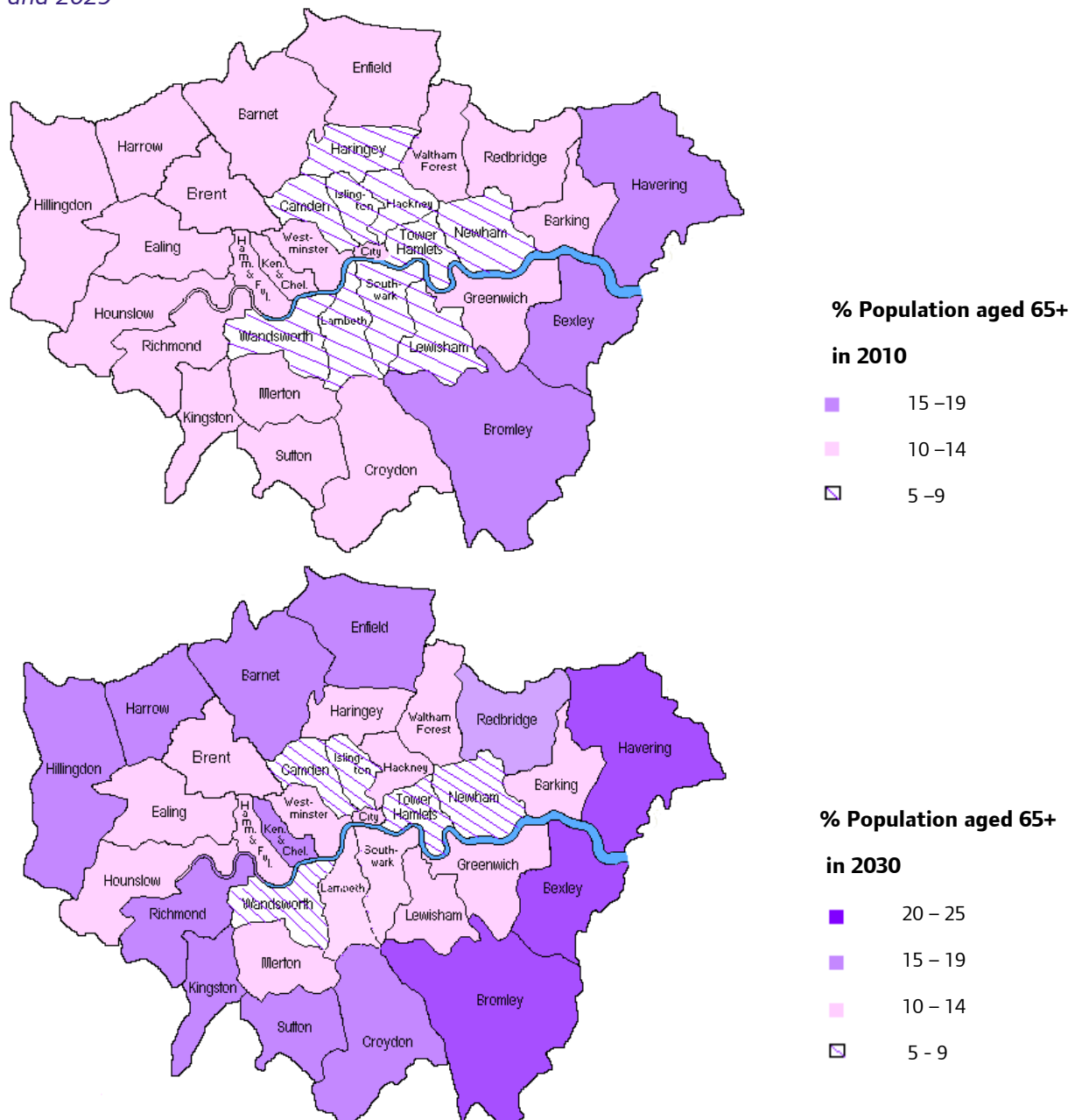
2. Context

Increasing demands on home care

The number of older Londoners is increasing fast.¹⁶ In fact, the population of people aged 65 and above is predicted to grow twice as fast as the overall population in the capital.¹⁷ Projections show that in 2030 there could be almost 240,000 more Londoners aged 65 and above than the 865,008 there are in 2010.¹⁸ The population of Londoners aged 85 and above is also increasing fast - by around 1.2 per cent a year, and this group is most likely to need expensive and intensive care services.¹⁹ The maps below show that the growth in the older population will take place right across the capital, although the percentage of older people will remain higher in outer London, as shown in the maps below. Overall the proportion of London's population aged 65+ will increase from 11 per cent in 2009 to 12.5 per cent in 2029.

There could be 240,000 more people aged 65 and above in London in 2030

Chart 1: Projected population change for Londoners aged 65+ between 2009 and 2029²⁰



Older Londoners are more likely to need home care than older people elsewhere

Demand on older people's care services is high in the capital, even though London has a smaller proportion of older people than the national average.²¹ Older Londoners are more likely to need home care than older people elsewhere because they are more likely to live alone, in poverty, in poor health and without local family support. The diversity of London's older population means that care services need to be tailored to a wide range of religious and cultural traditions, as well as linguistic needs.²²

The growing older population is putting increasing pressure on home care services. As the proportion and number of older people in the capital grows, so do their demands on home care services, especially since older Londoners are more likely to need care than people elsewhere.

Financial pressures on home care services

The growing older population is only one of the mounting pressures on local authorities' budgets. The costs of delivering home care in London are higher than the national average, and are increasing.²³ One recent report estimated that home care costs in London are increasing by eight per cent a year because of the need for increasingly complex and intensive services, as well as the increasing number of older Londoners.²⁴

Local authorities are rolling out the personalisation agenda that involves individuals being in control of their own personal budget and care package, which some analysis suggests is likely to further increase administrative and service delivery costs.²⁵ Finally, some analysis has shown that changes to the way in which the central government funding formula is now calculated have disadvantaged London, because the calculations fail to take account of the extra costs of delivering services to the large numbers of people in the capital who have complex or multiple needs.²⁶

These growing pressures are having a number of effects. Local authorities in London have had to restrict eligibility for services to those with very high care needs.²⁷ Care providers have been asked by local authorities to keep costs low, or even reduce costs in order to keep their contracts, affecting the way services are delivered for example, some local authorities are commissioning providers to provide personal care for older people in very short (15 minute) episodes.²⁸ The current financial climate may also be having an impact on voluntary sector organisations' ability to secure funding for projects that plug the gaps in statutory services.²⁹

The strain on home care budgets could increase more in the next few years. Predicted curbs on public sector spending in the next few years could put care budgets under much greater pressure.³⁰ The proposals for free home care outlined in the Personal Care at Home Bill could also significantly increase social care costs. In fact, London Councils has stated that the

financial burden from this Bill could push social care budgets ‘closer to breaking point’.³¹ It is therefore possible that eligibility for local authority funded services could get even tighter in the coming years.

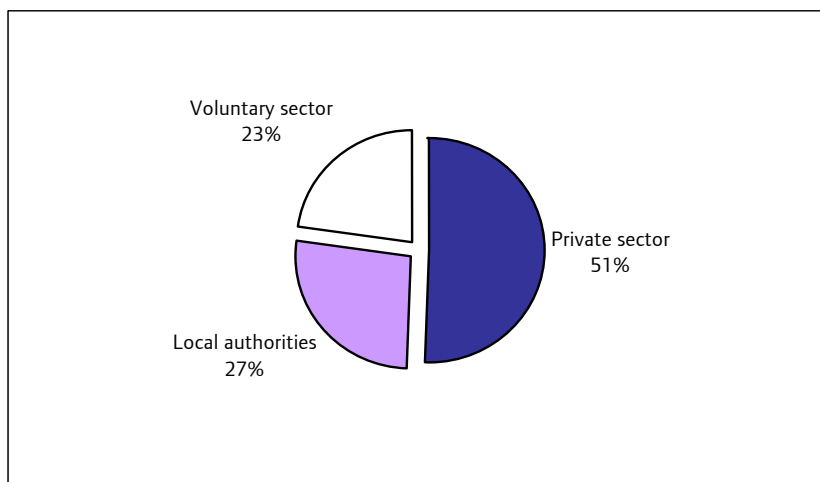
The home care market in London

The home care market is worth £401 million and growing.³² Older people’s preferences for home care, recent Government policy and high property costs for residential care in the capital have all contributed to the growth in home care. However, profit margins for home care are extremely tight, with private sector providers’ profits estimated at just five to ten per cent.³³

Profit margins for home care are extremely tight, ...estimated at just five to ten per cent

In recent years local authorities have been reducing their direct provision of home care, and increasing their outsourcing of care services to the private and voluntary sector. A recent analysis showed that the private sector provides 51 per cent of home care in London, local authorities provide 27 per cent and the voluntary sector provides 23 per cent,³⁴ as shown below:

Chart 2: Who provides home care services in London (rounded figures)³⁵



The older people’s home care market in London is fragmented and diverse, consisting of more than 500 providers.³⁶ The vast majority (84 per cent) of providers have fewer than 50 employees.³⁷

The cost of delivering home care services is higher in London than the rest of the country. On average, home care costs local authorities £15.45 per hour in London compared to £14.50 in England overall.³⁸ Plus, the average unit cost of social care overall is 18 per cent higher for London local authorities than the national average.³⁹ These higher costs mean that it is likely that people who have to purchase their own home care services also have to pay more in London than they would in other parts of the country. However, the financial cut off point for having to pay for your own care is the same in the capital as the rest of the country, which could mean that older Londoners’ savings will diminish quicker than their peers in other parts of the country.

Home care services are means and needs tested, with most local authorities only funding care for people who have less than £23,000 in savings and have been assessed as having relatively high levels of need.⁴⁰ People who are not eligible for local authority funding for their services have to find and pay for their own care package themselves.

Government policy

Improving social care for older people and dealing with the rising costs of care are high on the agenda for the main political parties.

The Government is implementing a policy of personalisation... giving people a nominal or actual personal budget to choose and purchase a care package that meets their needs

The Government is implementing a policy of personalisation, which involves giving people a nominal or actual personal budget to choose and purchase a care package that meets their needs. Personalisation aims to ensure that older people have greater control over the care that they get, and more choice in terms of what care they get and who delivers it.⁴¹ The Conservatives have outlined their support for this approach by stating that they would like to see 'much greater use of direct payments and individual budgets, which give people real control over their care'.⁴²

The Government has published a number of strategies and policy papers linked to older people's care, including Living Well with Dementia, a national strategy to improve the quality of dementia services, and Building a Society for All Ages, a strategy to help Britain prepare for the ageing population.⁴³

The recent Green Paper on Care and Support⁴⁴ proposes different funding models to deal with the growing pressures on care budgets including a voluntary personal care insurance scheme, or a one off compulsory contribution. Plus, the recent Personal Care at Home Bill⁴⁵ proposes that all older people assessed as having critical needs will receive free personal home care services.

Role of the Mayor

The Mayor has no direct responsibility for home care services. However, he is involved in work to improve social care in a number of ways:

- His draft Health Inequalities Strategy includes an objective to achieve 'equitable access to high quality health and social care services' through arguing for a fair share of resources for London, encouraging social care providers to improve the accessibility of their services and to invest in advice, support and information services.⁴⁶
- Through his manifesto and Action Plan for Older People, the Mayor has committed to increasing awareness of entitlements to social care and benefits, promoting support for older carers, and promoting the importance of advice and advocacy services.⁴⁷

- The City Charter outlines working arrangements between the Mayor and local authorities. It states that the Mayor's role is 'to complement and support' boroughs' statutory role in relation to social care.⁴⁸

This review therefore looked into what the Mayor has been doing to improve access to home care services and makes recommendations for what else he could do to help ensure older people get the care they need.

3. Accessing home care: challenges and possible solutions

Many older Londoners get the support they need from home care services to be able to stay in their own homes, and to maintain their independence health and dignity. The following case study provides an example of home care services in the capital working well.

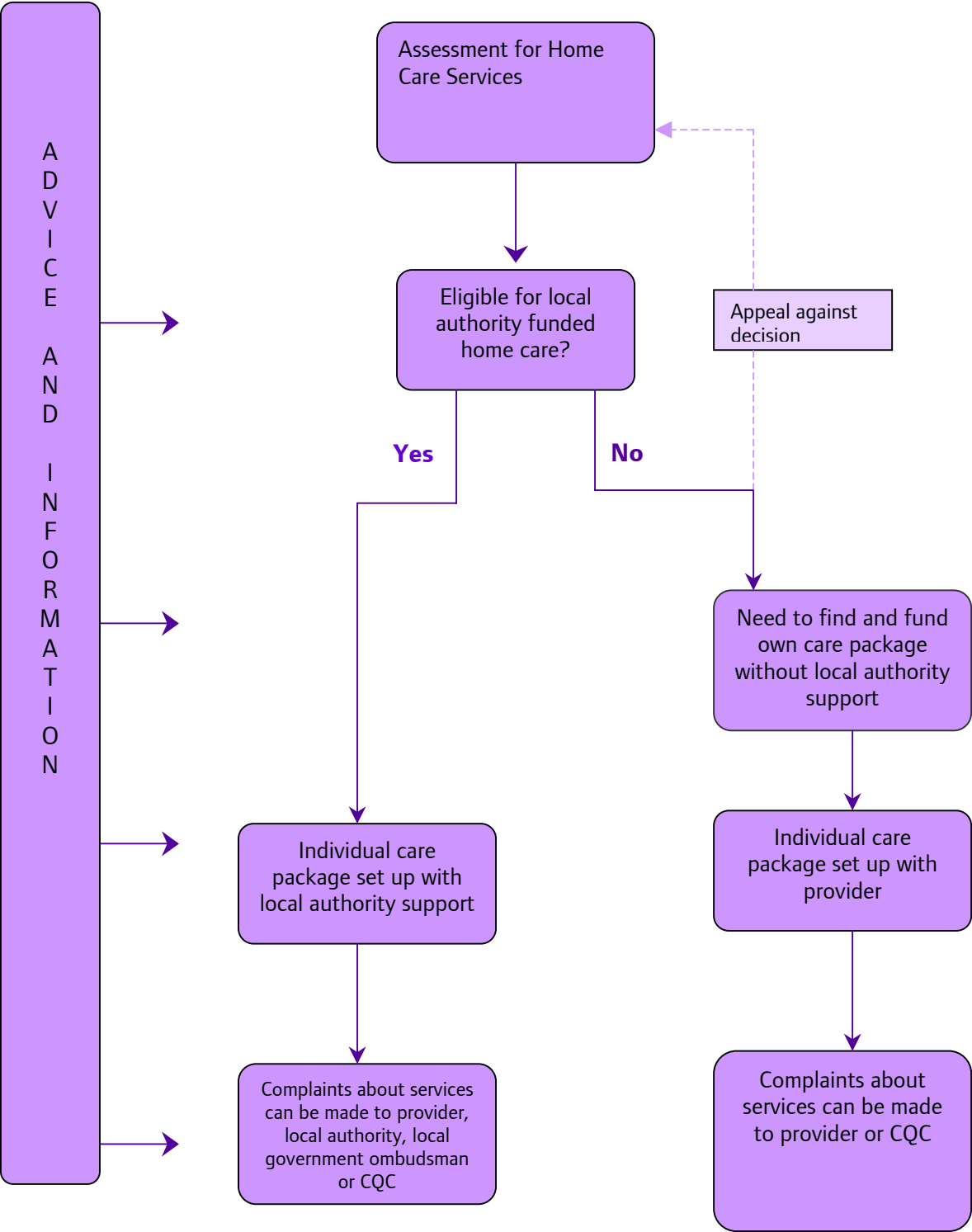
Case study

'All in all...I was most impressed...at just how good all these services...worked together to give my aunt her care and me peace of mind.'

Mrs A was admitted to hospital following a bad fall. Soon after her discharge she was assessed at home by Social Services, who put in place a home care package, including Meals on Wheels, that was regularly reviewed to ensure it met her changing needs. On the whole, the care workers provided an excellent service 365 days a year. Mrs A also had a home safety alarm system installed, which worked very well. Social Services worked effectively with other parts of the local authority and the NHS to provide a seamless and co-ordinated service to meet all Mrs A's needs. So, as well as home care workers coming every day, the mobile library service visited Mrs A at home once a month, and the NHS chiropodist visited Mrs A every two weeks.⁴⁹

Unfortunately, not everyone's experiences of home care services are as positive as the example above. The rest of this section therefore focuses on the key challenges that older Londoners are facing in accessing home care services that meet their needs, and how these relate to the challenges facing local authorities and service providers in delivering home care. The challenges were identified by analysing views and information from older people, carers, local authorities, care providers and charities and combining these views and information with the findings of the data analysis and literature review. The challenges, together with recommendations on how they could be tackled, are outlined below in the order an older person would encounter them on their journey to getting the care they need.

Chart 3: The journey to accessing home care services



Assessment for home care services

Case study

'It was a disastrous initial assessment – they got it all wrong. I objected then they lost my objection, and then eventually we got assessed again...everything is so slow, and you have to push them [local authority staff] to get results.'

Mrs H gets 14 hours of personal care a week to help her get up, wash, dress, and get ready for bed. Both Mrs H and her son are generally happy with the care package she now receives, but it has been a long and difficult journey to get there. When Mrs H was first assessed, she was told that her needs were not severe enough to get any local authority funded services, so she had to struggle to find money to pay for her care. Following her son's objection to this assessment, and changes to local eligibility criteria, Mrs H was reassessed and told she was now eligible for council funded care through direct payments. However, it then took about four months before Mrs H actually received any money from the local authority to pay for her care. Mrs H's son stated that he felt the assessment process was slow, complicated and poorly managed.⁵⁰

More than 1,700 older Londoners waited more than three months in 2007-08 for an assessment of their needs

There are problems with the speed of care assessments. Data shows that more than 1,700 older Londoners waited more than three months in 2007-08 for an assessment of their needs, and more than 1,500 waited for more than 6 weeks after a successful assessment to receive all their services.⁵¹ Older Londoners and carers told us that assessments could take a very long time, with a participant at our listening event stating that assessments for some services in their area could take up to 10 months.⁵² The Stroke Association highlighted the impact of these delays by stating that many stroke survivors feel that the isolation and helplessness they feel when leaving hospital is like a 'black hole'.⁵³ These time lags can also lead to people's conditions deteriorating before they get the help that they need.⁵⁴

The assessment process can be complicated, confusing, and opaque

There are also problems with the way assessments work. Older people, carers and the charities that represent them told us that the assessment process can be complicated, confusing, and opaque.⁵⁵ Older people and carers felt that the assessment process did not take enough account of religious, cultural and individual needs, and was just based around "take it or leave it" standard services, rather than a process of really listening to and responding to what an older person needs.⁵⁶ At our Listening Event almost a third of participants said they were unhappy with the way the assessment process had worked.⁵⁷

*'It just didn't matter what I felt or what my partner felt, they [Social Services staff] have made the decision... They all need hearing aids, because they're not listening to what we are saying. It makes you feel like you're banging your head against a brick wall.'*⁵⁸ Participant at Listening Event

Good practice

The London Borough of Brent has streamlined their assessment process. There is now one dedicated phone number for social care assessments, rather than several different numbers. A specially trained customer services team answers calls to this number and after taking some details, they can advise callers whether they are likely to meet the criteria for local authority funded care services. People who will clearly not meet the criteria are informed of this, and given the details of other local services that may be able to help them. This new system should reduce the number of assessments the social care team has to undertake, and should reduce the number of older people who have to go through a time consuming assessment process that does not result in any services. The single dedicated phone number also means staff can monitor performance on call waiting time and lost calls, which they were unable to do before.

The personalisation agenda could bring positive change to the assessment process but could also make assessments even slower. Under personalisation, individuals who need ongoing care should get a “self-directed assessment” for a personal budget that they can then use to choose a bespoke care package to meet their needs.⁵⁹ This should help resolve the problem of assessments being too inflexible and impersonal.⁶⁰ However, personalisation could potentially slow down the assessment process by making it more complicated. Personalisation requires local authorities to assess an individual’s care needs, assess the costs of a bespoke package to meet those needs, and assess the older person’s ability to manage their own care package including their care budget. This could take a lot more time than the current assessment process, which involves the local authority managing the care package and the budget and is based on more standardised, pre-costed services. It will therefore be challenging for local authorities to ensure that assessment processes for personalised services are not too time consuming.

The Committee therefore believes that it would be useful if the Department of Health London Region developed guidance for local authorities on how to conduct fast and effective assessments for people who want a personal budget. This guidance should include good practice from local authorities who have effective assessment procedures in place.

Recommendation 1

By December 2010, the Department of Health London Region working through the Joint Improvement Partnership should develop guidance on fast and effective assessment processes for people who want individual budgets, which draws on existing good practice.

Information and advice services

Case study

'Information is ad-hoc, it depends who you talk to. There is no one source of information for people registered as a carer, there's nothing that sets out everything you need to know.'

Mr H lives with his elderly mother who uses personal care services. While he was trying to get the right care in place for his mother, he found that no one organisation could give him all the information and advice he needed, and he ended up speaking to a lot of different people in different organisations, including the local authority, a national carers' charity and a local carers' group. In the end, after a lot of hard work, he managed to get his mother the help she needed, but he felt that older people who do not have anyone to help them might find this more difficult. He also felt that local authority staff had generally not been proactive about telling him useful things such as what financial support he was entitled to as a carer.⁶¹

The diversity and complexity of the care market means that information and advice are essential tools in the journey to accessing the right care. People who need home care and their carers are likely to be dealing with major issues such as a recent health crisis or conditions such as dementia, so clear, easy to access information and advice is particularly important for this group. Good information and advice will become even more crucial with the implementation of the personalisation agenda because people will need extra support and information to help them put together and manage their own bespoke care package.⁶²

Older people and their carers often lack the right information and advice to get the care they need

However, according to a number of organisations that inputted into this review, older people and their carers often lack the right information and advice to get the care they need.⁶³ Worryingly, four in ten participants at our Listening Event said that they had had problems finding out what services are available to them.⁶⁴ Older people told us that they do not know where to go to get information, and if they do know, they can become frustrated when no single organisation can tell them everything they need to know.⁶⁵

Certain groups of older Londoners may find it particularly difficult to access the information and advice they need about home care. Older people who are housebound and isolated may face extra problems in accessing help. People who do not have English as a first language can face extra difficulties in navigating the system and in understanding the information and advice that is available.⁶⁶

Older people who do not qualify for council funded services often find it particularly difficult to access advice and information. These self-funders are not generally given much advice and support by local authorities to help them set up their own care package.⁶⁷ This means that as well as the potentially daunting task of working out how to pay for the social care they

need, they will also have to work out how to choose the right care package and care provider.⁶⁸

Older people and carers told us that they are most likely to trust information and advice from charities, because they felt that unlike local authorities, charities had no vested interest in the advice they gave.⁶⁹ They also stated that local authorities are not always proactive in giving advice and information about things like entitlements to financial support and benefits.⁷⁰

Good practice

The London Borough of Westminster has commissioned Counsel and Care to provide an independent, impartial information and advice service on local social care services. The service is telephone and internet based and is available to all older people (including self-funders) and to the people who support them. The service is promoted through a number of channels including GP surgeries, local press and libraries. The advice service started in January 2008 and it increased numbers of cases handled concerning Westminster residents by over 600 per cent during its first year. Of those interviewed during follow-up research, 73 per cent said that they felt more confident to deal with the issue raised following their contact with the advice service, and 33% that they were more aware of how to access local services. Counsel and Care send an anonymised report outlining the issues being raised by enquirers to the London Borough of Westminster every three months to help inform service development.

There is a clear need to improve information and advice services for older Londoners who need or use home care. The Mayor's Action Plan for Older People 2009/10 states that he will lobby London Funders to invest in advice services for older people so that they can access their rights and increase uptake of benefits. The Committee supports this initiative and believes that the Mayor should continue to prioritise work to improve advice and information services in 2010/11.

In the long-term, the Committee believes that the Mayor should work with London Councils to develop a single advice and information telephone line for older Londoners and carers where callers can get general information and advice, or be put through to local information and advice services for more specific local queries.

Recommendation 2

The Mayor should work with London Councils to assess the feasibility of setting up a pan-London signposting and frontline information line for older Londoners, where callers can get general information and advice on issues such as home care services, or be put through to local information and advice services for more specific local queries. This feasibility study should be completed by March 2011.

Costs of care and entitlements to services

Case study

'We can't get council care... I don't know how long we can afford to pay someone to come in and help, so I don't know what will happen.'

Mr and Mrs B are in their late seventies and are finding it difficult to look after themselves and their home. Mrs B has severe arthritis and Mr B has mobility problems, gets confused easily and is losing his hearing. Mr and Mrs B had their needs assessed by the local authority who told them that they were not eligible for any funding for care services, but did not give them a clear explanation about why this was, or any information about how they could go about sorting out their own care. They have managed to find a home care worker, but this person will not do everything they want, and is very expensive. Mr and Mrs B are worried about the future because they are not sure how long they will be able to afford to pay for a private care worker.⁷¹

Older Londoners are struggling to access home care because of increasingly restrictive eligibility criteria for local authority funded services

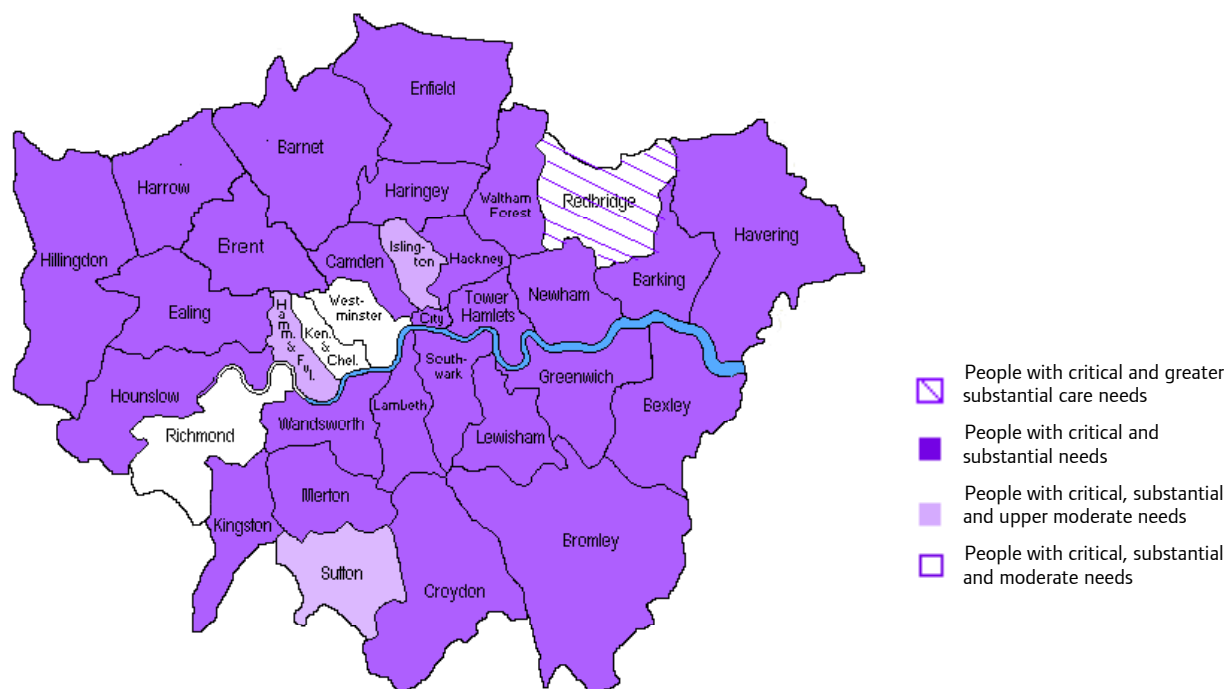
Older Londoners are struggling to access home care because of increasingly restrictive eligibility criteria for local authority funded services.⁷² The eligibility criteria are getting tighter because of the growing older population and other pressures on local authority budgets, as detailed in section two. As shown in the map overleaf this means that most boroughs now only fund care for people assessed under the national Fair Access to Care Services (FACS) framework as having critical or substantial needs.⁷³ A list of the different FACS needs levels is available as appendix 5. Local authorities will also usually only provide home care funding for people who have less than £23,000 in savings.⁷⁴ As one older person stated:

*'The bar is set so high now, not many people can actually get the care they need.'*⁷⁵ Carer at focus group

Age Concern London estimates that tightening eligibility for local authority funded services could mean that 165,000 older Londoners with care needs are not getting any help with paying for their care.⁷⁶ Within this group, some older Londoners will be able to pay for their own care, but many will be on very low incomes and may not be able to afford the care they need to prevent their conditions deteriorating.⁷⁷

Worryingly, eligibility for social care services could become even more restrictive in the next few years as pressure on social care budgets grows even greater.⁷⁸

Chart 4: Who is eligible for local authority funded care across London.⁷⁹



Categories are based on Fair Access to Care Services criteria (see appendix 5)

Preventative services that give people with lower level support needs ‘a little bit of help’ can make a difference to older people’s health and quality of life, and in the long term can save costs by reducing the demand on more expensive, intensive services.⁸⁰ However, funding pressures and other factors mean that local authorities can struggle to deliver a comprehensive range of preventative services that meet all older people’s needs.⁸¹

However, recently some work has been happening around London to improve preventative services. The London Joint Improvement Partnership (which includes all London boroughs and is led by the Department of Health) is working to improve and increase reablement services in the capital.⁸² Reablement services provide intensive short-term support for people leaving hospital, with the aim of preventing them needing long-term care, and therefore reducing long-term costs.⁸³

Four London Boroughs (Brent, Camden, Southwark and Croydon) were among the 29 pilot sites for Partnership for Older People projects (POPP). POPP projects have been proven to be cost-effective preventative initiatives that improve participants’ quality of life as well as saving costs by reducing demand on other services.⁸⁴ The Brent pilot involved GPs identifying older people at risk of needing hospital care, then allocating these people a care co-ordinator to put together and oversee a holistic individual care package. This project improved people’s quality of life and reduced the number of unplanned hospital admissions,⁸⁵ and therefore helped save money.

Preventative services can make a difference to older people’s health and quality of life, and can save costs

Telecare technology can help to reduce health and social care costs as well as enabling older people to stay living safely in their own homes. Telecare technology includes gas leak sensors, emergency alarm buttons and fall detectors. These are connected to a remote monitoring centre where trained staff respond to any detected problems. Telecare could reduce overall care costs through reducing the number of people who need to go into residential care, as well as saving the NHS money from reduced unplanned hospital admissions.⁸⁶ It can also provide peace of mind to carers who may be concerned about their well being of the person they care for when they are not with them.⁸⁷ A large-scale trial of Telecare is underway in Newham, and an evaluation is assessing the impact on users' quality of life and well-being as well as how much money this technology could save.⁸⁸ Telecare pilots are also being run in eight other boroughs, with the support of the Joint Improvement Partnership.

It is clear that preventative services can reduce costs, improve people's quality of life and reduce their need for more intensive and expensive care. Some work is taking place around the capital to improve preventative care, but much more work is needed. The borough representatives who attended the Committee's meeting on 25 November both stated that they felt the Mayor could play a useful role in encouraging the development of preventative services.⁸⁹ The Committee believes that the Mayor could take this forward by holding a good practice sharing event on preventative care, and promoting successful preventative initiatives such as Timebanks (see good practice box below). The Mayor's new advisor on Social Action and Volunteering would be well placed to lead the work to encourage the funding of Timebanks. This work could usefully include supporting Timebanks to promote their services to the community, to ensure people are aware of how to get involved in their local scheme.

Good practice

Rushey Green Timebank is a good neighbour scheme in Lewisham. Everyone involved volunteers to give support as well as receiving it, so for example, an older housebound person may get help with their shopping from one neighbour and in turn they may provide support to someone else through telephone befriending. As well as one to one support, volunteers involved in the project also run a range of classes, including a popular chair based exercise class for older people. The project costs around £70,000 a year to run – and currently involves 220 members. Research has shown that Timebanks can have a big impact on participants' quality of life as well as strengthening communities.⁹⁰

Recommendation 3

The Mayor should work with the Joint Improvement Partnership to hold an event during 2010 for borough and NHS staff to share and develop good practice in preventative care.

Recommendation 4

The Mayor should include in his Health Inequalities Strategy Delivery Plan an initiative to lobby London Funders¹ to support preventative initiatives such as Timebanks that can provide an informal support service as well as potentially reducing demands on statutory services.

¹ London Funders is the membership organisation of funders and investors in London's voluntary and community sector (VCS). It includes representatives of London Boroughs, the Big Lottery Fund, and other national and regional funding bodies.

Accessing home care services that meet individual needs

Case study

'My mother in law likes to get ready in a particular way, because of her religion – washing and dressing before she has breakfast, but the care staff often wanted to wash her after breakfast. She is often in a lot of pain, and therefore needs to move about and do things quite slowly, but they were often in a rush and tried to hurry her along, because they only had thirty minutes to get everything done.' (Carer for Mrs D)

Mrs D is 83, has rheumatoid arthritis and has also suffered fractured vertebrae and a heart attack. She is often in considerable pain. She is a Gujarati speaker who has limited English. Until recently, the package of home care Mrs D received did not meet her needs. She found it difficult to communicate with her care workers, because of her limited English and found that they did not do things in the way she wanted. With the help of her family, Mrs D now gets direct payments from the Council to choose her own Gujarati speaking carer and to choose how they provide care for her, and she is now much happier with her care.⁹¹

Many older people we spoke to had experienced problems accessing home care services that met their needs. We heard several examples of services not being delivered in a way that is sensitive to an individual's situation or background:⁹²

*"My mother only eats African food. She was given a Polish care worker who did her best but couldn't cook it. And she was only given 30 minutes to cook and help her eat it. You cannot even cook a proper African meal in 30 minutes, let alone have time to eat it."*⁹³ Carer at focus group

One participant at our Listening Event told us that 45 different care workers had supported his wife over two years

Older people, their carers and a number of organisations involved in this review raised problems with the reliability and continuity of home care services.⁹⁴ One participant at our listening event told us that 45 different care workers had supported his wife over two years. These care workers often turned up late which would mean that he had to struggle on his own to get his wife out of bed and help her wash, because otherwise she would have been lying in a dirty bed.⁹⁵ Frequent staffing changes can be very unsettling for older people⁹⁶ who constantly have to 'start again' by explaining to each new carer what help they need. This can be especially difficult for those with communication difficulties, such as stroke survivors.⁹⁷

The way care services are organised can have a big impact on whether services meet older people's needs. Because of financial pressures, care workers often have to complete a set of specified tasks in short time slots, meaning their work can be rushed and they often have no flexibility to respond to people's individual and changing needs.⁹⁸ This means that care workers are often told that they cannot help older people with tasks such as

house cleaning or changing lightbulbs, even if this help is clearly needed, which can leave both care workers and service users frustrated.⁹⁹

‘Often a carer is required to complete a visit in as little as 15 minutes and in that time, has to complete a rigidly specified set of personal care tasks, leaving no room for choice and control on the part of the older person. Sometimes the older person has to fit his or her life around the carer’s availability for support such as help to get out of bed.’ Age Concern London, written submission to the Committee

Good practice

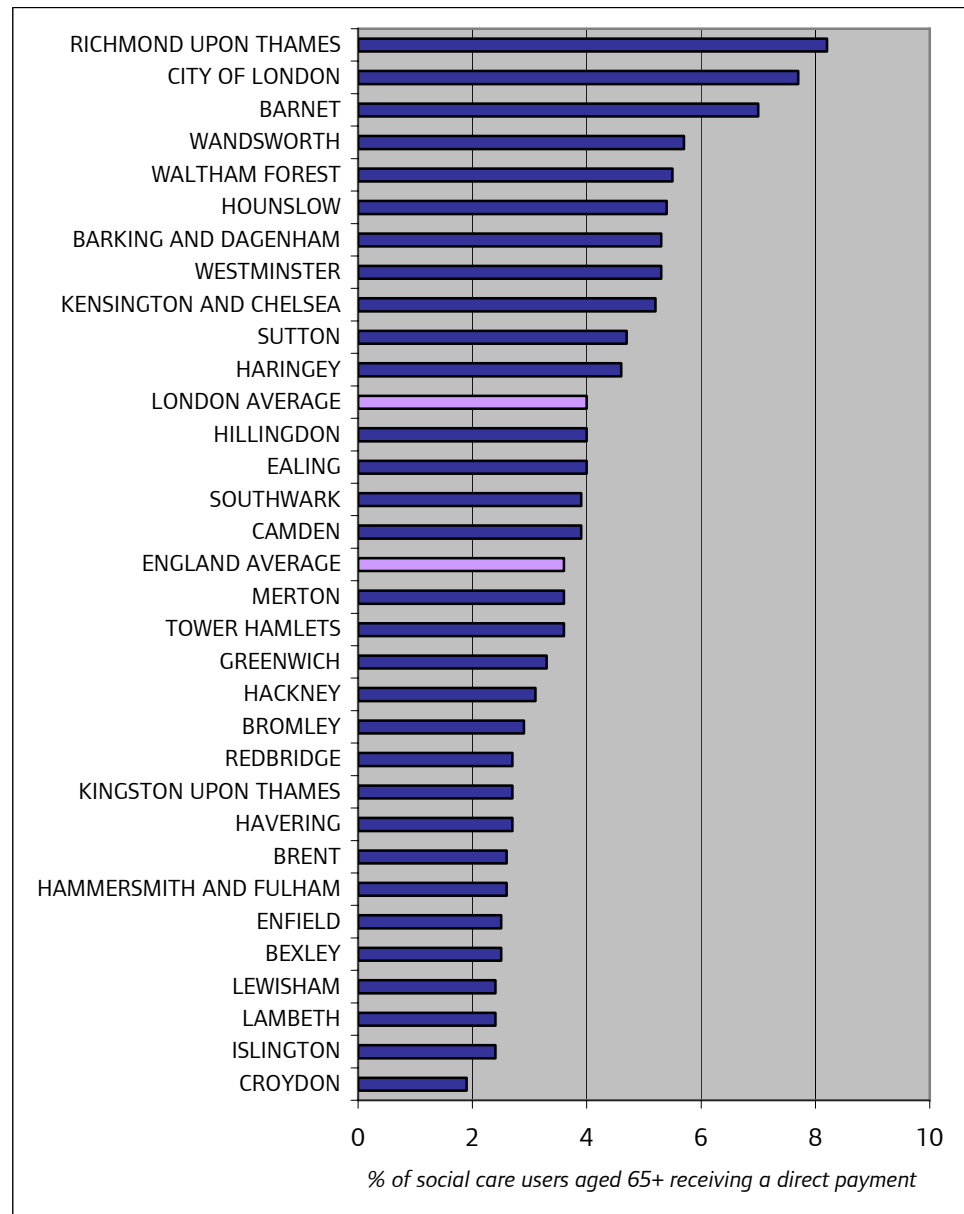
Age Concern in Harrow runs a Handyperson Scheme that provides a free service to fix minor problems in older people’s homes that care workers usually cannot sort out such as fixing loose carpets, installing grab rails, changing light bulbs or hanging curtains.

Care providers’ difficulties in recruiting and retaining good quality staff is one of the main reasons why older people often have problems getting care that meets their needs. Because of financial pressures on care providers to keep costs down, homecare workers’ pay is relatively low, development opportunities are limited and turnover is high.¹⁰⁰ In 2007-08, the national turnover rate for home care staff was 25 per cent.¹⁰¹ The average wage for care workers in London is £7.34 an hour in London, which is 26 pence less than the London Living Wage.¹⁰² Low pay combined with the high cost of living in the capital can make it particularly difficult for care providers in London to find and keep good quality staff.¹⁰³ **The Committee therefore believes the Mayor should work with London local authorities to assess the feasibility of ensuring all care workers are paid at least the London Living Wage.**

The average wage for care workers in London is £7.34 an hour in London

The personalisation agenda should help to address some of these problems older people have in accessing social care to meet their needs. Direct payments and other forms of personal budget involve service users gaining choice and control over what kind of support they get and who provides it. However, progress so far in implementing the personalisation agenda for older people has been very varied,¹⁰⁴ and the vast majority of older people do not yet have a personal budget. This information is shown in chart 4 overleaf which details direct payment uptake among older people across London.

Chart 5: The percentage of local authority funded community care users aged 65+ who were getting a direct payment in 2008-09 ¹⁰⁵



Complaints, feedback and safeguarding

Case study

'You worry about complaining, when you're coping on your own, you worry there could be repercussions.'

Mrs K cared for her husband at home for many years, before his dementia progressed and he had to go into a nursing home. Her husband had one excellent care worker, but a lot of the staff sent by the agency were not very good at dealing with her husband. However, Mrs K stated that she had been reluctant to complain about the service her husband received, because of fears that they might end up with something even worse.¹⁰⁶

Simple, effective and confidential complaints procedures are crucial to ensuring older people can access good quality services.¹⁰⁷ Complaints can also help local authorities and the providers they commission to improve their services. However, older people and their carers are often reluctant to complain about services that do not meet their needs. As the case study above illustrates, some fear that complaining could lead to poor treatment by staff or even to having their care service taken away.¹⁰⁸ People receiving care at home may be particularly vulnerable to poor treatment by care workers, and their isolation could make it more difficult for them to complain. Older people and carers can also feel that providers do not always deal effectively with complaints.¹⁰⁹ As one carer stated:

*'I complained about my father's care three times, but my complaints were not taken seriously.'*¹¹⁰ Carer at focus group

Service users are encouraged to complain directly to their provider if they are unhappy with the service they receive. If a local authority funds their care, older Londoners can also complain to their social services department, and if they are not happy with that outcome they can then complain to the Local Government Ombudsman. Anyone can complain to the Care Quality Commission about a care service if they are not happy with the response from the provider, or if they are uncomfortable complaining directly to a provider.¹¹¹ Therefore, older people can also find that the complaints process is quite complicated and could be very time consuming.

Good practice

The London Borough of Sutton commissions the local Age Concern to assess older residents' satisfaction with home care services and highlight any complaints. Age Concern Sutton does this through peer research interviews, and submits a monthly report of its findings to the London Borough of Sutton, which then investigates any complaints that arise. Care providers then have to respond to the Council and to Age Concern about how they have resolved the complaints. This initiative means that older people who want to complain are supported through the process.

Older people fear that complaining could lead to poor treatment by staff or even to having their care service taken away

The personalisation agenda will increase the need for local authorities to take on an effective safeguarding role. Personalisation is likely to lead to a much more diverse social care workforce, with some service users choosing to employ individuals as personal assistants, who will not need to be vetted in the same way that care workers employed by a service provider are. There is a concern therefore that personalisation could bring with it major safeguarding and quality issues which local authorities will need to tackle effectively and proactively.¹¹² Improving the complaints process would be a useful first step in the safeguarding process.

Improving informal feedback mechanisms for home care could also help to ensure services meet older people's needs. It would be useful if all service providers encouraged older service users and their carers to give regular informal feedback on their services, highlighting areas for improvement. As well as enabling continuous improvement to services, informal feedback mechanisms could also help reduce the need for older people to make formal complaints when services are not being delivered in ways that suit them.

The complexity of the current complaints process, combined with older people and carers' reluctance to make a complaint means that more must be done to simplify complaints procedures and to ensure that older people feel comfortable and supported in making complaints. The Mayor could play a useful role in developing and promoting good practice in dealing with complaints, such as the Sutton example cited above.

Recommendation 5

The Mayor should include in his Older People's Action Plan in 2010/11 an initiative to work with local authorities, care providers, older people's organisations and other partners to share and develop good practice in encouraging informal feedback about social care services and dealing with complaints.

4. Conclusions and next steps

This report shows that older Londoners are encountering major problems with accessing the home care services they need. Tightening eligibility criteria, opaque and long-winded assessment processes, difficulties getting hold of information and advice, problems with service delivery and a reluctance to complain about poor services all affect Londoners' access to the right care. Without the right support at home, older Londoners' independence, health and quality of life can deteriorate rapidly. The report therefore highlights a number of recommendations that could make a significant difference to improving access to home care, recognising the limitations of the current financial climate.

The recommendations can be summarised as follows

- The Department of Health London Region should develop guidance on fast and effective assessment processes for people who want personal budgets.
- The Mayor should work with London Councils to assess the feasibility of setting up a single signposting and frontline information line for older Londoners.
- The Mayor should work with the Joint Improvement Partnership to hold an event for borough and NHS staff to share and develop good practice in preventative care.
- The Mayor should include in his Health Inequalities Strategy Delivery Plan an initiative to lobby London Funders to support initiatives such as Time Banks that can provide an informal support service as well as potentially reducing demands on statutory services.
- The Mayor should work with a range of relevant organisations to share and develop good practice in dealing with feedback and complaints about social care services.

Next steps

We will send this report to relevant organisations and groups, asking for feedback. We will also produce a summary version of the report, which we will disseminate to older Londoners, their carers and the groups that represent them. We will encourage the Mayor and Department of Health to take forward our recommendations, and a few months after the report has been published we will follow up on what progress has been made in implementing the recommendations.

Appendix 1: Recommendations

Recommendation 1

By December 2010, the Department of Health London Region working through the Joint Improvement Partnership should develop guidance on fast and effective assessment processes for people who want individual budgets, which draws on existing good practice.

Recommendation 2

The Mayor should work with London Councils to assess the feasibility of setting up a pan-London signposting and frontline information line for older Londoners, where callers can get general information and advice on issues such as home care services, or be put through to local information and advice services for more specific local queries. This feasibility study should be completed by March 2011.

Recommendation 3

The Mayor should work with the Joint Improvement Partnership to hold an event during 2010 for borough and NHS staff to share and develop good practice in preventative care.

Recommendation 4

The Mayor should include in his Health Inequalities Strategy Delivery Plan an initiative to lobby London Funders² to support preventative initiatives such as Time Banks that can provide an informal support service as well as potentially reducing demands on statutory services.

Recommendation 5

The Mayor should include in his Older People's Action Plan in 2010/11 an initiative to work with local authorities, care providers, older people's organisations and other partners to share and develop good practice in encouraging informal feedback about social care services and dealing with complaints.

² London Funders is the membership organisation of funders and investors in London's voluntary and community sector (VCS). It includes representatives of London Boroughs, the Big Lottery Fund, and other national and regional funding bodies.

Appendix 2: Orders and translations

How to order

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Chinese

如您需要这份文件的简介的翻译本，
请电话联系或按上面所提供的邮寄地址或
Email 与我们联系。

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Hindi

यदि आपको इस दस्तावेज़ का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Bengali

আপনি যদি এই দলিলের একটি সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফোন করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں درکار ہو تو، براہ کرم نمبر پر فون کریں یا مذکورہ بالا ڈاک کے پتے یا ای میل پتے پر ہم سے رابطہ کریں۔

Arabic

الحصول على ملخص لهذا المستند بلغة،
فرجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي أو عادي أو عنوان البريد
الإلكتروني أعلاه.

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઇ-મેઇલ સરનામા પર અમારો સંપર્ક કરો.

Appendix 3: Principles of scrutiny

An aim for action

An Assembly scrutiny is not an end in itself. It aims for action to achieve improvement.

Independence

An Assembly scrutiny is conducted with objectivity; nothing should be done that could impair the independence of the process.

Holding the Mayor to account

The Assembly rigorously examines all aspects of the Mayor's strategies.

Inclusiveness

An Assembly scrutiny consults widely, having regard to issues of timeliness and cost.

Constructiveness

The Assembly conducts its scrutinies and investigations in a positive manner, recognising the need to work with stakeholders and the Mayor to achieve improvement.

Value for money

When conducting a scrutiny the Assembly is conscious of the need to spend public money effectively.

Appendix 4 How we conducted this review

Views from older people and carers

The views and experiences of older Londoners and their carers were crucial to this investigation, and so a number of different mechanisms were used to gather them. In total we heard from 73 older people and carers.

A Listening Event with Older Londoners and Carers was held at City Hall in October 2009 to gather older Londoners' views and experiences through an e-voting session and small group discussions. The event was attended by 23 guests – older Londoners, their carers and two representatives of older people's organisations. Four Members of the Health and Public Services Committee attended the event.

Two focus groups were held with older Londoners and carers to build on the information from the Listening Event. One was held with 30 older people and carers who are in contact with the Black and Minority Ethnic Carers' Support Service in Tottenham, and one with three carers who are supported by the Irish Community Services in Greenwich.

In addition, a call for written views and a survey elicited a further 17 responses.

Views from professional stakeholders

Information and views from professionals were sought in a number of ways: two formal public Committee meetings, a series of informal meetings and a call for written views and information.

The Committee held a public meeting on 16 September 2009 to discuss "Shaping the future of care together" the Green Paper on care and support services, with the following invited guests:

- Alexandra Norrish, Head of the Green Paper Team, Department of Health
- Ian Winter, Deputy Regional Director for Social Care and Partnership, London, Department of Health
- Andrew Webster, Senior Associate, The Kings Fund
- Caroline Bernard, Policy and Communications Manager, Counsel and Care

The Committee held a public meeting on 25 November 2009 with the following guests to discuss home based care in London:

- Cllr Lorna Campbell, London Borough of Lambeth and Deputy Chair of the Health and Adult Services Forum for London Councils
- Samantha Mauger, Chief Executive, Age Concern London
- Francis McGlone, Policy Manager, UK Homecare Association
- Ian Winter, Social Care and Partnerships, Department of Health
- Martin Cheeseman, Director of Housing and Community Care, London Borough of Brent

The Scrutiny Manager held a series of informal meetings in October to December 2010 with professionals to build on the information gathered at the public meetings. These meetings were with the following people

- Maria Patterson and Martin Green from the English Community Care Association
- Nick Johnson, the Social Care Association
- Francis McGlone, Donna O' Brien and Leslie Rimmer, from the UK Home Care Association
- Lucy Hastings from the Stroke Association

The following organisations responded to our call for written views and information:

- Age Concern London
- Allied Healthcare
- Carers UK
- Counsel and Care and Ceretas
- Department of Health
- Department of Health (London Region)
- Federation of Irish Societies
- Kensington and Chelsea Local Involvement Network (LiNK)
- London Borough of Brent
- London Borough of Hackney
- London Borough of Haringey
- London Borough of Harrow
- London Borough of Havering
- London Borough of Hillingdon
- London Borough of Lambeth

- London Borough of Richmond
- London Borough of Wandsworth
- London Visual Impairment Forum
- NHS Havering
- NHS Newham
- Princess Royal Trust for Carers
- Sense
- The Alzheimer's Society
- The Mayor of London's advisor on Health and Youth Opportunities
- The Stroke Association
- UK Home Care Association

Information available online

Transcripts of Public Committee meetings, the report from the listening event, notes of informal meetings and the views from professional stakeholders are available online at <http://www.london.gov.uk/who-runs-london/the-london-assembly>

For further information or paper copies of any of the views and information sources listed above, please contact Susannah Drury, Scrutiny Manager on 020 7983 4942 or email Susannah.drury@london.gov.uk

Site visit

The Chair and Deputy Chair of the Committee visited Newham in January 2010 to find out more about their Whole Systems Demonstrator Trial of Telecare equipment to help older people and people with long-term conditions to live safely in their own homes for longer.

Appendix 5 – Fair Access to Care Services (FACS) Eligibility Levels

The FACS eligibility framework is graded into four levels or bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. These four bands are detailed below. The information in this appendix is taken directly from the Department of Health's FACS Guidance on Eligibility Criteria³

Critical – when

- Life is, or will be, threatened and/ or;
- significant health problems have developed or will develop and/ or;
- there is, or will be, little or no choice and control over vital aspects of the immediate environment and/ or;
- serious abuse or neglect has occurred or will occur and/or;
- there is, or will be, an inability to carry out vital personal care or domestic routines and/or;
- vital involvement in work, education or learning cannot or will not be sustained and/ or;
- vital social support systems and relationships cannot or will not be sustained and/ or;
- vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial - when

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate - when

- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or

³http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019641.pdf

- several family and other social roles and responsibilities cannot or will not be undertaken.

Low – when

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken.

Endnotes

¹ The London Plan – Borough Demographic Projections, Update 01-10, GLA DMAG Demography Team

² GLA Round Low Population Projections 2008

³ *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils.

⁴ Transcript of Health and Public Services Committee meeting 25 November 2009; Note of informal meeting with representatives of the English Community Care Association, October 2009; informal meeting with representatives of the Social Care Association, November 2009, *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils; *The London Health Inequalities Strategy – consultation draft*; August 2009, Mayor of London; *Review of costs of community care and continuing care in London, a report for London Councils*, 2007, Rse Consulting;

⁵ London Councils Press Release 30.11.09, Transcript of Health and Public Services Committee meeting 25 November 2009; *Improving care and saving money*, 2010, Department of Health

⁶ Written submissions from the London Borough of Brent and the Stroke Association

⁷ Community Care Statistics 2007-08, NHS Information Centre for Health and Social Care www.ic.nhs.uk

⁸ Transcript of Health and Public Services Committee meeting 25 November 2009; <http://www.lgcplus.com/news/care-eligibility-declines-again/5001401.article>

⁹ *Getting Care Right for Older Londoners*, 2009, Age Concern London

¹⁰ *The National Evaluation of Partnerships for Older People Projects*, January 2010, PSSRU available at www.pssru.ac.uk *Getting Care Right for Older Londoners*, 2009, Age Concern London; Written submission London Visual Impairment Forum

¹¹ Transcript of Health and Public Services Committee meeting 25 November 2009; *Haringey Council Scrutiny Review of Access to Services for Older People*, 2008; Written submission: NHS Havering

¹² Mrs W was a participant at the Listening Event who was subsequently interviewed in November 2009 by phone for this case study.

¹³ *Community Care Statistics – Home Care Services for Adults, England*, 2008, Information Centre for Health and Social Care, available from www.ic.nhs.uk - *This shows that 73 per cent of home care service users nationally are 65 and above.

¹⁴ *Projections of demand for residential care for older people in England in 2020*; 2001, PSSRU available from <http://www.pssru.ac.uk/pdf/dp1719.pdf> *Self-directed adults social care in London*, 2008, GLA Economics

¹⁵ *Self-directed adults social care in London*, 2008, GLA Economics; *Review of costs of community care and continuing care in London, a report for London Councils*, 2007, Rse Consulting

¹⁶ GLA Round Low Population Projections 2008

¹⁷ The London Plan – Borough Demographic Projections, Update 01-10, GLA DMAG Demography Team

¹⁸ GLA Round Low Population Projections 2008

¹⁹ *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils.

²⁰ Ageing Indicators from the Office for National Statistics, available at www.statistics.gov.uk, based on 2006 National Population Projections

²¹ <http://www.statistics.gov.uk/cc/nugget.asp?id=1352>

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- ²² *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils; Transcript of Health and Public Services Committee meeting 25 November 2009
- ²³ Written submission: Mayor of London *Review of costs of community care and continuing care in London, a report for London Councils*, 2007, Rse Consulting; *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils
- ²⁴ *Analysis of the Social Care Market for Older People's Services in London*, 2008, Rse Consulting for London Councils. According to this report, the costs of residential care are also growing – by 6.5% a year
- ²⁵ Transcript of Health and Public Services Committee meeting 25 November 2009; Note of informal meeting with representatives of the English Community Care Association, October 2009
- ²⁶ *The London Health Inequalities Strategy – consultation draft*; August 2009, Mayor of London; *Review of costs of community care and continuing care in London, a report for London Councils*, 2007, Rse Consulting; Written submission: Mayor of London
- ²⁷ Transcript of Health and Public Services Committee meeting 25 November 2009
- ²⁸ Written submission – UK Home Care Association
- ²⁹ *The Big Squeeze*, 2009, LVSC; Written submission: Age Concern London
- ³⁰ Transcript of Health and Public Services Committee meeting 25 November 2009; *The state of health care and social care in England*, Care Quality Commission, 2010
- ³¹ London Councils Press Release 30.11.09
- ³² *Analysis of the Social Care Market for Older People's Services in London*, Rse Consulting for London Councils, 2008.
- ³³ *Analysis of the Social Care Market for Older People's Services in London*, Rse Consulting for London Councils, 2008.
- ³⁴ *Analysis of the Social Care Market for Older People's Services in London*, Rse Consulting for London Councils, 2008.
- ³⁵ *Analysis of the Social Care Market for Older People's Services in London*, Rse Consulting for London Councils, 2008.
- ³⁶ *Self Directed Adult Social Care in London*, 2008, GLA Economics; *Analysis of the Social Care Market for Older People's Services in London*, Rse Consulting for London Councils, 2008.
- ³⁷ *Self Directed Adult Social Care in London*, 2008, GLA Economics
- ³⁸ 2007-08 Performance Assessment Framework Performance Indicators, CSCI, 2008
- ³⁹ *Review of costs of community care and continuing care in London, a report for London Councils*, 2007, Rse Consulting
- ⁴⁰ Information on eligibility for social care services from London Borough websites and Analysis by Age Concern and Help the Aged; June 2009, available at www.lgcplus.com
- ⁴¹ *Transforming Adult Social Care website* www.tasc.org.uk
- ⁴² http://www.conservatives.com/Policy/Where_we_stand/Pensions_and_Older_People.aspx
- ⁴³ *Living Well with Dementia, a national dementia strategy*, 2008, and *Building a Society for All Ages*, 2009, both available from www.dh.gov.uk
- ⁴⁴ *Shaping the future of care together*, 2009, HM Government
<http://careandsupport.direct.gov.uk/greenpaper/the-green-paper-and-supporting-documents/>

⁴⁵ *Personal Care at Home Bill* 2009–10. <http://services.parliament.uk/bills/2009-10/personalcareathome.html>

⁴⁶ *The London Health Inequalities Strategy* – consultation draft; August 2009, Mayor of London

⁴⁷ *Appreciating our Seniors: The Mayor of London's Action Plan for Older People 2009/10*, March 2009

⁴⁸ *London City Charter – The First Charter*, April 2009, Mayor of London and London Councils

⁴⁹ Written submission – Member of the Public

⁵⁰ Mr H was a participant at the Listening Event for Older Londoners and Carers. He was interviewed afterwards for this case study.

⁵¹ *Community Care Statistics 2007 to 2008* NHS Information Centre for Health and Social Care

⁵² *Older People's Listening Event – notes of small group discussions*, October 2009

⁵³ Written submission: The Stroke Association

⁵⁴ Written submissions: London Borough of Brent, The Stroke Association

⁵⁵ *Report of Listening Event with Older Londoners and Carers*, 22 October 2009; *Notes of focus groups with users of the Black and Minority Ethnic Carers Support Service*, October 2009; Written submissions from Stroke Association, Princess Royal Trust for Carers, London Visual Impairment Forum, Focus group with BAME carers

⁵⁶ *Note of focus group with users of the Black and Minority Ethnic Carers Support Service*, October 2009; *Report of case studies*, December 2009; *Notes of small group discussions at the Listening Event* on 22 October 2009

⁵⁷ *Report of Listening Event with Older Londoners and Carers*, 22 October 2009

⁵⁸ Mrs W – a participant at the Listening Event for Older Londoners and Carers. She was interviewed afterwards as a case study

⁵⁹ *Making Progress with Putting People First, Self Directed Support* 2009, IDeA, ADASS and the LGA available at <http://www.tasc.org.uk/uploads/121-10014.pdf>

⁶⁰ Written submission: London Borough of Harrow

⁶¹ Mr H was a participant at the Listening Event for Older Londoners and Carers. He was interviewed afterwards for this case study.

⁶² Written submissions LB Brent, Age Concern London, Mayor of London

⁶³ Written submissions Department of Health London, LB Wandsworth, Kensington and Chelsea LiNK, Counsel and Care and Ceretas, Age Concern London

⁶⁴ *Report of Listening Event with Older Londoners and Carers*, 22 October 2009

⁶⁵ *Report of Listening Event with Older Londoners and Carers*, 22 October 2009; *Note of focus group with users of the Black and Minority Ethnic Carers Support Service*, October 2009; *Report of Case Studies*, December 2009;

⁶⁶ *Note of focus group with users of the Black and Minority Ethnic Carers Support Service*, October 2009

⁶⁷ Written submissions: Age Concern London, DH London, Counsel and Care and Ceretas. It is important to note that through the personalisation agenda, local authorities will be required to provide advice for self-funders

⁶⁸ *Notes of small group discussions at Listening Event*, October 2009; Written submission: Age Concern London

⁶⁹ *Report of Listening Event*, 22 October 2009;

⁷⁰ *Report of Listening Event with Older Londoners and Carers*, 22 October 2009; *Report of case studies*, December 2009; *Notes of small group discussions at Listening Event*, October 2009.

⁷¹ Mr and Mrs B were participants at the focus group with users of the Black and Minority Ethnic Carers Support Service, October 2009;

⁷² Transcript of Health and Public Services Committee meeting 25 November 2009; <http://www.lgcplus.com/news/care-eligibility-declines-again/5001401.article>

⁷³ Source: London Borough websites and Analysis by Age Concern and Help the Aged; June 2009, available at www.lgcplus.com

⁷⁴ *Paying for care and support at home*, 2009, Age Concern
http://www.ageconcern.org.uk/AgeConcern/Documents/FS46Paying_for_care.pdf

⁷⁵ *Note of focus group with users of the Black and Minority Ethnic Carers Support Service*, October 2009

⁷⁶ *Getting care right for older Londoners*, 2009, Age Concern London

⁷⁷ Written submissions: London Borough of Hackney, Age Concern London, Kensington and Chelsea LINK

⁷⁸ Transcript of Health and Public Services Committee meeting 25 November 2009; *The state of health care and social care in England*, Care Quality Commission, 2010

⁷⁹ Source of data for map: London Borough websites and Analysis by Age Concern and Help the Aged; June 2009, available at www.lgcplus.com

⁸⁰ *The National Evaluation of Partnerships for Older People Projects*, January 2010, PSSRU available at www.pssru.ac.uk; *Getting Care Right for Older Londoners*, 2009, Age Concern London; Written submission London Visual Impairment Forum

⁸¹ Transcript of Health and Public Services Committee meeting 25 November 2009; *Haringey Council Scrutiny Review of Access to Services for Older People*, 2008; Written submission: NHS Havering

⁸² <http://www.dhcarenetworks.org.uk/csed/csedNews/csedNewsItem/?cid=6630>

⁸³ Transcript of Health and Public Services Committee, 25 November 2009

⁸⁴ *The National Evaluation of Partnerships for Older People Projects*, January 2010, PSSRU available at www.pssru.ac.uk

⁸⁵ Presentation by Lesley Braithwaite, Brent POPP Co-ordinator at London Health 08 Conference

⁸⁶ *Telecare: a crucial opportunity to help save our health and social care system*, 2009, Sue Yeandle, The Bow Group

⁸⁷ <http://www.newhamwsdtrial.org/>

⁸⁸ <http://www.newhamwsdtrial.org/>

⁸⁹ Transcript of Health and Public Services Committee, 25 November 2009 p.33 and 34: comments from Martin Cheeseman LB Brent and Cllr Lorna Campbell LB Lambeth

⁹⁰ *The time of our lives; using timebanking for neighbourhood renewal* 2002, New Economics Foundation; Costs of Rushey Green Time Bank provided by Philippe Granger, Timebank Manager

⁹¹ Mrs D's daughter in law has been her primary carer, and was a participant at the Listening Event in October 2009, and was subsequently interviewed by phone for this case study.

⁹² Notes of small group discussions at Listening Event, 22 October 2009; Notes of focus group with users of the BME Carers' Support Service, October 2009

⁹³ Notes of focus group with users of the BME Carers' Support Service, October 2009

⁹⁴ Report of Listening Event with Older Londoners and Carers, 22 October 2009; Written submissions from Carers' UK, The Stroke Association, Department of Health (London), the Federation of Irish Societies and NHS Newham

⁹⁵ Mr S- case study following on from attendance at Listening Event

⁹⁶ Written submissions: Department of Health (London) and The Stroke Association

⁹⁷ Written submission the Stroke Association

⁹⁸ Written submission – Age Concern London, Stroke Association

⁹⁹ Written submissions – Stroke Association, Age Concern London, Counsel and Care/ Ceretas

¹⁰⁰ Written submissions from UKHCA, Allied Healthcare, London Borough of Brent, NHS Havering, London Borough of Wandsworth, The Federation of Irish Societies, Mayor of London

¹⁰¹ Skills for Care- Briefing on Turnover and Vacancy Rates (2007) www.nmds-sc-online.org.uk

¹⁰² Written submission from UKHCA quoting Skills for Care figures. The London Living Wage is £7.60

¹⁰³ Written submissions from LB Brent, LB Wandsworth, LB Richmond upon Thames, Age Concern London, UKHCA,

¹⁰⁴ Making progress with Putting People First: self directed support, 2009, IDeA, ADASS and LGA

¹⁰⁵ Disaggregated social care indicators, NI130, 2008-09 from the Information Centre for Health and Social Care at <http://www.ic.nhs.uk/pubs/socmhi08-09>

¹⁰⁶ Mrs K was a participant at the focus group with carers at Irish Community Services, Greenwich, November 2009

¹⁰⁷ Transcript of Health and Public Services Committee, 25 November 2009, Written submission: NHS Newham

¹⁰⁸ Written submission – Federation of Irish Societies, Haringey Council Scrutiny Review of Access to Services for Older People, 2008, Report of Listening Event, 22 October 2009

¹⁰⁹ Notes of small group discussions at Listening Event on 22 October 2009, Notes of focus group with users of the BME Carers' Support Service, October 2009, Notes of focus group with carers at Irish Community Services, Greenwich, November 2009

¹¹⁰ Notes of focus group with users of the BME Carers' Support Service, October 2009

¹¹¹ www.cqc.org.uk

¹¹² Transcript of Health and Public Services Committee, 25 November 2009; Written submissions – UKHCA, Counsel and Care and Ceretas; notes of informal meeting ECCA, transcript p.5

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