

Research report

# Preparing for an Ageing Society: Evaluating the Ageing Well programme Parts 1 and 2

by Victoria Harkness, Daniel Cameron, Jerry Latter,  
Mohammed Ravat and Lauren Bridges

Department for Work and Pensions

Research Report No 807

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# Publication of the data

Please note that, as with all Ipsos MORI studies, our advance clearance/approval of any copy or data for publication, web-siting or press release which contains any data derived from Ipsos MORI research is necessary in order to comply with the MRS Code of Conduct. This is to protect the reputation and integrity of users as much as our own. Such approval would only be refused on the grounds of inaccuracy or misinterpretation of the findings.

# Summary

## Overview

This report forms the conclusion of an evaluation of the Ageing Well programme. The programme was designed to provide sector-led support to assist local authorities in England to meet the challenges associated with an ageing population. The programme was delivered by the Local Government Association (LGA) – previously Local Government Improvement and Development, and before that the Improvement and Development Agency (IDeA) – and was funded by the Department for Work and Pensions (DWP). It ran from July 2010 to March 2012.

LGA and DWP commissioned Ipsos MORI to carry out an ongoing evaluation of the programme in May 2010. The evaluation was designed to:

- assess the progress local authorities have made to date in preparing for an ageing society;
- assess the experience of areas that have benefited from the support made available through the Ageing Well programme; and
- gauge how the programme has contributed to improved outcomes particularly in relation to local authorities and older people.

This was achieved by drawing on data collected through a number of channels, including:

- three online surveys with lead officers from upper and single tier local authorities in England;
- two qualitative research phases of interviews and observation with a selection of case study authority areas; and
- analysis of secondary data collected as part of the programme activity by the LGA.

Specifically, this evaluation was designed to assess the programme's performance against its four key areas of delivery; namely **promoting effective leadership**, encouraging both a **strategic approach to the agenda** and **engagement with, and the involvement of, older people themselves, as well as joined-up or co-ordinated commissioning and delivery of services for older people**.

The full report provides more detailed insight into how well prepared local authorities are for dealing with ageing populations, the strategic approaches they are adopting to deal with the challenges they face, and the role of local leadership and engagement with older people and partners. The remainder of this summary aims to focus specifically on the achievements of the programme itself.

## Programme delivery

The Ageing Well programme was ambitious and was delivered against a very challenging backdrop, particularly given the capacity and resourcing pressures facing the local government sector. Despite this, the overall programme was able to achieve a number of ambitions in terms of supporting individual authorities and the sector more widely in delivering on the ageing agenda, providing a range of national and regional programme activity, such as master classes and leadership academies, to more tailored 'bespoke' support for those local authorities who required it.

This tailored support was designed with the needs of individual authorities in mind, but in summary included:

- support in developing ageing strategies and action plans;
- engagement workshops with the public, officers and members;
- peer reviews of best practice; support in delivering asset-based approaches; and
- the promotion and identification of ageing ‘champions’.

In all, a majority – around seven in ten – of authorities who were aware of the programme had engaged with it according to the surveys carried out with local authority leads (68 per cent in 2011 and 75 per cent in 2012<sup>1</sup>).

### Overall impressions of the programme

Generally, there was great positivity towards Ageing Well in the case study areas. Most felt it had made a genuine difference in any one of a number of areas, from helping councils engage with partners to helping them network with other authorities and share and receive best practice and support. There was positivity about the quality of the support received too.

*‘Ageing Well provided a fresh pair of eyes and a regional and national context... it was refreshing to have someone from outside the county come in.’*

(Lead officer interview)

Nationwide, there was also agreement that the programme has been useful, with four in five respondents in both 2011 and 2012<sup>2</sup> agreeing that it has helped their authority to address the issues presented by an ageing society a **great deal** or a **fair amount**. Only one in five respondents involved in the programme said it had not helped very much. Specific positive feedback included the following:

- Case study respondents reported that the programme acted as the ‘catalyst for change’ that many authorities needed.
- Councils were positive that the programme was delivered free at point of delivery, especially given the current financial climate and the challenges some authorities were facing in allocating enough resources to the ageing agenda.
- They were positive about the role and involvement of the Regional Improvement Managers, who were deemed key to developing a suitably tailored approach and ensuring the work maintained momentum.
- The networking opportunities made available through the wider programme were seen as invaluable, as was the ability to draw on best practice from elsewhere and to learn from others.

Despite the generally positive sentiment towards the programme, there were some areas where it was felt things could have been better:

- The timeframe within which programme activity, particularly intensive support, had to be delivered was seen as too short by some. As well as the pressure on individuals, including lead officers, to deliver programme activity in such a small window, some also felt that the short timescale prohibited realistic and achievable improvements – or outcomes – over the longer-term.

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<sup>1</sup> NB. Low base size, indicative finding only.

<sup>2</sup> NB. Low base size, indicative finding only.

- There was also some minor discontent about the council resources that were required as part of the programme, which had not necessarily been made clear at the start. Many lead officers found themselves having to give time above and beyond their 'core hours' to ensure the programme was successful. This is an important consideration when thinking about the value for money presented by such programmes.
- There was also some concern about the tailoring of the offer, particularly for one case study area, which felt that their bespoke support was pitched at a level that they had long ago reached, offering little new insight.

## Meeting objectives

Because of the short timeframe in which much of the programme activity was delivered, and the fact the research was carried out immediately after the programme came to an end, it is difficult to measure the impact of the programme against some of its original objectives, particularly in relation to improving outcomes for older people. What can be demonstrated through the evaluation though is that progress has been made, at least in part, against the four objectives around leadership, strategic approach, engagement of older people and joined-up/co-ordinated commissioning and delivery of services for older people. If the programme did not help participating authorities to fully deliver improved outcomes in their local area, it at least helped to set them on the right path.

Feedback from most case study areas suggests that, in the main, the support provided through Ageing Well has allowed their authority to make more progress in tackling age-related issues in their area than might have otherwise been the case without it. The research has demonstrated that the programme has helped, at least in part, to:

- raise the profile of ageing issues within councils and across departments, promoting understanding among elected members and senior officers as well as partners;
- support lead officers in championing the ageing agenda within their area, acting as a catalyst for change and improvement;
- encourage the formation, development and buy-in to an ageing strategy and the structures and processes that support it;
- ensure that local authorities' strategic approaches are informed by the needs and aspirations of older people;
- promote more integrated working between different parts of the council, between council officers and members, and between councils and their partners in the voluntary and health sectors, and
- support councils in broadening the approaches they take in relation to ageing issues, e.g. going beyond health and social care, and adopting more preventative approaches.

## Lasting legacy and implications

Generally speaking, participating authorities did feel there would be a legacy of the programme, at least in part, and there were some positive illustrations as to how this was starting to take shape. A key legacy was felt to be that it would encourage councils to take the issue of an ageing population more seriously and ensure that staff and financial resources were in place for the future. More specifically, the LGA has provided a number of legacy resources, available to the sector following the end of the programme, on its website.

For some, however, there remained concerns about the challenge in delivering their ageing strategy going forward, notably the degree to which it will genuinely lead to a cultural shift in terms of how ageing issues are viewed across the council and also in terms of the resource and effort required on their part, and the part of their colleagues, to deliver and keep it high on the agenda.

The evaluation shows that there are a number of lessons that can be learned from the programme:

- Being clear on individual roles, responsibilities and the likely resource commitment for councils and other stakeholders upfront.
- Ensuring networking opportunities exist at the national and regional level – sharing best practice and experiences with others appears to be an important aspect of a programme like this.
- Being flexible and adaptable, as is ensuring the programme is relevant and tailored to individual areas.
- Programme branding is also important – being clear on the rationale behind the programme and who it is aimed at.
- The timing and the duration of the programme is also relevant. The Ageing Well programme was provided at an important and much needed time for authorities, but the relative short-term duration of the programme was of some concern – many lead officers felt pressured into ensuring delivery deadlines were met, or felt that programme activity was rushed.

Ultimately, many local authorities had little experience of this sort of sector-wide support, and the value it might offer, but the research demonstrates that programmes such as this have a valuable role to play in supporting some – not necessarily all – councils and their partners in preparing for an ageing society. They are arguably all the more pertinent at a time when local authorities have so many competing demands on their time and resources. A product that is offered free at the point of delivery and is adaptable and flexible to the changing needs of the sector is, for many, simply too good to refuse.

Most authorities are all too aware of the task that they face in preparing for the future, and the Ageing Well programme was never perceived as something that would provide a comprehensive solution to all the ageing issues they faced. But, those who took part in the programme generally felt it provided an important catalyst and impetus for helping to change attitudes and improve approaches to tackling ageing issues.

# 1 Background and introduction

## 1.1 Overview

This report forms the conclusion of an evaluation of the Ageing Well programme. The programme was designed to provide sector-led support to assist local authorities in England to meet the challenges associated with an ageing population. The programme was delivered by the Local Government Association (LGA) – previously Local Government Improvement and Development, and before that the Improvement and Development Agency (IDeA) – and was funded by the Department for Work and Pensions (DWP). It ran from July 2010 to March 2012.

The evaluation was designed to assess the progress local authorities have made to date in preparing for an ageing society, and the experience of areas that have benefited from the support available through the Ageing Well programme.

More specifically, it presents findings from three waves of an **online survey with lead officers from local authorities in England**, findings from **two qualitative phases of interviewing with a selection of case study authority areas**, plus summary analysis of **secondary data collected as part of the programme activity** carried out to date.

## 1.2 The challenging context

The number of people of State Pension age is expected to increase from 12.2 million to 15.6 million by 2035, and the numbers of ‘the oldest old’ (over 85 years) are growing faster than any other age – estimated to comprise five per cent of the total population by 2033<sup>3</sup>. This has huge implications for old age support ratios given there will be fewer people of working age for every person of State Pension age.

The challenges being faced by local government in dealing with this ageing population are significant. At the same time, the local government sector continues to face upheaval and budget cuts as a result of the October 2010 Spending Review which indicated that, on average, central government funding to local authorities would decrease by 26 per cent over the next four years. The front-loaded nature of the cuts has meant a greater pressure on service delivery across the board in the short term, meaning that there is less available funding despite a greater need for it.

A 2008 report by the Audit Commission<sup>4</sup> suggested that councils in England, particularly those which had the fastest ageing populations, were not ready to meet the challenges or grasp opportunities as we get older. This evaluation showed that since 2008 councils had been making significant progress in dealing with the challenges presented by an ageing population, but progress varied across the country and there remained many challenges.

It is against this challenging yet timely backdrop that the Ageing Well programme was designed and implemented.

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<sup>3</sup> Office for National Statistics (ONS), UK population predicted to reach 70 million by mid 2027 (2011).

<sup>4</sup> Audit Commission, *Don't stop me now – Preparing for an ageing population* (2008). At <http://www.audit-commission.gov.uk/pressoffice/pressreleases/Pages/councilsunpreparedforenglandsageingpopulation.aspx>

As the various waves of this research have found, this wider context has continued to act as an important backdrop to the implementation and delivery of the Ageing Well programme; in particular, the legacy of the programme and how well local authorities can be expected to deliver services for older people going forward.

Wider reforms to public health and the wider National Health Service (NHS), including the transfer of the public health remit to councils and the creation of Health and Wellbeing Boards, have also been important. As has the push towards localism – local communities now have more power and opportunity to be included in decisions regarding a whole range of issues and services, as well as in service delivery itself. Local authorities continue to adopt new models of service delivery, such as outsourcing to voluntary and private sector providers and, spurred by the need to make savings, are looking towards more preventative service delivery agendas. At the same time, the debate rolls on as to the future funding of the social care system following the publication of the Dilnot Commission's recommendations<sup>5</sup>.

It is too early to say what impact these changes will have on councils' ability to meet the challenges of an ageing population over the longer-term, but they have formed an important part of the dialogue throughout this evaluation.

### 1.3 The Ageing Well programme

The Ageing Well programme was designed to help local authorities respond to some of these challenges, and was the product of a number of previous initiatives undertaken by successive governments. Initially known as the Innovative Service Delivery (ISD) project, it built on the principles of, and lessons learned by, central government departments, including DWP's LinkAge Plus pilots, and the Department of Health (DH)-led Partnerships for Older People's Project (POPPs) programme.

Adopting the principles of a sector-led approach, the overarching objective of the Ageing Well programme was to **help the local government sector prepare for and manage an ageing society** with the ultimate aim of an enhanced quality of life for older people, and future generations of older people. Specifically, it was designed to cover four key areas of development – effectively forming the main objectives of the programme:

- **Leadership:** Promoting effective leadership from those tasked with pushing this agenda forward within local authorities – the programme aimed to provide support in giving key individuals the tools through which to achieve this.
- **Strategic approach:** Assessing the extent to which councils have formal approaches in place around the ageing society agenda, and providing support in developing these further.
- **Engagement of older people:** Supporting authorities in providing mechanisms to encourage older people to become more involved in the design and development of the services which affect them.
- **Joined-up/co-ordinated commissioning and delivery of services for older people:** Supporting the sector to improve co-ordination between councils and their partners in delivering services for older people with the aim of enhancing quality of life and making financial savings.

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<sup>5</sup> Dilnot Commission, *Fairer Care Funding* (2011). At [http://www.ilis.co.uk/uploaded\\_files/dilnott\\_report\\_the\\_future\\_of\\_funding\\_social\\_care\\_july\\_2011.pdf](http://www.ilis.co.uk/uploaded_files/dilnott_report_the_future_of_funding_social_care_july_2011.pdf)

There were a number of key principles guiding the work of the Ageing Well programme. Throughout, the emphasis has been on **local solutions** and **partnership working** to develop imaginative, bespoke solutions to local issues, many of which might not be evident to those with a national focus. The programme also aimed to look **beyond the remit of health and social care** to embrace the range of services and support that local authorities deliver for older people (for example, leisure and cultural services). Finally, it was hoped that it would be a **sustainable programme**, having a legacy beyond the lifetime of the funding which came to an end in March 2012. The efficacy the products and support provided aimed not only to achieve short-term improvements, but the hope was that these improvements would be future-proofed.

All of the support provided by Ageing Well was available **free at the point of delivery**. The programme sought to provide a menu of products and services; from intense ‘bespoke’ support for those local authorities who needed it, to light-touch advice and information sharing for those authorities who were already well engaged with the ageing society agenda. As such, the programme was intended to be tailored to the individual needs of different authorities. The menu of products, or programme activity, delivered by LGA included:

- **Strategic approach and leadership:** including leadership academies, seminars, member mentoring, action learning sets and other advisory support.
- **Bespoke support:** including diagnostic assessments, place-based offer, and other bespoke support including helping the new Health and Wellbeing Boards take account of the wider ageing agenda and promoting effective scrutiny of age-related issues.
- **Innovation and community support:** including a national innovation programme, intensive development programme, volunteering and community capacity master classes, intergenerational work and developing dementia-friendly communities.
- **Engagement:** supporting authorities in providing the mechanisms by which older people may become more involved in the design and development of services. The LGA established an Older People’s Sounding Board to ensure that the needs and concerns of older people were at the core of Ageing Well.
- **Capturing knowledge and sharing innovation:** including media through which the LGA aimed to communicate with the wider sector: a monthly e-newsletter; the development of 12 case studies to reflect good practice, learning, and opportunities to deliver efficiencies; and, a ‘Community of Practice’ on the LGA website. There was also a dedicated Knowledge Management position responsible for capturing examples of innovation, knowledge, good practice, and discussion opportunities.

In addition to the programme of delivery, a comprehensive body of resources, information and good practice was established (by practitioners as well as the LGA) with the aim of enabling improvements to continue across the sector as a legacy beyond March 2012.

## 1.4 The programme evaluation

The LGA, working on behalf of DWP, commissioned Ipsos MORI to carry out an evaluation of the Ageing Well programme to determine the extent to which it has helped the sector in delivering its objectives. The evaluation was originally commissioned in two parts, in May 2010 and again in the October. The key aims of the evaluation were as follows:

- i **Assess the progress** local authorities have made to date in preparing for an ageing society, and whether this improved over the duration of the programme.

- ii Understand the extent to which local authorities have **benefitted from Ageing Well** programme activity, bespoke or otherwise.
- iii Gauge how the programme has **contributed to improved outcomes** particularly in relation to local authorities and older people; specifically the extent to which the programme's four objectives have been achieved (leadership; strategic approach; engagement of older people; and, joined-up/co-ordinated commissioning and delivery of services for older people). Of particular interest has been to understand the degree to which more councils than would have otherwise been the case will have done or will be doing the following:

### **Key outcomes for local authorities**

- Have an increased awareness of the needs and challenges of an ageing society.
- Along with their partners, be better equipped to understand and take account of the demographic changes and implications of an ageing population and the impacts on local services.
- Be better informed about how to develop strategic approaches that reflect the needs of their population and the resources they have to meet those needs.
- See their elected members and senior officers report an increased understanding of the challenges of an ageing society.
- Have improved their strategic approach and strategic leadership leading to increased mainstreaming of the ageing agenda.
- Be taking action to address the issues of an ageing society.
- Be increasingly using the scrutiny function in addressing the ageing/wellbeing agenda.
- Have widened their approach in developing their strategic approach, going beyond health and social care to ensure it takes account of the Joint Strategic Needs Assessment (JSNA).
- Have structures and processes in place to work with partners to promote the wellbeing and quality of life of older people as a result of a more strategic approach to the ageing agenda.
- Have ensured that council strategies are informed by the needs and aspirations of older people.
- Have considered a placed-based approach to improving service delivery, tailored to local areas, and incorporating a range of service providers.
- Have used innovative approaches to develop more cost effective services for older people.
- Have adopted inclusive approaches to hearing the voices of older people and involving them in discussions about the delivery or commissioning of services for older people.
- Be 'joining-up' and co-ordinating local services or having plans in place to achieve this.

- iv Assess the extent to which the benefits of the programme are **sustainable and provide a legacy** for the sector, and capture important learnings for any planned, similar, sector-wide support programmes that DWP and/or the LGA might wish to commission or deliver in the future.

An evaluation of this nature is not without its challenges and limitations. The Ageing Well programme has evolved and changed since its inception due to a number of external factors, largely brought about by the economic downturn, significant cuts to public sector budgets and policy developments noted in the previous section. There have also been changes to the personnel overseeing the programme delivery and this evaluation from both LGA and DWP.

## 1.5 Evaluation methodology

The evaluation adopted a longitudinal approach, with three waves of an online survey and two waves of a qualitative study being carried out over the lifetime of the programme. This not only allowed the LGA and DWP to establish a baseline of opinion against which to measure progress over time, but has enabled the evaluation to help inform the design and delivery of the programme as it has progressed. In summary, the evaluation approach taken consisted of three strands.

### 1.5.1 Three waves of an online survey with upper tier local authorities in England over the course of 2010 to 2012

The surveys were targeted at lead officers dealing with the ageing agenda, specifically directors of Adult Social Services or their nominees, to understand how the sector was preparing for an ageing society and its experience of the Ageing Well programme, although participation in the programme was not a prerequisite for responding.

The questionnaire was developed in close consultation with the Ageing Well Programme Evaluation Steering Group<sup>6</sup> and sought to cover issues relating to strategy, leadership and engagement with partners and older people. A number of questions were carried over three waves to understand what improvements, if any, had been made during the lifetime of the programme. A copy of the questionnaire for each wave is attached at Appendix A.

Response rates to the first two waves of the survey in 2010 and 2011 were encouragingly high, thanks to a number of email and telephone reminders. The response rate for the final survey was lower, perhaps a reflection of it being carried out once the programme had ceased. Caution should be used when interpreting the results of the 2012 wave – comparisons made against previous waves of the survey are indicative only and should be treated with caution due to the low base size (this is caveated throughout this report).

**Table 1.1 Response rates**

Wave	Fieldwork dates	Responses (N)	Response rate (%)
Wave 1	1/07/10 – 7/10/10	96	63
Wave 2	7/9/11 – 18/10/11	84	55
Wave 3	20/04/12 – 28/05/12	40	26

Source: Ipsos MORI.

A note on interpreting data and statistical reliability is included in Appendix B. Please note that all data are unweighted.

It is important to bear in mind that the respondents to these surveys represent a self-selecting sample of people; there may be differences between those who responded to the survey and those who did not and, as such, caution should be taken when interpreting the results. There may also be an element of subjectivity in the answers given; the views about the activities undertaken by local authorities are completed largely by those with responsibility for doing so.

<sup>6</sup> The Steering Group included members of the LGA's Ageing Well and research teams and members of DWP.

### 1.5.2 A qualitative piece of research covering 11 case study areas where bespoke programme activity was taking place, plus three control areas where it was not

Depth interviews and observations were carried out in two phases; one during the early stages of the programme to understand the expectations local authorities had and a second at the end of the programme to assess how well the programme activity was delivered on the ground and the impact it had in terms of helping local authorities achieve positive outcomes. Participants included lead officers, members, older person representatives, the voluntary sector and LGA Regional Improvement Managers.

Case study areas were purposively selected by Ipsos MORI to ensure a good mix of single and upper tier authority types and regions, and also to reflect the different bespoke Ageing Well programme activity that each authority was receiving. Because evaluation also aimed to understand why some authorities had not chosen to participate in Ageing Well, three control authorities were selected on the basis that no bespoke programme activity was taking place at that time (although some may have been involved in wider Ageing Well programme activity, e.g. attending regional events).

**Table 1.2 Case study areas**

	Local authority type	Relative deprivation	Proportion of older people
<b>Area</b>			
Birmingham	Metropolitan Borough	High	Low
Bradford	Metropolitan Borough	High	Low
Cumbria	County	Medium	High
East Sussex	County	Medium	High
Hampshire	County	Low	High
Hull	Unitary	High	Medium
Bexley	London Borough	Medium	Medium
Lincolnshire	County	Medium	High
Portsmouth	Unitary	High	Low
Torbay	Unitary	High	High
York	Unitary	Low	Medium
<b>Control areas</b>			
Staffordshire	County	Medium	Medium
Sutton	London Borough	Medium	Low
South Tyneside	Metropolitan Borough	High	High

In the first phase of interviewing, between July and October 2011, 13 depth interviews were carried out with the relevant council lead officers – those chiefly responsible for the delivery of Ageing Well in each area. Contact details for these leads were supplied by LGA. In addition, four depth interviews were conducted with the relevant LGA Regional Improvement Managers, responsible for delivering Ageing Well in those areas selected as case studies. A second wave of 31 interviews took place between March and June 2012. As well as interviewing the initial leads to see what had changed in the intervening period, and for their overall feedback on the support that they had received as part of the programme, we carried out additional interviews with other stakeholders recommended by these leads, for example, their colleagues from the health and voluntary sector.

In addition, Ipsos MORI attended Ageing Well workshops in London and East Sussex.

All interviews were carried out by senior members of the Ipsos MORI project team by telephone. Interviews were audio recorded to ensure an accurate record of respondents' views, within the bounds of the Market Research Society Code of Conduct. Topic guides were developed in consultation with the Ageing Well Steering Group to ensure that key lines of enquiry were followed, attached in Appendix C.

Verbatim comments and case study information from this part of the evaluation have been used in the body of this report, but anonymised to protect the identity of individual participants.

### **1.5.3 Analysis of secondary monitoring data collected via the LGA to understand take-up of particular programme outputs and participant feedback**

Ipsos MORI was asked to summarise feedback from secondary evaluation data, such as questionnaires, completed by participants attending wider Ageing Well programme activities including seminars, leadership academies, and various types of more intensive bespoke support. Separately, the LGA has been responsible for providing a more detailed analysis of the specific measures on the effectiveness of different sessions, event logistics, equality and diversity. All the feedback questionnaires included questions relating to overall satisfaction with the event or support and whether participants agreed that the programme activity provided them with a basis for further improvement.

## 2 Preparedness for an ageing society

### 2.1 Understanding of the issues presented by an ageing society

Awareness of the issues presented by an ageing society was generally high among respondents across both the quantitative and qualitative phases of research. Even before the Ageing Well programme was introduced, senior officers in the qualitative research generally felt that they had a strong grasp of the issues related to their ageing populations, with a good understanding of the changing demography of their local areas and the implications of this on local public service delivery. This was reinforced through the three waves of quantitative research, which showed that most lead officers (over 95 per cent in each wave) consistently felt that their authority either had a great deal or a fair amount of understanding about the issues related to an ageing society.

The level of understanding of ageing issues did vary across local authorities, from a ‘top level’ appreciation of the broad challenges, to those who had conducted detailed modelling work with partners exploring the specific impacts on budgets, service provision, and ultimately older people themselves, or who had carried out wider research into the issues off the back of a Joint Strategic Needs Assessments or other programmes of work.

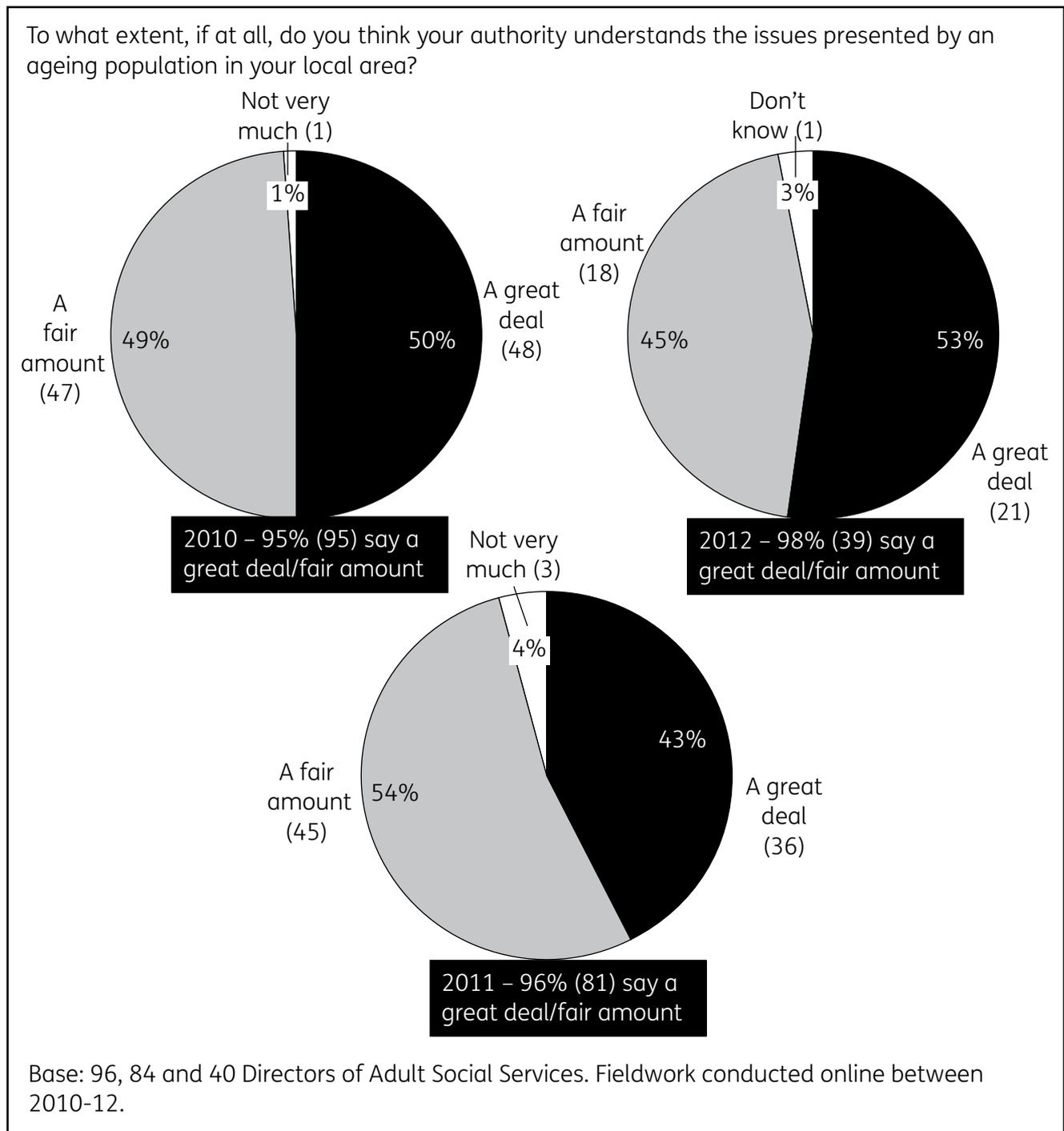
Awareness of the issues also appeared to be influenced by location. Local areas and the councils that serve them each faced a unique mix of challenges when it came to preparing for an ageing society. For example, officers in some rural areas talked about an influx of people of retirement age in addition to the growth of their existing older population, creating additional pressures on their resources. Variations in the socio-demographic and ethnic composition of the population, as well as changing attitudes and lifestyle choices, were also perceived to add an additional layer of complexity to providing a suitable local response to ageing issues in some areas.

There was some concern and acknowledgement that existing structures and services would not be able to support the changing population, and allow them to allocate the necessary resources needed to meet ageing challenges. At a local level this was seen to impact on all services, from refuse collection to home visits for older people. At the same time older people would be increasingly looking for more choice, leading to a drive in some areas towards a more personalised, bespoke adult social care service.

As a result of these challenges, many authorities have been shifting towards a preventative service delivery agenda. In the 2010 survey, 95 per cent of authorities said they had witnessed a shift towards this. However, there is an acknowledgement that this is not without its challenges, with 11 per cent of respondents from the same survey seeing the redesigning of services from acute to preventative as a key challenge.

*‘We have to work smarter with the resources we have got. Addressing the challenges of an ageing population also has to be seen within the context of transformation in adult social care (e.g. personalisation, greater focus on prevention).’*

(Metropolitan Borough, online survey)

**Figure 2.1 Most authorities feel they have a good understanding of issues**

Encouragingly, those leading on ageing issues have been clear from the outset that the ageing agenda and tackling ageing issues is about much more than simply health and social care, especially when thinking about a preventative approach. They see it as crucial that a joined-up strategy around ageing goes beyond the boundaries of health and social care, acknowledging that other service areas have an important role to play. Case study authorities were keen that as many different policy areas were involved in the discussions, debates and decision-making processes as possible, for example, in housing and transport. This was reinforced through the first wave of the survey in 2010 when four in five respondents (80 per cent) said there had been a notable shift in service provision in their authority towards a greater focus on community services.

Respondents from case study authorities also cite concerns around emotional wellbeing – notably loneliness and isolation – particularly those based in rural areas. This has been reinforced in the Young Foundation’s 2012 report on ageing entitled *100 not out*, which asserted that the number of separated older people will rise even more sharply in the near future as the ‘baby boomer’ generation contains a greater proportion of those who have separated or divorced than other older generations<sup>7</sup>.

### 2.2 Strategic approach to the issues

While local authority leads, in the main, appeared to understand the implications of an ageing population on local services and communities, the ability to meet and deal with the issues varied and presented many challenges.

As identified in earlier phases of the evaluation, senior officers in the case study and control areas already had a range of organisational approaches to ageing issues. Many authorities were already reshaping services, moving towards acting as commissioners rather than service providers, and increasingly working with local partners to meet the needs of older people. Many of these approaches had been developed in light of the tough financial climate and reduced budgets.

The initial qualitative phase of interviews described a number of challenges authorities faced in trying to implement strategies and secure buy-ins to address issues relating to their ageing populations. What the second, most recent, wave of qualitative interviews reinforced is that continued budget cuts, council restructures and reductions in staff resources have made dealing with a longer-term issue such as an ageing population all the more challenging. The surveys have demonstrated how this is a wider issue across the sector – in 2011 almost three in five (57 per cent) said there had been a negative impact on their authority’s ability to address the issues presented by an ageing population following the 2011/12 financial settlement. In the 2012 survey, the single biggest barrier to the successful implementation of strategy was felt to be the budget cuts, mentioned by 24 per cent<sup>8</sup>.

That said, some case study authorities said they had seen the funding cuts as an opportunity to pool resources and create efficiency savings and a more streamlined and holistic approach generally, given age-related issues cuts across many departments in the council. Though this was a minority view, some felt that when departments worked together, there were cost saving opportunities.

*‘The cuts are less of a problem than is made out...when departments work together they can share that burden.’*

(Additional interview, officer)

#### 2.2.1 Ageing strategies

Most authorities had a strategic approach to addressing the issues presented by an ageing society before the onset of Ageing Well, and one which went beyond the traditional boundaries of health and social care. Through the three waves of quantitative research, around nine in ten participants have consistently stated that their authority has an ageing strategy. All case study areas also claimed to follow best practice by either having a standalone ageing strategy or one set a within a wider strategy.

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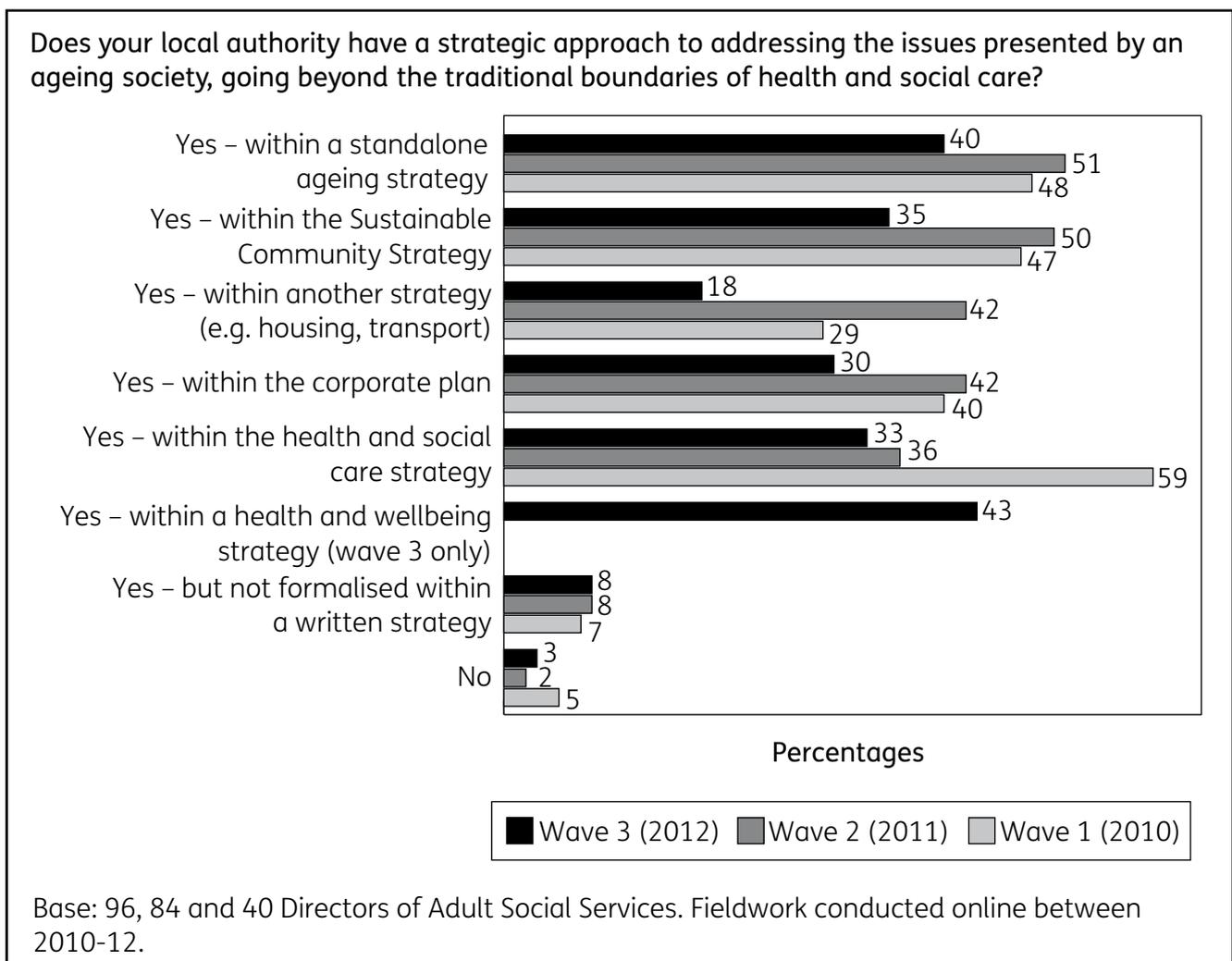
<sup>7</sup> Yvonne Roberts, The Young Foundation, *One hundred not out: reliance and active ageing* (2012). At [http://www.youngfoundation.org/files/images/One\\_Hundred\\_Not\\_Out\\_9.pdf](http://www.youngfoundation.org/files/images/One_Hundred_Not_Out_9.pdf)

<sup>8</sup> NB. Low base size, indicative finding only.

Despite the high numbers purporting to have a strategic approach to ageing issues, the qualitative interviews have demonstrated how a strategy does not necessarily guarantee change that will improve outcomes for older people or enhance their area's ability to cope with ageing issues. Many gave examples of current or previous strategies that have made very little difference to how their organisation works or to the people that live in their community. Accordingly, they have looked to the Ageing Well programme for specific support in implementing their existing strategies or designing new ones.

Other authorities have been less clear about what their strategic priorities should be and wanted a detailed understanding of the challenges that will impact on different types of service provision in the future. Others have been keen for greater direction when it comes to new models of delivery (e.g. a move towards more commissioning of services, personalisation and preventative care), moving towards a more place-based or whole system approach to delivery, and working better with partners, within and beyond the council, to ensure the best possible outcomes for older people as resources continue to be squeezed.

**Figure 2.2 Strategic approach to an ageing society**



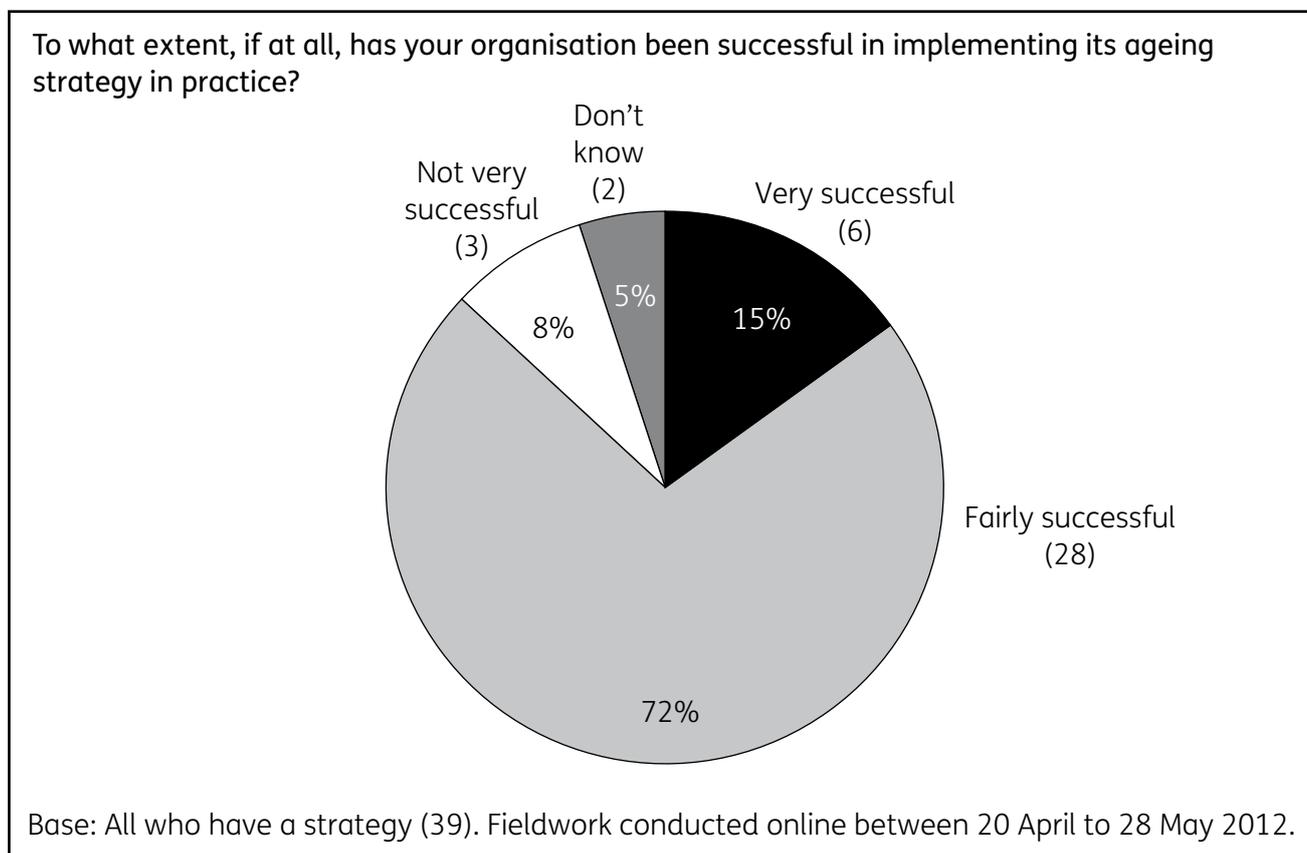
### Case study illustration 1

One case study authority used Ageing Well to help develop its 'Active Ageing Strategy'. Workshops were run in three locations to help inform the direction of the strategy and the outcomes that it should aspire to, by identifying the needs of local older people. There was representation from local older people's groups at each of the workshops. Some of the priorities included improving public health, dignity and choice, social integration, and creating a safe and secure environment, ensuring the strategy extended beyond the traditional remit of health and social care. The authority felt that the workshops were very good both because they provided assistance with identifying actions and they helped to bring together key stakeholders around the table, and increase local ownership of the ageing agenda.

The research has shown that the Ageing Well programme activity designed to support the design of new or revised strategies has been very welcome, and has certainly helped to ensure strategies are better aligned to the needs of local communities and are more embedded across councils.

In 2012, among all those organisations that responded to the survey and who have a strategy, around nine in ten felt that they had been successful in implementing it, although the majority of these only fairly so<sup>9</sup>. But, as discussed later in this report, further investigation within case study areas suggests that challenges still remain in taking the implementation of such strategies forward and maintaining momentum and enthusiasm for them across the organisation more widely. Where strategies have been more successfully embedded, this has tended to be in authorities where there was more enthusiasm from the top for dealing with the ageing agenda.

**Figure 2.3 Success in implementing strategy**



<sup>9</sup> NB. Low base size, indicative finding only.

Joint Strategic Needs Assessments (JSNAs) have proved useful in terms of formulating exactly what local strategies should look like. Indeed, a number of authorities have recently amended their JSNAs to incorporate learnings from the Ageing Well programme. In the 2011 survey, 90 per cent of respondents stated that their authority's strategy was informed by the JSNA.

*'We had a JSNA in 2009; I've been involved in the writing of both of them. The difference with this one and the last one is the last one was very public health focused, it was very much written from a health and social care model. This one has much more information in it and we're trying to use it as a resource rather than a document.'*

(Lead officer interview)

There are signs that the form which these strategies are taking may be changing. For example, there are indications from the survey results that an ageing strategy is less likely to sit within a health and social care strategy (falling from 59 per cent in 2010 to 36 per cent in 2011 and to 33 per cent in 2012)<sup>10</sup> and more likely to be situated in a health and wellbeing strategy (43 per cent in 2012). It is difficult to establish confidently whether this is the result of Ageing Well programme activity or the result of legislative changes (such as the introduction of Health and Wellbeing Boards<sup>11</sup>), but the direction of travel across the quantitative surveys suggests the strategic approach to dealing with ageing issues is arguably becoming more holistic with a multi-agency focus.

## 2.2.2 Future role of Health and Wellbeing Boards

Linked to this, the research has demonstrated the increasingly important role of Health and Wellbeing Boards going forward. Four in five respondents to the 2011 survey said their authority had plans to address the issues presented by an ageing society through a Health and Wellbeing Board (80 per cent), and the 2012 results suggest that this direction of travel looks set to continue (88 per cent<sup>12</sup>). Encouragingly, almost all (96 per cent in 2011) expect that their local Health and Wellbeing Board will consider issues relating to an ageing society beyond the realms of health and social care delivery (e.g. housing, culture, transport and leisure). In addition, almost three quarters (74 per cent) of respondents in 2012<sup>13</sup> who have plans to address ageing issues through a Health and Wellbeing Board plan to undertake specific engagement with older people and to work with organisations that represent the views of older people. (Engagement with older people is discussed in further detail later in this report.)

Officers interviewed during the qualitative phase were positive about the relocation of the ageing strategy to the Health and Wellbeing Board, as it was felt to provide a more positive, optimistic environment than traditional health and social care, as it encourages older people to live healthy, active lives. This was often linked to terminology – many felt that 'wellbeing' was a more appropriate term to use in relation to older people than 'care'. The relationship between authorities and local health services was seen as crucial to ensuring that the challenges of an ageing society could be met in an efficient and effective way.

<sup>10</sup> NB. Findings from the 2012 survey are indicative only due to low base size.

<sup>11</sup> The new Health and Wellbeing Boards provide a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.

<sup>12</sup> NB. Low base size, indicative finding only.

<sup>13</sup> NB. Low base size, indicative finding only.

### 2.2.3 Role of scrutiny

Some authorities, although much fewer in numbers, have also undertaken formal scrutiny work in preparing for an ageing society (holding steady over the three waves of surveys at around two in five), for example, a formal exercise carried out by the Overview and Scrutiny Committee or the Health Scrutiny Committee – stable at around two in five over the three survey waves. However, more authorities have not undertaken formal scrutiny work in preparing for an ageing society than have. Although it is important to be mindful of the low base size, the 2012 survey suggests that scrutiny work can be valuable to local authorities – the majority of respondents whose authority had carried out scrutiny work said it had helped to raise the profile of the ageing agenda in their area (14 out of 16 respondents) and helped to develop a better understanding of the issues resulting from an ageing society (10 out of 16 respondents).

In total, 26 local authorities participated in the Ageing Well offer to individual Overview and Scrutiny committees delivered by the Centre for Public Scrutiny (CfPS)<sup>14</sup>.

## 2.3 Local leadership and strategic oversight

The extent to which members and officers – beyond those directly responsible for social care and ageing – are engaged with the ageing agenda has been another big challenge for those officers tasked with championing these issues, and something that the Ageing Well programme has sought to address. In some local authority case study areas supporting and dealing with an ageing population has been a key priority for the senior politicians, and in others much less so.

Without this buy-in at the top level, it was seen as much more difficult to take a holistic approach to tackling ageing issues in some areas. Many face similar challenges in engaging their partner organisations with the ageing agenda. Where there has been less engagement from the top, there is less likely to have been a strategic structure in place which encouraged collaborative working, for example, across directorates in a local authority, for the benefit of older people.

Many case study respondents felt this was simply down to prioritisation. They felt that many of their peers within their authority did not feel that the ageing agenda was high on their list of priorities at a time of funding cuts, rising unemployment and economic stagnation, and were unable to see the ‘bigger picture’. It has been difficult to present the case that interventions are needed now to provide for tomorrow’s ageing population, and that preventative measures will actually save money in the longer-term by reducing the need for acute health or social care.

*‘It’s always difficult to prioritise early intervention and prevention with members and senior officers, because it’s more difficult to evidence and you can’t see it straight away.’*

(Lead officer interview)

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<sup>14</sup> LGA, Draft end of programme report (2012).

### Case study illustration 2

One case study authority received place-based support and, as part of this, an engagement event took place in October which highlighted some of the key issues around ageing in the hope that members and officers would be more aware of them and, by extension, the need to think strategically about ageing in the local area. It was attended by stakeholders and older people themselves and was run in partnership with the NHS. A summary report from this event was sent to the council's scrutiny committee in January to make them aware of progress. This authority was positive about the support that it received in organising the workshops. They did think that they would have taken place without the assistance of Ageing Well, but the programme acted as a catalyst for taking the work forward, and also for allowing officers to source additional capacity.

When it came to strategic ownership and oversight of the ageing agenda within local authorities, encouragingly almost all respondents said their authority had a senior officer and a member with overall responsibility for leading on the agenda; data from the 2012 survey shows that this is currently 95 per cent and 86 per cent respectively<sup>15</sup>.

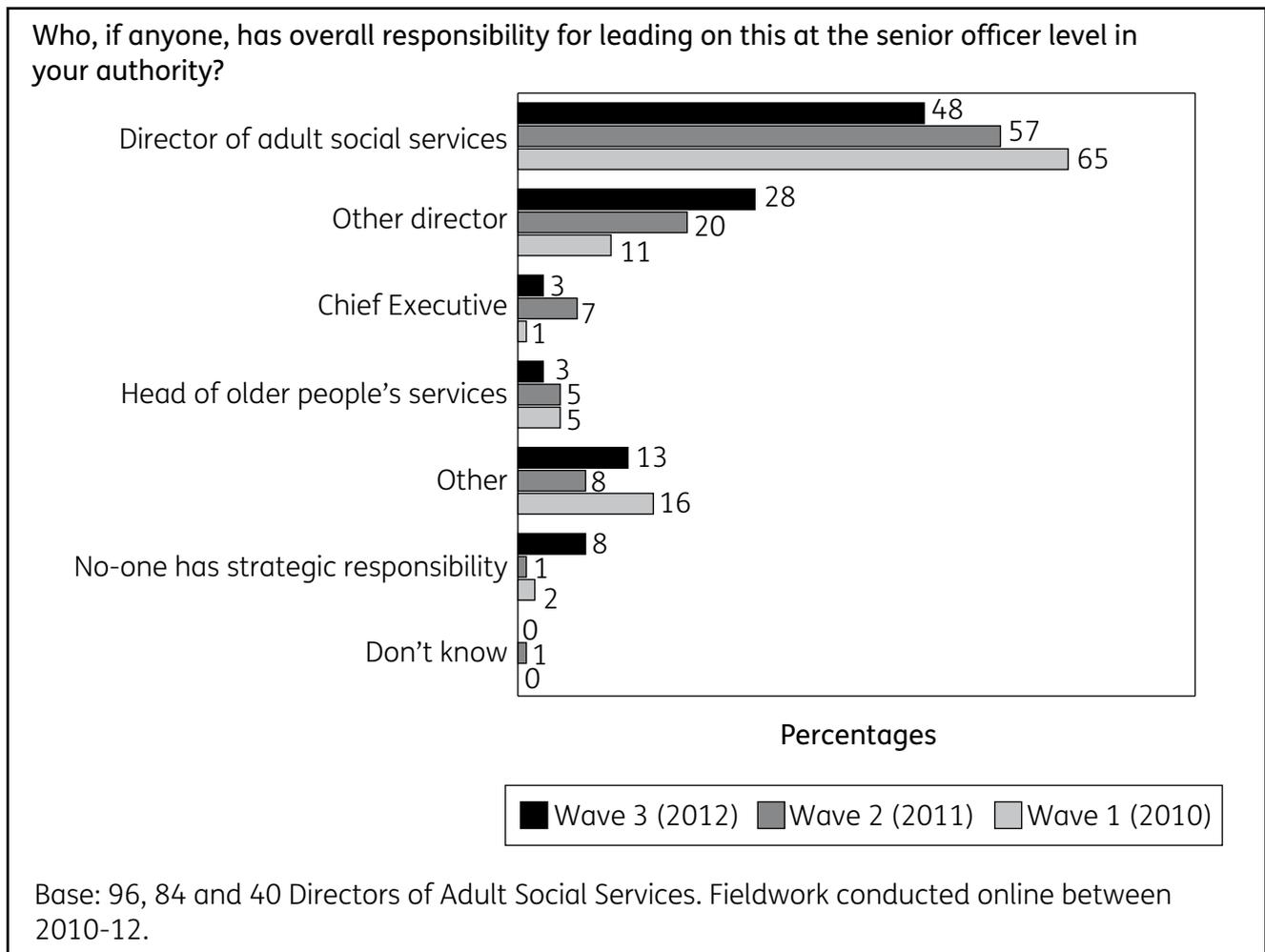
Generally speaking, there has been no consistent picture across the different areas as to where responsibility sits. The research shows that the responsibility for the ageing agenda, both at the member and officer level, has remained primarily based within the remit of adult social services, but this appears to be slowly changing, as evidenced by an increasing move towards other directorates over the three waves of the survey (although this can only be seen as an indicative direction of travel given the low base sizes). Those with key responsibility can also sit in public health (either within councils or health organisations such as Primary Care Trusts), or in another department within the council such as housing.

The research shows how lead officers for the ageing agenda can also range in terms of seniority; some are at director level, with 'sign-off' responsibility, whereas others are less senior, and are thus less able to directly dictate what form the ageing strategy should take, although they have still been able to take ownership of the agenda. Broadly speaking, the importance given to the issue of ageing at a strategic level seems to be an indication of how the issue is positioned on the authority's agenda.

In some authorities, responsibility for the agenda has been split across officers in different policy areas, whereas others have a designated officer responsible for ageing, who is seen as an ageing 'champion'. Anecdotal evidence from the small number of case study areas suggests that ageing 'champions' are not based in one particular policy area, but have input into multiple areas to maintain the effectiveness of their scope and the breadth of their remit. Furthermore, there is recognition of their need to continually encourage buy-in from multiple directorates and to increase the skills and knowledge base of those working within them, highlighting how authorities are increasingly recognising the importance of having this kind of cross-cutting remit.

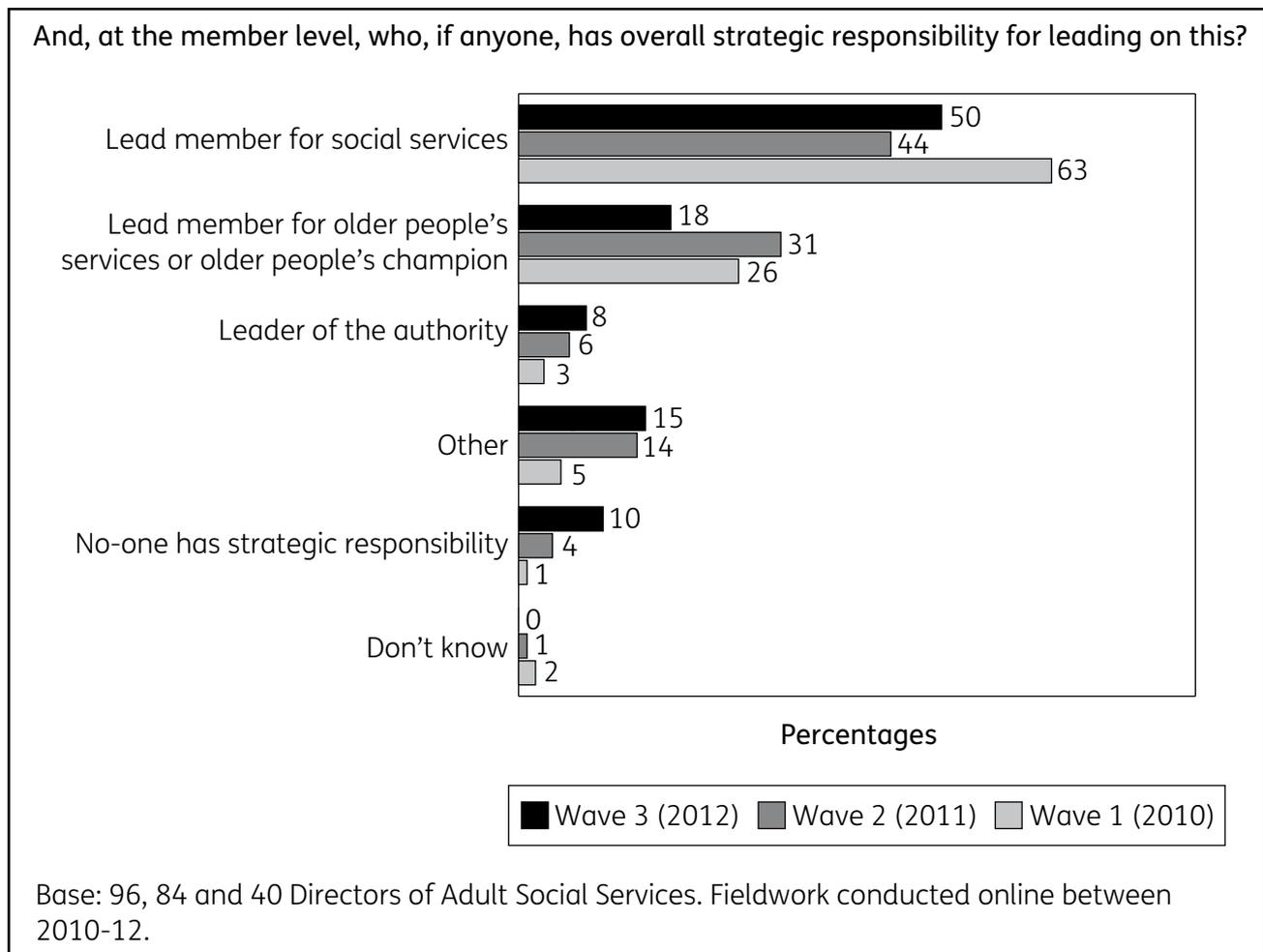
<sup>15</sup> NB. Low base size, indicative finding only.

**Figure 2.4 Responsibility for leading on ageing at officer level**



Perhaps encouragingly, responsibility for the ageing agenda does not appear to have been moving between officer roles or member roles. Despite the upheaval and reorganisation that has been taking place across much of the sector, there appears to have been an element of continuity in terms of where the agenda sits at an individual authority level – almost all respondents to the 2012 survey say that overall responsibility has not moved over the past 12 months<sup>16</sup>.

<sup>16</sup> NB. Low base size, indicative finding only.

**Figure 2.5 Responsibility for leading on ageing at member level**

## 2.4 Outreach and engagement

### 2.4.1 Engagement with older people

Most authorities involved in this evaluation were positive about, and recognised the benefits of, engaging with older people. It was felt that involving older people themselves with both the design and development of services and the strategy underpinning them was key to delivering effective local solutions.

The quantitative research demonstrates that most authorities have been engaging, at least in part, with older people. The 2011 survey showed that 86 per cent of authorities with an ageing strategy always, or frequently, involved older people in its design and development, in line with the previous year's survey. Three quarters (75 per cent) had involved them always, or frequently, in the design and development of services, again in line with 2010. Seventy-two per cent of respondents said their authority had always, or frequently, involved them in the implementation and delivery of services. The involvement of older people was seen as critical to the success of any strategy or service design – the vast majority of authorities who had involved older people in the development of their strategy (93 per cent) or in the design and development of services for older people (88 per cent) felt that this has helped a great deal or a fair amount.

The surveys and the qualitative research both show that engagement with older people was happening in a variety of ways, from older people's partnership boards to local forums and steering groups, and older people's representation on local strategic partnerships. This said, the research also demonstrated the challenges many authorities continue to face in trying to engage with older people. Many looked to Ageing Well to provide support with this in various instances.

One of the key challenges identified was the need for councils to better engage with all older people in their area (e.g. across gender, race and sexual orientation). When asked during the 2010 and 2011 waves of the survey what the key challenges were to engaging older people in the local area, the top mention was engaging with a representative section of the older community (mentioned by 61 per cent and 46 per cent respectively).

When asked specifically during the 2011 and 2012 surveys about how well they were engaging with a representative cross section of older people, around two-thirds of respondents claimed their authority had involved older people from hard to reach groups in the development of their ageing strategies and services (68 per cent and 63 per cent<sup>17</sup> respectively). However, on further investigation, the qualitative research and observations suggest that, in reality, challenges still remain here. Existing representation still tended to come from a smaller pool of older spokespeople, who, as engaged and active members of the community, were not necessarily 'representative' of all older people.

Ultimately, it was seen as crucial that dialogue with older people captured as broad a range of different views as possible (perhaps including different attitudes towards the local authority), to avoid an over-reliance on certain types of individuals and personalities. It was felt that a variety of different channels of communication was needed depending on the preference of older people themselves.

*'Info and communication are specific issues – not just the internet, not just paper, not just word of mouth, it's how you get the word out that there are opportunities for older people.'*

(Additional interview, housing officer)

The issue was seen as especially important in areas where there was large diversity within the older population, for example, in Bradford which has a larger, older Asian community, or in York, which has a large lesbian, gay, bisexual and transgender older community. Many areas identified specific harder to reach groups in their areas, such as those with disabilities or long-term health issues, as well as those who are simply not interested in getting involved.

Outreach among older people was also seen to be important in terms of being able to prepare those in their 50s for older life. Some authorities talked of the need to engage with those who are still in full-time work with the idea that they may soon need to rely on support from their friends, the wider community, or the statutory sector.

Looking forward, the latest 2012 survey results suggest that new Health and Wellbeing Boards will have an important role to play in engaging older people. Despite the low base sizes, the findings suggest that the majority of councils (around three in four) plan to work with organisations that represent the views of older people and around half intend to undertake specific consultation or engagement with older people.

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<sup>17</sup> NB. Low base size, indicative finding only.

**Case study illustration 3**

As part of the bespoke support provided by Ageing Well, a county council conducted three community engagement workshops in 2011 in three rural towns. Prior to this, engagement workshops took place between the county and district councils, as it had been identified that there was a ‘disconnect’ between the two tiers of local governance in terms of how to deliver services to older people.

The community workshops provided the opportunity for local older people to meet directly with members and officers and others who make strategic decisions. The workshops were of mutual benefit in that older people were given the opportunity to present local issues that concerned them to the council. As this was such a geographically large county, there was a view that those at a strategic level were not always aware of some of the concerns of older people (such as bus routes to GPs surgeries and the lack of broadband in the area). In turn, members and officers were given a touchpoint with the public and an understanding of issues first hand. These workshops were well attended, and popular among both officers, who did not always have exposure to the public’s views, and members, for whom an understanding of the public’s views was crucial.

**2.4.2 Engagement with partners**

Local authority leads and other organisations agreed relevant partnership organisations should be consulted and involved in decisions that affected older people locally. The vast majority of respondents to the 2010 and 2011 surveys said that their authorities involved local partners in the development of the local ageing strategy always or frequently (93 per cent and 92 per cent respectively). Similarly, high percentages had involved them in the design and development of services (92 per cent and 86 per cent respectively), and with the implementation and delivery of services (88 per cent in 2010) to the same extent.

As with the engagement of older people, the qualitative research suggested that there was variation about how successfully this was being implemented on the ground, though every case study area at least consulted local partners. For example, in some authorities those in the voluntary sector were fully embedded in the strategic approach taken to ageing generally, were represented on steering groups and partnership boards, and played an active role in service delivery. In other areas they were less involved.

**Case study illustration 4**

An example of where partnership engagement was strong was a county council which was already working with over 50 different partners across the three different sectors – in the public sector with health and government departments, in the private sector with organisations such as the Co-op and with large voluntary sector institutions too. Their partnership work was so extensive that recently they had to ‘rationalise’ the number of projects that they were involved with from 36 to a core of 18, (e.g. their ‘Age Action alliance’, and their flagship ‘Excellent Ageing’ programme) partly due to budget cuts and partly due to duplication. As a result, this particular case study authority felt that the Ageing Well programme offered very little that was new to them, and were less positive about their involvement in it. This was felt particularly acutely as the programme had promised to teach the area about how it could learn best practice from other areas, and the authority felt that it had not achieved this aim.

### 2.5 Co-ordination of services and place-based approaches

As with engagement of older people, improved working with partner organisations was recognised as vital if authorities are to meet the challenges they face. Joint co-ordination with both the private and voluntary sectors was also welcomed where it helped to relieve the pressure on the statutory sector.

Results from the 2010 survey, where respondents were asked about the degree of joined-up working between their authority and partners, suggest there is still some way to go. Only around one in seven said that services accessed by older people in the local area were co-ordinated or joined up across different local partners to ‘a great deal’ in terms of applying for services, the design and development of services, delivery of local services and provision of access to information and advice. The majority were only doing this a ‘fair amount’ and some were not doing it much at all (around two to three in ten). Even fewer were successfully considering the value for money in service provision in delivering services jointly. In 2011, when asked about access to services and service delivery arrangements, the patterns were similar.

The surveys and qualitative research have pointed to some inroads being made in terms of a place-based approach to tackling ageing issues in local areas, although the extent to which this is happening varies considerably. Many authorities have developed joint programmes with partners, particularly in the health and voluntary sectors, and a small number felt they had taken significant strides towards a truly place-based approach.

Many authorities felt partnership working had yet to become embedded with the ageing agenda. Even where there was strong support for working together, there have been a number of challenges in moving on this place-based ‘whole systems’ approach to tackling ageing issues, particularly in terms of moving from delivering specific projects or developing a joint strategy to implementing a more comprehensive area-based model for addressing ageing issues. This was another area where Ageing Well support was welcomed.

#### **Case study illustration 5**

As part of their ambition to develop more of a place-based approach to ageing issues in the area, one case study authority used the Ageing Well programme to run a series of asset-mapping workshops with the general public, voluntary and community organisations, and officers and members. The authority felt these workshops were the most useful part of all the support they received and that the consultants did a good job with explaining this approach and bringing the tools to allow them to input on these issues (maps, pins, etc.). The main learning from the workshops was a recognition that they (collectively) needed to focus more on the smaller areas within the town itself and be less ambitious about what they were trying to achieve in a single setting. Furthermore, there was a feeling that the experience of carrying out asset mapping is often more important than the output – it allows those who reside in, and know the area well, to see it in a new light. It also allowed officers to liaise with one another and, in mapping assets, to learn to work in partnership, even if for a short time period.

Among case study areas, not all lead officers felt that a new place-based approach necessarily meant that delivery of services would be any easier. There were some indications that the greater the number of partners involved, the more difficult it was to make decisions, especially where there were budgetary considerations at play.

Some raised concerns that there was not always an equal pooling of resources, with too much emphasis on what the statutory sector was able to do, as well as the different styles of working and

financial circumstances between the sectors. That said, participants from the voluntary sector were positive about being given the opportunity to get involved with the ageing agenda in their local area in the first place. Some saw this as an indication that local authorities were becoming less risk averse and more consultative.

*‘The fact that we were allowed to contribute to what was basically an external audit was brave.’*

(Voluntary sector organisation)

Progress does appear to be being made in the area of joint working since the Ageing Well programme began. In 2011, most respondents (90 per cent) said that their authority had plans in place to improve the co-ordination or joining up of the services provided with partners to older people, either within the next 6 or 12 months. The latest survey results for 2012 suggest a positive direction of travel with around three in four (73 per cent) now saying that they are working with partners to develop a place-based/whole system/community budget approach to addressing issues presented by an ageing society (compared to 58 per cent in 2011) – although the low base size for 2012 means we can only treat this as indicative. It is the strategic delivery of services that is the key aim of this work – around three-quarters of those who work with partners do so to deliver services to older people (76 per cent) according to the 2012 survey, and are developing a joint strategic approach to ageing issues (73 per cent<sup>18</sup>).

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<sup>18</sup> NB. Low base size, indicative finding only.

# 3 Ageing Well programme involvement

## 3.1 Awareness of programme and initial engagement

Though case study authorities were able to identify areas in which they had needed assistance with the ageing agenda, few were proactively seeking any support from outside their local area prior to their involvement with the Ageing Well programme. This is not to say that they were doing nothing – many authorities were already forming stronger links with partnership organisations and trying to find ways to rationalise their services or make them more effective within the increasingly limited resources they had available.

There was a general sense among participating case study areas that, prior to Ageing Well, many were unable to start implementing wider ageing strategies or improve delivery models because of budget and resourcing pressures, and a preoccupation with organisational restructures and service cuts. They dominated the agenda and meant that any existing strategies and models tended to be judged in terms of how costly, rather than how effective, they would be.

As already cited, the 2012 survey demonstrated that more widely, the single biggest barrier to the successful implementation of local ageing strategies is still budget cuts – cited by two in five respondents<sup>19</sup>.

*‘In one sense it is harder, as it is even more difficult to set aside dedicated resources and capacity for dual running costs and set up costs to promote transformational change. On the other hand, there is now more focus on, understanding and attention being given to, working in partnership to support older adults and communities generally to build and sustain their own assets.’*

(Metropolitan Borough, online survey)

*‘The whole raising awareness priority has probably got absorbed with so many other things...it just isn’t the priority at the moment, it’s all about saving money.’*

(Lead officer interview)

Lead officers in the case study areas tended to have heard about the programme via the LGA. Often this was through one of the Regional Improvement Managers, who contacted them in 2010 or 2011 to tell them about the programme, discuss what it involved, how it was delivered and how they could benefit from it. Most reported that they were presented with the opportunity to take part rather than actively searching for help with their ageing strategy. However, generally speaking, councils were glad of the offer of assistance.

Even at the early stages, it seemed to be the case that the Regional Improvement Managers were keen to mould the programme to the specific needs of the area. Though memories of the initial introduction to Ageing Well were sometimes a little hazy, most case study areas could recall a correspondence with the Improvement Manager in which they discussed the particular challenges of their area and how Ageing Well could be used to address some of these.

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<sup>19</sup> NB. Low base size, indicative finding only.

From discussions with the Regional Improvement Managers, it does not seem to be the case that the offer of help was framed in terms of a **need**, as that may have run the risk of offending some of the authorities. Rather, it was framed as something from which case study areas might **benefit**, as there were likely to be areas where the sharing of best practice could provide benefits across the board.

Sometimes, the initial contact from the Regional Improvement Managers was aimed at director level, and sometimes it was aimed at a department rather than an individual. A smaller number of authorities seem to have come across information either on websites or through Association of Directors of Adult Social Services (ADASS) channels, or through information from peers in other areas.

After the establishment of the programme, it seems that word spread fast across the sector about its existence, to the extent that, in 2011 survey, nearly nine in ten (88 per cent) respondents said they knew at least a fair amount about the programme, an increase from 74 per cent the previous year.

## 3.2 Reasons for non-involvement

The small number of control areas that were approached for this study tended not to have got involved as they were unaware of what help was available to them. This was supported by the open-ended responses to the national surveys, which indicated that there was a lack of awareness in some areas about the programme and a feeling that it was not advertised well enough by the LGA (although the survey findings indicate that awareness of the programme did increase over time).

*'It has not really been publicised to know what assistance it could provide.'*

(Unitary Council, online survey)

Others felt that the structure through which they dealt with an ageing population was already well established locally and that they were unsure of how centrally organised support could benefit them, despite some calls for a more imaginative approach to the issues.

*'We maybe need encouragement to see the wood from the trees – would certainly consider interesting creative approaches.'*

(Control interview)

Also, concerns about the availability of staff resources within local authorities themselves proved to be a key barrier that prevented some areas from taking part. Though the programme was free, there was a worry that the actual implementation of the programme might be too labour intensive, and some areas, particularly those who had seen a reduction in staff levels, would not be able to roll it out effectively. More generally, over a third (36 per cent) of all authorities interviewed in 2012 said a lack of staff resources was one of the biggest barriers to successfully implementing an ageing strategy<sup>20</sup>.

*'Officers and members have to give their time – and time is money. And they are already trying to deliver more with less.'*

(Regional Improvement Manager)

<sup>20</sup> NB. Low base size, indicative finding only.

### 3.3 Allocation of resources and timescale

Often, the responsibility for the delivery of the programme at the client end was immediately assigned to an individual officer, most likely at the council, or two officers were given joint responsibility. When a specific individual(s) was assigned, there tended to be more of a feeling of ownership around the programme, and, by association, often a stronger drive for it to be successful. Overall, lead officers generally saw themselves as playing a pivotal role in helping to deliver the programme.

*'It was...our director who attends ADASS<sup>21</sup> and they were saying that Ageing Well was going to be doing some regional work and I was asked to represent the area.'*

(Lead officer interview)

While the programme was designed to be free at the point of delivery, the anxiety about resource commitment did put some authorities off participating. However, it was also an issue for some of those authorities that did engage with the programme. At the initial stage, authorities were unsure about exactly what staff resource would need to be set aside, but there was a feeling among some case study areas that the effort and time required from lead officers in supporting the delivery of the programme was quite labour intensive in the end, and was often delivered 'on top of the day job'. For example, officers in one unitary authority reported that they gave up a great deal of time 'for free' to ensure that the Ageing Well engagement workshops were successful. Others reported that the intensive nature of support required from officers limited the amount of Ageing Well programme activity they opted for. This was exacerbated in some areas because of the delay in getting a programme of activity in place and the need to deliver it in a condensed timeframe.

As the programme was introduced to them by the Regional Improvement Managers, it was made clear that the programme would be ending in March 2012. As such, there was some concern about whether objectives that were either predetermined or drawn up in discussion with the Regional Improvement Managers (such as joined-up approaches or strategic partnerships) would be achievable within this relatively short timescale, as well as having measurable outcomes at the end of it. A lot of bespoke activity had neither been implemented nor designed when initial interviews took place in 2011, and there was talk of a rush to complete activity in time for March 2012.

Often, there was a feeling that the programme would only be able to scratch the surface in terms of the actual difference it made on the ground, as the timescale was too short in which to see a real difference.

### 3.4 Expectations of the programme

Across the case study areas, there was a variety of different local needs and expectations as to what difference Ageing Well could make. The case study areas, from East Sussex on the south coast, to Cumbria in the North West, all had a range of different local contexts and priorities for their older populations, which varied in line with the way in which they were already working and the progress that they had made in tackling ageing issues to date.

Some authorities were keen to enhance the work that they were already doing, while some wanted to initiate new approaches, and saw the programme as the ideal opportunity to develop new partnership schemes, delivery models, or general approaches to outreach and engagement. Some wanted general help getting to grips with ageing issues, whereas others wanted help with specific

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<sup>21</sup> Association of Directors of Adult Social Services.

projects or areas of work. For example, some case study areas were keen to enhance the presence of dementia-friendly communities in their areas in order to challenge misunderstandings about the condition. Others wanted to enhance, or initiate partnership work in the area, or conduct peer reviews looking at best practice in other areas.

Though some areas were prescriptive about what they wanted to achieve from the programme, other areas had limited expectations of the programme. This seemed, in part, to be due to them having a lack of understanding about what was being offered and what positive difference could be affected within the limited timescale. It may have also been the result of authorities not having a specific need in mind when they signed up to the programme.

*'I don't think we said we wanted to get X, Y and Z out of the programme.'*

(Lead officer interview)

Many authorities were simply glad of any help that Ageing Well could provide. They were happy to be told what help they needed and what specific support they should take advantage of by an external expert who was able to look objectively at their current level of provision and identify any gaps that might be there. In other cases, authorities were less passive, and worked with the third parties to help identify needs. It was important that the offering was flexible enough to be able to identify any shortfalls that might be present while accommodating any needs that the authorities themselves had identified.

That said, when prompted, there were a number of support areas that respondents mentioned when asked where they felt Ageing Well might be able to help, and where they wanted to see impact from the programme.

Raising the profile of the ageing agenda was key. Many felt that the issues around the UK's ageing population needed to be further embedded in both a local and a national consciousness, in order to more effectively prepare for the delivery needs of an older population. Furthermore, a number of lead officers wanted to raise the profile of ageing issues within their own authorities, particularly with senior officers and members.

*'At the time we were hoping to use the learning to bring the older population to the forefront of the council's work.'*

(Lead officer interview)

Many also wanted to move the debate around older people further beyond the boundaries of health and social care. Even though the research suggests this was already taking place in much of the sector, there was a sense that this needed to happen more systematically, particularly in looking towards a more preventative agenda when it came to service delivery for older people.

*'Half of the spend on over 50s that comes into the area is on acute care – we needed to shift that and we needed support to make that happen.'*

(Lead officer interview)

Some wanted help moving towards individual and community led support rather than an authority led model. Where areas had been particularly badly affected by the cuts, many identified services in their communities which would be able to continue, but only through the perseverance and dedication of the third sector and/or local volunteers. These included, for example, 'older people nights' in community centres, as well as some domiciliary care and support.

*‘Moving away from “the council does it all” to “the council is the last resort”.’*

(Lead officer interview)

With the public health agenda now aligned to local authorities, there was a feeling that there existed some good opportunities for joined-up working in terms of pursuing more of a preventative agenda to ageing issues, for example, with regard to the pursuit of healthy lifestyles. Authorities had been looking for more support in this area.

Increasing intergenerational activity was something some authorities were keen to pursue. There was felt to be a genuine benefit when older and younger people engage with one another and, in particular, are able to exchange skills and advice. As well as the learning that is shared, such events are felt to have a genuinely restorative effect in combating distrust and suspicion among different age groups. This issue was seen to be a particularly relevant one at the moment. The Beth Johnson Foundation<sup>22</sup> was involved with the programme and is currently doing work across the UK to encourage intergenerational contact and to promote an understanding of the potential of intergenerational approaches to address social issues, and issues around the isolation of the elderly. Also, 2012 is the European Year for Active Ageing and Solidarity Between the Generations<sup>23</sup>, as part of a drive towards an ‘Age friendly European Union by 2020’.

*‘Intergenerational practice aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that the young and old have to offer each other and those around them.’*

(Beth Johnson Foundation)

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<sup>22</sup> Beth Johnson Foundation <http://www.bjf.org.uk/>

<sup>23</sup> Age Platform EU <http://www.age-platform.eu/en/2012-european-year-on-active-ageing-and-intergenerational-solidarity>

# 4 Ageing Well programme delivery

## 4.1 Wider programme delivery

The Ageing Well programme was ambitious, and was delivered against a very challenging backdrop, particularly given the capacity and resourcing pressures facing the local government sector. The programme had been reconfigured in terms of specific delivery in light of these changes to the sector, and to take account of peak leave periods among a smaller pool of available staff. There was also a restructure at the Local Government Association (LGA), and within many local authorities themselves. Ultimately, this meant that much of the programme delivery ended up being condensed into the back end of the programme timetable. Despite this, the overall programme was able to achieve a number of ambitions in terms of supporting individual authorities and the sector more widely in delivering on the ageing agenda.

A majority – around seven in ten – of authorities who were aware of the programme had engaged with it according to the surveys carried out with local authority leads (68 per cent in 2011 and 75 per cent in 2012<sup>24</sup>).

In summary, the programme delivered the following<sup>25</sup>:

- Met and discussed the ageing agenda with over **150** councils.
- Worked **intensively with over 70** councils (against a target of 54), providing **bespoke support**.
- Provided some form of **site support** to around 100 councils.
- Provided **facilitated seminars** on a wide variety of themes (e.g. efficiency, housing, building community capacity and volunteering, employment and entrepreneurship, social isolation, the built environment, age-friendly communities); lessons learned seminars across the regions at the end of the programme; and, Pride of Place seminars in conjunction with Age UK – all in all to around **900** officers and elected members.
- Provided eight two-day **Leadership Academies** to 124 elected members.
- Ran **leadership workshops** for elected members in several regions.
- Supported 15 councils in integrating the ageing agenda and engagement with older people into their **Health and Wellbeing Boards**.
- Supported 19 councils to adopt a ‘place based’ approach.
- Initiated some ground breaking work with two councils to develop an approach for creating ‘**dementia friendly Communities**’.
- Developed a guide for councils on addressing **loneliness and isolation**.
- Facilitated several ‘**think tank**’ discussions with Chief Execs, Directors of Adult Services and cross Government Departments.

<sup>24</sup> NB. Low base size, indicative finding only.

<sup>25</sup> LGA, *Draft end of programme report* (2012).

- In partnership with the Centre for Public Scrutiny, supported **26 Scrutiny Committees** to incorporate the ageing agenda into their work.
- Worked with 31 councils on an **intergenerational programme** to develop a peer support approach.
- Supported workforce **initiatives** developing an Ageing Studies Certificate and input into the ADASS Community Leadership Project.
- Engaged over 30 councils in nine regional **Action Learning Sets**.

### 4.2 Summary of targeted support received through Ageing Well

As outlined, the support given to authorities as part of the programme was also designed to be moulded to the specific needs of individual authorities. By its nature, this made targeted programme activity quite wide ranging. The menu of products and services on offer ranged from more intensive ‘bespoke’ support for those local authorities who needed it, to light-touch advice and information sharing for those authorities who felt they were highly engaged with the ageing society agenda already. This more bespoke support can be summarised most effectively as follows:

- **Initial consultancy** – This was usually delivered in conjunction with the lead officers. From this, a plan of action would be instigated based on the specific requirements of the area.
- **Action plans** – Often, areas were already planning to put together an action plan for improving outcomes for older people, or required help improving an existing plan, and Ageing Well provided the perfect framework through which to do it.
- **Engagement workshops with the public** – These proved useful in allowing the local public both a voice and an interface with members and officers in charge of the ageing agenda.
- **Engagement workshops with officers and members** – One of the benefits of the programme was that it encouraged interaction between officers and members. Some officers we spoke to felt that members were often more concerned with the political dimensions of any new approaches, and were often resistant to change.
- **Peer reviews of best practice** – These gave authorities the ability to benchmark their progress among other similar areas.
- **Regional and national workshops** – **These gave officers a vital chance to network with other professionals from other local authorities and to share best practice.**
- **Encouraging asset-based approaches** – The idea of moving from a deficit-based approach (in which older people are seen to be more of a drain on resources), to an asset-based one (where they are seen as a resource themselves) resonated in many areas. For example, in the workshop Ipsos MORI attended in Bexhill, there was a dialogue around how older people should be seen as having something to offer rather than being a drain on the resources of the statutory sector. However, it was important to determine exactly what constitutes an ‘asset’ – in the Hertfordshire Ageing Well report, prepared by the Office for Public Management (OPM), differences are drawn out between tangible assets (for example, community centres) and intangible ones (such as ‘technical knowledge, experience, personal characteristics, relationships with friends and neighbours, and the existence of strong social networks’).
- **The promotion and identification of ageing ‘champions’** – The programme helped to foster more strategic ownership by helping to identify individuals to push the ageing agenda forward within local areas. Often, the lead member responsible for the delivery of Ageing Well activity in their area was such an individual, and they retained this responsibility after the programme ended.

As part of the programme, there were also some more creative, less ‘off the peg’, approaches that were instigated. For example, in York, a ‘speed dating’ event was initiated in which the voluntary sector was able to meet members and officers of the City Council. This was in response to a perceived lack of integration between the two sectors. In Bradford, a music event called ‘OP Idol’ was organised, where older people were invited to sing in public, encouraging social participation and interaction. In Cumbria, as part of the ‘Connecting Cumbria’<sup>26</sup> initiative, support groups were set up where younger residents were invited to teach older residents to surf the internet and send texts, a perfect example of the type of intergenerational work that the Ageing Well programme encouraged.

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<sup>26</sup> <http://www.connectingcumbria.org/>

# 5 Feedback on the Ageing Well programme

## 5.1 Overall impressions of the programme

Generally, there was great positivity towards Ageing Well in the case study areas. Most felt it had made a genuine difference in any one of a number of areas, from helping councils engage with partners to helping them network with other authorities and share and receive best practice and support. They generally developed good rapports with the Regional Improvement Managers and consultants, and enjoyed attending workshops and being encouraged to adopt new and creative ways of thinking.

*‘Overall it’s been really positive – at times I did wonder whether we would get anything worthwhile out of this programme. But, now I think we have a clear vision of how to take this forward. It is something that we will strive to sustain...’*

(Lead officer interview)

*‘We felt it was a really good use of our time – we were impressed by how the workshops were run.’*

(Additional interview, officer)

*‘Ageing Well provided a fresh pair of eyes and a regional and national context... it was refreshing to have someone from outside the county come in.’*

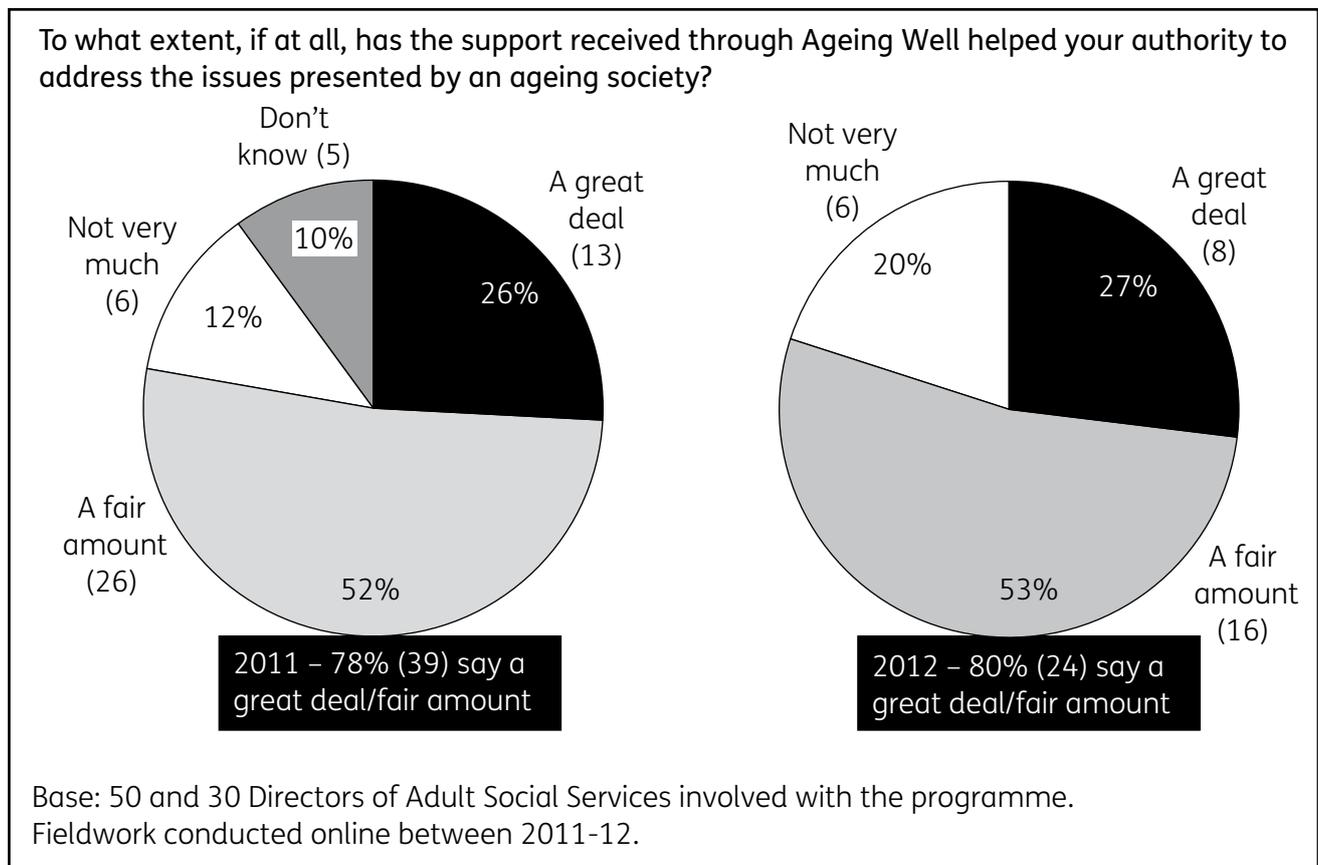
(Lead officer interview)

Nationwide, there was also agreement that the programme has been useful, with four in five respondents in both 2011 and 2012<sup>27</sup> agreeing that it has helped their authority to address the issues presented by an ageing society a great deal or a fair amount. Only one in five respondents involved in the programme said it has not helped very much. No-one said that it had not helped at all.

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<sup>27</sup> NB. Low base size, indicative finding only.

**Figure 5.1 Extent to which Ageing Well has been helpful to address ageing society issues**



Very often, case study respondents reported that the programme acted as the ‘catalyst for change’ that many authorities needed. Many felt that they had been making some progress at tackling ageing issues, but that the programme pushed them forward and ensured that they put their plans into action.

Additionally, authorities were positive about the programme being delivered free at point of delivery. This was particularly well received given the current financial climate and the challenges some authorities were facing in allocating enough resources to the ageing agenda. Arguably, feedback about the programme overall could be seen as more positive because councils were not having to pay for it, and had fewer expectations as a result.

Another key area of satisfaction was the role and involvement of the Regional Improvement Managers. Generally, case study respondents felt that the experience of, and support from, those assigned to help them was invaluable, and in a number of areas Improvement Managers were credited with working tirelessly to ensure the programme was delivered successfully. A number of lead officers felt that the Improvement Managers were important in ‘chivvyng’ them along and ensuring that the work did not fall off the radar.

*‘You need someone to help chivvy you along.’*

(Lead officer interview)

Improvement Managers patiently helped to discuss the needs of individual authorities to ensure a suitably tailored programme of activity was designed and delivered from the various options

available. They also provided context, explaining the process that comparable areas had made towards their strategy, presenting a ‘window’ to the national picture, which allowed lead officers to look objectively at their authority in relation to other areas.

*‘It was useful for us to realise we weren’t on our own and that other people have made changes.’*

(Lead officer interview)

In most instances, a genuine collaborative partnership seems to have emerged between the Regional Improvement Manager, those delivering the Ageing Well activity and the authority lead officers, and this has led to enthusiasm towards both the programme and the outcomes that were being worked towards.

*‘Contactable when we needed it – it didn’t foist itself upon us and we were able to make it flexible on both sides when we needed to.’*

(Lead officer interview)

*‘It’s great to be part of something innovative and dynamic...there have been frustrations along the way, but having this resource has been amazing. The opportunities of having those experts to guide us have been startling.’*

(Lead officer interview)

There was positivity, too, towards the quality of workshops and seminars that officers attended. They were felt to be well facilitated, provided helpful discussions and advice, and allowed for delegates to contribute in plenary sessions, and share the particular needs and experiences of their areas. One of the key benefits of such events was that they provided sought after networking opportunities. These were seen as invaluable as they provided the ability to draw on best practice from elsewhere and to learn from others.

*‘The thing I’ve found very helpful about Ageing Well is that it provides a forum for you to engage with and learn from other areas of the country that are struggling with the same issues you’re struggling with. That networking aspect I’ve found hugely useful.’*

(Additional interview, officer)

*‘The strength of Ageing Well was having that strength of expertise on your doorstep.’*

(Lead officer interview)

There was also a sense that Ageing Well enabled some local authorities to think ‘outside of the box’ about how to deal with communities in new and creative ways. One case study area in particular valued the creative way of working with the Young Foundation.

Despite the generally positive sentiment towards the programme, there were a number of issues that were raised by case study respondents that warrant mention.

In particular, the short timeframe within which programme activity, particularly intensive support, had to be delivered. As well as the pressure on individuals, including lead officers, to deliver programme activity in such a small window, some also felt that the short timescale prohibited realistic and achievable improvements – our outcomes – over the longer-term.

*‘In terms of the scale of the problem to the scale of the solution it seems a little optimistic that there will be any major change.’*

(Additional interview, officer)

*'I would do it all over again, but with more time to do it better.'*

(Lead officer interview)

There was also some minor discontent about the council resources that were required as part of the programme. Some lead officers felt that it was not made clear at the outset what resources they would need to allocate for its delivery. Possibly as a result, many lead officers felt that they had given time above and beyond their core hours to ensure the programme was successful.

There was also some concern about the tailoring of the offer, particularly for one case study area. This particular council reflected that they got very little out of their involvement with the programme because it was pitched at a level that they had long ago reached. For example, the council already had a well developed strategy and was working with a great number of partners across many different workstreams. The lead officer was looking for the 'next stage' in terms of actual service delivery, but did not find it through Ageing Well.

*'It was almost like we were being taken back to the beginning when we didn't really need that. We were a bit disappointed with the level of support we got.'*

(Lead officer interview)

One respondent, a councillor, went to a workshop run by Ageing Well in her area and was disappointed as she felt that the ideas presented as best practice were 'backward-looking' (e.g. bonnet making workshops for older people), and did not represent a progressive, modern approach to addressing the needs of older people as was exemplified by some of the work happening in her own authority.

## 5.2 Views about wider programme activity – secondary evaluation data

The generally positive view of the programme is also reinforced through the summary review of the secondary data (including feedback questionnaires) collected through the LGA. This demonstrates how participants found the wider programme activity useful, and helps to quantify some of the positive themes coming through the qualitative case study interviews.

Of the 849 participants at the 29 master classes or seminars:

- 602 returned a feedback form, representing a response rate of 71 per cent.
- Overall, 89 per cent of these rated the event as 'excellent' or 'good' (38 per cent and 51 per cent respectively). Only six per cent rated the events as 'fair', five per cent returned blank forms and only two individuals (less than a per cent) rated the events as 'poor'.
- Overall, 89 per cent agreed that the event provided them/their local authority/organisation with the basis for further improvement. Only one per cent disagreed that the event provided the basis for further improvement, with the rest either returning a blank response (six per cent) or saying they did not know (five per cent).

Some more specific verbatim feedback included:

*'I thought it was very valuable. I will be reporting back with the same amount of energy as I have heard today.'*

(Master class participant)

*'Nice balance of presentations and small group discussion. A well organised event that ran smoothly.'*

(Master class participant)

*'I find it more useful to allow speakers to speak uninterrupted and take questions afterwards.'*

(Master class participant)

Of the 55 participants at the three leadership academies held over 2011 and 2012:

- Around half (48 per cent) of delegates rated them as good, and two-fifths (41 per cent) felt they were excellent.
- Three-fifths (62 per cent) of delegates felt that the learning and development activity in the workshops exceeded their expectations, and for almost two-fifths (38 per cent) it met their expectations.

*'I have agreed to become the ageing well champion in my authority – I never would have agreed to that before attending the training.'*

(Leadership academy participant)

### 5.3 Meeting key objectives

Because of the short timeframe in which much of the programme activity was delivered, and the fact the research was carried out immediately after the programme came to an end, it is difficult to measure the impact of the programme against some of its original objectives, particularly in relation to improving outcomes for older people. What can be demonstrated through the evaluation though, particularly through analysis of the qualitative research and feedback collected via LGA, is that progress has been made, at least in part, against the four objectives around leadership, strategic approach, engagement of older people and joined-up/co-ordinated commissioning and delivery of services for older people. If the programme did not help them to fully deliver improved outcomes in their local area, it at least helped to set them on the right path.

The evaluation has only enabled us to engage in detail with a small selection of local authorities, but the feedback from most of them suggests that in the main, the support provided through Ageing Well allowed their authority to make more progress in tackling age-related issues in their area than might have otherwise been the case without it.

In turn, it is possible to cite some progress against each of the key outcomes for local authorities being measured by the evaluation (referred to earlier). The research has demonstrated that the programme has helped, at least in part, to:

- raise the profile of ageing issues across councils, promoting understanding among elected members and senior officers as well as partners;
- support lead officers in championing the ageing agenda within their area, acting as a catalyst for change and improvement;
- encourage the formation, development and buy-in to an ageing strategy and the structures and processes that support it;
- ensure that local authorities' strategic approaches are informed by the needs and aspirations of older people;

- promote more integrated working between different parts of the council, between council officers and members and between councils and their partners in the voluntary and health sectors; and
- support councils in broadening the approaches they take in relation to ageing issues, e.g. going beyond health and social care, and adopting more preventative approaches.

Taking each of the programme's original four key objectives in turn, it is possible to demonstrate a number of ways in which it has helped to support local authorities.

### 5.3.1 Promoting effective leadership

The case study areas where the programme was seen to be particularly successful was where it helped to instil a sense of leadership among officers. In some cases, there was no designated individual responsible for the ageing strategy and, by assigning responsibility for the implementation of Ageing Well, that officer became charged with the ageing strategy going forward, and ensuring that the work done through Ageing Well continued, and maintained its momentum.

*'What Ageing Well did was give us an incentive to pull together different officers from county council, district council and public health perspectives in a way that wouldn't have been possible otherwise.'*

(Lead officer interview)

In other cases, there had been a person responsible for the ageing strategy, but their approach was too focused in the service area they worked in, typically social care. Officers felt that the programme had encouraged them to link up with colleagues in other areas, and, by doing so, had re-affirmed their leadership of the ageing agenda within the authority, and helped them to see the bigger picture by taking them (and, by extension, the strategy) out of the 'silo' of their particular department.

In other areas, responsibility for the agenda was spread across different directorates, and the programme seems to have encouraged and helped to build on the collaborative working that already existed. There has also been greater promotion of the importance of ageing issues among senior directors and members as a result of the programme. Many lead officers felt that the programme had forced them to take the issue more seriously and push it to the top of their list of priorities. This was particularly important for members as they have a public facing role and engage in frequent dialogue with them. However, it also served to underline the frustration that was felt when professionals across the authority did not unite behind the agenda.

*'We held those leadership events which were very good because they involved older people and I think a lot of the senior people who were involved with it enjoyed it. And I think they engaged them with the notion that having a very rapidly growing older people population, means that we need to grow our community, collaboratively with them and to actually see them as a resource not a demand.'*

(Lead officer interview)

### 5.3.2 Improving strategic approaches to the issues

The programme has been seen as effective in fostering a strategic approach, though this is most marked among areas that did not have such an approach prior to the programme. For example, one of the key perceived benefits of the programme was that it acted as a catalyst for change, and, usually, the instillation of a more strategic approach was the fundamental change that was encouraged.

Through some of the workshops and mentoring delivered as part of the programme, authorities were allowed to find the best strategic 'fit' for their local area, drawing on the expertise and experience of others. For example, some areas had particular issues with engagement with the voluntary sector, whereas, in other areas, there was less joined-up thinking between the two sectors.

*'Ageing Well provided a fresh pair of eyes and a regional and national context – it was refreshing to have someone from outside the county come in.'*

(Lead officer interview)

The programme has allowed many authorities to continue to pursue their strategy with a greater sense of direction. A number of authorities received direct help in writing new ageing strategies, or improving existing ones, or will review their existing strategies for ageing as a result of the Ageing Well programme. The programme has helped to ensure that, going forward, the strategies will be better embedded in the evidence, as well as more embedded in the organisation (i.e. by linking in with other corporate plans and strategies and with local performance management systems).

Moreover, the process of developing strategies has helped to push ageing issues further up the agenda, and look at new and innovative ways of doing things. It has been an important process of securing buy-in from other parts of the council and partners to ensure that ageing is not just seen as a health and social care issue.

### 5.3.3 Engagement with older people

Engagement with older people was encouraged as part of Ageing Well, but the research suggests that this was perhaps not done as effectively as possible. This was partly due to an inability to successfully 'recruit' willing volunteers within the timescale, but there were also indications of opposition to the engagement of older people among members and officers in some councils (there was a sense that having to take account of the views of the wider community added additional burdens).

*'I think there's a high ask of the project itself – we could have done with more time to fully engage people.'*

(Lead officer interview)

Lead officers in case study areas did agree that the key benefit of engagement with older people is that they are felt to be included in the design and development of the local ageing strategy. This consultative approach also allows older people locally to be able to raise issues that concern them that the authority may not be aware of.

The most successful examples that were reported tended to be with workshops and community events where members and officers met with, and listened to, older people directly. This provided an important interface with the public which seemed, in many areas, to have been lacking.

### 5.3.4 Improving joined up and co-ordinated delivery of services for older people

The ageing agenda cuts across many different areas, so the ability for different departments and directorates to be able to work effectively together was deemed crucial. Ageing Well was seen to help to forge better links both within authorities and externally. For most authorities, more co-ordinated and joined-up working was an important, long-term priority and one that was recognised as taking time to achieve.

For many authorities, the programme certainly helped to set the wheels for this in motion, and what participating authorities were particularly positive about was the ability that it gave for them to reach out into the voluntary sector (in many areas, the support that is given to older people is increasingly less likely to come from the statutory sector). In turn, participants from the third sector talked about an increase in commissioning from local authorities which has benefited their understanding of the local issues.

Also, communication and understanding within authorities themselves, and particularly between health and social services, has improved. Though some of this is due to a national drive towards integration, the programme at least brought about a better mutual understanding of remit and focus.

*'We used Ageing Well as a catalyst for being able to help us do more and break down some of those internal tensions. It got people round the table and they discovered that there are other things going on in different parts of the organisation.'*

(Lead officer interview)

# 6 Lasting legacy and implications

## 6.1 Sustainability and legacy of the programme

One of the key priorities for the Ageing Well programme was its sustainability; there was a desire that the programme would have a legacy beyond the lifetime of the funding which came to an end in March 2012. Authorities were aware that the products and support had ultimately been designed to achieve short-term improvements, but the hope of the Local Government Association (LGA) and Department for Work and Pensions (DWP) was that these improvements would be future-proofed.

The sustainability issue is perhaps all the more pertinent when we consider that a number of case study areas expressed disappointment that the funding had come to an end and that the programme had finished so quickly. Arguably, this reflects the positive sentiment they attached to it.

Despite this, generally speaking, case study respondents did feel there would be a legacy, at least in part. One key legacy of the programme was seen to be that it would encourage councils to take the issue of an ageing population more seriously, and ensure that staff and financial resources were in place for the future.

There were some positive illustrations of how the programme is already having a legacy, with many of the steering groups that were set up as part of the programme still continuing to meet, and partnership work continuing in the programme's absence. In other areas, intergenerational work and engagement workshops were continuing, at least in the short-term.

In the different case study areas, different pictures were painted of exactly what the programme's legacy would be and often it depended on how much support was received as part of the programme. For some case study areas, it was the embedding of the ageing agenda into everything that the council does, so that any proposed changes or new approaches would be judged in light of the positive effect they would have on older people.

*'I think older people won't allow us to regress as now they have our direct phone numbers!'*

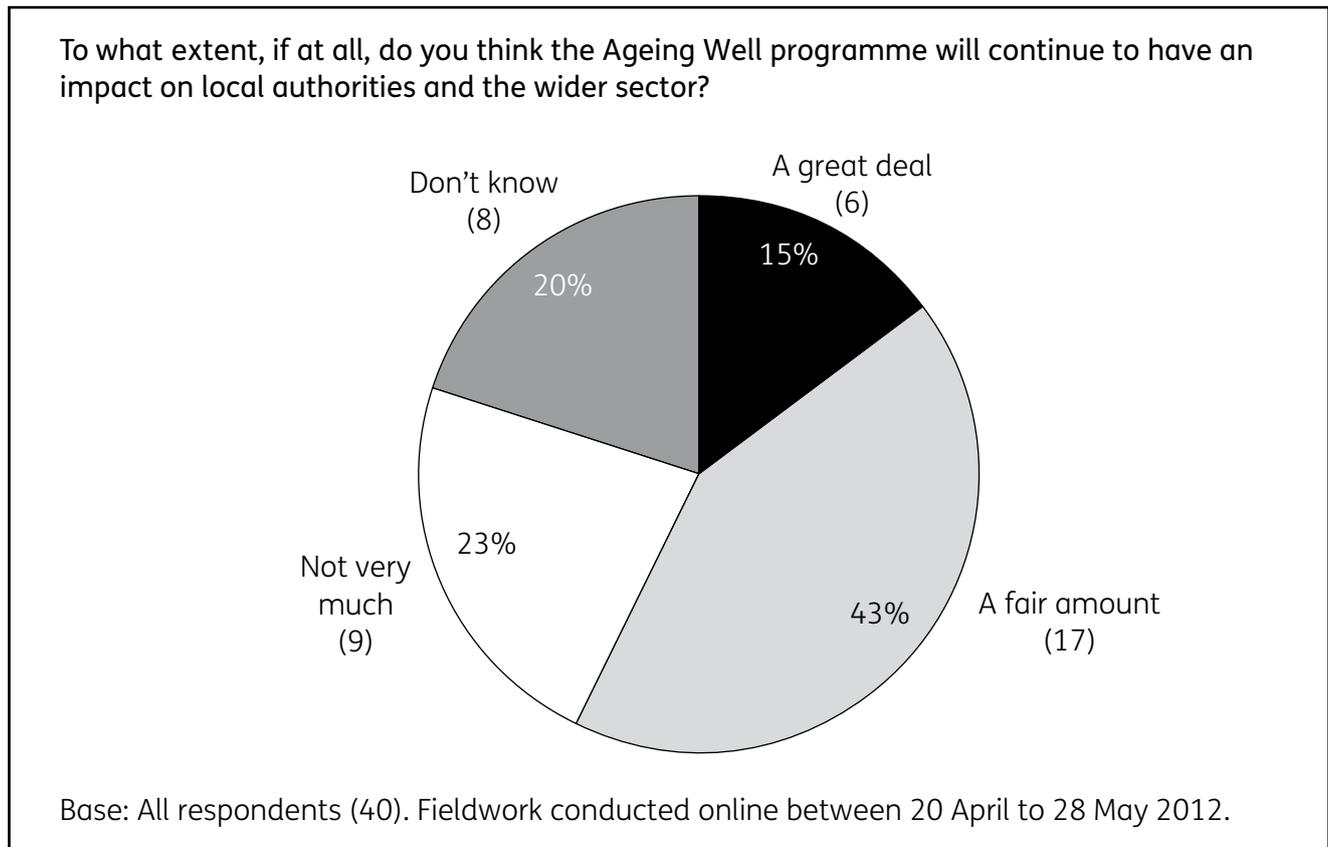
(Additional interview, officer)

One authority said it would continue to use the branding of Ageing Well going forward, including the retention of an 'Ageing Well' steering group. The programme had helped to successfully create a framework for the work the council is doing on ageing and the intention was for this work to continue.

*'We want to continue using the brand. So I think actually the branding thing is a really positive thing, the Ageing Well brand.'*

(Lead officer interview)

Looking at the survey findings, the sector seems generally positive about Ageing Well having a legacy. Although we need to be cautious of the low base size, the 2012 survey does suggest that, more often than not, respondents felt that the programme would continue to have an impact on local authorities and the wider sector (more than half are positive in this regard), with sentiment particularly strong among those who had received support from the programme.

**Figure 6.1 Continuing impact of Ageing Well**

In contrast to this, some case study respondents were less sure that the programme would have such a profound effect.

Case study respondents were less confident about the legacy of the programme in terms of delivering better outcomes for older people, primarily reflective of this being a longer-term objective that is challenging to measure so soon after the programme. There was a sense that much of the programme focused on shorter-term measures and gains, and that much of this was about dealing with behaviours, structures and strategies within local authorities themselves rather than the wider community. That said, there was general acceptance that older people would benefit from this at some stage.

For a couple of authorities, there remained some concerns about the challenge in delivering their ageing strategy going forward, notably the degree to which it will genuinely lead to a cultural shift in terms of how ageing issues are viewed across the council and also in terms of the resource and effort required to deliver and keep it high on the agenda. Even the Regional Improvement Managers cited the important role that council leads played in helping to deliver the programme and to ensure the legacy of the programme continued.

*'I think that it has taught us things are not just going to happen on their own. We have to put some effort in and also look at some of the capacity that we have not just within adult social care but in other parts of the council...'*

(Lead officer interview)

These authorities were anxious that the momentum built up as a result of Ageing Well might dissipate in the programme's absence and that without the Regional Improvement Managers to

'chivvy' them along other priorities may take over. This tended to reflect the resourcing challenges they were facing in their own authorities.

*'You need someone from somewhere else to go "OK, so it's been however many months, how are you getting on? – otherwise it gets left behind".'*

(Lead officer interview)

However, for others, the programme had presented a good opportunity to review the time and resource allocation required to deliver on local ageing strategies within their authorities, and a few intend to maintain posts to ensure continuity of the work.

In terms of specific legacy resources made available to the sector following the end of the programme, some publicly available resources have been published via the Ageing Well website since early 2012<sup>28</sup>. The site captures and shares the learning from the programme and provides practical advice for councils and their partners, with case studies, written guides and videos. It also links with other resources, to toolkits, and to websites of organisations.

It looks at what makes a good place to grow old and action councils can take to create one. It is based on three key areas;

- What makes a good place to grow old?
- How to achieve a good place to grow old.
- How to know you have a good place to grow old.

Within each area, there are written guides, case studies, podcasts and videos developed in conjunction with participating authorities, as well as professionals from the health and voluntary sectors such as the Young Foundation, and the Beth Johnson Foundation. Also, there are specific resources aimed at leaders and members, as well as guides on how to instil a place-based approach, produced in conjunction with authorities who have the relevant experience.

The legacy products are intended to further support those councils who took part in the programme and have also been designed to be of particular use by those councils and partners that were not able to benefit from the support the programme provided. In particular, district, parish and town councils, who may still need to think about their strategic approach, and how best to work in partnership with larger authorities.

In addition to the website the programme has also developed an Ageing Well group on the LGA's Knowledge Hub<sup>29</sup>. This will enable users to continue to share best practice and provide a platform for councils and partners to share their won findings and discuss the issues with people with a shared interest.

## 6.2 Looking ahead – key messages

In general, the Ageing Well programme has been well received, but there are a number of aspects that we can reflect upon when thinking about taking forward possible future programmes of work, or making improvements in the future.

Being clear on individual roles, responsibilities and the likely resource commitment upfront is important. Case study respondents welcomed a service that was free at the point of delivery

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<sup>28</sup> <http://www.local.gov.uk/ageing-well>

<sup>29</sup> <https://knowledgehub.local.gov.uk/group/ageingwell> (login required).

and this was a big incentive for them to get involved. However, a number of case study areas did emphasise that the programme still required a lot of time and resources on the part of the participating authorities, particularly the lead officers. Arguably, when thinking about the wider value offered by the programme, and thinking about any future programmes, this should be taken into consideration, as well as the main cost for delivering the programme through the LGA.

*‘Good programme – glad they did it, but unrealistic expectation of how much time people can give up.’*

(Additional interview, Health and Wellbeing partnership lead officer)

*‘The reality check is people’s time and resources to keep the momentum going on the Ageing Well agenda.’*

(Lead officer interview)

Participating authorities have really valued the opportunities to network with other authorities and experts in the field at the regional and national programme events. Sharing best practice and experiences with others appears to be an important aspect of a programme like this.

Flexibility, adaptability and tailoring is key, and was welcomed by participating authorities. Authorities needed different things from this programme – some needed light-touch support while others needed more in-depth mentoring. Others used the programme to complement work they were already doing and the provision of a formal structure from which to ‘hang’ different work streams was useful.

*‘The reason why Ageing Well has worked is because it gave us a brand on which to hang a load of stuff we needed to do.’*

(Additional interview, officer)

Tied in with this, the relevance of the programme to individual areas needs to be borne in mind, and approaches need to be carefully tailored. Where there was negativity towards the Ageing Well programme (albeit among a minority) this stemmed from a feeling that the programme was introducing approaches or working styles that the council already knew about or had done before. The programme was most valued when it was seen to add value, not reinvent the wheel.

Programme branding is also important. Early on, clarity was often needed about exactly what the rationale behind the programme was, and who it was aimed at – namely, that it was encouraging preparedness for future older populations as well as ones that already existed. For some, the ‘Ageing Well’ brand instilled positive messages; indeed, at least one case study area intended to continue using it. For others, albeit a minority, the branding was too negative, and should have conveyed a more positive message.

*‘We want the emphasis on living rather than ageing.’*

(Additional interview, housing officer)

Though the programme was able to mould itself as a reaction to the challenging financial situation and the associated difficulties with keeping staff engaged, there are lessons to be learned in terms of the timing and duration of the programme. Ageing Well was considered timely in one sense because many authorities needed help and support during a period when the ageing agenda was trying to compete with other local services for scarce resources. However, the duration of the programme was of some concern. Much of the programme activity ended up being concentrated towards the back end of the timetable (around Christmas 2011) meaning many lead officers felt

pressured into ensuring delivery deadlines were met, or felt that programme activity was rushed. Where workshops or engagement events were organised, inclement weather conditions may have affected attendance figures and, in some cases, events had to be postponed due to low turnout. Furthermore, the short timescale meant that things were difficult to rearrange.

Reflecting specifically on the key objectives of the Ageing Well programme around the engagement of older people and improving joint working, there are a number of key areas where more support or attention could be given in any future programme related to ageing.

While the feedback demonstrates that the programme has helped to change attitudes and elevate ageing issues, some felt that there was still work to do in changing attitudes and perceptions towards older people themselves, and ensuring they are fully engaged in the decisions that affect them. There are indications that there is still some work to do in ensuring representation from as large a 'pool' of older people as possible and, within this, that the voices of different communities are heard without a reliance on the same older people's representatives.

From the 2012 survey<sup>30</sup>, just over three in five (63 per cent) authorities have involved people from hard to reach groups in the development of their strategies and services, suggesting that there is still work to be done in the sector as a whole. There was a suggestion from the case study research that some members in particular still need to be shown the benefits, rather than the inconvenience, of engagement with their local older populations.

For some, there needs to be a continuing debate around what older people are interested in and how they spend their leisure time, and a feeling that old associations of illness and frailty need to be banished to the history books. Much of this ties in with the asset-based approach encouraged as part of the programme. Some would also like to see success metrics or outcome measures defined by older people themselves.

*'They asked us what we saw as a positive image of an older person – my mother once told me that I can't be wearing Doc Martins and drinking pints when I'm 70 – I said "Why not?"'*

(Additional interview – member)

When it comes to improving joined up and co-ordinated delivery of services for older people, some case study areas felt that more work and support was needed. This was particularly the case in two tier areas, where there was often a disconnect between the district and county councils, and a lack of understanding about where the role of one authority started and the role of another ended. In single tier areas, joint commissioning was more prevalent and was deemed to be more straightforward, whereas, in two tier areas there was still some misunderstanding about roles and remits.

More generally, support for partnership working will remain important in those areas where councils still struggle to reach out to partners outside the sector for help and support. Arguably though, it will remain an important driver across the sector more widely. At a time of increasing strain on resources and cuts to funding, the collaborative approach encouraged through the Ageing Well programme has shown a tangible benefit to engaging better with colleagues both within councils (including senior officers, members and other departments outside health and social care) as well as the local area more widely (for example, engagement with the voluntary sector has been shown to be particularly positive).

Ultimately, many local authorities had little experience of the sort of sector-wide support delivered through Ageing Well and the value it might offer, but the research demonstrates that programmes such as this have a valuable role to play in supporting some – not necessarily all – councils and their

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<sup>30</sup> NB. Low base size, indicative finding only.

partners in preparing for an ageing society. They are, arguably, all the more pertinent at a time when local authorities have so many competing demands on their time and resources. A product that is offered free at the point of delivery and can remain flexible to the sector's changing needs, for many, is simply too good to refuse.

Most authorities are all too aware of the task that they face in preparing for the future and the Ageing Well programme was never perceived as something that would provide a comprehensive solution to all the ageing issues they faced. But, those who took part in the programme generally felt it provided an important catalyst and impetus for helping to change attitudes and improve approaches to tackling ageing issues.

# Appendix A

## Survey questionnaires

Wave 1

Meeting the challenges and opportunities of an ageing society

Final Questionnaire

### The ageing population in your local authority area

Q1 To what extent, if at all, do you think your authority understands the issues presented by an ageing population in your local area? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

### Overall strategic approach

Throughout the remainder of this questionnaire, we will refer to two particular concepts. Firstly, we will refer to the issues presented by an 'ageing society' (people aged 50 and over). By this we mean understanding the challenges faced by the increasing number of older people in many local areas, involving issues that go far wider than the need for residential or social care. Secondly, we will refer to the more specific promotion of independence and well-being of older people in your local area.

Q2 Firstly, does your local authority have a strategic approach to addressing the issues presented by an ageing society, going beyond the traditional boundaries of health and social care? PLEASE TICK ALL THAT APPLY

Yes – within the sustainable community strategy

Yes – within the corporate plan

Yes – within the health and social care strategy

Yes – within a stand alone ageing strategy

Yes – within another strategy (e.g. housing, transport) – Please specify

Yes – but not formalised within a written strategy

No

Don't know

ASK CODES 1-6 AT Q2

**Q3 And, thinking about the authority’s strategic approach to addressing the issues of an ageing society, was this informed by the Joint Strategic Needs Assessment, or not? PLEASE TICK ONE BOX ONLY**

Yes

No

Don’t know

ASK CODES 1-5 AT Q2

**Q4 Does the strategy (or strategies) contain any key improvement targets, performance indicators or measurable outcomes on ageing, or not? PLEASE TICK ONE BOX ONLY**

Yes

No

Don’t know

ASK IF THEIR STRATEGY IDENTIFIES OUTCOMES (CODE 1 AT Q4)

**Q5 Which of the following performance indicators or targets, if any, are identified by the strategy? PLEASE TICK ALL THAT APPLY**

An increase in physical activity among older people

More older people in employment

Reduced levels of poverty among older people

Increased levels of self-reported good health in older people

Increased life expectancy

Older people living at home for longer

The quality of housing provision for older people

Access to services for older people

Other – please specify

None of the above

Don’t know

ASK IF THEY DO NOT HAVE A STRATEGIC APPROACH (CODE 7 AT Q2)

**Q6 Which of the following statements, if any, comes closest to your authority’s position on addressing the issues of an ageing society? PLEASE TICK ONE BOX ONLY**

It will become a strategic priority in the next 12 months

It will become a strategic priority in the next 2 to 3 years

There are no plans to make it a strategic priority

Don’t know/none of the above

ASK IF THEY DO NOT HAVE A STRATEGY (CODES 6 and 7 AT Q2)

**Q7** What are the main reasons, if any, why the authority does not have a strategy in place which takes into account an ageing society? PLEASE WRITE IN.

Don't know

**Leadership**

Now we would like to ask you some questions about the people that have responsibility to ensure that the issues presented by an 'ageing society' and/or the promotion of independence and well-being of older people are addressed in your local area.

ASK ALL

**Q8** Who, if anyone, has overall responsibility for leading on this at the senior officer level in your authority? PLEASE TICK ONE BOX ONLY.

Head of older people's services

Director of adult social services

Other director (PLEASE SPECIFY)

Chief Executive

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don't know

**Q9** And, at the member level, who, if anyone, has overall strategic responsibility for leading on this? PLEASE TICK ONE BOX ONLY

Leader of the authority

Lead member for social services

Lead member for older people's services or older people's champion

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don't know

ASK ALL SPECIFYING ANY OF CODES 1-5 AT Q8 AND/OR CODES 1-4 AT Q9

Q10 In which of the following ways, if any, do these leads engage with the local authority and local partners on ageing society issues? (Local partners could mean any of the following: Pensions and Disability and Carers Service, the fire service, the police, the voluntary sector, the local NHS and transport providers.) PLEASE TICK ALL THAT APPLY

- Discussions at the Local Strategic Partnership
- Discussions at older people’s forums, partnerships or equivalent
- Through shared ownership of outcome measures
- Through shared ownership of performance measures
- Through joint commissioning arrangements
- Other (PLEASE SPECIFY)
- None of the above
- Don’t know

ASK ALL

Q11 Has your local authority undertaken any formal scrutiny work in preparing for an ageing society, or not? For example, a formal exercise carried out by the Overview and Scrutiny Committee or the Health Scrutiny Committee. PLEASE TICK ONE BOX ONLY

- Yes
- No
- Don’t know

Q12 And, has your authority undertaken any formal scrutiny work in promoting the independence and well-being of older people, or not? For example, a formal exercise carried out by the Overview and Scrutiny Committee or the Health Scrutiny Committee. PLEASE TICK ONE BOX ONLY

- Yes
- No
- Don’t know

**Engaging older people and local partners**

We would now like to ask you some questions about the engagement and involvement of local people and local partners (e.g. Pensions and Disability and Carers Service, the fire service, the police, the voluntary sector, the local NHS and transport providers) in developing and delivering strategies and services for older people in your area.

ASK ALL THOSE WITH A STRATEGY (CODES 1-5 AT Q2)

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**Q13** Please think about the current involvement of older people and local partners in your local area in the development of your ageing strategy/strategies. How often, if at all, would you say that each has been involved...? PLEASE TICK ONE BOX ONLY PER ROW

	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't know</b>
Older people						
Local partners						

ASK ALL

**Q14** In the last 12 months, how often, if at all, have older people and local partners in your local area been engaged and/or involved in the design and development of services for older people? PLEASE TICK ONE BOX ONLY PER ROW

	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't know</b>	<b>Not relevant</b>
Older people							
Local partners							

**Q15** In the last 12 months, how often, if at all, have older people and local partners in your local area been engaged and/or involved in discussions and decision-making around the implementation and delivery of services for older people?

PLEASE TICK ONE BOX ONLY PER ROW

	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't know</b>	<b>Not relevant</b>
Older people							
Local partners							

**Q16** Which of the following mechanisms, if any, does your authority currently use to engage older people? PLEASE TICK ALL THAT APPLY

Older People's Forum(s)

Older people's representative(s) on the Local Strategic Partnership

Older people's representative(s) on the Older People's Partnership Board

Other (PLEASE SPECIFY)

None of these

Don't know

**Q17** Which two or three of the following, if any, would you say are the main challenges to engaging older people in your local area? PLEASE TICK UP TO THREE

A lack of interest

A lack of information/knowledge

They do not believe they will be listened to

A lack of opportunities to give their views

The methods through which they can give their views are inconvenient

Lack of training among members

Lack of training among officers

Engaging with a representative section of the older community (e.g. in terms of ethnicity)

Raising unrealistic expectations among old people

Unclear where responsibility lies in the local authority

Difficulties keeping focused on the big priorities

Nothing – there are no issues

Other – please specify

Don't know

ASK ALL

**Q18** And in what ways, if at all, do you think the involvement of older people in this agenda in your area could be enhanced? PLEASE WRITE IN.

Don't know

**Co-ordinated or 'joined up' services for older people**

We would just like to ask you a few questions about how the local authority and local partners (e.g. Pensions and Disability and Carers Service, the fire service, the police, the voluntary sector, the local NHS and transport providers) work together to provide services for older people in the area.

ASK ALL

**Q19** Thinking about each of the following, to what extent, if at all, would you say that services accessed by older people in your local area are co-ordinated or 'joined up' across different local providers? PLEASE TICK ONE BOX ONLY PER ROW

	<b>A great deal</b>	<b>A fair amount</b>	<b>Not very much</b>	<b>Not at all</b>	<b>Don't know</b>
a) Applying for services					
b) Design and development of services					
c) Delivery of local services					
d) Providing access to information and advice					
e) Consideration of value for money in service provision					

ASK ALL

Q20 Do you and your local partners have any plans in place to improve the co-ordination or 'joining up' of the services you provide together to older people? PLEASE TICK ONE BOX ONLY

Yes – plans are in place to improve the joining up of services over the next 6 months

Yes – plans are in place to improve the joining up of services over the next 12 months

Yes – plans are in place to improve the joining up of services over the next two to three years

No – plans to improve the joining up of services have been recently implemented

No – there are currently no plans in place

Don't know

Q21

a) Thinking about service provision for older people, has there been a notable shift towards a greater focus on community services (e.g. libraries, leisure services, transport) or not?

b) Thinking about adult health and social care services in your local authority, has there been a notable shift towards a greater focus on prevention (e.g. handypersons services, befriending schemes), or not?

PLEASE TICK ALL THAT APPLY FOR EACH QUESTION

Yes – through re-prioritisation of resources (e.g. transferring funding from more acute services to other services)

Yes – through the re-design of services or processes (e.g. through developing new services)

Yes – Other (PLEASE SPECIFY)

No

Don't know

<b>Support and challenges</b>
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ASK ALL

Q22 Which of the following types of improvement support, if any, have you received (from any source) in:

a) preparing for an ageing society?

b) promoting the independence and well-being of older people?

PLEASE TICK ALL THAT APPLY FOR EACH QUESTION

Examples of best practice

Peer support e.g. critical friend advice or challenge

Support from the Regional Improvement and Efficient Partnership

Support from your Government Office

Workshops/activities within your authority

Other – please specify

None

Don't know

**Q23** Finally, we want to ensure that we have a clear understanding of the challenges and issues faced in your local area in terms of an ageing society and in promoting the well-being of older people. Please provide us with any further comments you have in this regard, which have not been covered elsewhere in this questionnaire. PLEASE WRITE IN.

None

**Q24** Thank you very much for sparing the time to take part in this important exercise. Can you please confirm whether you would be happy for your responses to be attributed as part of the published results from this survey? PLEASE TICK ONE BOX ONLY

Yes – I am happy for my comments to be attributed as part of any published set of results.

No – I only agree to share my responses with members of the Steering Group, which includes representatives from the Department for Work and Pensions, the Local Government Association and the Improvement and Development Agency.

**Q25** Finally, please can you write your name, job title, telephone number and email address in the boxes below. WRITE IN

Name

Job title

Telephone number

Email address

Many thanks for taking part in this survey. The answers you have given will be important in helping the IDeA to develop a programme of support to local authorities to help them address the needs of an ageing society.

For more information, please contact [matt.barnes@ipsos.com](mailto:matt.barnes@ipsos.com)

## Wave 2

### Meeting the challenges and opportunities of an ageing society

#### Final Wave 2 Survey – 05/08/11

#### **The ageing population in your local authority area**

ASK ALL

Q1 To what extent, if at all, do you think your authority understands the issues presented by an ageing population in your local area? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

#### **Overall strategic approach**

Throughout the remainder of this questionnaire, we will refer to the issues presented by an 'ageing society' (people aged 50 and over). By this we mean understanding the challenges faced by the increasing number of older people in many local areas, involving issues that go far wider than the need for health or social care.

Q2 Firstly, does your local authority have a strategic approach to addressing the issues presented by an ageing society, going beyond the traditional boundaries of health and social care? PLEASE TICK ALL THAT APPLY

Yes – within the sustainable community strategy

Yes – within the corporate plan

Yes – within the health and social care strategy

Yes – within a standalone ageing strategy

Yes – within another strategy (e.g. housing, transport, Health and Wellbeing) – Please specify

Yes – but not formalised within a written strategy

No

Don't know

ASK IF CODES 1-6 AT Q2

**Q3** And, thinking about the authority’s strategic approach to addressing the issues of an ageing society, was this informed by the Joint Strategic Needs Assessment, or not? PLEASE TICK ONE BOX ONLY

Yes

No

Don’t know

ASK ALL

**Q4a** Do you have plans to address the issues presented by an ageing society through a Health and Wellbeing Board, or not? PLEASE TICK ONE BOX ONLY

Yes

No

Do not currently have a Health and Wellbeing Board

Don’t know

ASK IF YES AT Q4a:

**Q4b** Do you expect that the Health and Wellbeing Board will consider issues relating to an ageing society beyond the realms of health and social care delivery? For example, housing, culture, transport and leisure. PLEASE TICK ONE BOX ONLY

Yes, it will consider the wider issues around ageing

No, it will focus solely on the delivery health and social care

Don’t know

ASK ALL

**Q5a.** Has there been a positive or negative impact on your authority’s ability to address the issues presented by an ageing society following the 2011/12 financial settlement, or has there been no impact at all? PLEASE TICK ONE BOX ONLY

Positive impact

Negative impact

No impact

Don’t know

Q5b. Why do you say that?

**Leadership**

Now we would like to ask you some questions about the people that have responsibility to ensure that the issues presented by an ‘ageing society’ and quality of life for older people are addressed in your local area.

ASK ALL

**Q6 Who, if anyone, has overall responsibility for leading on this at the senior officer level in your authority? PLEASE TICK ONE BOX ONLY.**

Head of older people’s services

Director of adult social services

Other director (PLEASE SPECIFY)

Chief Executive

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don’t know

**Q7 And, at the member level, who, if anyone, has overall strategic responsibility for leading on this? PLEASE TICK ONE BOX ONLY**

Leader of the authority

Lead member for social services

Lead member for older people’s services or older people’s champion

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don’t know

**Q8a Has your local authority undertaken any formal scrutiny work in preparing for an ageing society, or not? For example, a formal exercise carried out by an Overview and Scrutiny Committee or the Health Scrutiny Committee. PLEASE TICK ONE BOX ONLY**

Yes

No

Don’t know

ASK IF YES AT Q8a:

**Q8b** And how recently was this work undertaken? PLEASE TICK ONE BOX ONLY

In the last 6 months

Over 6 months up to a year ago

Over 1 year up to 2 years ago

Over 2 or more years ago

Don't know

**Engaging older people and local partners**

We would now like to ask you some questions about the engagement and involvement of older people and local partners (e.g. the fire service, the police, the voluntary sector, the local NHS and transport providers, the Pension, Disability and Carers Service) in developing and delivering strategies and services for older people in your area.

ASK ALL THOSE WITH A STRATEGY (CODES 1-5 AT Q2)

**Q9** Please think about the current involvement of older people and local partners in your local area in the development of your ageing strategy/strategies. How often, if at all, would you say that each has been involved ... ? PLEASE TICK ONE BOX ONLY PER ROW

	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't know</b>
Older people						
Local partners						

ASK ALL WHO INVOLVE OLDER PEOPLE AT LEAST RARELY AT Q9:

**Q10** To what extent, if at all, has involving older people helped the development of your ageing strategy/strategies? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

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ASK ALL

**Q11** In the last 12 months, how often, if at all, have older people and local partners in your local area been engaged and/or involved in the design and development of services for older people?  
PLEASE TICK ONE BOX ONLY PER ROW

	<b>Always</b>	<b>Frequently</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>	<b>Don't know</b>	<b>Not relevant</b>
Older people							
Local partners							

ASK ALL WHO INVOLVE OLDER PEOPLE AT LEAST RARELY AT Q11:

**Q12** To what extent, if at all, has involving older people helped the design and development of services for older people in your local area? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

ASK ALL

**Q13** To what extent have you involved older people from hard to reach groups in the development of your strategies and services?

For example, hard to reach groups might include older people with mental health problems, high support needs, or who are isolated. This might also include older people from diverse cultural and social backgrounds including Black, Asian and Minority Ethnic, gypsy and traveller communities, and lesbian, bisexual, gay and transgender older people.

A great deal

A fair amount

Not very much

Not at all

Don't know

ASK ALL

**Q14** Which two or three of the following, if any, would you say are the main challenges to engaging older people in your local area? PLEASE TICK UP TO THREE

A lack of interest

A lack of information/knowledge

- They do not believe they will be listened to
- A lack of opportunities to give their views
- The methods through which they can give their views are inconvenient
- Lack of training among members
- Lack of training among officers
- Engaging with a representative section of the older community (e.g. in terms of ethnicity)
- Raising unrealistic expectations among older people
- Unclear where responsibility lies in the local authority
- Difficulties keeping focused on the big priorities
- Nothing – there are no issues
- Other – please specify
- Don't know

**Co-ordinated or 'joined up' services for older people**

We would just like to ask you a few questions about how the local authority and local partners (e.g. the fire service, the police, the voluntary sector, the local NHS and transport providers, the Pension, Disability and Carers Service) work together to provide services for older people in the area.

ASK ALL

Q15 Thinking about each of the following, to what extent, if at all, would you say that services accessed by older people in your local area are co-ordinated or 'joined up' across different local providers? PLEASE TICK ONE BOX ONLY PER ROW

	<b>A great deal</b>	<b>A fair amount</b>	<b>Not very much</b>	<b>Not at all</b>	<b>Don't know</b>
a) Providing information and advice					
b) Access to services					
c) Service delivery arrangements					

INTRODUCTION: As you may know, local authorities are increasingly working with their partners to develop 'whole system' or 'whole area' ways of delivering local public services. There are also community budget pilots which are pursuing this way of working. These approaches seek to break down barriers between different services and service providers to use a place-based perspective for service redesign and transformation.

ASK ALL

**Q16** Bearing this in mind, to what extent, if at all, would you say that you are working with your partners to develop a place-based/whole system/community budget approach to addressing the issues presented by an ageing society? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

### Support and challenges

ASK ALL

**Q17** How much, if anything, would you say you know about the Ageing Well programme? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Nothing at all

Don't know

FOR ALL WHO KNOW A GREAT DEAL/FAIR AMOUNT ABOUT AGEING WELL AT Q17:

As you may know, the Ageing Well programme is designed to support local authorities to plan and improve their services for older people within the challenging environment they currently face. The programme encourages local authorities to take the lead and to work in partnership with other local organisations and is being delivered by the Local Government Group (formerly LGID)

**Q18** As far as you are aware, has your authority made use of the support available through the Ageing Well programme? PLEASE TICK ONE BOX ONLY

Yes

No

Don't know

ASK ALL WHO HAVE NOT BEEN INVOLVED WITH AGEING WELL (NO AT Q18):

**Q19** What are the main reasons, if any, that you have not taken part in the Ageing Well programme?

For example, this might be because you have already made significant progress on dealing with these issues in your area, that the support is not relevant for your authority, or because you do not have time to make use of the support available. PLEASE WRITE IN.

Don't know

ASK ALL WHO HAVE BEEN INVOLVED WITH AGEING WELL (YES AT Q18):

**Q20 To what extent, if at all, has the support received through Ageing Well helped your authority to address the issues presented by an ageing society? PLEASE TICK ONE BOX ONLY**

A great deal

A fair amount

Not very much

Not at all

Don't know

ASK ALL WHO KNOW A GREAT DEAL/FAIR AMOUNT ABOUT AGEING WELL AT Q17:

**Q21 To what extent, if at all, do you think the Ageing Well programme has helped the local government sector as a whole to address the issues presented by an ageing society? PLEASE TICK ONE BOX ONLY**

A great deal

A fair amount

Not very much

Not at all

Don't know

ASK ALL

**Q22 Thank you very much for sparing the time to take part in this important exercise. For information, your responses will be shared with members of the Steering Group, which includes representatives from the Department for Work and Pensions and the Local Government Group.**

**Can you please confirm whether you would also be happy for your responses to be attributed as part of the published results from this survey?**

Yes – I am happy for my comments to be attributed as part of any published set of results.

No

Q23 Finally, please can you write your name, job title, telephone number and email address in the boxes below. WRITE IN

Name
Job title
Telephone number
Email address

Many thanks for taking part in this survey. The answers you have given will be important in helping to evaluate the Ageing Well programme.

For more information, please contact [Jerry.Latter@ipsos.com](mailto:Jerry.Latter@ipsos.com)

Wave 3

Meeting the challenges and opportunities of an ageing society

Wave 3 Survey

Final draft

18/4/12

### **The ageing population in your local authority area**

ASK ALL

Q1. To what extent, if at all, do you think your authority understands the issues presented by an ageing population in your local area? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

### **Overall strategic approach**

Throughout the remainder of this questionnaire, we will refer to the issues presented by an 'ageing society' (people aged 50 and over). By this we mean understanding the challenges faced by the increasing number of older people in many local areas, involving issues that go far wider than the need for health or social care.

Q2. Firstly, does your local authority have a strategic approach to addressing the issues presented by an ageing society, going beyond the traditional boundaries of health and social care? PLEASE TICK ALL THAT APPLY

Yes – within the sustainable community strategy

Yes – within the corporate plan

Yes – within the health and social care strategy

Yes – within a standalone ageing strategy

Yes – within a Health and Wellbeing Strategy

Yes – within another strategy (e.g. housing, transport) – Please specify

Yes – but not formalised within a written strategy

No

Don't know

ASK ALL WHO HAVE A STRATEGY AT Q2:

**Q3. To what extent, if at all, has your organisation been successful in implementing its ageing strategy in practice?**

Very successful

Fairly successful

Not very successful

Not at all successful

Don't know

**Q4a. Which if any, of the following have been the biggest barriers to successfully implementing your ageing strategy? Please choose up to three.**

Budget cuts

Lack of staff resources

Changes within your team/organisation

Engaging members with ageing issues

Working with public sector partners

Working with voluntary sector partners

Engaging older people

Lack of leadership for the ageing agenda in the local area

Other (PLEASE SPECIFY)

None of these

Don't know

ALL WHO CODE AT LEAST 2 OPTIONS AT Q4a

**Q4b. And which has been the single biggest barrier to successfully implementing your ageing strategy? REPEAT RESPONSES AT Q4a, SINGLE CODE**

ASK ALL

**Q5a. Do you have plans to address the issues presented by an ageing society through a Health and Wellbeing Board, or not? PLEASE TICK ONE BOX ONLY**

Yes

No

Do not currently have a Health and Wellbeing Board

Don't know

IF YES AT Q5a:

Q5b. In which, if any, of the following ways do you expect your Health and Wellbeing Board to take account of the needs of older people? PLEASE TICK ALL THAT APPLY

Having an older people’s representative on the board

Having an older people’s champion on board

Convening a subgroup to consider older people’s issues

Undertaking specific consultation or engagement with older people

Working with organisations that represent the views of older people

As part of identifying the wider needs of the community as a whole

Other (PLEASE SPECIFY)

Don’t know

Q6. What impact, if any, have the current and anticipated reductions in public spending had on your ability to address the challenges presented by an ageing population in your local area?

OPEN ENDED

<b>Leadership</b>
-------------------

Now we would like to ask you some questions about the people that have responsibility to ensure that the issues presented by an ‘ageing society’ and quality of life for older people are addressed in your local area.

ASK ALL

Q7a. Who, if anyone, has overall responsibility for leading on this at the senior officer level in your authority? PLEASE TICK ONE BOX ONLY

Head of older people’s services

Director of adult social services

Other director (PLEASE SPECIFY)

Chief Executive

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don’t know

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ASK ALL WHERE A SENIOR OFFICER HAS RESPONSIBILITY:

**Q7b. Has overall responsibility for the ageing agenda moved between officer roles over the last 12 months? PLEASE TICK ONE BOX ONLY**

Yes

No

Don't know

ASK IF YES AT Q7b

**Q7c. Why has this responsibility moved?**

OPEN ENDED

**Q8. And, at the member level, who, if anyone, has overall strategic responsibility for leading on this?**

PLEASE TICK ONE BOX ONLY

Leader of the authority

Lead member for social services

Lead member for older people's services or older people's champion

Other (PLEASE SPECIFY)

No-one has strategic responsibility

Don't know

ASK ALL WHERE A MEMBER HAS RESPONSIBILITY:

**Q8b. Has overall responsibility for the ageing agenda moved between member roles over the last 12 months PLEASE TICK ONE BOX ONLY**

Yes

No

Don't know

ASK IF YES AT Q8b

**Q8c. Why has this responsibility moved?**

OPEN ENDED

**Q9a. Has your local authority undertaken any formal scrutiny work in preparing for an ageing society, or not? For example, a formal exercise carried out by an Overview and Scrutiny Committee or the Health Scrutiny Committee. PLEASE TICK ONE BOX ONLY**

Yes

No

Don't know

ASK IF YES AT Q9a:

**Q9b. Thinking about the impact of the scrutiny work carried out in preparing for an ageing society, which of the following, if any, resulted from the scrutiny work undertaken in your local authority?**

PLEASE TICK ALL THAT APPLY

Raised the profile of the ageing agenda

Developed a better understanding of the issues resulting from an ageing society

Helped develop new services for older people

Improved the performance of services for older people

Other (PLEASE SPECIFY)

None of these

Had limited or no impact

### **Engaging older people**

ASK ALL

**Q10. To what extent have you involved older people from hard to reach groups in the development of your strategies and services?**

For example, hard to reach groups might include older people with mental health problems, high support needs, or who are isolated. This might also include older people from diverse cultural and social backgrounds including Black, Asian and Minority Ethnic, gypsy and traveller communities, and lesbian, bisexual, gay and transgender older people.

A great deal

A fair amount

Not very much

Not at all

Don't know

### **Co-ordinated or 'joined up' services for older people**

We would just like to ask you a few questions about how the local authority and local partners (e.g. the fire service, the police, the voluntary sector, the local NHS and transport providers, the Pension, Disability and Carers Service) work together to provide services for older people in the area.

ASK ALL

Q11a. Bearing this in mind, to what extent, if at all, would you say that you are working with your partners to develop a place-based/whole system/community budget approach to addressing the issues presented by an ageing society? PLEASE TICK ONE BOX ONLY

A great deal

A fair amount

Not very much

Not at all

Don't know

ASK ALL WHO ARE WORKING WITH PARTNERS AT LEAST 'NOT VERY MUCH' AT Q11a:

Q11b. Which, if any, of the following have you been working on with your partners as you seek to address the issues presented by an ageing society?

PLEASE TICK ALL THAT APPLY

Developing a joint strategic approach to ageing issues

Delivering services to older people

Pooling budgets

Whole-area approaches

Sharing best practice

None of these

Other (Specify)

Don't know

### **Support and challenges**

As you may know, the Ageing Well programme is designed to support local authorities to plan and improve their services for older people within the challenging environment they currently face. The programme encourages local authorities to take the lead and to work in partnership with other local organisations and is being delivered by the Local Government Association (formerly the Local Government Group)

Q12a. As far as you are aware, has your authority made use of the support available through the Ageing Well programme? PLEASE TICK ONE BOX ONLY

Yes

No

Don't know

ASK ALL WHO HAVE BEEN INVOLVED WITH AGEING WELL (YES AT Q12a):

Q12b To what extent, if at all, has the support received through Ageing Well helped your authority to address the issues presented by an ageing society? PLEASE TICK ONE BOX ONLY

- A great deal
- A fair amount
- Not very much
- Not at all
- Don't know

ASK ALL WHO HAVE NOT BEEN INVOLVED WITH AGEING WELL (NO AT Q12a):

Q12c. What are the main reasons, if any, that you have not taken part in the Ageing Well programme?

For example, this might be because you have already made significant progress on dealing with these issues in your area, that the support is not relevant for your authority, or because you do not have time to make use of the support available.

PLEASE WRITE IN

Don't know

ASK ALL:

Q13. The Ageing Well programme is intended to have a lasting impact in that, on completion, local authorities and the wider sector will continue to benefit from the learning and support previously provided.

To what extent, if at all, do you think the Ageing Well programme will continue to have an impact on local authorities [and the wider sector]? PLEASE TICK ONE BOX ONLY

- A great deal
- A fair amount
- Not very much
- Not at all
- Don't know

ASK ALL

Q14. Thank you very much for sparing the time to take part in this important exercise. For information, your responses will be shared with members of the Steering Group, which includes representatives from the Department for Work and Pensions and the Local Government Association.

Can you please confirm whether you would also be happy for your responses to be attributed as part of the published results from this survey?

Yes – I am happy for my comments to be attributed as part of any published set of results.

No

Q15. Finally, please can you write your name, job title, telephone number and email address in the boxes below. WRITE IN

Name
Job title
Telephone number
Email address

RECONTACT Q Would you be happy to take part in future research to assess the lasting impact of the ageing well programme?

Yes – I am happy to take part in future research

No

Many thanks for taking part in this survey. The answers you have given will be important in helping to evaluate the Ageing Well programme.

For more information, please contact [Jerry.Latter@ipsos.com](mailto:Jerry.Latter@ipsos.com)

# Appendix B

## Interpreting data and statistical reliability

Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part ('true values'). However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given.

The confidence with which we make this prediction is usually chosen to be 95 per cent – that is, the chances are 95 in 100 that the true value will fall within a specified range. Table B.1 illustrates the predicted ranges for different sample sizes and percentage results at the '95 per cent confidence interval' for a universe size of 153 (i.e. the number of local authorities that could have participated in the survey).

**Table B.1 Predicted ranges for different sample sizes and percentage results**

Size of sample on which survey result is based – assuming a universe of 153	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	+	+	+
40 (wave 3)*	8.1	12.4	13.5
50	6.9	10.6	11.5
75	4.9	7.5	8.2
84 (wave 2)	4.3	6.6	7.2
96 (wave 1)	3.7	5.6	6.2
100	3.5	5.3	5.8

\* While we are dealing with small populations, it is important to caveat the low base from the wave 3 survey. Percentages listed in this report have been presented purely as an illustration of a possible direction of travel made to previous waves. Ultimately the base size is too small to draw any concrete assertions. Any reporting of the 2012 wave data in this report has been for purely indicative purposes only.

For example, with a sample size of 86 where 30 per cent give a particular answer, the chances are 19 in 20 that the true value (which would have been obtained if the whole population of local authorities had been interviewed) will fall within the range of +6.4 percentage points from the sample result (i.e. between 23.6 per cent and 36.4 per cent).

# Appendix C

## Discussion guides

### Ageing Well Part 2 Evaluation

#### Revised draft discussion guide for Primary Research Phase 1

28 June 2011

- This guide will be used for the nine case study areas. We will need to have a slightly adapted version in the three control areas to reflect the lack of Ageing Well activity.
- We will address some of the issues covered in the initial baseline survey. Whilst the interviews will primarily aim to cover fresh ground, probing on some of the content from the baseline survey will help us develop more of an in-depth understanding about some of those key issues.

Timing	Introduction	Purpose
5 minutes	<p>Introduce self, Ipsos MORI and purpose of interview. Refer to advance email/letter.</p> <p>Explain confidentiality, MRS guidelines</p> <p>Gain permission to record the interview</p> <p><b>Can I start by asking you to introduce yourself?</b></p> <ul style="list-style-type: none"> <li>• Please tell me a bit more about your role.</li> <li>• Can you describe your involvement with the older people's agenda in your area and how long you have been involved?</li> </ul>	To introduce the interview and ensure the participant feels comfortable with what will be discussed
7 minutes	<p><b>Local background and context</b></p> <p>First, I want to understand more about the specific context in your area.</p> <p><b>What specific challenges does your organisation face in relation to preparing for an ageing society?</b></p> <ul style="list-style-type: none"> <li>• PROBE: In the short and long term?</li> <li>• PROBE: What are the particular challenges for your area and how do they manifest? E.g. ageing challenges relating to high levels of deprivation compared to ethnically diverse community compared to rural area.</li> <li>• PROBE: How do these specific issues related to ageing fit with the wider challenges you face as an organisation?</li> </ul> <p><b>How have changes in policy (e.g. Localism Bill) affected your organisation in terms of dealing with ageing challenges?</b></p> <p><b>And what about the local government settlement/budget cuts?</b></p> <ul style="list-style-type: none"> <li>• Has the focus on ageing issues changed? If so, now? E.g. more focus on preventative services, partnership working?</li> <li>• Is there less/more focus and resource spent on ageing issues? What's the rationale for this?</li> </ul>	Explore in detail the specific challenges linked to an ageing population in the area, and how these fit with the wider context and challenges the organisation faces

Continued

Timing	Introduction	Purpose
10 minutes	<p><b>Current approach to preparing for the ageing population</b></p> <p>In your view, how developed are your approaches for dealing with an ageing population?</p> <ul style="list-style-type: none"> <li>• Do you have appropriate strategies and resources? Are the right structures in place?</li> <li>• How engaged are members with this agenda? What role do they play?</li> <li>• How are older people currently involved in decisions that affect them, if at all?</li> <li>• To what extent are you working with partner organisations on this agenda?</li> </ul> <p>Have you had any external assistance in preparing for demographic change (other than through Ageing Well)?</p> <p>What are the expected future impacts of the ageing population in your area?</p> <ul style="list-style-type: none"> <li>• How have you determined these?</li> </ul> <p>What (additional) assistance do you need to prepare for demographic change?</p> <ul style="list-style-type: none"> <li>• PROBE: Help from government? Peer support? Programmes like Ageing Well? Help from other organisations?</li> </ul>	<p>Gain a rich, qualitative picture of how authorities are currently preparing for the ageing society – this will help explain the findings from the Part 1 survey, as well as providing new insights</p>
10 minutes	<p><b>Ageing Well Programme – overall feedback</b></p> <p>Now I want to move on to discuss the Ageing Well programme overall. We will explore the detailed support you have received later in the interview.</p> <p>How did you come to take part in Ageing Well?</p> <p>Overall, how have you found the programme so far?</p> <ul style="list-style-type: none"> <li>• How well has it fitted with what you need?</li> </ul> <p>What do you hope to get out of your participation in Ageing Well?</p> <ul style="list-style-type: none"> <li>• What specific outcomes do you expect for your organisation?</li> <li>• PROBE WITH EXAMPLES: Increased awareness of the issues? Better leadership and strategy for the ageing agenda? Improved working with partners? Engaging with older people?</li> <li>• What about the impact on your partners (e.g. health, police, etc)?</li> <li>• And to the local government sector more widely?</li> </ul> <p>What impact do you expect on older people in your area?</p> <ul style="list-style-type: none"> <li>• PROBE WITH EXAMPLES: More coordinated services? Greater involvement for older people in planning and delivering services? Improved quality of life?</li> </ul> <p>IF NOT COVERED: What ‘legacy’ would you like to see for Ageing Well in your area?</p>	<p>Examine views of the Ageing Well programme overall, focusing on experiences so far and expectations for the impact on their organisation, partners and older people. This will allow us to understand whether expectations have been met during Phase 2</p>

Continued

Timing	Introduction	Purpose
10 minutes	<p><b>Ageing Well Programme – views of specific support</b></p> <p>THIS SECTION WILL BE TAILORED DEPENDING ON THE SUPPORT RECEIVED IN THE AREA, FOR EXAMPLE:            ASK IF SIGNIFICANT PROGRAMME ACTIVITY IS UNDERWAY:  <b>Can you describe in detail the support you have received through Ageing Well?</b></p> <ul style="list-style-type: none"> <li>• FOR EACH ACTIVITY: How useful has this been?</li> </ul> <p><b>What difference do you think the programme has made so far?</b></p> <ul style="list-style-type: none"> <li>• In your organisation? For your partners? For older people in your area?</li> <li>• What are you now doing differently as a result?</li> <li>• Short term compared to long term impact?</li> </ul> <p><b>Do you think the support you received from the Ageing Well programme could have been improved in any way?</b></p> <ul style="list-style-type: none"> <li>• If so, how?</li> </ul> <p><b>What do you see as the value of the Ageing Well programme to your area?</b></p> <ul style="list-style-type: none"> <li>• How has it helped you tackle the specific challenges you face?</li> <li>• Has Ageing Well helped you use your resources more effectively?</li> <li>• Has the programme given you the support you need to deliver in the future against the challenges we have discussed?</li> </ul> <p>ASK IF PROGRAMME ACTIVITY IS NOT YET UNDERWAY OR ONLY BEGINNING:  <b>What support will you be receiving through Ageing Well?</b>  <b>What difference do you hope it will make?</b></p> <ul style="list-style-type: none"> <li>• In your organisation? For your partners? For older people in your area?</li> <li>• Short term compared to long term impact?</li> </ul>	<p>A more detailed look at progress for the programme activities, what difference they have made, and how they could be improved</p>
3 minutes	<p><b>Wrap up and thanks</b></p> <p><b>Thinking about the issues we’ve been talking about, what is the single most important message that you would like us to take back to:</b></p> <ul style="list-style-type: none"> <li>• those delivering Ageing Well?</li> <li>• Government?</li> </ul> <p><b>Is there anything that you would like to add before we finish?</b></p> <p>Thank participant and close – remind them that we would like to speak to them again as part of Phase 2.</p>	<p>An opportunity for participants to summarise the key issues and feed back on any other relevant issues</p>

## Ageing Well Part 2 Evaluation

### Final discussion guide for primary research Phase 2

#### Local authority leads – 6 February 2012

- Approximately 40 telephone interviews will be conducted during Phase 2, covering 11 case study areas and three control areas.
- We will return to the same interviewees covered in Phase 1, to provide us with a longitudinal view of change in the selected areas.
- Within each of the areas, we will also work with LGA and those same lead contacts to establish 2-3 additional participants from both within and outside the local authority.

Timing	Introduction and recap	Purpose
5 minutes	<p>(re)Introduce self, Ipsos MORI and purpose of interview. Refer to advance email/letter.</p> <p>Explain confidentiality, MRS guidelines</p> <p>Gain permission to record the interview</p> <p><b>Can you remind me about your involvement with the ageing and older people’s agenda?</b></p> <ul style="list-style-type: none"> <li>• PROBE: Has your role changed at all since we last spoke?</li> </ul> <p>Last time we spoke, the main things we discussed were [MODERATOR ADD FROM PREVIOUS INTERVIEW].</p> <p><b>How are things progressing on these issues now?</b></p> <ul style="list-style-type: none"> <li>• Have any new challenges emerged?</li> <li>• And have any existing problems been solved?</li> </ul> <p>PROBE AS APPROPRIATE:</p> <ul style="list-style-type: none"> <li>• Appropriate strategies/resources?</li> <li>• Local leadership?</li> <li>• Member engagement?</li> <li>• Involvement of older people?</li> <li>• Partnership working?</li> <li>• New strategies, services or programmes?</li> </ul>	<p>Introduce the interview and ensure the participant feels comfortable with what will be discussed</p> <p>To review issues covered previously and find out about how things are progressing now</p>
15 minutes	<p><b>Ageing Well Programme – feedback on specific support</b></p> <p>Now I want to move on to discuss the Ageing Well programme itself. We will explore the detailed support you received, as well as how effective you think the programme was.</p> <p>MODERATOR NOTE – it is important to clarify which projects are being discussed as probes will need to be tailored depending on the specific support received.</p> <p><b>What did you hope to get out of your participation in Ageing Well?</b></p> <p><b>Have you made as much progress as you anticipated?</b></p> <ul style="list-style-type: none"> <li>• PROBE: Why/why not?</li> </ul> <p><b>Can you summarise the types of support you received through Ageing Well?</b></p>	<p>Examine views of the Ageing Well programme overall, focusing on general experiences and the difference that it has made on their ability to deliver</p>

Continued

Timing	Introduction and recap	Purpose
	<p>SPECIFIC PROBES BASED ON PREVIOUS INTERVIEWS AND DISCUSSION WITH REGIONAL IMPROVEMENT MANAGERS</p> <p>FOR EACH:</p> <ul style="list-style-type: none"> <li>• What did you find most useful?</li> <li>• How do you think the support you received from the Ageing Well programme could have been improved?</li> <li>• PROBE: how the project was managed compared to whether final deliverables and outputs met expectations</li> </ul> <p><b>Do you think Ageing Well has been a good use of your resources?</b></p> <ul style="list-style-type: none"> <li>• PROBE: Staff time and any other costs?</li> <li>• Balance between your time and resources compared to value of support received?</li> </ul> <p><b>What could you or your council have done differently to make better use of Ageing Well?</b></p> <p><b>What specific outcomes did you expect for your organisation?</b></p> <p>PROBE WITH EXAMPLES:</p> <ul style="list-style-type: none"> <li>• Increased awareness of the issues</li> <li>• Networking with other organisations</li> <li>• Better leadership and strategy for the ageing agenda</li> <li>• Improved working with partners</li> <li>• Engaging with older people</li> </ul> <p>FOR EACH OUTCOME: <b>To what extent have you achieved this? How are you measuring progress?</b></p> <p>IF OUTCOMES NOT ACHIEVED: <b>To what extent was this due to factors outside the Ageing Well programme?</b></p> <p><b>Overall, how useful was the Ageing Well Programme?</b></p> <ul style="list-style-type: none"> <li>• How well did it fit with your needs?</li> </ul>	
10 minutes	<p><b>Ageing Well programme – impact on the area</b></p> <p><b>What difference has Ageing Well made in your area?</b></p> <ul style="list-style-type: none"> <li>• For your organisation?</li> <li>• For your partners?</li> <li>• For older people in your area?</li> <li>• For different age groups/ethnicities?</li> </ul> <p><b>What are you now doing differently as a result?</b></p> <ul style="list-style-type: none"> <li>• PROBE: Differences in design, planning, delivery or implementation?</li> <li>• A more joined-up approach, within the council and/or across partners?</li> <li>• Will these different approaches be sustainable into the future?</li> </ul> <p><b>How has Ageing Well helped you tackle the specific challenges you face?</b></p> <ul style="list-style-type: none"> <li>• PROBE: Using examples from earlier discussion</li> </ul> <p><b>To what extent has Ageing Well helped you use your resources more effectively?</b></p> <ul style="list-style-type: none"> <li>• IF SO: Is this because you are doing things differently?</li> <li>• Short term compared to long term impact on resources</li> </ul> <p>PROBE AS APPROPRIATE DEPENDING ON SUPPORT:</p>	<p>A more detailed look at the value of the programme locally, and their hopes for what it will do in the future.</p>

Timing	Introduction and recap	Purpose
	<p>What difference will the programme make to promoting effective leadership from those responsible for the ageing strategy?</p> <ul style="list-style-type: none"> <li>• PROBE: Is it clear within your organisation who has this responsibility? Has this changed?</li> </ul> <p>To what degree will the programme help to instil a strategic approach to the issues around ageing?</p> <ul style="list-style-type: none"> <li>• PROBE: In what ways? Does this go beyond the traditional bounds of health and social care?</li> </ul> <p>Do you feel that there will be the opportunity for more co-ordination of commissioning and delivering of services for older people in your area as a result of Ageing Well?</p> <ul style="list-style-type: none"> <li>• PROBE: Will the way you deliver services for older people change as a result? Have you seen any evidence of a more area-based approach?</li> </ul> <p>How will the programme be able to help older people in your area to get involved in the design and development of services?</p> <ul style="list-style-type: none"> <li>• PROBE: Have you seen any evidence of this? In what new ways are older people able to get involved?</li> </ul> <p>Overall, what long term impact do you expect the programme to have on older people in your area?</p> <p>PROBE WITH EXAMPLES:</p> <ul style="list-style-type: none"> <li>• More coordinated services</li> <li>• Greater involvement for older people in planning and delivering services</li> <li>• Improved quality of life</li> </ul> <p>Thinking ahead, what do you hope to be able to do to take forward the Ageing Well agenda in future?</p>	
5 minutes	<p><b>Ageing Well – sustainability and legacy in the sector</b></p> <p>Thinking beyond your area, what do you see as the long term impact of the Ageing Well programme as a whole?</p> <ul style="list-style-type: none"> <li>• PROBE: Wider sector and beyond the sector</li> </ul> <p>The Ageing Well programme is intended to have a lasting impact, in that, on completion authorities and the wider sector will continue to benefit from the learning and support previously provided.</p> <p>Is this a realistic expectation? What factors will impact on sustaining success beyond the life of the programme?</p> <ul style="list-style-type: none"> <li>• PROBE: Staff turnover? Changing policy context? Budget decisions?</li> </ul> <p>What legacy would you like to see Ageing Well leave?</p> <ul style="list-style-type: none"> <li>• PROBE: Wider sector and beyond the sector</li> </ul> <p>What legacy do you think it has left?</p> <ul style="list-style-type: none"> <li>• Do you think that the effects will last beyond 2012?</li> </ul> <p>In what ways has the programme changed attitudes towards ageing and the delivery of services and support for older people?</p>	<p>A more detailed look at what legacy they imagine that the programme will have nationally, and the sustainable impact it will leave</p>

Continued

Timing	Introduction and recap	Purpose
5 minutes	<p data-bbox="301 293 555 322"><b>Wrap up and thanks</b></p> <p data-bbox="301 333 1134 398">Thinking about the issues we've been talking about, what is the single most important message that you would like us to take back to:</p> <ul data-bbox="301 405 884 517" style="list-style-type: none"><li data-bbox="301 405 692 434">• those delivering Ageing Well?</li><li data-bbox="301 445 504 474">• Government?</li><li data-bbox="301 486 884 515">• those designing similar support in the future?</li></ul> <p data-bbox="301 526 842 555"><b>Is there anything that you would like to add?</b></p> <p data-bbox="301 566 1086 624">Thank participant and close – remind participant of individual and organisational anonymity</p>	

This report presents full findings from research to evaluate the Ageing Well programme. The programme ran from July 2010 to March 2012. It was designed to provide sector-led support to assist local authorities in England to meet the challenges associated with an ageing population. The programme was delivered by the Local Government Association (LGA) – previously Local Government Improvement and Development, and before that the Improvement and Development Agency (IDeA) – and was funded by the Department for Work and Pensions (DWP).

DWP and the LGA commissioned Ipsos Mori to carry out research designed to assess the progress local authorities have made to date in preparing for an ageing society, and the experience of areas that have benefited from the support available through the Ageing Well programme. Research included online surveys with local authorities, qualitative interviews and observations with a selection of case study authority areas, and analysis of management information collected as part of the programme activity.

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