

Older people: councils need to see the bigger picture

With local authorities under unprecedented financial pressure, it could be older people who bear the brunt of cuts, because, as an age group, they are heavy users of public services. Mark Smulian asked four older people, all active in campaigns on behalf of their peers, for their views on how councils should respond.

Adult social care, which cost councils £16.1bn in 2008/09 according to the Local Government Association, is the most obvious such service, but others like libraries, leisure and public transport also critically affect older people's quality of life and degree of independence.

A common response to the cuts has been to increase the involvement of the voluntary sector in service provision, but views differ on how effective this will be.



Brian Warwick

Independent stakeholder member of Wiltshire Council Care and Health Scrutiny Committee, co-chair of South West Age Equality.

Mr Warwick favours a National Care Service, to sit alongside the National Health Service, which would be taxpayer-funded and supplemented by a specialised social service provided by councils, "that is not constrained by the heavy cost of service facilities for the more vulnerable in our society such as the disabled, those with learning difficulties and mental health users".

In a climate of cuts he says it "seems sensible to look at most of the services that councils provide to see if they can be done more efficiently and are cost effective".

But he is concerned that transfer to the third or private sectors could bring a loss of accountability.

"At present we are able to challenge our elected members and hold officers accountable for decisions, and there needs to be similar scrutiny on any of the services that may be transferred outside of local authorities' direct control," he says.

An executive member of each health and wellbeing board should build links with older people's champions in local authorities, he adds, and older people must be directly involved in scrutiny.

Mr Warwick is also concerned that third sector involvement could see national organisations squeeze out local ones.

"I have some fear about some of the major players in the third sector tendering in such a way that local providers are forced out," he says.

"The choices for service users could become very limited and customer choice and local more personalised service further diminished.

"An element of localism should be built into tenders to ensure good local established practices are maintained and where possible improved upon."

Personalisation, which allows clients to choose the services they wish to purchase, is being pushed by many councils both to save money and to give more power to older service users.

"It may not be suitable for everybody, but it can bring about remarkable improvements in lifestyle," he says.



Tessa Harding

Member of Age UK Policy Sounding Board and of the advisory group for the New Dynamics of Ageing research programme at the University of Sheffield.

“My first action would be to ask older people, who will certainly have ideas, about how to improve their communities,” Ms Harding says.

“They are a huge potential resource to local authorities and other service providers, so talk to them and use that opportunity. The local authority would also be on the way to fulfilling their new role under the public sector equality duty.”

She says local authorities should show leadership in changing perceptions of older people “not as a drag and a drain on resources but in a much more positive light, as major contributors to the communities they live in”, very often through voluntary work.

Social care for older people has, she feels, “been pared to the bone and is now so heavily rationed that both availability and quality are at risk”, so that it cannot take any further cuts.

“Perhaps the most important thing is that local authorities should keep their eye on long term objectives, not just on short term demands,” she says.

“This is not just about cuts but about where we will find ourselves when we have come through those cuts.”

One example is the National Dementia Strategy, which she says was beginning to have a visible impact in some places and agencies were working well together, “but now that looks seriously unsettled again”.

“For example, we have had an excellent ‘complex care’ initiative going in our local hospital which has helped patients with dementia, their families and staff cope better with the situation when they have to go into hospital,” Ms Harding says.

“It is a really valuable initiative but because it is a ‘one off’, it is at risk of being cut. Yet increasing numbers of people with dementia do occupy our hospital beds and everyone would benefit from getting it right.”



Diane Andrewes

Chair, Eastleigh Southern Parishes Older People’s Forum and former Labour councillor.

The forum has 3,000 members, who Ms Andrewes fears will be among the main losers from local authority cuts because few are in a position to resist these.

She feels that many authorities are cutting services in ways that affect older people, but “they should be a priority for councils and I do not approve of what seem to be cuts that are aimed at vulnerable people who cannot fight back and will not be going out to protest”.

Ms Andrewes feels it is not for representative groups for older people to suggest more efficient ways of working but for councils to deliver, as this should be among their most important priorities.

While she is concerned about the impact on social care, Ms Andrewes cites pressures on many other services on which older people depend.

“The county council spends an enormous amount on information but older people do not get the information they need,” she says.

“They say they want to move things online. We have gone online but are experiencing problems and have had to spend money getting people in to sort it out.

“Most older people cannot afford that help, yet if they are expected to use the internet for services and information they will need some IT support.”

She also feels that subsidies to bus operators are misdirected and that this money should instead be invested in community transport.

“Ever since the concessionary fares for older people came in bus operators have organised their service to take money out of the system and councils are not challenging them,” Ms Andrewes says.

She firmly opposes outsourcing services to the private sector, and disputes the idea that a provider’s status is unimportant so long as services are delivered, concluding: “Services worsen when there is a profit to be made.”



Shelagh Marshall

Older people’s champion and Conservative councillor, North Yorkshire County Council.

Ms Marshall fears that sudden cuts in social care now will store up serious trouble for the future.

“There has been an awful lot chopped from the budget, and we are going to have trouble in five years’ time in North Yorkshire, which has large numbers of older people who come here to retire,” she says.

“They can often re-use their professional skills at first and contribute to the economy but by about 75 they start to need care more.”

Transferring services to the voluntary sector has its limits, she feels, because of the effects of simultaneous moves to give service users more options through direct payment.

This is intended to allow them to buy the services they want, rather than having to take a uniform ‘package’ from a provider.

Ms Marshall cautions: “Voluntary organisations are extremely good but they now have block contracts to deal with people, but with direct payment it is not clear how they would cope because their income would no longer be predictable because people can spend direct payments as they choose.”

Links between transport and health must be improved, she says.

“I am very supportive of community transport, such as dial-a-ride in rural areas where you get a scattered population and it does not matter how many buses there are they can never serve all the villages.”

Transport “always tops the list of concerns” at meetings of the UK Advisory Forum on Ageing, Ms Marshall notes, and she would like to see community transport networks developed based on hospitals.

“It is difficult for people in a rural area to reach hospitals if they have no car and they need community transport,” she says.

“Ambulances are not satisfactory as they pick people up at fixed times and leave them waiting a long time in hospitals for appointments.” 