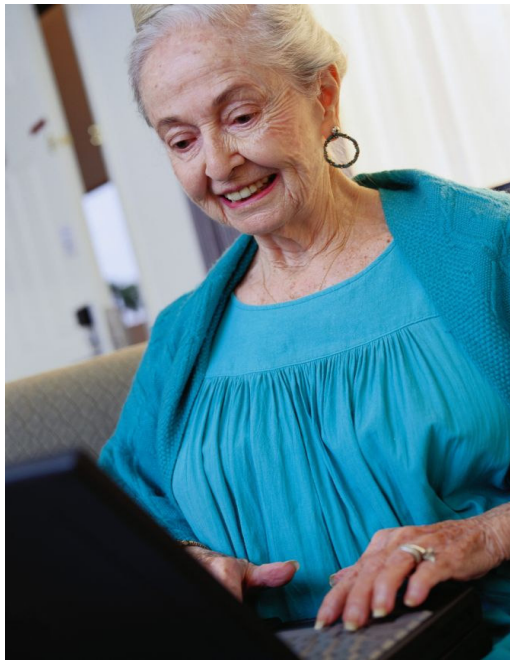


In-depth Scrutiny Project

To consider how well placed Southend is in relation to the independence and well-being of older people



**“our own future selves”
- Dr. Pasha**

Final Report and Recommendations

June 2007

Community Services Scrutiny Committee

Southend-on-Sea Borough Council



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FOREWORD
By Julie Cushion
Chairman of Community Services Scrutiny Committee 2006/2007

The Community Services Scrutiny Committee decided that its in-depth scrutiny project for 2006/2007 should be to consider how well placed Southend is in relation to the independence and well-being of older people. This project was chosen for a number of reasons - including the need to inform the development of the Commissioning Strategy for older people.

The number of people in the United Kingdom aged over 65 is steadily increasing, with over a fifth of the population aged over 60. Those over the age of 80 is set to increase by almost a half and the number of people over 90 will double. The number of people in the borough aged over 65 is now 30,000.

As the numbers of older people increase, there is arguably a greater focus on older people living independently and enjoying more active, healthy lifestyles.

Local Authorities, in partnership with key agencies, have a key role in ensuring that services promote independence and contribute positively to the quality of life of residents.

I would like to thank all those who have been involved in the in-depth Scrutiny Project, those who took the time to attend meetings to give their evidence, and members on the Community Services Scrutiny Committee, the Project Team and also the Older People's Champion, Councillor Mrs Gwen Horrigan MBE.

I would also like to thank those residents who took the time and trouble to complete the survey.

Julie Cushion
June 2007

1. SCOPE, OBJECTIVES AND METHODOLOGY

The Scope of the Scrutiny: Objectives and Outcomes

1.1 In the municipal year 2006/07, the Council's Community Services Scrutiny Committee agreed that the in-depth scrutiny project should be to consider how well placed Southend is in relation to the independence and well-being of older people. This would be through a review of the current services provided to residents of Southend over 65 to enhance the opportunity of retaining independence and well-being of older people. The project focussed on preventative services.

1.2 The outcomes and objectives agreed by the Committee were:

- To consider the factors which contribute to the sense of independence and well-being of older people, in terms of the seven outcomes referred to in 'our health, our care, our say'¹ and the factors are:
 - ◆ housing and home;
 - ◆ neighbourhood;
 - ◆ physical activity and access to leisure and cultural services;
 - ◆ having a social role and function;
 - ◆ income;
 - ◆ information (including advocacy & advice);
 - ◆ health and healthy living (good nutrition, absence of risk factors, such as smoking and drinking alcohol to excess, good mental health and well-being);
 - ◆ helping carers;
 - ◆ help on discharge;
 - ◆ falls strategy;
 - ◆ transport;
 - ◆ access to health;
 - ◆ direct payments;
 - ◆ education;
 - ◆ employment;
 - ◆ discrimination (within community) and how treated by services;

¹ This is the Government's White Paper – the outcomes referred to are:

- Improved health and well-being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

- ◆ the impact of crime and anti-social behaviour.
- To inform the Commissioning Strategy for services for older people for the next ten years;
- To develop outcome indicators.

Methodology/Process

1.3 The Scrutiny was carried out by the Community Services Scrutiny Committee supported by an Officer Project Team comprising:

- | | |
|----------------------|--|
| • Fiona Abbott | Project coordinator |
| • Morag Cuthbertson | Strategic support |
| • Dr Andrea Atherton | Primary Care Trust (PCT) |
| • Jane Whalley | Administrative support |
| • Matt Penngillam | Nursing Care Commissioner -
PCT/local authority |
| • Mike Bennett | Research & Information Analyst |

The project was also supported by Mike Boyle, Peter Kinsey, Janice White, Neale Crook and Mike Daly, advisor with the Centre for Public Scrutiny.

The former Director of Community Services Phil Stepney was involved in the early stages of the project providing strategic support, as was Nick Corrigan before his move to Support Services in early 2007. Simon Leftley, the newly appointed Corporate Director Adults & Community Services, has also been involved in the later stages of the project.

1.4 The following Members were attached to the Project Team in order to provide guidance and to act as a consultative body during the course of the Scrutiny:

- Councillor Julie Cushion, Chairman
- Councillor Mark Flewitt, Vice-Chairman
- Councillor Ann Robertson
- Councillor Daphne White
- Councillor Alan Crystall
- Councillor Judith McMahon
- Champion for older people Councillor Mrs Gwen Horrigan MBE.

1.5 The scrutiny project commenced on 13th June 2006 with the approval of the selected topic. The project plan itself was approved on 17th October 2006. The Scrutiny Committee received support from the Centre for Public Scrutiny through one of the advisors, Mike Daly, who attended a scrutiny meeting on 28th November 2006 and provided support to the project, including questioning skills.

- 1.6 The briefing material provided the necessary background information for the two formal public evidence-giving sessions ('witness' sessions) at which the Committee received oral, written and presentational evidence from a large number of key stakeholders.
- 1.7 Prior to the commencement of the witness sessions, Members and the Project Team identified, devised and documented the questions which were to be asked of each witness.

Evidence Gathering

- 1.8 Questionnaire – in order to gather evidence on residents' views about 'their independence and well-being' as a first step in the project, the project team devised and developed a questionnaire which would be sent to a random selection of residents (5% - 1,600). The survey obtained views on their needs and services and included those who are unknown to the Council from a service perspective. This is the first time such a survey has been carried out. The survey questions related to the gold standard Audit Commission headings² and there was a good response with a good spread geographically across the borough.
- 1.9 In October, the Committee agreed who should be approached as possible 'witnesses' and invitations were sent out for the witness sessions scheduled for February 2007, as follows:
- SAVS - Voluntary sector
 - Carer's Forum
 - Ethnic Minorities Forum
 - Home Improvement Agency
 - Department of Work & Pensions
 - Officers – health, local authority
 - Citizens Advice Bureau
 - Education
 - Age Concern
- South East Essex Advocacy for Older People were also approached to contribute to the project
- 1.10 The Committee accepted both oral and written evidence invited from the local community, relevant organisations and related agency officers. All the evidence was received in public under the "Local Government Access to Information Rules".
- 1.11 In order to facilitate the process all witnesses were informed, in writing, of the questions that were to be asked at the witness session.

² life events, home and neighbourhood, friends and family, feelings about life, health, Southend as an area, getting out and about, finance, and individual details

Stakeholders

- 1.12 Through the witness sessions, the Committee received evidence from the following individuals and associated organisations, to whom the Council is grateful:-

Witness Session 1 - held on 15th February 2007

- Jeanette Anderson – Home Improvement Agency
- Ali Hadawi – Adult Community College
- Peter Stroudley and Barbara Crowe – Carer’s Forum
- Diane Craig – The Pension Service

Witness Session 2 held on 20th February 2007

- Trish Carpenter – Citizens’ Advice Bureau (CAB)
- Dr Pasha – Ethnic Minority Forum

- 1.12 Contributions were also received from the following:

- Pat Babbington - South East Essex Advocacy for older people
- Dawn Brown & Sue Bailey - Health
- Carol Cranfield - Older People’s & Learning Disabilities Services
- Nick Harris - Culture

(see [Annex to the Report, Document 6](#)).

- 1.14 A copy of the questions posed to each witness/evidence giver is attached in the [Annex to the Report, Document 3](#)).

2 BACKGROUND & MAIN ISSUES FOR THE SCRUTINY

2.1 The initial phase of the scrutiny exercise involved research into the main issues in relation to the subject matter of the project.

2.2 The project was carried out against the background of a number of national policy initiatives. These recognise that older people should remain independent as long as possible and be able to make positive choices about their lives and the services they receive.

2.3 The **national policy drivers** include:

- (a) National Service Framework for Older people;
- (b) Our health, Our Care, Our Say;
- (c) Choosing Health: Making healthy choices easier;
- (d) Mental Health 'Everybody's Business';
- (e) Opportunity Age – meeting the challenge of ageing in the 21st century;
- (f) A Sure Start to later Life: Ending Inequalities for older people.

The national policy context is discussed further in the 'Older People Strategy 2007 – 2011'.

2.4 **Local drivers** – the corporate priorities of the Council and the driving principles established in the Sustainable Community Strategy³, the Local Area Agreement⁴ and the Corporate Plan⁵ reflect broad themes. Under the heading **a healthy Southend** (and one of the seven critical priorities), the Council commits to plan for 'their future needs, give them independent lives and support them to access the services they need' and focussing on:

- Improve our effectiveness in meeting the needs of older people and vulnerable adults (also a Critical Corporate Priority)
- Actively encourage children and adults to lead more active and healthier lives
- Increase health improvement opportunities

2.5 In January 2007, the Council approved an **interim Commissioning Framework** and action plan for older people 2007 – 2010. This was intended to inform the commissioning of health and social care services for older people in Southend and was developed in

³ A vision for Southend and key areas of work agreed by all the partners in Southend Together, our Local Strategic Partnership.

⁴ A set of key outcomes supporting the vision, agreed by all the partners in Southend Together and the government.

⁵ Our plan for achieving the council's vision, aims and the Local Area Agreement.

partnership between the Council and South East Essex Primary Care Trust.

2.6 The framework represented the first stage in developing a broader commissioning strategy for primary and social care that will link into the Council's corporate ambition for older people to be active citizens.

2.7 A key area of work in the project was the **questionnaire survey** which was sent to a random selection of residents (5% -1,600), taken from the electoral roll (aged 70+) and those aged 65+ listed on Southend's consultation panel⁶. The survey obtained views on their needs and services and included those who are unknown to the Council from a service perspective. This is the first time such a survey has been carried out.

2.8 The survey asked questions about life events, home and neighbourhood, friends and family, feelings about life, health, Southend as an area, getting out and about, finance, and individual details.

2.9 The survey was divided into 5 sections and asked residents questions covering the following areas – at specific points, respondents were able to explain or expand on their responses:

2.9.1 Section 1 – information and social environment (questions A, B, 1 - 3) – this section asked questions on:

- the respondents' age, gender;
- whether they attended any leisure activities, clubs or groups, & frequency;
- whether they felt they could travel around Southend where and when they wanted to, and factors which may influence this;
- how safe they feel living in Southend;
- preferred method of transport to travel in Southend;
- how much they agreed or disagreed with the statement 'I consider that I have enough income to meet my day-to-day needs and activities'.

2.9.2 Section 2 – Hospital services (questions 4 - 8) – this section asked questions on:

- whether accessed any hospital services in last 12 months, and if they had what type of service and whether it was locally or 'somewhere else';
- whether the visit had been planned or unplanned;
- whether a service was received on discharge and which community services received after discharge;

⁶ Southend Consultation Panel was established in June 2005 and is made up of 1600 local residents. Panel members were randomly recruited from across the borough.

- whether they believe they are at risk of falling & why;
- if they had had a fall(s) in the last 12 months – and if so, where it happened and whether they felt the fall was avoidable;
- whether registered with Southend GP, type of practice and whether have problems accessing or getting appointments;
- if they would use a ‘no appointment needed’ drop-in health clinic – and types of services they would like there.

2.9.3 Section 3 – About yourself (questions 9 - 12) – this section asked questions on:

- Whether currently lived alone (or who lived with);
- Awareness of attendance allowance;
- Type of accommodation lived in;
- How they would describe current quality of life/current emotional state.

2.9.4 Section 4 – Disability and unpaid care (questions 13 - 20) - this section asked questions on:

- If they felt themselves to be disabled;
- Impact of the disability on their life;
- Whether provide unpaid care and impact on their life;
- Whether receive a service to help manage day-to-day living;
- Ease in accessing services and whether it met expectations;
- Views on a Southend Information Guide and what like to see in it;
- If need a service or additional services and priority of them (to help improve current quality of life);
- Whether they feel they have less opportunity to access the services they need than other people.

2.9.5 Section 5 – about you (questions 21 & 22) – the final section asked questions on their postcode and ethnic group.

2.10 The survey was piloted with a small number of councillors/residents and approved by the Scrutiny Committee. The survey ran for four weeks up to and including 12th December 2006 and the final return rate reached 47% (751).

2.11 Respondents could respond anonymously to the questionnaire if they wished. However, respondents were asked to indicate if they would like the opportunity to take part in future consultations about services in Southend and if they did so, could complete a form at the end of the survey. 320 residents (42%) registered their interest in further engagement with the Council on issues arising from the survey.

2.12 An incentive in the form of a prize draw to win £100 was included to maximise the response rate. To ensure anonymity, quality and integrity of data all responses were dealt with directly by an external,

independent research company. (Further information on the survey can be found in the [Annex to the Report, Document 1, pages 2 - 3](#))

- 2.13 The project team started to frame the precise questions for the witnesses and the witness sessions in early January and considered the draft parameters for the questions at the project team meeting held on 15th January 2007. These had been worked on initially by the officer project team, based on the early findings from the questionnaire survey. ([Refer to Annex to the Report, Document 3](#)).

The project team also drew on the ideas which emerged at the meeting with Members on 28th November 2006, facilitated by Mike Daly, advisor with the Centre for Public Scrutiny.

- 2.14 The Scrutiny Committee received some initial analysis from the results of the questionnaire survey at the witness sessions held on 15th February and 20th February 2007.

3. ISSUES TO EMERGE DURING THE EVIDENCE GATHERING FROM STAKEHOLDERS

- 3.1 The survey and formal evidence-taking sessions with key witnesses informed the scrutiny process through their experience and knowledge working in the key sectors.
- 3.2 The questions for the witnesses were sent to them prior to their attendance at the Committee. Letters were sent to other evidence givers, inviting them to comment on the questions posed by the Committee.
- 3.3 A detailed record of general comments and specific responses to questions posed by Members of the Committee was prepared. This record of evidence was forwarded to the representative in order to ensure that the recorded evidence was factually correct.

Review of survey evidence & witness evidence

- 3.4 The witness statements and other contributions were reviewed and key statements extracted. A summary of the information provided at the witness sessions can be found in the [Annex to the Report, Documents 4 and 5](#). A summary of the additional contributions received can be found in the [Annex to the Report, Document 6](#).
- 3.5 This evidence provided the project with a wealth of data about Southend and how well placed it is in relation to the independence and well-being of older people.

3.5.1 Section 1 – Information & Social Environment

A – Please tell us how old you are.

- Due to the anonymous nature of the sample source it wasn't possible to plan an even distribution of the sample by age group, however final responses were reasonably distributed as the table below shows:

Age group	Response (%)	Response (Count)
65-69	12	89
70-74	23	166
75-79	25	180
80-84	20	148
85+	20	142

B – Gender (Also see [Annex to the Report, Document 2, page 17](#)).

- 57% (407) of respondents were female and 43% (311) were male;

- These results similarly reflect local census data for this age group – 60% female and 40% male;
- See appendix 7 on page 62 for cross-tabulated profile by gender.

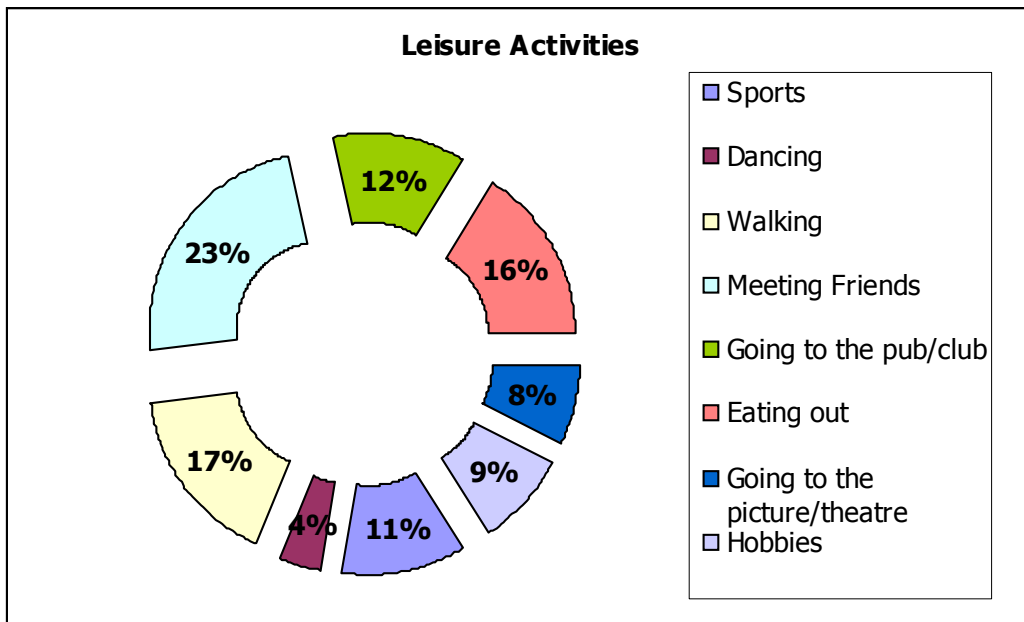
1a – Do you attend any leisure activities, clubs or groups?

- This was an even split with 50% attending and 50% not attending any leisure activities, clubs or groups;
- Statistically those who **do not** attend any activities are more likely to be **age 80+, have a poor quality of life, and have a disability;**
- A breakdown of the most popular activities can be seen in Graph 1 on page 14.

2a – Do you feel that you can travel around Southend where and when you want to?

- 65% (467) of respondents felt they could travel around Southend where and when they wanted to;
- Just over 35% (250) felt they couldn't travel around Southend where and when they wanted to.

Graph 1



2b – Please tell us what prevents you from travelling around Southend where and when you want to.

- Of those who felt they couldn't travel around Southend, 29% (81) cited 'illness/disability' as their main reason;

- 26% (72) cited 'transport issues' along with a further 6% (16) who mentioned 'public transport/parking issues' in the 'other' box;
- 23% (63) cited 'personal safety concerns'.

What our residents had to say:

"I'm in a wheelchair and housebound"

"I drive a mobility scooter and many places are inaccessible"

"Unreliable bus timekeeping"

2c – Generally how safe do you feel living in Southend?

- The majority of respondents, 79% (556), felt either 'very' or 'fairly safe' living in Southend;
- 6% (55) felt 'very' or 'fairly unsafe';
- Respondents were given the opportunity to give a reason for their answer, 429 did so;
- The most frequently raised issue was feeling unsafe going out in Southend at night, followed by intimidating youths and general anti-social behaviour;
- Other significant reasons raised included a lack of police presence, fear of burglary/mugging, cyclists on pavements, and alcohol/drug related crime.

What our residents had to say:

"I've never had any trouble and I've lived in Southend since 1971"

"If I go out in Southend during the day I feel ok, but would not go out at night on my own"

"There are large groups of abusive teenagers drinking alcohol"

"I have never had any problems but do feel slightly intimidated when walking past groups of rowdy youths"

"There are too many cyclists on the pavements"

2d – What is your preferred method of transport to travel in Southend?

- As Graph 2 on page 16 shows, the preferred method of transport for older people is by car at 44% (306) followed by bus at 36% (251).

3 – How much do you agree or disagree with the statement “I consider that I have enough income to meet my day-to-day needs and activities?”

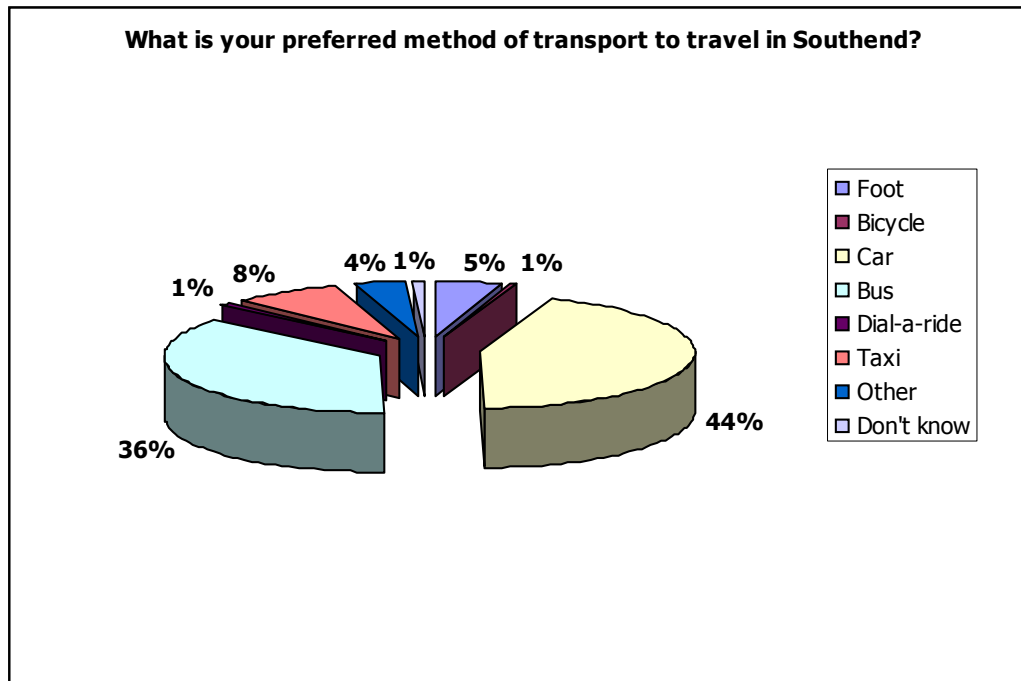
- The majority of respondents, 70% (499) either ‘agreed’ or ‘strongly agreed’ with the statement on having enough income to meet day-to-day activities;
- 26% (186) either ‘disagreed’ or ‘strongly disagreed’ with the same statement.

3.5.2 Section 2 – Hospital services

4a – Have you accessed any hospital services in the last 12 months?

- 71% (504) of respondents had accessed some kind of hospital service (A&E, day surgery, day unit, outpatients, clinic) in the last 12 months.

Graph 2



4b* – Please tell us the hospital services you used and whether they were in Southend or somewhere else.

- ‘Outpatients’ was the most frequently attended hospital service at 28% (251) followed by ‘clinic’ at 26% (228);
- Over 96% (847) of all hospital visits in the last 12 months were located in Southend.

4c – Thinking about the services that you have used, please tell us whether these were ‘planned’ visits (e.g. you had a prior appointment) or whether they were ‘unplanned’ visits.

- At 83% (744) the majority of hospital service attendance was ‘planned’ in nature;
- ‘Outpatients’ was the most frequently attended ‘planned’ hospital service at 35% (257) followed by ‘clinic’ at 31% (230).

4d – Did you receive services when you were discharged?

- 34% (157) of respondents received a community service after being discharged.

4e* – Please indicate the community services you received after being discharged.

- Graph 3 gives a breakdown of community services received following discharge, with 21% (44) having received ‘equipment & adaptations’ and 19% (39) receiving a ‘physiotherapy’ service;
- 21% (44) ticked ‘other’ – further analysis showed this category to consist of a wide variety of issues including medication, GP services, nursing visits, and other equipment such as hearing aids.

4f – Are there any services you would have found useful after being discharged?

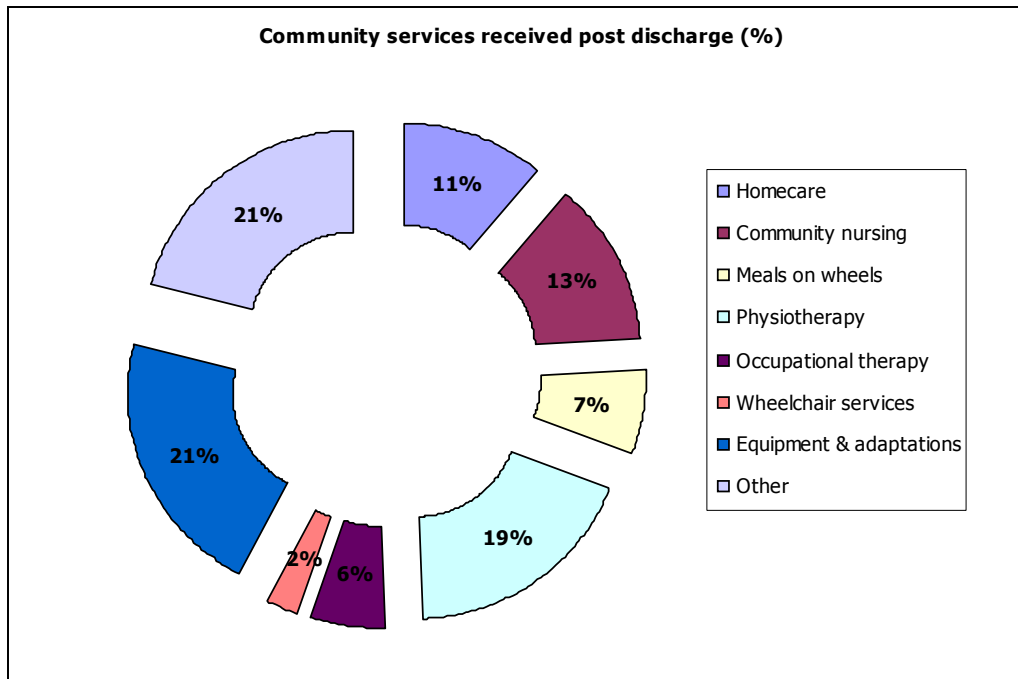
What our residents had to say:

“Being able to park car at the hospital whilst receiving treatment”

“Reassurance and information following surgery”

“Help with looking after a sick partner long term“

Graph 3



5a – Do you consider yourself to be at risk of falling? (Also see [Annex to the Report, Document 2, page 4](#)).

- 53% (370) of all respondents believe that they are at risk from falling;
- Please refer to [Annex to the Report, Document 2, page 4](#) for cross tabulated analysis of those at risk from falling.

5b* – Please indicate why you believe you are at risk from falling.

- Graph 4 shows that at 29% (152) cited a 'previous fall' as the most common reason for believing they are at risk from falling;
- 18% (95) cited 'disability' as the next most common reason;
- 16% (81) ticked 'other' – further analysis showed this to consist of 'old age/illness' (59) and the 'condition of external state of paving' (15).

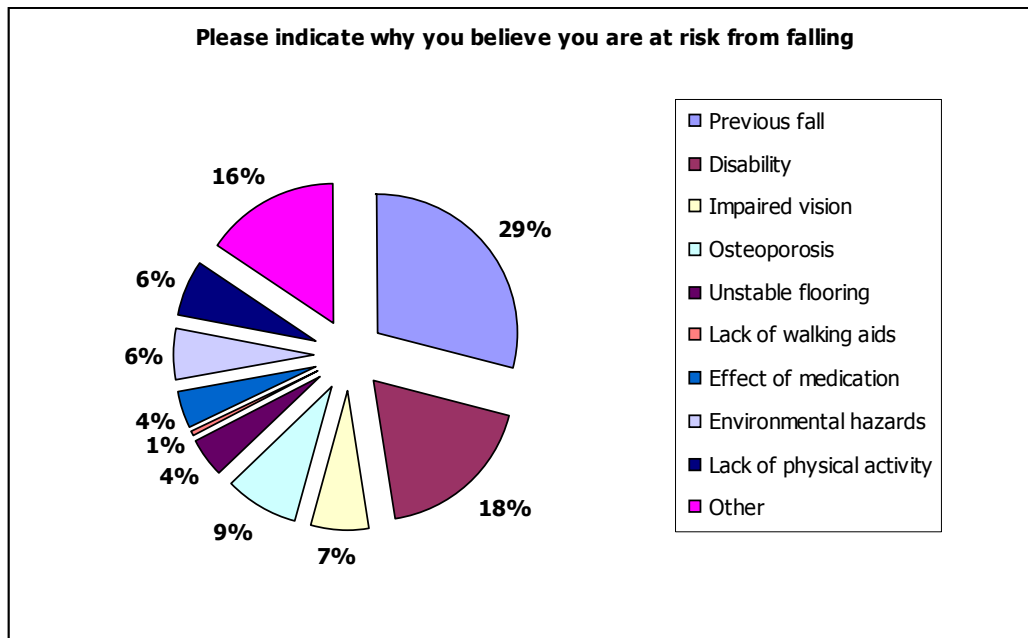
What our residents had to say:

“Lack of confidence”

“Bad paving in locality”

“Because I suffer from a lack of balance and occasional dizziness”

Graph 4



6a – Have you had a fall in the last 12 months?

- 33% (225) of respondents had had a fall in the last 12 months.

6b* – Please indicate where the fall (or falls) happened.

- Graph 5 gives a breakdown of the location of where falls took place;
- 39% (114) of falls took place in the home with the living room being the most common location at 35% (40);
- Results also show that 26% (75) happened in the street and 19% (51) in the garden;
- 17% (50) represented 'other' – further analysis showed this to consist of falls in 'another public building/area' and 'steps/stairs'.

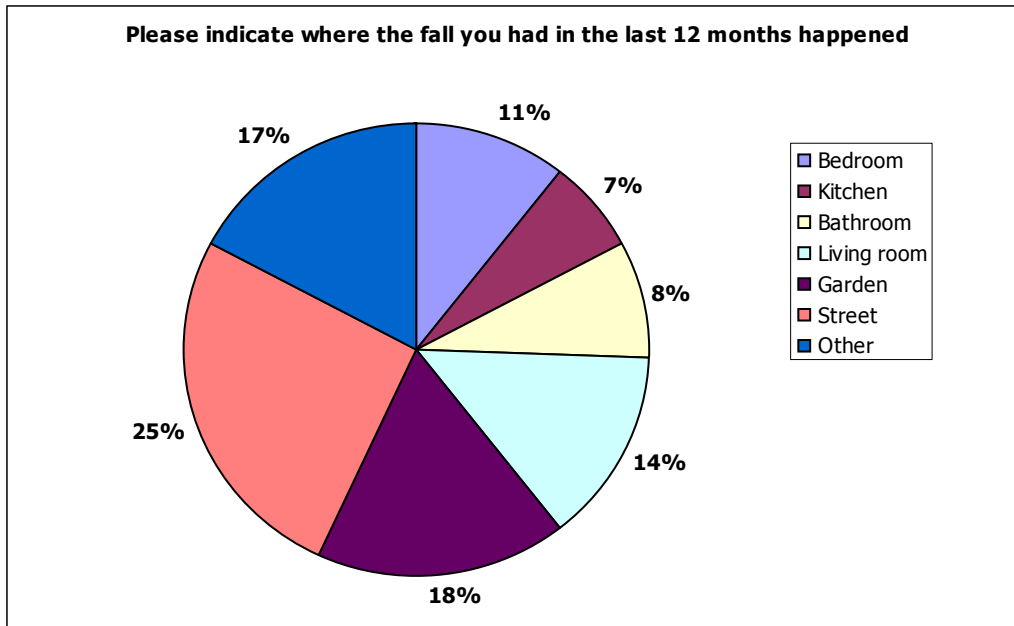
What our residents had to say:

“I was on the stairs when my leg gave way. I tore the ligaments in my leg and broke my wrist”

“I was on the bus and the driver started the bus before I had sat down!”

“I tripped on some uneven flagstones in street”

Graph 5



6c – Do you think the fall was avoidable?

- 47% (98) of those who had a fall in the last 12 months believed the fall to be avoidable;
- Those who thought their fall could have been avoided were asked to explain why;
- 33% (31) identified 'uneven/poor street paving' to blame;
- 32% (30) 'slipped on or tripped' over something;
- 11% (10) blamed themselves for 'not being careful';
- 7% (7) blamed 'loss of balance'
- 3% (3) blamed the state of their 'footwear';
- 15% (14) blamed a variety of miscellaneous causes.

What our residents had to say:

"I slipped getting out of the bath. I need something to help me with this"

"Unstable chairs and slippery floor in café"

"Uneven pavements caused me to trip and fall"

7a – Are you currently registered with a Southend GP?

- 98% (735) of older people are registered with a Southend GP.

7b – Please tell us why you are not registered with a Southend GP.

- Of the 2% (13) not registered with a Southend GP 8 are registered with a GP ‘outside of Southend’ while 2 ‘remained with a previous GP before a house move’.

What our residents had to say:

“When I moved I remained with my old GP”

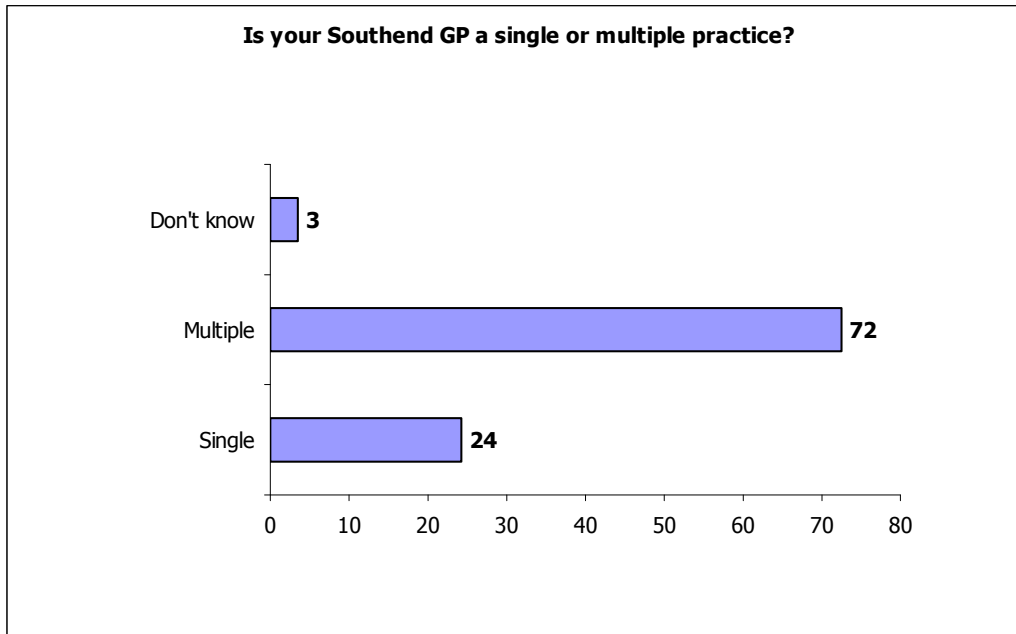
“I still regularly visit my GP in London W2”

“I’m still registered with a Doctor in the Rochford area”

7c – Is your GP a single or multiple practice?

- Graph 6 on page 21 shows that 72% (506) respondents belong to a multiple practice.

Graph 6



7d – Do you have any problems accessing or getting appointments to see your GP?

- 86% (619) did not have any problems accessing or getting appointments to see their GP;
- 14% (99) had problems accessing or getting appointments to see their GP (just 11% of the 99 were registered with single practices).

7e – Please specify any problems accessing your GP.

- Of those who had a problem accessing their GP having to ‘make appointments on the day’ was identified as a problem, as well as ‘difficulty getting through to their GP’ to make an appointment, presumably by telephone.

What our residents had to say:

“I can only make appointments at 8am each day, you can’t book ahead. I’ve dialled over 100 times before getting through!”

“You have to get through on the phone the day you want to go and if they are full up you have to try the following day, you can’t book for the following day”

“I’m virtually housebound at the moment, I need someone to take me”

8a – Would you use a ‘no appointment needed’ drop-in health clinic?

- 57% (409) of respondents said they would use such a clinic;
- 43% (311) said they would not use such a clinic.

8b* – Please indicate why you would not use such a facility.

- 70% (219) stated that ‘current services were sufficient’ and 12% (39) said they ‘couldn’t see the benefits of such a facility’.

What our residents had to say:

“I would want to see a GP who knows me and my medical history”

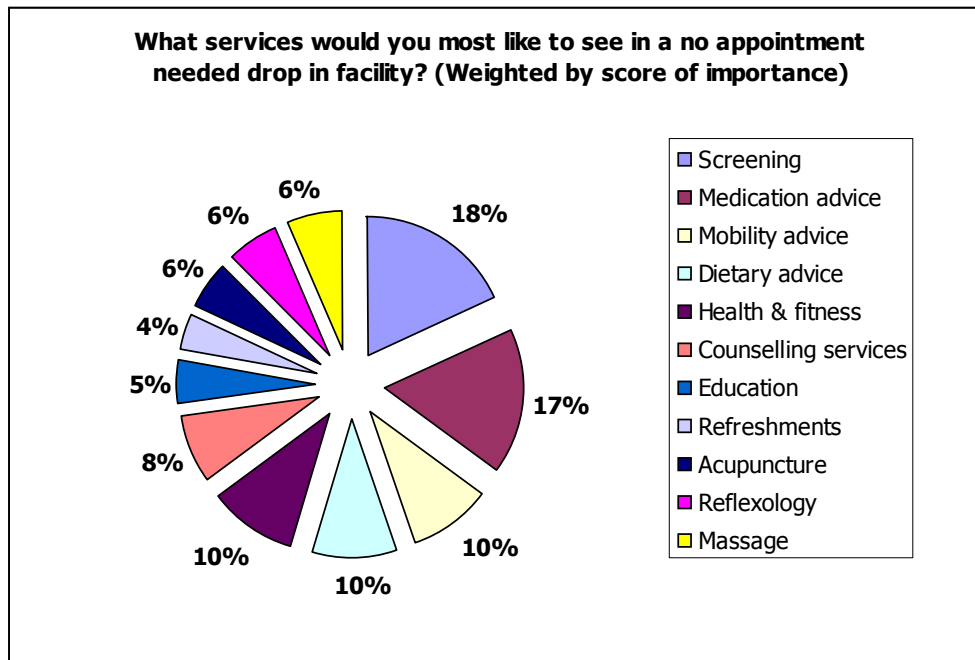
“Because having a set appointment allows me to plan my day”

“Because I wouldn’t be able to get there!”

8c – What services would you like to see in a ‘no appointment needed’ drop-in facility? Please prioritise the services by ordering them on a scale of 1 to 11 where ‘1 is most important’ and ‘11 is least important’

- Using scores weighted against importance Graph 7 on page 23 identifies health ‘screening’ and ‘medical advice’ as the most popular services older people would like to see in such a clinic.

Graph 7



Respondents were also asked if there was anything else they'd like to see in a 'no-appointment needed' drop-in facility.

What our residents had to say:

"A GP on site for all minor ailments. This would relieve the pressure on A&E department"

"The possibility of seeing a doctor at a small charge"

"When you are a pensioner and don't have access to transport, a lift home would be great"

"Some way of getting to these places!"

"It would be wonderful if some or all of these services were under the one roof along with a nurse/Dr so the elderly could go for help with any problems that came along"

3.5.3 Section 3 – About yourself

9a – Do you currently live alone? (Also see [Annex to the Report, Document 2 on page 6](#))

- 60% (445) of respondents said they lived alone;

- Please refer to [Annex to the Report, Document 2 on page 8](#) for cross tabulated analysis of those who live alone.

9b* – Who do you live with?

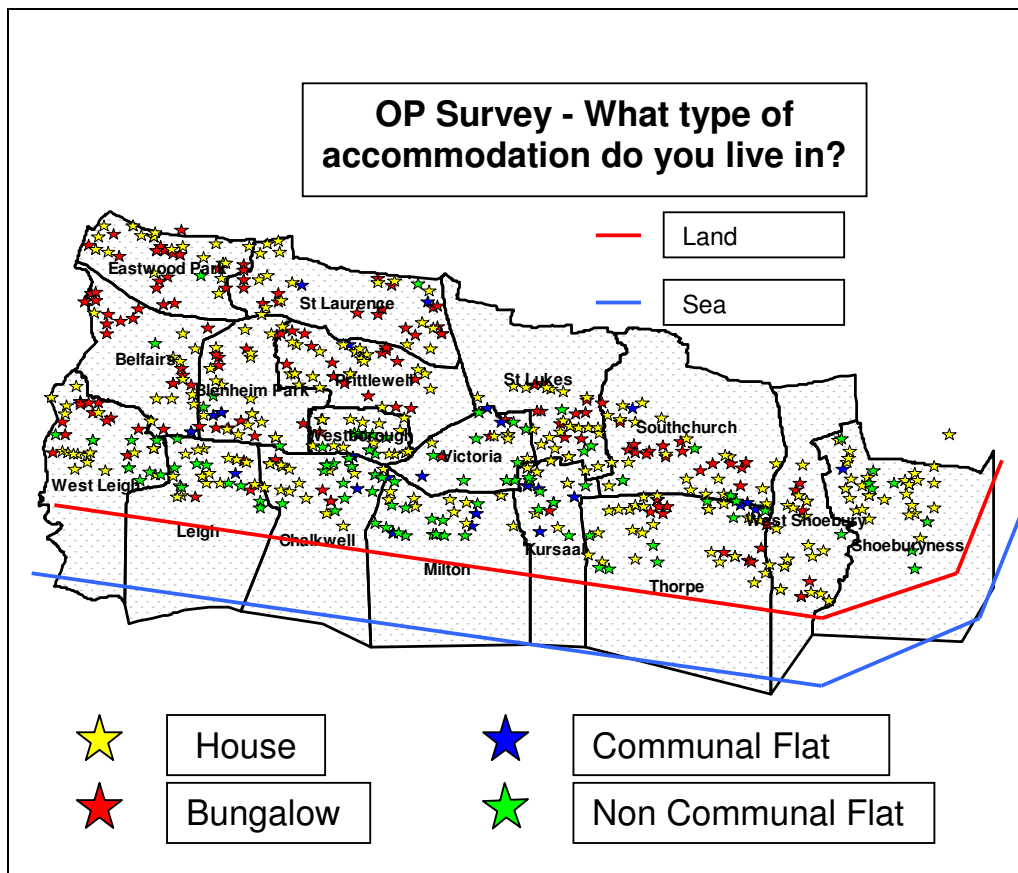
- 76% (226) of those who don't live alone lived with their spouse;
- 16% (46) live with their son/daughter.

9c – Are you aware of attendance allowance?

- 69% (186) of respondents to this question had heard of attendance allowance;
- 31% (83) of respondents had not heard of attendance allowance.

10 – What type of accommodation do you live in?

- 47% (345) of respondents live in a house followed by 25% (181) who live in a bungalow;
- The map on page 24 shows the geographical distribution of accommodation by ward.



11 – How would you generally describe your current quality of life? (Also see [Annex to the Report, Document 2 on page 9](#))

- Graph 8 on page 26 shows that 87% (641) of respondents said that their quality of life is either 'good' or 'very good'.

What our residents had to say:

“I have a very good family who are here for me when I need them”

“I am fairly healthy, am able to get out and about by car, and also walk most days for at least half hour”

- The majority of respondents, 87% (641), feel that their quality of life is either 'good' or 'very good';
- 11% (78) rated their quality of life as either 'poor' or 'very poor';
- Please refer to [Annex to the Report, Document 2 on page 10](#) for cross tabulated analysis.

What our residents had to say:

“I suffer from arthritis and live alone”

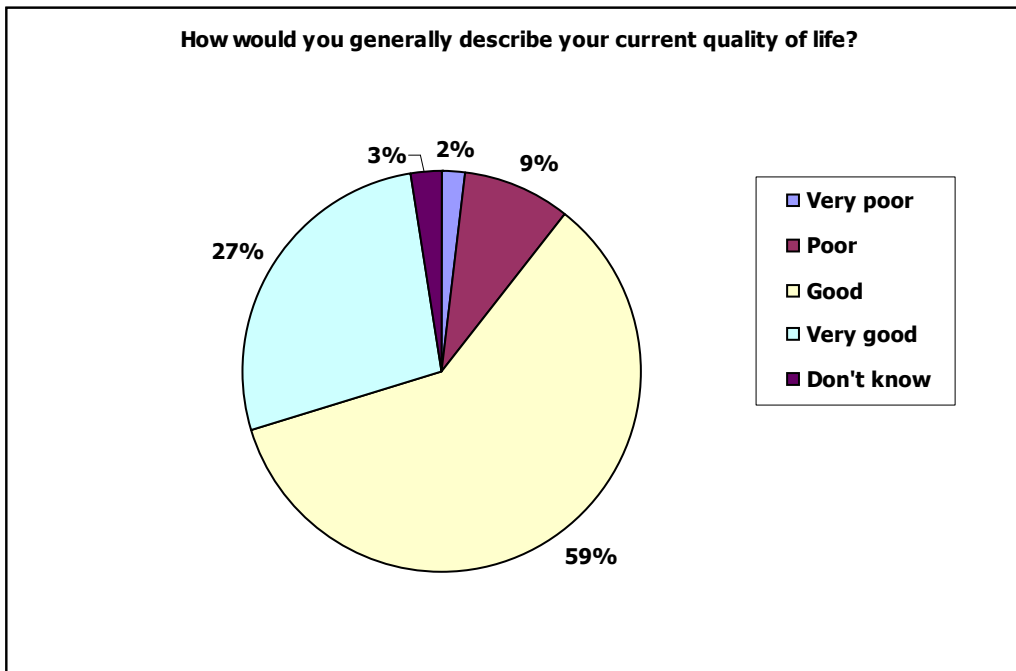
“Because I can't get out due to incontinence”

“Because of my lack of ability to socialise with others and participate in activities”

“Because nobody wants to know me. I've lived in this area for 20 years and still don't speak to my neighbours”

“I look after my husband who had a stroke 4 years ago. I love him dearly but it's getting harder over time and I don't get out much”

Graph 8



12 – How would you generally describe how you currently feel emotionally?

- 57% (415), the majority of respondents, felt they were emotionally 'content';
- 30% (219) considered themselves emotionally 'happy' or 'very happy';
- 10% (71) said they felt 'sad' and 2% said they felt 'very sad';
- Respondents were asked to give reasons for their answer, 523 did;
- 49% (257) were positive in nature, 25% (130) neither negative nor positive and 26 % (136) were negative;
- 49% (67) of the negative comments were due to the respondent feeling lonely, in most cases due to the loss of a loved one – 29% (40) of negative comments accounted for poor health of the respondent or partner;
- The majority of positive comments were due to lasting marriages, having family and friends close by, and being able to get out and about.

What our residents had to say:

“I attend adult education classes, keep my mind and body active, and see my friends & family regularly”

“Lucky to be in my own home, but wish I could get help climbing stairs”

“I have lost my partner and miss him a great deal”

“I’m lonely as I’m unable to get out”

3.5.4 **Section 4 – Disability & unpaid care**

13a – Do you consider yourself to be disabled?

- Most respondents, 69% (501), did not consider themselves to be disabled;
- 31% (222) of respondents did consider themselves to be disabled;
- 195 respondents were asked to give details of their **main** disability;
- 43% (83) had some sort of physical disability which had a direct impact on their ability to walk or move about;
- 21% (40) named arthritis as their disability;
- Just over 10% (20) had a Physical or Sensory Impairment (PSI) related condition;
- 8% (15) had a heart-related condition while 5% (10) suffered from osteoporosis;
- Statistically those with a disability are more likely to be aged 85+, female, living alone, feel very unsafe, not have enough money for day-to-day activities, be at risk from falling, have problems accessing their GP, and need help shopping.

What our residents had to say:

“I’m unable to walk far and use a wheelchair but that needs pushing when I’m out of the house”

“I suffer from Irritable Bowel Syndrome which makes things very difficult as I must be in an area where facilities are available at the time”

“I have impaired vision so I’m very unstable on my feet”

13b* – Please let us know if your disability prevents you from any of the following.

- Graph 9 on page 28 shows that at 26% (149) cited gardening as a task that couldn’t be carried out because of a disability, followed by carrying out housework which represented 23% (136).

What our residents had to say:

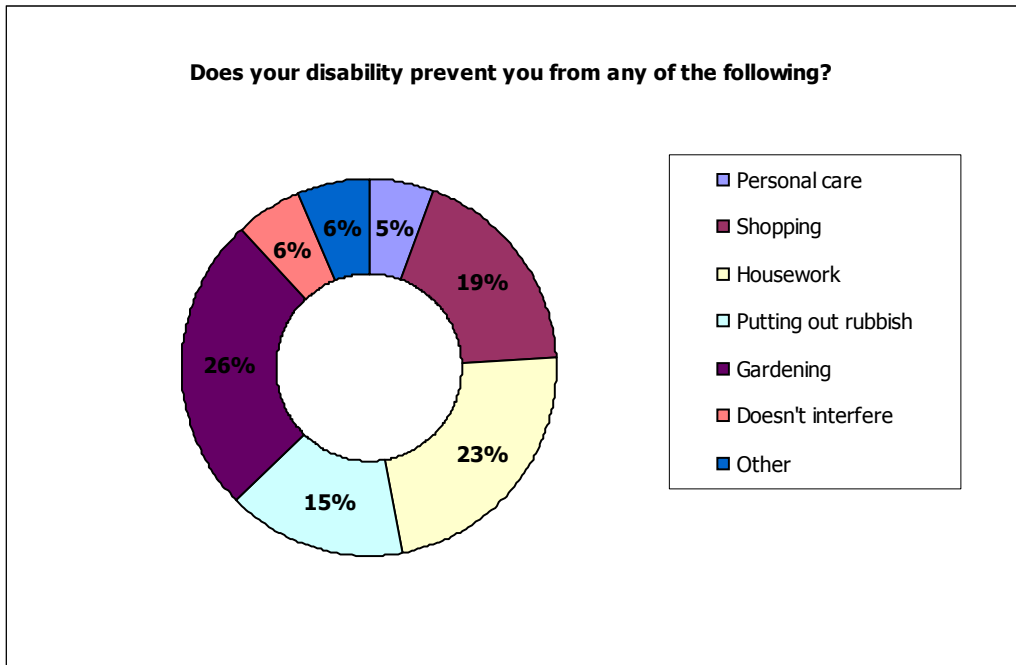
“I have limited mobility which restricts me from going out”

“I have problems crossing roads, choosing colours, and recognising people”

“I can’t cook and can only use the microwave”

“I can no longer exercise”

Graph 9



14a – Do you provide unpaid care for anyone?

- 93% (634) of respondents did not provide unpaid care for anyone;
- Just 7% (47) of respondents were providing unpaid care for someone.

14b* – Does providing unpaid care for someone prevent you from any of the following?

- 30% (19) ticked the box that said providing unpaid care to someone ‘makes no difference to their current life’ followed by 20% (13) not being able to ‘take holidays/breaks’.
- The remaining 50% was fairly evenly spread between ‘socialising/meeting people’, ‘having no time to myself’, and ‘joining clubs/activities’.

What our residents had to say:

“Prevents me from attending Church and taking part in sporting activities”

“Prevents me from taking part in voluntary services”

15a – Are you currently receiving a form of service(s) to help manage your day-to-day living?

- 72% (510) respondents are not currently receiving any service to help manage their day-to-day living;
- 28% (198) of respondents were receiving some form of service to help manage their day-to-day living.

15b* – Who do you receive a service(s) from?

- Graph 10 on page 30 shows that 56% (179) were receiving a service from 'family' and 'friends' while 19% (62) made their own private arrangements;
- 11% (37) of respondents were receiving a service from 'social services'.

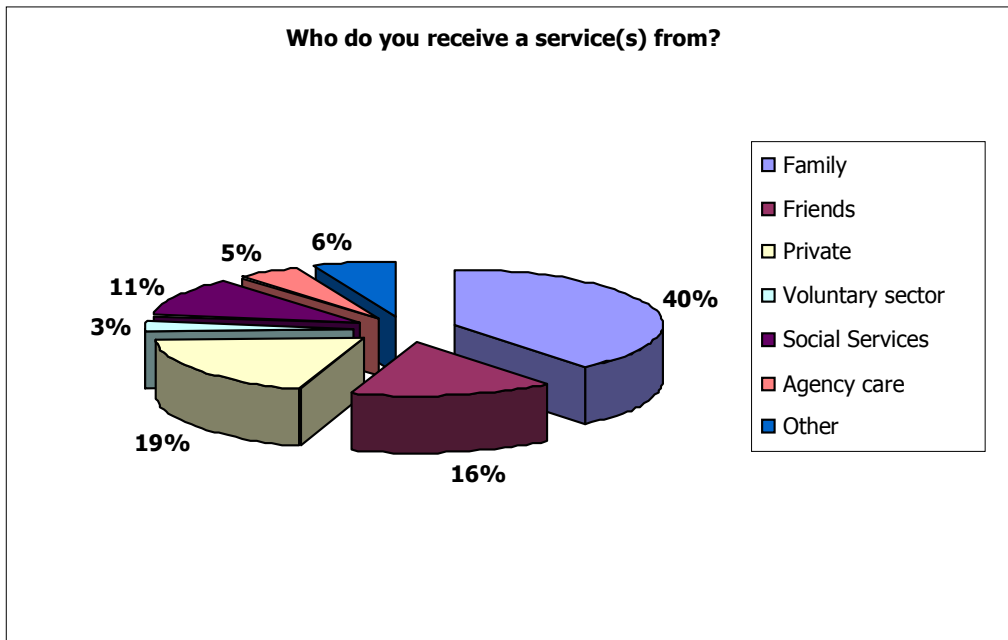
15c* – How easy/difficult was it to access the services you said you receive?

- The majority of respondents, 84% (178) found it either 'easy' or 'very easy' to access services overall;
- 13% (14) of those receiving a service from their family found it difficult to access, a higher rate compared to other service sources.

15d – How far do you agree or disagree with the statement “the service(s) I am receiving meets my expectations”?

- The majority, 96% (201), of those receiving a service either 'agreed' or 'strongly agreed' with the statement above on meeting service expectation.

Graph 10



15e* – Please tell us which factors made access to services you receive difficult.

- See 15 c - 84% (178) found it either 'easy' or 'very easy' to access services overall;
- Just 15% (31) said they found access to services overall difficult;
- 48% (61) of those who found access to services difficult did so because they 'didn't know they were available'.

15f – Are there any other factors that make services you access difficult?

What our residents had to say:

“Because there is no bus I find it difficult to get to the shops and have to pay for a taxi”

“I have dementia and have to rely on others to explain things to me”

“After filling out pages of forms I was told I was not eligible and found this degrading. I've never reapplied”

“My GP didn't understand my needs”

“Contacts and advice should be provided so we can know about these services”

16a – Southend-on-Sea Borough Council may produce a Southend Information Guide containing useful information. Do you think this is a good idea?

- 91% (617) of respondents want to see an information guide containing useful information;
- Graph 11 on page 32 shows that 21% (455) wanted to see this guide include ‘council information’ followed by 17% (405) who want to see ‘NHS information’ included.

What our residents had to say:

“Information on bus services”

“Information on planning applications and development in the Southend area”

“More information is always welcome!”

“Domestic services, e.g. gas, water, electricity”

“Advertisements for equipment and adaptation purchases”

“Direct contacts to council staff who can help with specific problems”

“Police and crime groups to deal with anti-social behaviour”

17 – If you could access some money to enable you to buy a service would you choose to? (Also see [Annex to the Report, Document 2 on page 12](#))

- Just over half of respondents, 51% (300), said they would access money to enable them to buy a service;
- Please refer to [Annex to the Report, Document 2 on page 13](#) for cross tabulated analysis on direct payments.

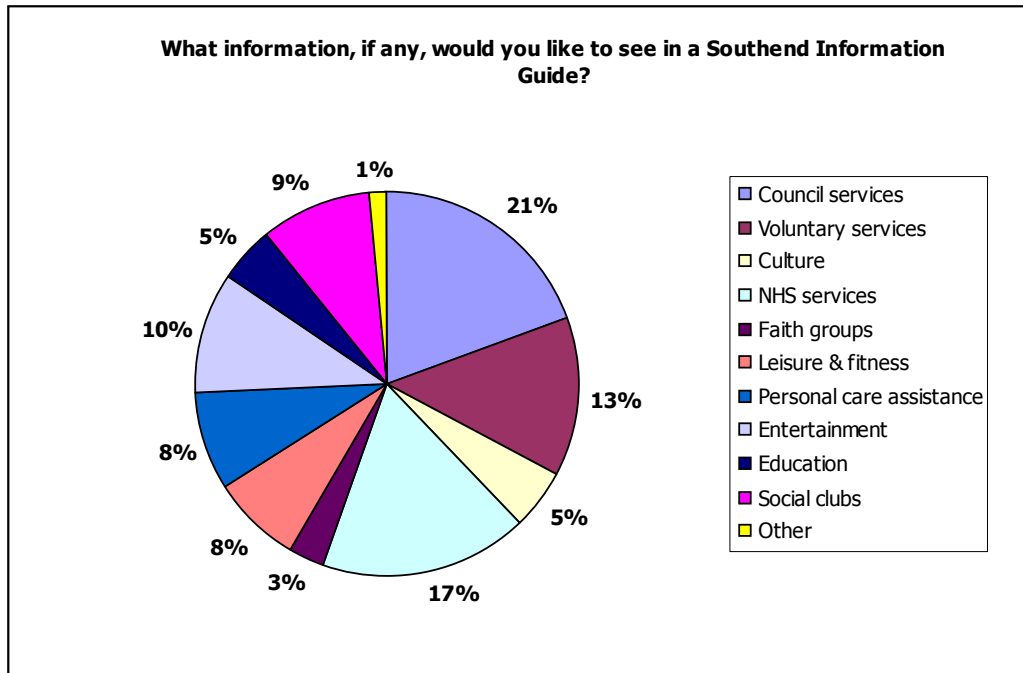
What our residents had to say:

“It’s not the money, it’s the difficulty of finding a trustworthy person”

“I like to be independent”

“My friends and family assist me if needed”

Graph 11



18 – Do you feel you need a service, or additional services? (Also see [Annex to the Report, Document 2 on page 15](#))

- 67% (432) of respondents felt that they needed no service or additional service;
- A third of respondents, 33% (209), feel that they still need a service or additional service;
- Please refer to [Annex to the Report, Document 2 on page 17](#) for cross tabulated analysis on unmet need.

19 – On a scale of 1 to 10 with ‘1 meaning most important’ and ‘10 meaning least important’ please prioritise the services that would help improve your quality of life’.

- Using scores weighted against importance Graph 12 on page 33 identifies gardening, chiropody, and housework as the services most likely to improve older people’s current quality of life.
- In addition respondents were given the opportunity to identify any service they believed would improve the quality of their life; 48 completed this section;
- 17 people mentioned transport-related issues with ‘improved bus services’ being the most popular request;
- 6 people mentioned some type of personal assistance such as gardening/housework.

What our residents had to say:

“A much better bus service”

“More buses please!”

“We have a free bus pass but no buses”

“I would like to get out for different activities but transport proves difficult”

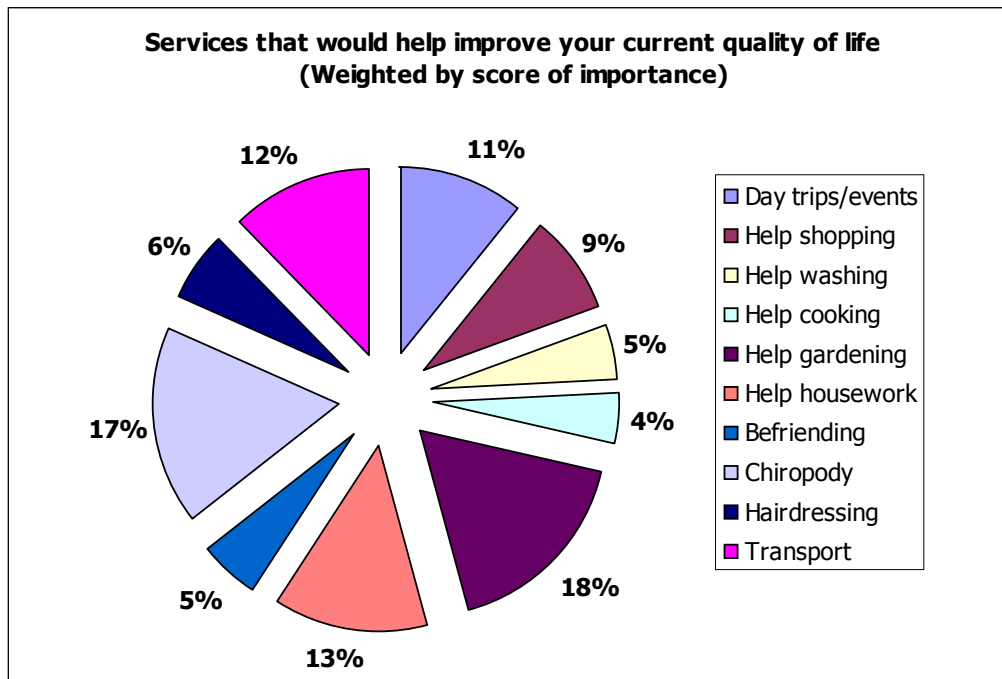
“I struggle to get out of the bath and would find it easier if I had a shower fitted”

“More caring assistance and advice”

“Keep fit for the elderly”

“Reliable DIY help and advice”

Graph 12



20 – Do you feel you have less opportunity to access the services you need than other people?

- Over 90% (572) of all respondents did not feel they had less opportunity to access services than other people;
- Just 10% (60) believed they had less opportunity to access services than other people;
- Those who felt they had less opportunity were asked why;
- 40% (20) cited mobility issues as a result of an illness/disability;
- 12% (6) felt that financial status was a barrier to access;
- 10% (5) thought lack of information meant they had less opportunity;
- The same number identified transport issues;
- 28% (14) identified a wide range of other issues.

What our residents had to say:

“To access any services I would need someone to push me in wheelchair”

“There is a lack of information about where and whom to apply to, and I have no family living nearby”

“Lack of bus service”

3.5.5 Section 5 – About you

21 – Postcodes.

- Postcode data captured for further geographical mapping work.

22 – Ethnic group.

- 98.7% of respondents who recorded their ethnicity were from a White ethnic background;
- Just 1.3% (9) of respondents were from a BME group;
- This proportion consisted of Black Caribbean, Chinese, Indian, and Pakistani;
- 88% (7) felt they could travel around Southend, a greater proportion than overall.

What our residents had to say:

“I sometimes feel that being Asian means we can't join in with social clubs and organised day trips and events”

“I am a stranger in a strange land after living here 63 years”

Additional comments from our residents:

“Being able to make GP appointments in advance and when needed, as

promised by Prime Minister on TV”

“I’m aware of several people in this area who are in their eighties and are having to cope with a disabled partner and never seem to have any help”

“Access to an "odd job" person would be helpful. Living alone with a property to maintain can be an anxiety when things go wrong. Also, knowing reliable people to contact”

“Bus services need more attention. Unable to get around without paying for taxi”

“Transport for the elderly in and around Southend is increasingly difficult”

“Too many broken paving slabs and people cycling on pavements is a danger to my age group whilst out walking”

“At present no real help needed but would support idea of information being more easily available”

“I would like to think this survey is a positive outcome for people like myself who are always on the brink of needing help”

“The council should aim to keep everyone active and mobile as long as possible, and should start as early as possible”

4. CONCLUSIONS

4.1 The survey and our witnesses gave us a wealth of information. This provides the Council and its partners with an indication about how well placed it is in relation to the independence and well-being of older people.

4.2 The issues in the main findings from the survey and evidence from our witnesses tend to overlap, but are listed under four main headings:

- Information & Social Environment;
- Health & Social Care services;
- Economic Life and Income; and
- Involving Older People.

The project team felt that it was important to discuss the findings from the survey with older people and also to support the emerging older people's commissioning strategy.

4.3 Just prior to Easter the project team contacted the 320 residents who had indicated through the survey that they would like to be involved in further work in developing services for residents. The residents were asked how they would like to be further involved and over 115 have replied⁷. 29 residents indicated that they would like to be involved in a focus group and these residents were invited to attend⁸.

4.4 The focus group was held on 14th May 2007 at Nazareth House in Southend-on-Sea, and was introduced by the Council's Champion for Older People, Councillor Mrs Gwen Horrigan MBE. In total 10 residents attended the group, supported by 6 officers.

4.5 The project team hoped that the session would be able to delve deeper into the emerging older people strategy and to gain further information from residents. The residents will receive a personal copy of the completed strategy and be involved in on-going consultation.

4.6 The focus group discussed the following themed areas based on the scrutiny survey and developing strategy (the notes from the Focus group can be found in the Annex to the report, Document 7):

- what information would like to see in an Information Guide;
- whether have any other comments regarding the general health and well-being of older people in Southend;
- falls;
- whether have any other comments about what we can do to improve their quality of life and independence;

⁷ A follow up letter will be sent soon and this figure is likely to increase.

⁸ The residents were offered transport to get to the venue, for example

- volunteering;
- whether have any other comments about how we can enable them to have a greater say;
- direct payments;
- whether have any other comments about how can be enabled to exercise more choice and control over their life;
- views on awareness campaigns specifically for older residents;
- main issues and barriers for OP applying for benefits they are entitled to;
- whether thought there are any improvements that could be made to their life to make them more confident, respected and valued within the community.

5. RECOMMENDATIONS

5.1 The information gathered in this project provides a clear consensus about the way in which the interests of older people are best served. The factors that can increase the independence and well-being of older people are:

- Physical activity (which was articulated so eloquently by Dr Pasha in his witness evidence);
- Having a social role and function;
- Good nutrition;
- Absence of risk factors;
- Good mental health and well-being.

5.2 The scrutiny project has helped identify priorities and the changes required to the way services are provided. They have also assisted in making the Interim Commissioning Framework a broader Older People Strategy, beyond health and social care, and covering the wider needs of older people.

5.3 The public sector and others have a significant role in trying to create the right environment to promote the independence and well-being of older people. One important role is in terms of providing information in a variety of formats to (all) residents to enable them to make informed choices.

5.4 The key findings, implications and related issues and possible action have been divided into four main areas (see paragraphs 5.6.1 – 5.6.4 below):

- Information & Social Environment – key findings 1 - 6;
- Health & Social Care services - key findings 7 - 16;
- Economic Life and Income - key findings 17 & 18; and
- Involving Older People - key finding 19.

These issues will be taken up further through the older people's commissioning strategy.

5.5 Recommendations

5.5.1 That the Cabinet and the Council's partners endorse the findings of the in-depth scrutiny project on older people, as set out in paragraphs 5.6.1 – 5.6.4 below.

5.5.2 That the outcome indicators identified in the Commissioning Strategy be issued widely.

- 5.5.3 To support the continued involvement of older people in planning for future services and the establishment of the Health & Well-Being Partnership Board.
- 5.5.4 That the strategy be reviewed and revised in September 2008 and annually thereafter.
- 5.5.5 Scrutiny will review progress on the priorities and action points in the Delivery Plan (which indicates lead agency, timeframes etc).
- 5.6.1 **Information & Social Environment**

Key Findings 1 & 2 - Providing Better Information

Key Finding 1:

1. Over 90% of all respondents want to see a comprehensive Southend Information Guide introduced;

- Witness sessions – also emerged as a key issue by witnesses and the Scrutiny Committee.

Implications and related issues:

- This was the most unanimous response in the survey and highlights the need for better information and access for hard-to-reach groups;
- Older people repeatedly highlight that they struggle to find out what services, benefits, or opportunities are available to them;
- There is a need to look at clarity and comprehensiveness of information – (make linkages, ensure up-to-date, user-friendly etc).

Possible action:

- Develop and distribute a comprehensive A-Z Southend Information Guide;
- Councillor Lewin, a member of the scrutiny committee, offered to assist in this work;
- Review the Council's website to improve information for older people;
- Work with all partners/stakeholders to improve information provision in accessible formats, particularly for hard-to-reach groups;
- Review and simplify access routes to health and social care services;
- Establish a series of 'Road show' type campaigns to increase awareness.

Key Finding 2:

2. Over a third of respondents hadn't heard of Attendance Allowance;

- Witness sessions – also emerged as a key issue by witnesses and the & Scrutiny Committee.

Implications and related issues:

- Relates to key finding 1 and shows that basic information on benefits is

- not getting through, particularly for carers;
- Issues still exist in identifying carers within the Borough;

Possible action:

- Introduce a campaign to raise awareness and use of attendance allowance to fund homecare etc;
- Use voluntary organisations to carry out regular take-up campaigns and make use of leaflets that already exist (e.g. Age Concern, DWP), including help to understand claim forms and provide further support;
- Review and expand services that offer help with form-filling over the phone;
- Profile and target geographical areas and people who consider themselves not to have enough money for their daily needs and activities (linking in with the 26% (168) who felt they didn't have enough income to meet day-to-day needs in key finding 18).

Key Findings 3 & 4 – Improving Social Inclusion

Key Finding 3:

3. While half of all respondents engage in some form of leisure activity, about half do not;

- Witness sessions – also emerged as a key issue by witnesses and the Scrutiny Committee – in terms of awareness of the borough's 'Advantage card' (concessionary card) scheme and whether the right activities are included.

Implications and related issues:

- This suggests that potentially large numbers of older people are not accessing either mainstream or specialist leisure provision;
- Findings suggest that a key component of isolation is the size of an individual's social network and barriers to such networks clearly exist;
- Statistically this group are likely to have, or perceive themselves to have a disability, which is likely to be a factor that restricts social inclusion;
- The survey also suggests that public transport, in particular reliability of buses, is also a barrier to leisure engagement (please also refer to key finding 17).

Possible action:

- Immediate consultation (please also refer to finding 19) via focus groups to seek views of current service users on how to break down barriers to social inclusion;
- Undertake a review of marketing and promotional material to raise awareness of activities and ensure it is sufficiently inclusive e.g. for older people with disabilities (also look at work done via Equality Impact Assessment (EIA));
- Include leisure & activity opportunities in A-Z guide referred to in key

finding 1;

- Make use of libraries and information officers to produce advice/book sessions at sport and leisure centres, supermarkets, faith communities, schools, hospitals etc.

Key Finding 4:

4. 60% of respondents live alone.

Implications and related issues:

- A large number of older people may progressively experience a mismatch between their accommodation/home life and their individual needs;
- Living alone relates to a number of other issues including the fact that those who live alone are also more likely to be those fearful of falls and accidents and unable to access immediate help.

Possible action:

- Carry out a review of services which are able to provide information, advice and assistance for people who live alone;
- Ensure housing services are more proactive in assisting older people to make informed choices about where they wish to live;
- Ensure older people have access to sufficient property maintenance services and contacts;
- Develop and implement an Older People's Accommodation Strategy;
- Review the effectiveness/impact of current risk assessments - those weighing the risks of living alone against the benefits of providing support that enables the person to live at home. (Note the significance tests and profile of those living alone and those who (53%) consider themselves at risk from falling);
- Looking at comments made by older people means we need to recognise that giving older people as much choice as possible can reduce social isolation.

Key Finding 5 - Transport

Key Finding 5:

5. While 65% of respondents felt able to travel around Southend, 35% did not;

- Witness sessions – transport needs to be more flexible e.g. 'hop on' 'hop off' buses and also relates back to crime and personal safety issues.

Implications and related issues:

- Transport issues relate to disability and isolation and is central to promoting social inclusion by making education, leisure, social activities and health services available to older people with very restricted, if not totally housebound lives;
- Many older people are impeded by their disabilities from travelling

around the borough and have also identified issues of safety when using buses (i.e. not merely a logistical, routing issue for various forms of public transport);

- Transport system gaps for older people in Southend.
- Identify whether people are accessing available health treatment that could improve their ability to get out and about e.g. incontinence treatment (recognising this is health related issue)

Possible action:

- Review and codify the full range of transport and related services for older people with disabilities (concessionary fares, freedom passes, blue badges, dial-a-ride, day care transport, equipment/adaptations to transport, volunteer-support, access-disabled friendly transport services);
- There is a need to improve the reliability, cost, and flexibility of public transport in Southend, particularly bus services;
- Prepare an information brochure on transport services for disabled older people;
- Greater awareness by bus drivers of the safety needs of older people when using buses and ensuring that older people with disability / mobility issues can access all buses;
- Include details of public transport options in the A-Z guide referred to in key finding 1.

Key Finding 6 – Crime and Fear of crime

Key Finding 6

6. While the large majority 79% (556), felt either ‘very’ or ‘fairly safe’ living in Southend, 6% (55) felt ‘very’ or ‘fairly unsafe’ living in Southend.

Implications and related issues:

- Although this seems like a relatively low number, older people (through text comments) raised the issue of feeling unsafe when going out in Southend at night;
- In comparison to national figures Southend has a slightly lower level of crime which suggests that there is a need to reduce the perception and fear of crime;
- An increase in fear of crime will likely relate to other issues such as isolation, depression and lack of confidence;
- Index of Multiple Deprivation (2005) figures at localised levels also suggest a link between crime and health of older people;
- Crime issues also relate to the need for improved information and awareness on crime prevention.

Possible action:

- Review current work with local Police to ensure that the particular needs of older people in Southend are recognised and introduce crime awareness and prevention campaign specifically for older and

vulnerable residents;

- Include crime-related contacts and issues within the A-Z Guide identified in finding 1;
- Identify, profile and target the most vulnerable geographical areas in Southend and review relationship with local 'neighbourhood'/ 'community' police officers.

5.6.2 Health & Social Care Services

Key Findings 7 & 8 – Post-Hospital Discharges

Key Findings 7 & 8:

- 7. 34% of respondents received a service after being discharged;**
 - 8. The highest level of post-discharge service came from equipment and adaptations;**
- Witness sessions - also emerged as a key issue by witnesses and the Scrutiny Committee – in terms of information/ advice/ support on leaving hospital and information/advice for carer's.

Implications and related issues:

- This suggests post-hospital discharge support would seem to be working in a re-active sense;
- Hospital admission may be a trigger to receiving a service that could have been provided at earlier stage;
- There is also the question of whether the timely issue of equipment could have prevented the hospital treatment in the first place;
- This finding also links to the results on falls: could earlier information, advice and provision of appropriate equipment have helped to reduce the number of fall admissions? This also relates to information issues already raised in other areas of the survey.

Possible action:

- Make information on equipment services accessible before the need for hospital treatment e.g. an on-line catalogue of equipment;
- Self-assessment process to be considered for minor equipments and signposting to where this maybe obtained/purchased;
- Look at how Occupational Therapists are working with the public/private housing services to arrange equipment and assistive technology.

Key findings 9 to 11 - Falls and Fall Prevention

Key Findings 9 to 11:

- 9. 53% of respondents believed they were at risk from falling;**
- 10. 33% of respondents had had a fall in the last 12 months;**
- 11. 47% believed the fall they had could have been avoided.**

Implications and related issues:

- These results clearly support the case for joint working with the PCT and other agencies to strengthen and extend the work of the Falls Prevention Service;
- Findings on falls are clearly related other findings such as living alone, disability and mobility along with findings on improved information and awareness.

Possible action:

- Review and ensure the falls strategy is sufficiently tackling the key issues;
- Look at how all relevant workforces (e.g. homecare, fire service, police) act as 'eyes and ears', spot potential hazards in homes, and identify older people most at risk (also including this issue within agreed specification for homecare contract re-tendering);
- Audit service providers involved in falls prevention (those complementing the dedicated service);
- Expand or introduce extensive training to raise awareness of hazard spotting and prevention through diet/health;
- Introduce or build on moving and handling training programmes;
- Include falls-related information and advice in the A-Z Information guide identified in key finding 1.

Key findings 12 & 13 - Hospital Services**Key Findings 12 & 13:**

- 12. 71% of respondents had accessed some kind of hospital based service in the last 12 months;**
- 13. 96% of all hospital attendances were located in Southend.**

Implications and related issues:

- This indicates that hospital is still the focus of treatment whereas the Government see services being provided closer to home;
- Also indicates the high volume of GP or self-referrals to hospital and the substantial workload implications in redirecting these to community-based services;
- The above would seem to be the case when checked against 'first time outpatient attendance' where 16% (based on qtr 4 of the 2004/6 data) of the population attended in Southend compared to just 7% for England.

Possible action:

- Consider implications and options for reconfiguring health and social care services in the light of practice-based commissioning e.g. GP surgeries with local older people, social work team to provide support for people with long-term illnesses;
- Ongoing joint work with PCT to agree how specifically the shift from acute, secondary health care to home support services will be achieved.

Key findings 14 to 16 - Disability

Key Findings 14 to 16:

- 14. 69% (501) of respondents did not consider themselves to be disabled**
- 15. Of the 31% (225) of respondents considering themselves to be disabled, gardening represented the most common task that couldn't be done as a result of a disability followed by shopping for food;**
- 16. Although no quantitative data was collected on those with Physical & Sensory Impairments (PSI), such conditions were significantly referred to in text-based responses e.g. specifically for older deaf community**

Implications and related issues:

- This is a substantial proportion, most of whom would appear to need practical assistance for some of the more physical tasks that do not require “professional” services;
- Disability issues also relate to other findings such as isolation and transport.

Possible action:

- There is a clear need to identify, support and signpost appropriately supervised/accredited services that can assist with gardening and shopping (using voluntary, not-for-profit organisations);
- Look at how the council can support and expand this market to meet these additional needs.
-

5.6.3 Economic Life and Income

Key findings 17 and 18 - Financial Income

Key Findings 17 & 18:

- 17. 70% of respondents agreed or strongly agreed that they had enough income to manage day-to-day activities;**
- 18. 26% of respondents disagreed or strongly disagreed with the statement “I consider that I have enough income to meet my day-to-day activities”;**
 - Witness sessions – also emerged as a key issue by witnesses and the Scrutiny Committee – in terms of support in completing complex benefit forms (and other forms).

Implications and related issues:

- These findings suggest a disparity between those with enough income and those without, and that health and social care inequalities may parallel and compound income inequalities;
- Statistically those who disagreed with the statement are more likely to have a poor quality of life, have a disability, and feel unsafe living in Southend which suggests underlying issues relating to lack of service awareness/information/financial help/location etc;
- This could be a very complex issue as some older people may be asset rich (homeowners) but have a relatively poor income.

Possible action:

- Review benefits and monetary advice services and the capacity of such services to reach this 30% alongside other services;
- Look to increase awareness and wider dissemination of benefits information in user-friendly formats (also relates to additional practical help suggested in key finding 2);
- Look at how the Home Improvement Agency (HIA) can promote their equity release scheme.

5.6.4 Involving Older People**Key finding 19 - Consultation****Key Finding 19:**

19. 42% (320) respondents registered their interest in further engagement with the council on issues arising from the survey.

Implications and related issues:

- The views of older people in Southend should be valued, shared and promoted;
- The principles of active citizenship mean that older people should be involved in making decisions about issues affecting their lives and communities;
- Involving older people and increasing participation is central to influencing how council, health and other services are delivered.

Possible action:

- Continue to establish how many of and by what method the 320 respondents are willing to take part in further consultation(s);
- Compile a consultation list from which older people may be engaged in contributing to plans for improving and developing services;
- Focus groups arranged from the above list to inform Southend's older people strategy;
- Update consultation list on an annual basis; and
- Consider undertaking a triennial survey along similar lines.

6. APPENDICES

APPENDIX 1 ANNEX TO THE REPORT:

List of information included:

Document 1 Questionnaire/ survey information

Document 2 Further analysis of Survey questions

Document 3 List of the questions sent to witnesses

Document 4 Notes from witness session No.1 held 15th February 2007

- Jeanette Anderson – Home Improvement Agency
- Ali Hadawi – Adult Community College
- Peter Stroudley and Barbara Crowe – Carer’s Forum
- Diane Craig – The Pension Service

Document 5 Notes from witness session 2 held 20th February 2007

- Trish Carpenter – Citizens’ Advice Bureau (CAB)
- Dr Pasha - Ethnic Minority Forum

Document 6 additional contributions:

- Pat Babbington - South East Essex Advocacy for Older People
- Dawn Brown and Sue Bailey - Health
- Carol Cranfield - Older People’s & Learning Disabilities Services
- Nick Harris - Culture

Document 7 notes from Focus Group held 14th May 2007

7. CONTACT DETAILS

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Copies of previous scrutiny studies can be found on www.southend.gov.uk and click on the 'council & democracy' section of the website.

BACKGROUND INFORMATION

Reports

1. In-depth Scrutiny Project – To consider how well placed Southend is in relation to the independence and well-being of older people – Report of Chief Executive & Town Clerk (CETC 32) – 17th October 2006.
2. Southend-on-Sea Older People's Commissioning Framework 2007 – 2010 - Report of the Interim Director of Adult & Community Services No 582 – 18th January 2007
3. Report of survey findings – Community Services Scrutiny Committee held 27th March 2007

Witness sessions

4. Notes from witness session held 15th February 2007
5. Notes from witness session held 20th February 2007.

Minutes

6. Agreement to selected topic – Community Services Scrutiny Committee held 13th June 2006 (minute 121 refers).
7. Community Services Scrutiny Committee held 17th October 2006 (minute 491 refers).
8. Community Services Scrutiny Committee held 28th November 2006 (minute 681 refers)
9. Extract from Community Services Scrutiny Committee held 18th January 2007 (minute 824 refers).
10. Extract from Community Services Scrutiny Committee held 27th March 2007 (minute 1121 refers).
11. Minutes of Community Services Scrutiny Committee held 15th February 2007 (witness session 1) (minutes 975 – 977 refers).
12. Minutes of Community Services Scrutiny Committee held 20th February 2007 (witness session 2) (minutes 978 – 980 refers).

Scrutiny projects reviewed

13. 'Improving services to older people and carers' - Rotherham Metropolitan Borough Council – September 2003
14. Opportunity Age in County Durham? – Durham County Council - May 2006

15. Looking Forward: older people's services in Stoke on Trent - September 2006

Project Team meetings

Meetings of the Member Project Team were held on 24th August 2006, 7th November 2006, 15th January 2007 and 19th April 2007 and the notes are available on request.

Other information

16. Presentation slides from Jeanette Anderson, Anchor
17. Older People Action Learning Sets – Audit Commission February 2007
18. Information on Pets as Therapy - see www.petsastherapy.org
19. Information from EERA/EEDA:
- Healthy Future – a Regional Health Strategy for the East of England 2005-2010);
 - Regional Social Strategy (March 2004);
 - Sustainable Futures – the integrated Regional Strategy for the East of England (October 2005);
 - The implications of an ageing population (June 2003);
 - EERA annual Report 2005/06;
 - In Suburbia – Hampshire CC publication 2002
20. *Kings Fund* and *LGA* documents:
- Fair Care - the LGA's campaign for older people (2006) – www.lga.gov.uk
 - The Business of Caring - Kings Fund Inquiry into Care Services for Older People in London - www.kingsfund.org.uk/summaries
 - Kings Fund (2002) – Old Habits Die Hard – www.kingsfund.org.uk
 - Kings Fund (2005) – Looking Forward to care in Old Age – www.kingsfund.org.uk
21. Working With Older People In Newham - Newham's Older People's Strategy, 2005-2008
22. Draft response to the London Mayor's work on older people – 'Towards an older people's strategy for London' - see www.london.gov.uk/mayor/older_people.
23. Article in 'community care' (18/08/2006) concerning a Southend based hotel which specialises in holidays for older people and disabled people - see www.communitycare.co.uk/articles

24. Press articles – Evening Echo 26th February 2007 ‘1 in 4 pensioners cannot afford to live’; Evening Echo 17th April 2007 ‘Are our pensioners happy?’

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