Support planning and brokerage service for older people
Self-directed support

Maureen Falloon, Deborah Fowler and Sally Prentice

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Age Concern London
1st Floor
21 St Georges Road
London SE1 6ES
Tel: 020 7820 6770 Fax: 020 7820 1063
Email: general@aclondon.org.uk
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Executive summary

The government initiative ‘Putting People First’ requires local authorities and the NHS to develop new ways of delivering services that focus on prevention, personalisation and improving older people’s quality of life.

Age Concern Bromley’s Support Planning and Brokerage Service demonstrates how personalised services can be delivered in practice. The service works for and with older people and their families to enable them to continue enjoying life and live independently by providing a range of paid-for and free services, with voluntary support. The case studies in this booklet and accompanying DVD illustrate how older people are encouraged to think about what is important to them, how a package of support is tailored to meet individual needs and the positive impact upon older people’s wellbeing.

The service, a partnership between the London Borough of Bromley and Age Concern Bromley, has provided practical support to a much wider group of older people than those who meet the local authority’s eligibility criteria for care services and qualify for financial support. The service is primarily aimed at older people with moderate needs who need to pay for their own care and support (self-funders), but is also used by older people who meet Bromley Council’s eligibility criteria who would prefer Age Concern Bromley to organise their support on their behalf, and those clients who have taken up a direct payment. Bromley Council is therefore able to signpost all older people and their families to appropriate advice and support, rather than simply telling people that it can’t help them because they don’t meet the eligibility criteria.

Features

The Support Planning and Brokerage Service has several distinctive features. First, the service model was developed in partnership, by the local authority working with Age Concern Bromley through the local strategic partnership, rather than the local authority commissioning team simply issuing a tender and waiting for provider organisations to respond. The partnership has operated at both a strategic and an operational level with a multi-agency steering group and secondment of a member of staff from the local authority’s care management service.

Second, the service is a very practical one, which combines a mix of paid-for services such as cleaning and gardening, free services, and social activities and voluntary support provided by Age Concern Bromley’s Community Volunteers Time Bank (CVTB). The time bank has over 400 members, 73% of whom are aged 50 to 103. The service therefore uses the expertise and interests of older people as peers to engage with older people needing support, thus building community capacity. A number of clients of the Support Planning and Brokerage Service have become CVTB members, strengthening social networks.

Third, the service is integral to the way in which Age Concern Bromley works with older people in the borough, rather than being a stand-alone project. It forms part of a portfolio of services such as Information and Advice, First Check Point (registered and vetted cleaners and tradespeople) and CVTB provided by Age Concern Bromley.
Funding

The Support Planning and Brokerage Service was initially funded through the local area agreement. The cost is modest when compared with the amount local authorities spend on supporting older people with substantial and critical needs. Investment in preventative services will save local authorities and the NHS money in the medium term. The final independent evaluation of the Partnerships for Older People Projects carried out by the Personal Social Services Research Unit (PSSRU)\(^1\) demonstrated that for every £1 invested in preventative initiatives for older people, £1.20 is saved in hospital costs. PSSRU also found that there are savings for primary care and social care.

Advantages

All local authorities need to make significant financial savings at the same time as meeting the needs of an ageing population and commissioning personalised services. A support planning and brokerage model as described in this booklet could be adapted to any setting and delivered by an organisation other than a local Age Concern, but what is critical to its success is that it is delivered by an organisation that is known and trusted by older people and their families and has good local knowledge and networks, with local professionals working with older people and other service providers such as housing associations.

The vast majority of older people, unlike people with learning difficulties or mental health problems, will not be known to adult social care teams. Some older people and their families will contact their council directly when they are experiencing difficulties, but others are more likely to ring a local voluntary organisation that works with older people. The service provider needs to have a good understanding of older people living in the borough, as older people become more diverse in terms of ethnicity, family structures and life experience. People retiring now are much more likely to have good occupational pensions and own their own home than people in their 80s or 90s but, equally, more older people are likely to be affected by divorce than was the case ten or fifteen years ago. Service providers need to be sensitive to the needs of older lesbian and gay people and not make assumptions about what is important to them or how they want services to be provided.

This booklet explains the business case for investing in a support planning and brokerage service, the partnership between the London Borough of Bromley and Age Concern Bromley, the service model, how to set up a service, its impact upon older people and their families, and the equalities framework within which the service will need to operate.

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1 www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111240
Introduction

Support planning and brokerage for older people is an opportunity for local councils and the local NHS significantly to enhance their clients’ and patients’ experiences by making low-level investment in preventative, empowering support, so saving money on higher-level support.

Government-funded research proves that preventative expenditure on low-level support for older people is cost-effective. By linking with and developing local social support networks, such as those provided by time banks and community organisations, a well-structured support planning and brokerage service also has the scope to regenerate local communities and their support mechanisms, helping to develop longer-term informal support mechanisms for local older people.

There are nearly 900,000 people aged 65+ living in London, comprising nearly 13% of the total population. The older populations tend to be higher in outer London boroughs and smaller in inner London, with the proportion of the total local population ranging from about 9% (16,900) in Tower Hamlets, to 16% (49,900) in Bromley. Of this total, it has been estimated that around 27% of people aged 65 and over in London (excluding those in long-term care) have some form of long-term illness or limiting condition. A greater number will not self-record as having such needs but may require low-level support if they are to maintain their dignity and independence and prevent physical and mental deterioration.

Local councils and the NHS locally are exploring new ways to deliver the challenges of the increasing focus on prevention, personalisation and personal outcomes across health and social care, as well as the principles of ‘Putting People First’. A support planning and brokerage service is an excellent way to address some of these issues for a large sub-section of the older population: those who are self-funders or with needs that do not meet the criteria for publicly-funded support.

This booklet describes the benefits and cost-effectiveness to councils and the NHS locally of such a service. It also explains the service and explores the impact in detail, citing case studies, and looks at how such a service helps with legal obligations around equalities and human rights issues. It is part of a toolkit that includes a DVD in which people discuss delivering and receiving the service.

We hope that local councils and the NHS locally across London will see the cost-effective merit of this way of meeting their obligations and improving client and patient experiences. We hope that this will lead to many more such services being established, to the long-term benefit both of the local population and of public finances.

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2 ONS re-estimated census data, published 2007
3 Age Concern London, 2010
What is a support planning and brokerage service?

The Department of Health (DH), in *Good Practice in Support Planning and Brokerage* describes ten key functions of support planning and brokerage:

- Finding out what is available.
- Exploring what is possible.
- Providing information (signposting).
- Giving technical advice.
- Encouraging and developing informal support.
- Coordinating support and resources.
- Assisting people to manage their obligations and responsibilities in relation to their budget.
- Enabling things to happen.
- Giving help with support planning and person-centred planning.
- Helping people to speak up for themselves or, where necessary, to speak up on their behalf.

This type of service has also been referred to as ‘care brokerage’. However, this description is inappropriate because it disempowers clients by implying that they need to have care provided for them, rather than focusing on what support clients choose for themselves.

The DH notes an overlap between some brokerage functions and advocacy. In *Good Practice in Support Planning and Brokerage* it quotes the Disability Rights Commission’s definition of advocacy: ‘Advocacy can be defined as an individual being supported to express views, communicate choices and receive services or social inclusion and equality’. It then notes that: ‘it would be hard to argue that advocacy does not fall within a function of brokerage’. It suggests that, unlike an advocate, a broker is usually involved in the implementation of the outcome of the support or advocacy, but nevertheless concludes: ‘However, brokerage does not replace advocacy and there is still a clear need for distinct and thriving advocacy services at a local level’. (p 18)

Support planning and brokerage in this toolkit

Many local authorities, sometimes supported by their local NHS, already have, or are trialling, arrangements to help vulnerable adults take up individual budgets and develop their own support mechanisms to meet their needs. These support planning and brokerage arrangements may be provided by the council or, perhaps more often, outsourced to an independent provider. Either way, most such services are normally available only to those vulnerable adults whose requirements meet the ‘threshold criteria’

4 www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Supportplanning
adopted by that local authority under the guidelines of Fair Access to Care Services (FACS).

In contrast, the model of support planning and brokerage service covered in this toolkit is available to self-funders and may be made available to those older people who meet the local FACS criteria and are also eligible for social services support.

The service focuses on helping to identify the client’s needs and their aims for how they want to live their life and identifying voluntary or mutual support or paid-for care to help the person to meet their needs and achieve their aims. The service aims to use voluntary services as much as possible, particularly its own time bank.\(^5\) This is entirely consistent with the DH point ‘encouraging and developing informal networks’. Once established, such networks can become well-placed to provide long-term support.

While volunteers are essential to providing a cost-effective service to support older people with low-level needs, they need to be properly recruited, vetted, trained and supported. However, as this can generally only be done by paid staff, because the organisation managing the service has full, contractual, control only over paid staff, it is not cost-neutral.

The effect of this service is to enable older people to receive the support they need when they seek it, with the capacity to provide increasing support as their needs increase. This not only helps to keep older people healthy and well in their own home, it helps to build local communities and stimulate mechanisms through which they help to support their older residents. The service can also be used to ensure that appropriate paid-for support is secured for self-funders who need help to live independently at home but are not eligible for public support.

The details of the support planning and brokerage model featured in this toolkit are set out in more detail in section 3.

Whatever local variations are adopted, it is important that a small core of paid staff is available to provide the skill and expertise necessary to run the service and give adequate choice. As the DH notes in Commissioning for Support Planning and Brokerage: A Resource Tool,\(^6\) ‘Trained and paid brokers are emerging in different parts of the country and should be one of the choices available to people’. (p 5)

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5 A time bank is a way for people to come together to help others and help themselves at the same time. Participants ‘deposit’ their time in the bank by giving practical help and support to others and are able to ‘withdraw’ their time when they need something done. It transforms the image of volunteering – everyone’s time is valued equally: one hour = one time credit. Each time bank is designed to meet the different kinds of help and skills the local community wants. For further information see www.timebank.org.uk or www.london.timebank.org.uk.


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**The support planning and brokerage service is thus an investment by health and social care in mobilising and harnessing the local community and building social support networks that help older people to remain independent in their own homes, and free of social services or major health intervention, for longer.**
Why should we invest in a service for self-funders and people who do not meet the FACS criteria?

Councils and the local NHS benefit from older people being integrated into social support networks that keep them healthy in their own homes for longer. This general direction of travel is not changing under the coalition government, and it is universally accepted that it is more cost-effective and desirable over the long term to enable older people to remain independent in their own homes. With the forthcoming severe cuts in public expenditure, the focus on local voluntary involvement and mutual support may become greater under what is known as the ‘Big Society’ initiative of seeking to involve more people in volunteering and civic society. Age Concern Bromley’s model of facilitating community-based service provision is therefore in keeping with current trends towards greater personal choice and greater civic involvement.

Official evidence shows that prevention is cost-effective

For every £1 invested in preventative initiatives for older people, £1.20 is saved in hospital costs, according to the independent final evaluation of the DH-funded Partnerships for Older People Projects (POPP) carried out by the Personal Social Services Research Unit (PSSRU). This fully-costed, independent evaluation provided unequivocal evidence of the cost-effectiveness of preventative investment in supporting older people to remain independent for longer. Equally importantly, older people involved in the POPP projects reported consistently higher health-related quality of life measures after their intervention than a non-participating comparison group.

More than two-thirds of the POPP projects were about social inclusion work or promoting healthy living, and are therefore entirely consistent with the model featured in this toolkit. The PSSRU found that overnight hospital stays were reduced by 47%, A&E visits by 29% and outpatient appointments for treatments such as physiotherapy and occupational therapy by 11%, saving £2,166 per person in total. This adds to arguments for health partners to play an active role in funding preventative work. If, as indicated by the coalition government, there is in future a much greater focus on outcomes for individuals than on service delivery targets, with health commissioning being led by local GPs, then GPs will be well-placed to recognise and benefit from the long-term savings to be secured from modest, low-level early intervention of this sort, funded perhaps through a combination of health and social services funding.

Clearly, many hospital users are also users of social services, so that not only the NHS budgets, but local authorities will save money from early intervention investment. This is explicitly recognised by the PSSRU, which states that:

‘This evidence of the POPP projects leading to cost reductions in secondary, primary and social care [our emphasis] was similarly demonstrated by many of the local evaluations.’ (p 8, executive summary)

In addition, rather than the more complicated hospital discharge projects, it was the low-level intervention projects that showed that the greater the scale, the greater the impact:

‘In contrast, “community-facing” projects showed increasing returns against economies of scale, such that the larger the project, the greater the saving. These
may require a "critical mass", but once they are large enough, can seemingly reduce the need for emergency secondary care.' (p 7, executive summary)

Given that the POPP projects were quite short, generally lasting only two years, there is considerable scope for longer-term benefits to be even greater. The evaluation report found that:

‘Indeed, it is possible that the evaluation results understate the benefits which can potentially be derived from such a programme ... It is possible that even greater value could be secured over the longer term, as new projects learn from their experience, and general expertise and confidence grow.’ (p 10, executive summary)

**A small investment can reap huge rewards**

The POPP evaluation stressed that practical, local support projects could be highly cost-effective:

‘One operational example concerns those projects focused on improving wellbeing through the provision of practical help, small housing repairs, gardening, limited assistive technology or shopping. For an extra [annual] spend of £5,000 per person – £96.15 per week – there is a 98% probability that such projects are cost-effective compared with "usual care". Commissioners putting in place such projects could be reasonably confident that only around 0.2 projects in ten would not be cost-effective.’ (p 7, executive summary)

The model featured in this toolkit requires even smaller spends per person, given the ongoing practical help provided by volunteers. It therefore has the potential to be even more cost-effective than the POPP projects.

A support planning and brokerage service helps provide a very low level of community support and social integration to those older people who have needs that are below the FACS threshold. A small amount spent on supporting someone just as they start to struggle to cope can be repaid several times over in terms of savings on future social and healthcare costs. This is achieved by sustaining the person’s confidence, independence and motivation and helps to prevent and delay deterioration in their physical and mental condition.

If and when a client’s needs meet the FACS criteria, and support via the council and often also the health service therefore becomes appropriate, the package of support will be calculated as that needed on top of the person’s existing support provided as a result of the support planning and brokerage service.

There are therefore three key financial benefits:

1. Modest early intervention through the community can delay the need for more expensive intervention through the council, and may also reduce the period for which it is ultimately needed (as living more healthily for longer can be associated with a shorter period of rapid decline in an older person’s last few months of life).

2. Modest support of this sort can also reduce local NHS costs, through reduced inpatient and outpatient costs and, potentially, reduced visits to GPs. As GP commissioning becomes the norm, GPs will benefit directly from the reduced need to commission secondary care.

3. If the client’s condition deteriorates so that in due course they exceed the FACS criteria, the resulting package of council-paid support should be cheaper than it
otherwise would have been. This is because any subsequent package of support for the client will be supplemental to the community support the client is already receiving via the support planning and brokerage service.

**Not being turned away**

One of the significant benefits of the NHS and local authorities commissioning a support planning and brokerage service is that frontline staff can refer older people and their families to this service rather than simply saying that they are not able to help because the older person does not have substantial or critical needs.

Having been turned away once, some older people may not call for help again until their situation has deteriorated to a point where they need substantial and expensive help. A support planning and brokerage service is a cost-effective way of providing somewhere to refer these callers, where they can receive help to enable them to identify and secure free or paid-for services to provide the support that they need.

*Instead of having to explain to someone after a telephone assessment that the council cannot help them until their condition deteriorates, and suggesting that they try the local voluntary sector to see if they can help, social services can tell older people and their carers that the council can help them, through the support planning and brokerage service commissioned by the council and provided by a trusted local third sector partner.*

Similarly, local GPs, urgent care centres, walk-in centres and A&E departments will all benefit from being able to provide an active referral for an older person who has needs but is not eligible for council support. A referral to the support planning and brokerage service would provide a positive step and could help to reduce repeat visits by small numbers of clients with limited medical needs.

Local GPs should become particular beneficiaries of such a service as they increasingly take charge of the budgets for providing services for their own patients. A support planning and brokerage service provides a new support mechanism to which they can refer some of their patients, and they stand to benefit greatly from the reduced use of acute and other secondary health services by these patients. Over time, this is likely to generate much greater savings than the benefit of a reduced number of visits to GPs by these older patients.

**Planning and delivery benefits**

Operational and cost benefits should accrue when assessing against the FACS criteria someone who has already been a client of the support planning and brokerage service. Because the person is already in the system, it should be easier and cheaper to assess their additional support needs.

Having access to good information on the needs of local older people who are currently below the FACS criteria is very valuable to councils and the local NHS. It helps with
effective planning for the future needs of the population by contributing to the joint strategic needs assessment, and could also be used to develop more accurate and useful ‘at risk’ registers of those whose condition may otherwise deteriorate to a crisis point where more formal help is required.

**Market development benefits**

One of the key prerequisites of a successfully functioning ‘market’ is information; if potential providers are not aware of potential demand, then they are unlikely to try to offer a service. Collating information on the demands of a large number of older people by running a support planning and brokerage service will create the potential for new markets. For example, the local authority or local NHS could publish information on the main areas of collective need or interest for the people seen by the support planning and brokerage service. This would enable existing and potential providers to assess whether they might be able to devise a new service that could be economically viable, such as (paid-for) home deliveries of ethnic hot meals. If so, this would promote market choice.

More minor market responses are also possible. For example, if the support planning and brokerage service found that a handful of older people around the borough were interested in a reading circle, or playing bridge, the broker might approach a local café to see if there was a quiet time when the group might be brought together to pursue their common interest. This would be good both for local businesses and the older people.

**How a local third sector partner multiplies the benefits**

To maximise the advantages of a specialist support planning and brokerage service for older people, for the local NHS and council as well as for clients, the service should be run by an organisation that older people trust and support, such as the local Age Concern or another local third sector organisation.

Local third sector specialists know how to deal with their clients because they are close to and among them. Many older people will be unfamiliar with social services and its requirements, and are generally not familiar with having to ask for any sort of help or used to making their own choices and decisions. It can be hard to adjust to the fact that they may have developed a health condition or other frailty, and in self-assessments older people routinely over-estimate what they are capable of and under-estimate their support needs. When they do seek help, it is usually at a crisis point in their lives, when some may initially need support to enable them to feel in control again and be able to retake charge of their lives. They need and deserve a service that understands these issues.

Local third sector specialist providers understand and respect older people’s needs and the sort of support they need. Enabling them to manage their own support arrangements through a trusted local partner organisation helps older people to maintain their dignity and independence for longer.

**Accessing minority and ‘hard to reach’ communities**

Another advantage of using a local third sector partner is that it can access people who are often regarded as ‘hard to reach’. This means that some of society’s more marginalised individuals will be able to access basic support, and will therefore be more likely to access necessary health and other services.

The service also enables new opportunities to be created for minority communities by identifying a critical mass of people with a similar interest, such as gay literature, or
Kurdish folk music, or similar needs, and helping an opportunity or service to be provided around this common interest or need. For example, a support worker who speaks a minority language could support several (self-funding) individuals for a few hours a week each. This would enable the older people to access a culturally-appropriate support worker, and could bring into the care market someone who is only interested in working enough hours to make the role economically viable.

**Reaching those resistant to support**

A further benefit of using a local third sector partner is that it enables those people who shun contact with social services or who do not think to approach them to access support from the council. Over time, they may be willing to accept contact with social services when they need it, or the third sector partner may be able to act as an intermediary and prevent a crisis arising.

**Community engagement and development**

There are personal and community benefits where a support planning and brokerage service links in closely with local time banks (see footnote 5, page 6) or other volunteer networks. This model therefore promotes interaction and engagement among members of the local community, with local residents giving and receiving help. It promotes and recognises the important role of volunteering. It encourages people to get to know and support each other, building social networks and a stronger sense of local community and engagement and bringing a sense of connectedness and belonging to otherwise atomised communities. This community-building role is good for the local area and can act as the mechanism to provide long-term support for local older people, delaying and reducing the need for more formal support.

Older people need not just be passive recipients of support, but are also able to volunteer through the time bank. They may, for example, be able to provide volunteering services such as word-processing, advice on growing plants, knitting, note-taking at a community meeting or help with DIY. Such active engagement in the local community helps the older person’s sense of self-worth and self-esteem. Even where they do not feel able to offer volunteer support themselves, they still benefit from the social interaction, participating in group activities, developing social networks, keeping up to date with local news and developing an active interest in their local community. What is good for mental wellbeing is also good for people’s physical health, so older people’s mental and physical wellbeing are actively supported.

**Conflicts of interest**

For many organisations, including local authorities and the NHS, conflicts of interest are inevitable, for example in assessing clients’ needs while implementing budget controls. For third sector organisations specialising in working with older people, conflicts will often arise precisely because of the activities that generate valuable specialist knowledge: working with local older people to provide them with free or paid-for services that meet their needs. While this expertise makes the local third sector partner a trusted local provider, it also usually implies a conflict of interest in that clients of the support planning and brokerage service may also become clients of other services.

Such conflicts are relatively straightforward to deal with and can be addressed by a conflict of interest policy. This means that the strong advantages of using an expert, trusted local provider easily outweigh any potential disadvantages arising from conflicts of interest.
Legal benefits to the local council or local NHS

Depending on guidance from the government or the Equality and Human Rights Commission, it is possible that full implementation of the Equality Act in 2014 may require social services’ support to be age-neutral. This would mean that older people could no longer be discriminated against or receive lower budget allocations merely because of their age.

Investing now in a support planning and brokerage service will help local authorities and the local NHS to understand and plan for meeting the needs of their ageing population, particularly post-2014. Providing a support planning and brokerage service will also help councils and the NHS to ensure that, by supporting people to live independently in their own home, they are at less risk of preventing an older person from enjoying their home life or experiencing degrading treatment under the Human Rights Act and so are less likely to face legal challenge over these issues (see section 6).

Figure 1.1: Benefits of a support planning and brokerage service

<table>
<thead>
<tr>
<th>Benefits to the individual</th>
<th>Benefits to the NHS, council or locality</th>
<th>Value for money benefits</th>
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<tbody>
<tr>
<td>Promotes independence</td>
<td>Council and NHS no longer turn anyone away</td>
<td>Preventative investment delays deterioration and reduces the need for more expensive interventions</td>
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<td>Achieves personal aims</td>
<td>Council and NHS provide a better service to a wider range of local people</td>
<td>Once FACS criteria are reached, the resulting support can be cheaper as it is provided on top of existing community support, rather than from scratch</td>
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<tr>
<td>Facilitates social networking support and integration</td>
<td>Enhances the reputation of the council and NHS</td>
<td>Creation of social networks reduces future reliance on social services</td>
</tr>
<tr>
<td>Identifies new options and opportunities</td>
<td>Better access to hard-to-reach minorities through local provider</td>
<td>Contributes to meeting Equality Act duties</td>
</tr>
<tr>
<td>Reaches people who are ‘hard to reach’</td>
<td>Greater social integration and social networking through use of time bank and other volunteers</td>
<td>Contributes to preventing breaches of the Human Rights Act</td>
</tr>
<tr>
<td>Creates new opportunities for minority groups</td>
<td>Skilled health and social work staff can concentrate on those in greatest need</td>
<td>Linking in with other services (eg falls prevention) enables ‘at risk’ clients to be identified and helped</td>
</tr>
<tr>
<td>Enables informed choices to be made</td>
<td>Those who reject social services are enabled to access support</td>
<td>Use of local third sector staff and volunteers is cheaper, meaning cost-effective use of public funds</td>
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<tr>
<td>Prevents or slows personal deterioration</td>
<td>Contributes to meeting Equality Act requirements on service provision and on participation in civic society</td>
<td>Complaints over entitlements can reduce, as assessments conducted at home are more accurate</td>
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<tr>
<td>Those who reject social services can still access local support</td>
<td>Working with a local third sector partner contributes to meeting Equality Act requirements on procurement</td>
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Funding and sustainability

Most individuals are reluctant or unwilling to pay upfront for any advice service. This also applies to, for example, travel or financial services, but with health and social care there is no scope to recoup costs from the end service that the client chooses, because either the service will be free (from volunteers or community groups) or the value of the service will be so small that extracting a fee is not possible or there is no cost-effective mechanism for recovering costs.

The most efficient option is for the local authority and/or local NHS, perhaps supported by a partnership arrangement, to fund an efficient planning and support brokerage service that is free at the point of delivery.

Such a service is a cost-effective way of providing support, and has many wider and long-term benefits. As support planning and brokerage services develop, more self-funders could be attracted to use them. It is possible that, at some point in the future, more affluent self-funders may be able to afford support packages that would justify charging for the support planning and brokerage support.

In terms of long-term sustainability of a service, the DH is clear in Commissioning for Support Planning and Brokerage: A Resource Tool (see footnote 6, page 6) that existing local third sector providers of related support such as advice and support ‘offer good value for money’. It advises that: ‘Grant funding or block contracts to user-led organisations and community groups offer good value for money. Often their reach is much broader than statutory services, and in particular, they are part of a preventative role for people who may not be eligible for funding from councils’. (p 40)
Background to the service being commissioned

In autumn 2005, Bromley’s Social Care Health and Housing Policy Development and Scrutiny (PDS) Committee appointed a cross-party select committee on older people’s independence, with an independent chair and co-opted voluntary sector representation. Its overall aim was to gather information on how older people had been affected by a series of policy changes made by the council in the previous year. Changes to the Fair Access to Care Services (FACS) eligibility criteria – to provide council-funded services to people in the two highest bandings (critical and substantial) – had been agreed in principle. The select committee was set up before the planned implementation date of these changes.

One of the key recommendations of the select committee’s report, published in September 2006, was the development of a support planning and brokerage service to assist people who are self-funders.

The government initiative ‘Putting People First’, announced in December 2007, corroborated the need to support people who self-fund.

Bromley Strategic Partnership

*Building a Better Bromley,* Bromley’s community plan, sets out what the council wants to achieve over the next ten to fifteen years; the local area agreement (LAA) outcomes are based upon this vision.

One of the key priorities for the community plan’s policy framework is to support the independence of older people. The vision of the plan is overseen by the local strategic partnership (LSP).

Bromley’s older population

Bromley has the largest number of older people of any London borough: in 2008, people aged 65 and over represented approximately 16% of Bromley’s population. It also has the second highest number and the second highest percentage of people aged 85 and over in London. Population projections indicate that Bromley’s older population (65 and over) will increase by between 5 and 11.3% by 2015 (up to 5700 people). This includes an increase of between 7.1 and 13% of those aged 85 and over (up to 1000 people), which is the age group most likely to require health and social care support. Currently more half the older people receiving services in Bromley are aged 85 and over. Bromley also has a large number of self-funders who need assistance and advice in choosing services, and this group will increase as the population grows. There are also many people with lower level needs who will not be funded through health and social care.

Local area agreement

The three-year support planning and brokerage pilot is an LSP project, with stretch targets and reward money from the Government Office of London (GOL) that are set out in the LAA target of ‘Promoting choice and independence for vulnerable people’. The community plan includes two key local performance indicators agreed by the LSP:
the number of older people helped to live at home by accessing non-care-managed services

the percentage of older people having support planning intervention who feel better in four quality of life areas.

Quality of life is defined through pre- and post-intervention quality of life outcomes. Clients complete a pre-intervention quality of life questionnaire at the first meeting, before support planning intervention takes place. Questions are listed under the following four areas:

- feelings about health and emotional wellbeing in general
- feelings about personal safety in the home
- feelings about level of contact with other people
- ability to live the kind of life they want.

Six months later clients are asked to complete a post-intervention quality of life questionnaire, responding to the same set of questions. The pre- and post-intervention questionnaires are analysed by Bromley's performance and management team to calculate the percentage of people who report feeling better in all four quality of life areas as a result of the support planning intervention.

**Strategic partner – Age Concern Bromley**

Bromley Council has an excellent and longstanding partnership with Age Concern Bromley. Age Concern Bromley is a trusted brand locally, with a strong reputation of championing the dignity and care of older people and using a person-centred approach to deliver preventative services and achieve positive outcomes for older people. It also successfully engages with older people, their families and carers in the community.

Recognising the above, in April 2007 Bromley Council commissioned Age Concern Bromley to develop and pilot a support planning and brokerage service model rather than develop it in-house. The service complements some of the other services already commissioned from Age Concern Bromley: shopping, information and advice, and advocacy. Bromley Council saw the pilot as an opportunity to build on the relationship, with Age Concern Bromley as a strategic partner.

The Department of Health agenda for change, ‘Transforming Social Care 2007’, has a personalised approach at the heart of service commissioning and delivery, with people being in control of their own lives. Bromley Council anticipated that the pilot would help determine how the council implemented the transformation agenda.

**Funding**

In 2007, Bromley Council changed its FACS eligibility criteria. It was committed to ensuring that people with lower levels of need, who would not be receiving services directly from the council, had access to information, guidance and support to plan their care and the services and activities that would help them with everyday living. The council wanted to ensure that these people received help that would not only maintain and improve their quality of life where possible but would prevent their needs from increasing. The council’s funding focused primarily on people who meet the eligibility criteria and, from a commissioning perspective, it was seeking a service model that would be financially sustainable.
Age Concern Bromley offers all support planning and brokerage clients a welfare benefits check. Every year up to £5 billion in Pension Credit, Housing and Council Tax benefits – money intended for people on the lowest incomes – is unclaimed by older people. This check, and support with completing the associated forms, increases the number of older people in Bromley claiming all the benefits they qualify for, which then helps them to buy services that will support their independence.

The service model acts as a catalyst for older people to participate in freely available community activities or, in some cases, to support and enrich the community through volunteering themselves (see ‘Community Volunteers Time Bank’, page 29).

**Secondment**

In the second year of the pilot, the council seconded a care manager assistant to Age Concern Bromley. The secondment continued until 31 December 2009.

The rationale for the secondment was to provide valuable extra capacity, especially for people only just below the FACS criteria who choose to receive a service from the Support Planning and Brokerage Service.

Bromley Council also felt that the service would give valuable insight into how people might be supported as the council moves towards personalisation. The secondment post was backfilled from the Social Care Reform grant, with the intention that learning about different approaches would be shared with the council’s care management teams.

It took the secondee a few months to settle into the service and fully understand how Age Concern Bromley’s approach and ethos to working with older people differed from that of the council’s Adult and Community Services. One of the key challenges was to develop a holistic and person-centred approach to supporting older people, by identifying both their support and care needs and their wider aspirations. Once this transition had been made, the secondee described a greater sense of job satisfaction in developing her relationships with older people and felt she was able to achieve some really good outcomes with them.

As well as the secondment, an officer from Adult and Community Services’ performance management team works one day a month with Age Concern Bromley, inputting and analysing the data from the pre- and post-intervention quality of life questionnaires. This additional resource helped Bromley Council to meet the GOL reporting deadline, and the data provides a wider understanding of the value of the support planning intervention – the officer captures anecdotal feedback from older people, thereby putting a ‘human face’ to the numbers being analysed against the targets.

**Performance management**

There are robust reporting mechanisms in place for regular reporting to Adult and Community Services’ performance improvement meeting and the PDS, and from the Health, Social Care and Housing Partnership Board to the LSP. A steering group was established to ensure that the best care and support services are in place for older people who are not eligible for council-funded services and/or are in a position to self-fund.

The reporting mechanisms ensure that expected outcomes and targets are being met in a timely and effective way. There are also strong governance arrangements in place at Age Concern Bromley that define the service accountability internally, and externally to Bromley Council, older people, stakeholders and the wider community.
Statistical information is recorded on Age Concern Bromley’s database and given to Adult and Community Services’ performance management team quarterly. The qualitative output is derived from the pre- and post-intervention quality of life questionnaires.

An equality impact assessment of the printed material related to the service has been undertaken and an equality action plan devised and implemented. The plan highlights how the service provides information and advice to black and minority ethnic groups and other hard to reach communities.

**Multi-agency steering group**

A multi-agency steering group was formed to oversee the strategic development and implementation of the service. It was chaired by the transformation of social care manager and was accountable to the Health Social Care and Housing Partnership Board. Membership included representatives from Age Concern Bromley, Bromley Council on Ageing, the Bromley NHS and the following divisions within Bromley Council: Care Services, Commissioning and Partnership, Bromley Social Services Direct and Strategy and Performance.

Its objectives were to:

- confirm the initial model for service delivery in accordance with the service specification
- agree clear protocols and referral pathways for the service
- monitor the volume and quality of services offered
- monitor quarterly performance management targets and ensure data was recorded and targets were met
- monitor financial implications and the impact of changes to the eligibility criteria
- identify resource requirements as the scheme developed and report back to the Health, Social Care and Housing Partnership Board.
- review the service as it developed and make proposals for reallocation of core funds and reward money if LAA stretch targets were achieved
- establish quality of life targets and submit performance information into the performance framework to present to GOL on the allocated dates to ensure that Bromley received the performance reward grant for the Local Public Service Agreement
- provide information to PDS on development of the service and how it could be enhanced in future years to incorporate a wider range of care groups
- capture and monitor information on gaps in service provision in meeting the needs of older people.

The steering group met quarterly in the first two years and worked effectively with frontline workers and managers, who mutually benefited and learned from the experience exchanged and case studies shared at meetings.

**Benefits of partnership working**

Bromley Council and Age Concern Bromley have a well-established partnership, upon which the Support Planning and Brokerage Service was built.
Bromley Council saw the services it already commissioned from Age Concern Bromley as complementing the service, and so providing a package of services to older people in the community. Age Concern Bromley is well-placed to know what else is available to older people in the borough because of its well-developed links with other organisations, which give older people the widest range of options for support.

It was important for Bromley Council to work with an organisation that was already widely known and had a strong reputation and which people would feel comfortable approaching for help. The council was also confident that, given Age Concern Bromley’s experience and local knowledge, it would be signposting older people to good quality, value for money and safe services.

The care management team secondee gained first-hand experience of support planning in a non-statutory organisation. This widened her expertise and helped to develop a stronger person-centred approach. Feedback from the secondment has meant that Bromley Council is in a good position to ensure that its workforce is aware of, and understands, the support planning and brokerage model and the vision of supporting independence for everyone.

**Learning from the experience**

Although it had been the intention to extend the secondment until the end of the third year of the pilot, 31 March 2010, Adult and Community Services did not get a response to its internal advertisement. Losing the full-time post (35 hours a week) at such a crucial point made meeting the outstanding cumulative target even less likely, due to the time required to carry out the post-intervention quality of life questionnaires.

Access to Adult and Community Services’ database, while agreed in principle, has not come to fruition. Both partners felt it would be beneficial to be able to access core information: name, address, date of birth and current services (as some of the support planning and brokerage clients were already known to Adult and Community Services). It would also be helpful for Adult and Community Services to be able to see if an older person was receiving support planning intervention. However, as access to the database is subject to data protection compliance and regulatory procedures, in hindsight the process should have started when the service model was commissioned.

There have also been significant changes to Adult and Community Services since April 2007 with implementation of the Transformation of Social Care agenda. The steering group provided a formal route for all parties to keep abreast of the implementation locally and share good practice. The partnership between Bromley Council and Age Concern Bromley benefited from the steering group meetings. Due to changes in personnel leading on the transformation programme at Bromley Council, and other pressures, the steering group stopped meeting during the third year.

Therefore, learning from the experience, it is important to:

- maintain the level of partnership working and exchange over the life of the commissioned work, not just at the early stages
- have protocols in place to overcome potential organisational barriers
- have the commitment for both parties clearly set out in the contract, so that change in personnel and local pressures do not negatively impact the partnership.

In conclusion, it has been a positive shared learning experience, which both partners have found valuable and which has achieved the anticipated benefits.
Aims

In 2007 Bromley Council commissioned Age Concern Bromley to develop a service model to provide a support planning and brokerage service to older people paying for their own care (self-funders) – those who don’t meet the Fair Access to Care Services (FACS) eligibility criteria and those who meet the criteria to receive services but don’t qualify for financial support and choose to receive services through Age Concern Bromley.

The service developed consists of a range of activities including:

- providing information, advice and guidance and signposting to other organisations and/or people who can help
- exploring potential funding and ensuring people receive the benefits to which they are entitled
- developing support plans
- coordinating support
- advocacy
- assisting with quality assurance processes.

It also incorporates the activity of Age Concern Bromley’s First Check Point service, which vets and registers local domiciliary agencies and tradespeople (see page 28).

Age Concern Bromley’s service model

The service is person-centred and co-produced,8 both by older people themselves and the wider community through Age Concern Bromley’s vibrant network of Community Volunteers Time Bank (CVTB) members.

It provides information, advice and guidance to help older people explore what’s important to them and exercise choice and control over any support needed, so that they can live the life they choose and retain their independence. The model shown is holistic and although, for ease of illustration, it has been broken down into a number of stages, the journey through them is fluid, responding to the older person’s individual needs.

Older people are told, at their initial assessment, about their entitlement to an Adult and Community Services assessment; this is also stated in the letter sent to them with a copy of their support plan (see stage 4, page 21). If they do not meet the needs threshold for local authority support they are told that they can be reassessed if their needs change.

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8 Co-production recognises the value of everyone involved in the delivery of a service and moves professionals, service users, volunteers and local communities into a partnership model. The term originated from Elinor Ostrom, University of Indiana, and other academic sociologists in the 1970s. The concept was deepened by US civil rights lawyer Dr Edgar Cahn. It was first used in the UK in the 1980s by Anna Coote and others at the Institute for Public Policy Research and the King's Fund to describe the reciprocal relationship necessary between professionals and individuals to make positive change.
Stage 1 – Enquiry and referral

The first point of contact for new referrals is the Information and Advice helpdesk, a phone helpline staffed by trained volunteer advice workers. The volunteers are trained to pick up on whether an older person is worried or struggling and would benefit from a home visit. A caller who asks for a specific service(s) or who has difficulty managing is transferred to the Support Planning and Brokerage Service. Referrals come from a range of health and social care professionals, third sector organisations, police and other community services, faith groups, carers and family and older people themselves.
Stage 2 – Data capture

A support broker will record, electronically, basic information about the person, either from the individual or whoever is making the referral. Age Concern Bromley uses the Single Assessment Process framework for capturing client data, to help the referral from and to the care management team, so that, with the client’s consent, records can be shared without the client having to repeat the information.

If the request is for a single paid-for service, such as help with cleaning, gardening or home maintenance and repairs, the support broker will organise the work with the First Check Point service and, after capturing the details, will broker the work required over the telephone. Other requests requiring support planning intervention are passed to the administrator, who manages the electronic diary.

Stage 3 – Support planning

Once a referral has been received, the administrator allocates the client to a support planner. They will visit the client at home or somewhere neutral where the individual feels relaxed and safe, such as a community centre or the Age Concern office.

The rationale behind visiting older people at home at the support planning stage is that they are generally more relaxed and comfortable in their own environment and will therefore be more likely to engage in a discussion about their support needs and share their personal story and life experiences. The support planner is also able to see the client’s home environment, which will give a fuller picture and provide an opportunity to discuss the support, services and any equipment that might be helpful.

The support planner will take time to listen and build a rapport with the individual before exploring with them their situation and support needs. At this stage the support planner and older person complete a single assessment rapid assessment form, pre-intervention quality of life questionnaire and support plan. Because of the amount of information to be gathered and paperwork to be completed, the first visit can take up to two hours.

The support planner will promote choice and control for the individual throughout the process. They will offer a welfare benefits check to help maximise the client’s income, and will use their knowledge and expertise to tap into local networks and funding opportunities. If the client is eligible for direct payments, this and other options will be explained.

There are occasions when the individual is too distressed at the first visit to complete all the forms. In such cases the support planner will provide reassurance and guidance and complete the paperwork on a follow-up visit.

Support planning is a linked but distinct component to brokerage. Since needs change frequently, support planning is ongoing rather than a one-off intervention.

Stage 4 – Support plan

The support plan is co-produced with the older person. The support planner will actively listen, allowing the person’s story to unfold, clarify what is heard and explore what is important to the person, the changes they want and their wider aspirations. The support planner will encourage the older person to think creatively about the support options that they feel will help them retain their independence and enhance their quality of life. These could include paid-for and/or free services – anything from help with cleaning, disability aids and personal care, to pet care and social networking.
Potential risks are identified and assessed to enable the client to make an informed choice and develop a plan of action to manage any potential risk. Both the support planner and client sign the plan and a copy is sent to the client or given to them on the next visit.

**Stage 5 – Brokering**

The amount of help given with organising services depends on the individual's level of need. Older people who are able to implement their own support plan are encouraged to self-manage, to promote independence. Others with higher needs, who require a higher level of interaction and support throughout the service planning and delivery, have the plan implemented for them.

**Stage 6 – Putting the plan into action**

Implementing the support plan provides the changes needed to transform people’s lives so that they can lead the life they want. It may be co-produced by the wider community through the CVTB and/or paid-for services. Many of the CVTB members are older people themselves, and support their peers in adjusting to difficult life changes, increasing their social networks and providing companionship and confidence to live their daily life.

**Stage 7 – Living life**

The support arrangements are flexible, so that changing needs and circumstances don’t present barriers to older people achieving personal goals and priorities and feeling connected with, and participating in, the local community.

**Stage 8 – Monitoring and review**

The support plan is monitored and reviewed throughout the service model. This is done on an individually agreed basis, according to the older person's needs, wishes and personal circumstance. As a minimum, reviews take place at three, six and twelve months.

**Level of investment required**

Before being commissioned to develop the model, Age Concern Bromley had restructured, to allow a more flexible approach to responding to the changing external environment (see ‘Linkages with other services’, page 27). As a result, it was able to integrate several of its other services and brokerage functions and work with the small amount of ‘pump priming’ funds (£38,000) allocated to the service. In addition, a contract variation was agreed with Bromley Council, to integrate a separately funded contract for the First Check Point service into the support planning and brokerage contract sum, bringing the annual total to £113,217. In year 2, a secondment from the care management team was agreed, doubling the support planning resource from 35 to 70 hours a week.

However, the contract sum and the in-kind contribution of 35 hours of a support planner’s time from the secondment does not cover the true cost of delivering the service, which includes:

- providing information and advice for clients who receive a full welfare benefits check
- producing written information, including leaflets and factsheets
co-production by the wider community through the voluntary support and social networking provided through the CVTB.

The estimated cost of delivering the model as described is £160,000. A separate information and advice service, that provides a seamless activity, would cost up to an additional £70,000 a year, depending on the number of staff employed and whether it includes advice on legal rights and consumer options.

**Clients**

The first four months of year 1 was spent developing and testing the model, before going live in July 2007. Over the first 32 months of the service, until 31 March 2010, 893 clients received support planning intervention.

![Figure 3.2: Breakdown of clients](image)

*The make-up of clients and the proportion of BME clients reflect that of the demography of Bromley*

In June 2009 Adult and Community Services undertook a mid-term evaluation of the service. This looked at 62 client case records, 51% of which met the moderate and low-level criteria. A further 26% were within the substantial and critical criteria, but had chosen to use the Support Planning and Brokerage Service rather than engage with Adult and Community Services. An additional 10% were identified as carers who were the primary support system for clients with substantial and critical care needs and chose to remain with Age Concern Bromley.

The 62 cases reflected the make-up of the 893 clients seen. Approximately one in four had complex needs, requiring more than one visit at the support planning stage. This could be for a number of reasons, such as the complexity of the client’s need, a client’s anxiety, or because the client was reluctant to accept services and needed time to build a trusting relationship with the support planner. There are many occasions when the client feels they have been heard for the first time: the initial visit is about listening, providing
reassurance and emotional support and agreeing a follow-up appointment to undertake the related paperwork.

In addition to the 893 older people who received full support planning intervention, approximately 8000 older people had a cleaning service or home and repair maintenance work brokered through the First Check Point service.

**Mental capacity**

The Support Planning and Brokerage Service has worked with older people who lack mental capacity or lack capacity to make some decisions. If such an individual or attorney(s) has registered an Enduring or Lasting Power of Attorney or has a deputy appointed under the Court of Protection then the support planner will liaise with them. However, the support planner will also talk to the older person about their wishes and support them to make and communicate their own decisions. If an older person does not have an attorney to act for them, and the support planner thinks they may lack capacity, then a referral is made to Adult and Community Services.

If an older person has not been diagnosed with dementia but displays symptoms, the support planner will encourage them or their carer to contact their doctor and ask for a referral to the memory clinic and/or, with the individual’s consent, will involve other health and social care professionals.
Service offer to older people

There are a number of definitions that relate to self-directed support and so the context in which a support planning and brokerage service is commissioned needs to be clearly set out. Age Concern Bromley’s service includes support planning as a distinct stage in the process – it is not the same as support brokerage. The latter covers any type of support, from assistance, through self-assessment, to brokering a support package, including helping people manage their obligations and responsibilities in relation to their budget. The roles of the support planner and support broker are distinct.

Age Concern Bromley’s service reflects the expectations of current policies such as: *Putting People First: Independence, Well-being and Choice* (Department of Health, 2005), *Our Health, Our Care, Our Say* (Department of Health, 2006), *Independence, Choice and Risk: A Guide to Best Practice in Supported Decision Making* (Department of Health, 2007) and the *Safeguarding Vulnerable Groups Act 2006*.

In an assessment, the client’s records should reflect current polices and practice. These include:

- individuals are helped to make decisions about their needs and desired outcomes
- needs are identified and options presented to help maintain the client’s independence and ensure greater choice and control over the way in which their needs are met
- support plans prevent problems and meet the individual’s support needs and wider aspirations
- where appropriate, and with the individual’s consent, professionals share information to help maintain the client’s independence
- people with the highest needs receive support and protection to ensure their wellbeing and safety
- the risks of independence are balanced openly against benefits and shared with individuals
- people have greater control over their own lives, including the management of risk.

Older people are told about their entitlement to an Adult and Community Services assessment when they approach the Support Planning and Brokerage Service; this is confirmed in the letter that accompanies a copy of the signed support plan. If they do not meet the threshold for local authority support following an assessment, this does not preclude them from a reassessment if their needs change.

Staffing and management structure

The Support Planning and Brokerage Service at Age Concern Bromley has the following members of staff:

- a part-time manager (21 hours/week)
- three support planners: two part time (total 35 hours/week) and one full-time secondment (year 3 only)
two part-time support brokers (total 35 hours/week)
- a full-time administrator.

The support planner role has been under-resourced: it requires a minimum of 70 hours a week to work with 893 older people over 32 months. The successful outcomes for older people have been achieved through the support planners working longer than their contracted hours.

The administrator and support brokers also deliver the First Check Point service (see page 28) which helps older people to access vetted and registered tradespeople and domiciliary care agencies.

Figure 4.1: Line management of support planning and brokerage and related services shown in figure 4.2 (page 29)

Staff skills and knowledge
Support planners need the following skills and knowledge to deliver a support planning and brokerage service as ‘enablers’ rather than ‘gatekeepers’:
- understanding of, and empathy with, older people
- understanding of older people’s complex needs and health conditions and their likely impact on the older person
- enabling older people to identify their needs, and assess the most appropriate solution and provider and address risks
- undertaking a risk assessment and producing an action plan to manage risks identified, so that older people are able to retain choice and control
ability to provide guidance and support to older people on how to be informed consumers/purchasers of services

co-producing support plans with older people

knowledge of legislation relating to provision of social services, including Fair Access to Care Services, duty of care, safeguarding, direct payments and individual budgets

knowledge and understanding of the Mental Capacity Act 2005

understanding of the personalisation agenda and the concept of, and approaches to, person-centred planning

knowledge and understanding of local statutory sector social care and health practice

comprehensive knowledge of local community information, networks and resources

ability to support and empower clients to broker their own support needs

accurate record keeping

knowledge of aids, adaptations and telecare solutions, including local and national providers and how to access consumer guidance

wide knowledge of housing options, including local social housing and supported housing providers

knowledge of potential sources of income for older people in addition to welfare benefits, including the range of other grant sources (such as benevolent trusts and local/national grant-giving charitable trusts)

awareness of schemes to help older people remain independent, such as home improvement schemes, equity release and how to trace lost assets

knowledge of local provision of home care services, including local commercial and voluntary sector providers, self-employed personal assistants and aid call services

advocacy skills to negotiate with third parties on behalf of older people

experience of producing information and guidance for clients (for example on local services, how to choose services, being an employer and money management)

experience of costing and pricing services to be brokered either by the individual or on their behalf.

Staff also need to know where to signpost and how to refer older people to organisations that can provide information about, and help with, duties of employers (for example in relation to an older person being an employer of personal assistants), including employment law, taxation, accounting, insurance and health and safety.

Linkages with other services

It is important for support planning and brokerage to be set up as a service that is closely aligned with the organisation’s existing range of prevention services for older people, rather than as a separate project.

Prior to the Support Planning and Brokerage Service, Age Concern Bromley had reviewed its existing services against the personalisation agenda and had restructured how it delivered services, so that older people could have a ‘seamless’ journey, whilst benefiting from a range of services.
**Information, advice and advocacy**

Access to quality assured information and advice plays a crucial role in improving the quality of older people’s lives and enables them to make informed choices and secure their rights and entitlements. It is also critical in encouraging older people to access direct payments and individual budgets. Age Concern Bromley’s Information and Advice Service is the first point of contact for anyone approaching the organisation, whether by telephone or in person. A trained information and advice volunteer will quickly establish the right level of skill and knowledge required to respond to the caller’s request. They will directly deal with requests that do not require wider support or care needs, under the supervision and support of a paid officer. Other callers are transferred to the most appropriate internal referral route to respond to the enquiry or, if appropriate, given the contact details of external organisations.

The service collects and maintains a large resource of national and local information that the support planners can access. Age Concern Bromley publishes the *Guide to Services for Older People*; an electronic version is updated weekly and this invaluable resource is used by support planners and advice volunteers.

Age Concern Bromley’s Support Planning and Brokerage Service includes advocacy. This is delivered alongside the Information and Advice Service and provided by the support planners or Community Volunteers Time Bank (CVTB) members, depending on the type of advocacy support required.

In the event of a potential conflict of interest in the support planner providing a service, the support plan would include a referral to an independent advocacy service. And if an older person does not have mental capacity, they are referred to Adult and Community Services, for referral to the independent mental capacity advocacy service it has commissioned.

**Welfare benefits**

A paid specialist welfare benefits officer leads a small team of trained advice volunteers who undertake welfare benefit checks. The support planners make internal referrals to the welfare benefits team, to ensure that all older people receiving the Support Planning and Brokerage Service have access to a benefits check. In many cases, it is the successful outcome of a claim for Attendance Allowance or other benefit(s) that helps self-funding individuals to purchase services that support their independence and prevent their care needs escalating.

**First Check Point**

The Support Planning and Brokerage Service incorporates First Check Point, which provides access to reliable and secure home maintenance (including gardening) and domiciliary care services. Age Concern Bromley has a range of registered qualified, independent contractors (tradespeople and agencies) who have been vetted through a rigorous application process (including an enhanced Criminal Records Bureau (CRB) check). The list is not given out to the public. If an older person needs, for example a plumber, the support broker will complete the online background information and contact assessment form, in the same way as information is captured for the Support Planning and Brokerage Service. The broker will then arrange the work with a contractor, who will be paid directly by the older person. All contractors carry identification cards and agreed appointment times are established.
As well as the assurance of the contractor being trustworthy and vetted, the scheme helps to combat bogus builders, as Age Concern Bromley works closely with Trading Standards and the Safer Neighbourhood Teams. Trained CVTB members support the service, carrying out free home and fire safety checks and fitting smoke alarms and undertaking DIY jobs free of charge. Often an older person who contacts the service because they need help with home maintenance will disclose during the conversation that they are struggling to manage in other ways. In these cases they will be offered an appointment with a support planner.

The services shown in figure 4.2 contribute to a seamless journey for the older person, benefiting from specialist expertise and knowledge, and the wider community, through the CVTB.

**Figure 4.2: Seamless delivery of services**

**Community Volunteers Time Bank**

In 2003, Age Concern Bromley was the first Age Concern in the UK to create a time bank as part of its core services for older people.

The time bank was further developed in 2007, combining the organisation’s time banking and traditional voluntary services as part of its restructure and the establishment of the Support Planning and Brokerage Service. The CVTB provides a way for people to volunteer, with a difference. It is built on reciprocity and co-production (see footnote 8, page 19), providing a skill-swapping scheme for people aged 16+, with an emphasis on working with socially isolated older people living in the local community. At the heart of
the CVTB is co-production of time banking activities, where older people exercise choice and control over what they engage with, and become active, engaged citizens rather than passive recipients of services.

The CVTB is a vibrant network of 423 individual members, representing 22 nationalities, who support Age Concern Bromley’s co-producing and co-delivering services to, and activities with, older people. The age range is equally impressive, with 3% aged 16-25, 24% 26-49 and 73% 50-103. There are also a small number of organisational members, ranging from Kent County Cricket Club and Hayes School, to the Prince George, Duke of Kent Court Care Home.

Individual and organisational members earn one time credit for every hour they give. They can use time credits to get something they need. This ranges from the practical, for example help with gardening, IT, shopping, escorting to/from appointments and outings, to social networking, such as access to an arts-based interest group, learning a foreign language, visiting an art exhibition or having individual members contributing to an event hosted by an organisational member. If CVTB members do not wish to use the time credits they earn themselves, they can choose to donate some or all of them to the CVTB ‘Big Pot’. The Big Pot is how the Support Planning and Brokerage Service is co-produced by the wider community. Time credits donated by CVTB members accumulate, so that Age Concern Bromley can donate them to older people receiving the Support Planning and Brokerage Service, giving them access to a range of free activities and support.

Figure 4.3: Community Volunteers Time Bank: connecting people and communities
CVTB Big Pot case studies

Case study 1
Mr E is 87, recently bereaved and lives alone. He had been discharged from hospital after having knee surgery and was referred to the Support Planning and Brokerage Service as the hospital was concerned that he was socially isolated. In discussing with Mr E the kind of activities he enjoyed he said that he and his wife had been keen board game players and this was something he missed. Addressing this was therefore reflected in the support plan. Time credits were donated from the CVTB Big Pot so that Mr E could be given a lift to the CVTB board game interest group. This continued for six weeks, during which time the CVTB staff member explained to Mr E how the CVTB worked and invited him to become a member. Mr E decided that, living on a restricted income, he would benefit from several of the 90 skills on offer in the time bank.

The donation of time credits from the Big Pot was extended to allow for Mr E’s enhanced CRB check to be processed to become a CVTB member so that he could continue to enjoy games with the group. Mr E continues to be an active participant of the board games group and has earned time credits by hosting whist and dominos afternoons in his home and providing light refreshments. He uses the time credits he has earned to pay for lifts to and from the board games group, and practical assistance in his home.

Case study 2
Mr B, who served in the RAF, is 70. For most of his life Mr B had been very active, enjoying sport, especially tennis, but a stroke several years ago left him very unsteady on his feet and with speech and concentration issues. This led to him feeling depressed and losing confidence. He can no longer actively participate in sport.

Mr B wanted companionship and to be able to build up his strength and confidence to go out on regular short accompanied walks. He was donated time credits from the CVTB Big Pot and matched with a CVTB member who had been a member of the Territorial Army.

With their shared interests they forged a strong bond. They now go out walking to the local park, and if the weather is clement they sit and chat about each other’s lives, tennis, animals, sport, friends and family. Mr B’s walking has improved immeasurably and being outside in the fresh air has also helped him to feel less depressed. His quality of life and overall sense of wellbeing has also improved. He has more confidence with speaking, has become more assured and has become a CVTB member.
Case study 3

Dr C is 93 and lives alone. Dr C had been a senior civil servant in charge of scientific research projects and a university lecturer and external examiner; his field of expertise is geology. His interests are varied and he has travelled extensively in the former Soviet Union and Central Asia, amassing over 2000 colour slides of his travels.

On the support plan, the support planner and Dr C had included that he wanted to widen his social network and brush up his Russian. He was donated time credits from the CVTB Big Pot and was matched with a CVTB member in his 30s, an Uzbek living and working as a university lecturer in London. They met regularly, speaking Russian, discussing current affairs, history and all things relating to the former Eastern Bloc. Dr C decided to become a CVTB member and has earned time credits by giving slide shows of his travels. He has used some of his time credits to have work carried out in his garden.

Potential conflict of interest

It is important to have a conflict of interest policy. Age Concern Bromley’s policy includes the following potential conflict points, with a clear procedure to follow should a conflict arise:

- Where Age Concern Bromley is required to represent a client in a dispute with an organisation that directly funds either Age Concern Bromley’s Brokerage Service or another Age Concern Bromley service.
- Where an Age Concern Bromley staff member, trustee or CVTB member is a party to the dispute with which a client has requested support.
- Where a client either has an assessed need that could be met by a product or service provided by Age Concern Bromley or asks for information or advice about choosing a product or service that Age Concern Bromley provides external to the Support Planning and Brokerage Service.
- Where a client wants to complain about Age Concern Bromley, one of its services or staff members or a CVTB member.
- Where a client wishes to complain about the services received from an external provider where Age Concern Bromley assisted in the brokerage arrangements.
- Where a client presents information that the support planner knows to be false.
- Where a legal issue arises that could potentially involve action being taken against Age Concern Bromley.
- Where the Support Planning and Brokerage Service is asked to provide a service to either a staff member, trustee, CVTB member, member of their family or close associate.
- Where a client has a dispute or issue with an individual or organisation who/that is also receiving services or support from Age Concern Bromley.
Older people’s views

Age Concern Bromley captures the feedback from older people using quarterly client satisfaction questionnaires. Comments are also captured on the post-intervention quality of life questionnaires that Bromley Council’s performance management officer collates. Some comments are shown below.

Mrs E

I am now able to have a shower on my own, mainly due to the encouragement given by Age Concern Bromley. I also have a very good cleaner. I feel that the support and assistance the support planner gave me was wonderful, and she is very wise old owl.

Mr and Mrs H

Age Concern Bromley coming in has made a great deal of difference to our health and we are less worried about our health needs. The support received has been extremely good. Now we feel we can call Age Concern if we are worried. Age Concern Bromley has encouraged us to enjoy life and we now go out for a meal and dancing on our good days.

Mrs M

The assistance from the carers is very good and made me feel much better. I am now going out to play bridge twice a week, and am going on holiday. All this is mainly due to the help and advice from Age Concern Bromley.

Mrs E

I now walk to Bromley three times per week. I have lost three stone in weight and I feel like a new woman! I am delighted with the encouragement I received from Age Concern Bromley. The services I have received have given me so much support and the confidence to be able to live my life again.

Mrs L

The help we are getting for my mum is proving to be excellent and has helped me and my husband to have a break.

Mrs L-McK

Age Concern Bromley assists with my needs. It has made a great deal of difference to my life and to my sister. We are both very happy with the support we have received. We are not worried about each other since Age Concern Bromley has helped us.
Mr and Mrs H

Mr and Mrs H are aged 85 and 79. They were referred to Age Concern Bromley's Support Planning and Brokerage Service by a First Check Point tradesperson who had visited them to repair their roof and had expressed concern. A support planner rang and spoke to Mr H. He said they were able to take care of themselves, but confessed to feeling very down at times, particularly since they had lost their beloved dog. He also said his wife had been losing weight and didn’t have much appetite. They still went out driving occasionally. He was very reluctant for anyone to visit, but agreed that the support planner could ring again.

The support planner rang a few days later to see how they were and Mr H agreed that she could visit for a cup of tea. She visited Mr and Mrs H several times over the following weeks and found that the couple were struggling to look after their home and Mrs H was quite thin and had a very poor appetite. After the support planner had established a rapport with them, Mr and Mrs H agreed that they would like some external assistance.

**Support plan**

Together, they agreed on the following support plan:

- Referral for Mrs H to a health visitor, for advice on diet and nutrition.
- A trained Community Volunteers Time Bank (CVTB) member to carry out a home and fire safety check and fit a free smoke alarm.
- Contacting a pet bereavement service.
- Submitting an Attendance Allowance claim for them both.
- Encouraging Mr and Mrs H to take up dancing, which they had given up.
- Brokering a regular gardening service through Age Concern Bromley's First Check Point service (see page 28).

**Outcomes**

- At each visit to the couple, the support planner offered information, support and guidance. Most importantly, she has been able to develop a relationship of trust with them and they have become more open to the idea of receiving more practical help in the future to support them in remaining independent.
- Being able to talk to someone who understood the impact of the loss of their dog has helped both of them to feel more positive.
- Mrs H's eating has improved and she has started to gain weight. Her weight is regularly monitored.
- The couple are receiving Attendance Allowance.
- Mr and Mrs H are dancing once a week again and say it gives them a lot of pleasure.
- The support planner continues to visit regularly, and has recently made a referral to an NHS Community Matron based at a local GP practice.
Mrs L

Mrs L is 83 and lives alone. She has some mobility problems that prevent her from getting out and about easily, and has some short-term memory loss. Mrs L has two children – a daughter who lives close by and helps with shopping, and a son who lives 200 miles away. Mrs L’s daughter attends the memory clinic with her. Both children were concerned about their mother, and contacted Adult and Community Services, which signposted them to the Support Planning and Brokerage Service.

A support planner arranged to visit Mrs L when her daughter was staying. She found Mrs L to be very independent and that she had been managing well. However she was lacking in confidence because of her memory loss, and had stopped going out. Her daughter was also concerned that she wasn’t eating very well.

The support planner discussed with Mrs L and her daughter what support was available. It took two visits before a support plan was drawn up, as Mrs L wanted time to reflect.

Support plan

Together, they agreed on the following support plan:

• Information on personal alarm systems.
• Information on Lasting Power of Attorney, which Mrs L wanted to discuss with both her children.
• Details about the local Active Age Centre, where Mrs L could be accompanied by a CVTB member to take part in social and learning activities and enjoy a freshly cooked lunch.
• A welfare benefits check to be carried out by Age Concern Bromley’s welfare benefits officer.
• Referral to Adult and Community Services.
• Referral to one of Age Concern Bromley’s accredited agencies to provide help with housework for one hour a week.
• A list of hairdressers who could visit Mrs L at home.
• Referral to the Women’s Royal Voluntary Service (WRVS) Good Neighbour Scheme, which assists with preparing hot meals daily.

Outcomes

• Adult and Community Services assessed Mrs L and offered her a place at a local day care centre for one day a week. Mrs L is now attending this and enjoying it very much, particularly the sewing group. Mrs L’s daughter said Mrs L is ‘very animated’ when she comes home from the centre.
• WRVS is visiting Mrs L three times a week, and heating up a hot lunch for her. Mrs L gets on well with the volunteer who visits.
• A CVTB member accompanies Mrs L to the Active Age Centre and they enjoy lunch there together and join in social activities.
• Mrs L’s granddaughter cooks Mrs L a hot lunch at the weekend.
• Mrs L is pleased with the agency that comes once a week to do some housework and change her bedclothes.

• A hairdresser comes once a fortnight, and Mrs L really looks forward to these visits.

• Age Concern Bromley carried out a benefit check for Mrs L and, following this, completed a successful Attendance Allowance claim. Mrs L was not eligible for any means-tested benefits.

**Mr and Mrs L**

Mr and Mrs L are in their 80s. Mrs L contacted Age Concern Bromley to ask for help with bathing her husband. Mr L had a stroke 12 years ago, which had affected his mobility and resulted in short-term memory loss, asthma and angina. He had a tap catheter, which his wife emptied every two hours. Mrs L supported her husband on her own, despite having arthritis in her knees. Mr L appeared to be well supported and happy, and Mrs L’s main concern was that she was finding it difficult to get him in and out of the bath. Mr L loved to have a bath.

Mr and Mrs L were on a low income and didn’t feel they could afford to pay for any care. The support planner felt that Mr L would meet the Fair Access to Care Services eligibility criteria to receive help from Adult and Community Services, and explained that they could assess Mr L. She also explained how direct payments worked, which they seemed keen on.

**Support plan**

Together, they agreed on the following support plan:

• Referral to Adult and Community Services, with a request for direct payments to be put in place.

• An application to the Soldiers, Sailors, Airmen and Families Association (SSAFA) for a grant for a rise and recline chair as Mr L had served in the Armed Forces.

• A bathing board and hoist.

• Referral to be seen by a health visitor.

• Referral to a third sector organisation for a sitting service.

• A welfare benefits check.

**Outcomes**

• Adult and Community Services assessed Mr L and agreed the direct payments. Mr and Mrs L then asked for the support planner to broker personal care services for them. This was set up successfully, and gave Mr and Mrs L the opportunity to choose the service, service provider and type of care they wished to receive.

• The grant application to SSAFA was successful. A rise and recline chair was delivered and has been very useful.

• A bathing board and hoist were obtained and Mr L can now continue to enjoy his bath.
• The health visitor referred Mr L to the Stroke Club.

• The sitting service has enabled Mrs L to take short breaks to have her hair done and meet friends for lunch.

• Age Concern’s welfare benefits officer visited and discovered that Mr and Mrs L were not receiving as much Pension Credit as they were entitled to. He made a successful application to the Pension Service for this to be recalculated and Mr and Mrs L are now receiving the full amount.

• Mrs L says that she is ‘delighted’ with the support she has received. She confesses to having felt isolated, and uncertain about how much longer she would be able to keep her husband at home with her. She now feels more hopeful about the future.

Mrs C

Mrs C is 72 and lives in a housing association retirement housing scheme. She had been a carer for her husband until he died suddenly. After his death she became very anxious and was admitted to a mental health unit within the local hospital, and then onto a mental health day hospital. A staff nurse at the day hospital referred Mrs C to the Support Planning and Brokerage Service. Mrs C was attending the day hospital four days a week, and the nurse felt that she would benefit from companionship and wider social networking when at home.

The support planner visited her, and found her to be open and positive in her attitude towards getting better, but still very anxious. They had a long chat, and it was agreed that the support planner would visit again soon, as Mrs C was feeling overwhelmed. On the second visit, they discussed Mrs C moving, as she felt very isolated where she lived. She also said she longed to be nearer local shops. She said she’d like to move back to a part of the borough where she had lived before. They discussed her interests: she had in the past attended an art group and loved animals.

Support plan

Together, they agreed on the following support plan:

• Referral to Mrs C’s retirement housing officer to discuss a possible move to the area she wanted to live in.

• Referral to CVTB to provide reassurance and to help Mrs C regain her confidence and increase her social networks.

• Exploring art classes, and volunteering opportunities with a local animal rescue centre.

Outcomes

• The support planner spoke at length to the housing officer about Mrs C’s desired outcome. Mrs C moved to her new home, which is where she had lived before and is close to shops. She is very pleased that she was able to move so quickly and feels optimistic about her future.
• A CVTB member began visiting Mrs C. Among other things, the CVTB member encouraged Mrs C to drive again, and they went out together in Mrs C’s car to build up her confidence.

• Mrs C joined the CVTB art group and has widened her social network.

• Mrs C’s confidence continues to grow and she now volunteers at an animal rescue centre, helping out in the shop. She enjoys this enormously and has adopted two of the cats, which give her great pleasure and companionship at home.

• Mrs C has been discharged from the mental health day hospital.

Mr M
Mr M is 71. He was referred by his daughter, who was very concerned about him. He is a widow, was living alone in housing association accommodation and was very anxious to move. His neighbours were involved in drug dealing and crime, and Mr M felt intimidated and frightened. He was too scared to stay in his house alone and was staying with his family. The situation was affecting his health and he was experiencing breathing difficulties. His daughter had contacted the housing officer, who said they couldn’t take referrals for at least two more months.

A support planner arranged to meet Mr M away from his home, in the local day centre, so that he would feel more relaxed and able to discuss his fears.

**Support plan**
Together, they agreed on the following support plan:

• Urgent referral to the Housing Association Floating Support Service. The support planner arranged to meet a worker from the service at the day centre with Mr M.

• A welfare benefits check, help with grant applications and installation of a smoke alarm.

**Outcomes**

• Mr M moved into his new flat a month later. He is near to his family, and they are able to meet regularly. He feels safe and happy in his new home.

• The support planner successfully helped Mr M apply for a grant to buy some new furniture for his flat.

• A home and fire safety survey was carried out and a free smoke alarm fitted.

• In his pre-intervention quality of life questionnaire, Mr M had said he had felt ‘extremely bad’ about his health and wellbeing. Six months later, in his post-intervention quality of life questionnaire, his answer to the same question was ‘very good’.
Mr and Mrs G

Mr G is 73. He lives with his wife in their own home. Mr G has a form of Asperger’s and an obsessive compulsive disorder. He also has some mobility and balance difficulties. He had an ulcer on his leg following a fall, and a district nurse visited to dress it. Mrs G had had a knee replacement and was finding it harder to cope with looking after her husband. Mrs G contacted Age Concern Bromley to get help with cleaning but during the conversation said she was at breaking point caring for her husband.

A support planner visited Mr and Mrs G at home. She found Mrs G to be in need of a break.

Support plan

Together, they agreed on the following support plan:

• Referral to one of Age Concern Bromley’s approved agencies to provide help with housework.
• A request to Bromley Council for a Carelink alarm.
• Referral to one of Age Concern Bromley’s approved gardeners to provide regular support with the couple’s garden.
• Referral to Adult and Community Services for an occupational therapy (OT) assessment.
• Referral for Mrs G to a third sector organisation that would be able to provide a sitting service, as well as a carers’ support group.
• Information on holidays for people with disabilities.
• Help to appeal a recent Attendance Allowance decision.

Outcomes

• Mr and Mrs G now have regular help with cleaning and gardening, which is working well. Mrs G enjoys the company of the cleaners and says her spirits are always lifted once the house has been cleaned.
• The OT assessment took place, and Mr G was provided with some equipment to make their home safer.
• Mrs G has attended a local carers’ support group.
• Mrs G went on holiday with her family. Mr G chose to stay at home. The support planner was able to arrange for Carelink in Bromley to ring him each morning to check that he was well. The district nurse continued to visit. A CVTB member visited to provide companionship to Mr G. This arrangement suited Mr G as he did not wish to have any extra care at home, and reassured his wife and family.
• Age Concern Bromley’s welfare benefits officer was successful with the Attendance Allowance appeal.
Mrs C

Mrs C is 75 and had been in hospital. She initially rang Age Concern Bromley’s Information and Advice Service to ask for advice concerning a heating issue and about the excessive damp and mould in her house following a leak. The information and advice officer spent time talking to Mrs C. She felt that there was further help that Age Concern Bromley could provide, so arranged for a support planner to visit. Mrs C has rheumatoid arthritis and uses a wheelchair outside her home. She was receiving care from an agency twice a day to help her with personal care, which had been arranged by Adult and Community Services.

Support plan

Together, they agreed on the following support plan:

- Referral to a trained CVTB member to undertake a home and fire safety check and fit a free smoke alarm.
- Information on a local lunch club.
- Help to apply for Dial a Ride and a Taxicard.
- Referral for an OT assessment as Mrs C needed some help with equipment and adaptations around the home.
- Referral to the council’s “Expert by Experience” workshop as Mrs C wished to have a platform to voice her concerns about gaps in services, in particular the lack in cultural clubs and transport in the area.
- Arranging a meeting with Mrs C’s care agency to discuss concerns about her care plan and timings issues.

Outcomes

- Mrs C is now happy with the care she is receiving from her care agency.
- She has expressed an interest in direct payments and is currently considering this as an option. The support planner has confirmed that she will help her with the process.
- Mrs C has had some adaptations made to her home following the referral to the OT, including a ramp outside her front door, which makes it easier to get out of the house.
- Mrs C is able to get out more by using Dial a Ride and her Taxicard.
- The support planner took Mrs C to the first ‘Expert by Experience’ workshop so that she would be more confident about attending future ones on her own. Mrs C enjoyed the workshop and will be taking part in the next stage of the group.

Performance indicators

There are four key cumulative support planning and brokerage targets for 2007-10, two of which are reward targets.

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9 Bromley Council has established an Expert by Experience Panel of service users and carers to consult with as it develops the Supporting Independence programme.
Figure 5.1: Performance indicators

<table>
<thead>
<tr>
<th>Description</th>
<th>Baseline</th>
<th>Cumulative (year 3 target)</th>
<th>Cumulative (actual @ 31/3/10)</th>
<th>Reward grant payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of older people assisted to maintain independent living in the community</td>
<td>0</td>
<td>900 540</td>
<td>1046 (maximum exceeded)</td>
<td>Maximum £198,000 Minimum £118,800</td>
</tr>
<tr>
<td>Number of older people having support planning intervention</td>
<td>0</td>
<td>771</td>
<td>893</td>
<td>Minimum</td>
</tr>
<tr>
<td>Number of people completing a post-intervention questionnaire</td>
<td>0</td>
<td>675</td>
<td>520</td>
<td>Minimum</td>
</tr>
<tr>
<td>Percentage of older people having support planning intervention who feel better in four quality of life areas</td>
<td>54% 73.4%</td>
<td>86.4% 73.4%</td>
<td>61%</td>
<td>Maximum £462,000 Minimum £277,200</td>
</tr>
</tbody>
</table>

Bromley Council agreed a target with the Government Office for London (GOL) in year 3 for a minimum of 73.4% and a maximum of 86.4% of older people having support planning intervention after six months who felt better in four quality of life areas:

- feelings about health and emotional wellbeing in general
- feelings about personal safety in the home
- feelings about level of contact with other people
- ability to live the kind of life they want.

At the end of year 3, 31 March 2010, 61% was achieved in all four quality of life areas. However, the results show that, overall, the interventions are making a difference to older people’s quality of life, with 66% of respondents to the post-intervention questionnaires feeling better in at least one area of their lives than before the intervention. It can also be argued that if older people have shown no improvement, but also no deterioration, over six months, then the intervention has been successful in preventing people’s needs from escalating or reaching crisis point.

Two of the cumulative targets had been exceeded at the end of year 3 – the number of referrals to the service and the number of clients receiving support planning and brokerage intervention.

From the beginning, Age Concern Bromley consistently expressed concern that the quality of life target was not realistic and the baseline was too high and therefore not achievable. This concern was based on Age Concern Bromley’s experience locally and supported by national research findings that older people, when completing forms or being asked how they are managing, often under-present the difficulties they experience, often from fear of losing their independence. Therefore, in completing the pre-intervention
quality of life questionnaire at the beginning of the support planning intervention, a high number of older people reported that they were managing well or were content with the life they were able to lead, making it impossible to achieve the difference from the percentage improvement as a result of the intervention. Another factor is that at the time of completing the post-intervention quality of life questionnaire, some clients had just spent time in hospital, and so felt worse than prior to the intervention six months earlier.

The council’s team debated the baseline and reward target with GOL but was not successful in changing it or agreeing a more realistic target. Given the factors stated in the previous paragraph, it is significant that 66% of people reported feeling better in at least one of the quality of life areas.

Age Concern Bromley has been unable to complete post-intervention quality of life questionnaires for 134 clients who had completed pre-intervention quality of life questionnaires because they have died or moved into long-term care. The targets set by GOL only took into account ‘losing’ 96 clients throughout the three-year project.

Feedback from the local authority

Bromley Council’s overall vision is ‘Building a Better Bromley’, which includes supporting people to be as independent as possible for as long as possible. The support planning and brokerage service model is about working with a key partner to develop a practical service to achieve that vision by helping older people navigate what can seem a difficult journey – from assessing their needs (which in itself can be difficult) and helping them think about what they want to achieve for their life, through to supporting them to plan their support and helping with the practical arrangements of putting the right services in place.

Bromley Council considers that the support planning and brokerage model developed by Age Concern Bromley provides cost-effective support planning. This is mainly because the support that people receive is paid from their own funds and/or provided by the wider community through trained volunteers.

The model developed in partnership with Age Concern Bromley sets a standard and a benchmark for services for people the council is directly supporting and for services the council commissions for others in the community. The service model has been used as a template to commission a support planning and brokerage service for people with learning disabilities in Bromley. The steering group includes Age Concern Bromley’s information, advice, support planning and brokerage manager, thus ensuring that good practice and the learning gained from developing the model is shared with other partnerships in Bromley.

At the end of the secondment period (from the council’s care management team), the secondee is now helping the council’s call centre, Bromley Social Services Direct, to improve its service to callers in assisting callers to access mainstream services, including those provided by voluntary organisations, and increase the effectiveness of referral information gathering to improve the user experience as they go through the assessment process. The secondee has shared her experience with colleagues, partly through her regular slots at the team office.

The Age Concern Bromley service model has also provided Bromley Council’s commissioners with valuable feedback on the type of support that people need to access, which enables them to work with the market to develop appropriate services for the future.
Equalities duties

The Equality Act 2010, which will be implemented in stages from October 2010, consolidates previous anti-discrimination legislation. The public sector single equality duty (which covers seven equality strands – race, gender, gender identification, disability, age, religion or belief and sexual orientation) comes into effect in April 2011, and the ban on age discrimination in the provision of goods, facilities, services and public functions is expected to come into force in 2012.

Protected characteristics

The current legal obligations on the public sector in relation to race, disability and gender will be extended to all the ‘protected characteristics’ in the Equality Act:

- age
- disability
- gender and pregnancy
- gender reassignment
- marriage and civil partnership
- race
- religion or belief
- sexual orientation.

General duty

A single equality duty will require public bodies, when carrying out their public functions, including procurement, to have due regard to the need to:

- eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Act in relation to the protected characteristics
- advance equality of opportunity between all people
- foster good relations between groups of people sharing a protected characteristic and those that do not.

The above factors will also relate to age. Guidance may elaborate on what is intended, but it is possible that local authorities may come under challenge for systematically giving larger budgets to younger disabled adults than to older people who develop similar disabilities later in life.

Specific duties

The Act also allows for new specific duties on public bodies to be set by regulations. It is currently intended that they underpin and flesh out the single equality duty. The first such regulations and guidance will probably require the publication of equality objectives and
the public body’s progress towards meeting them. These will not require separate equality schemes, but it is probable that public bodies will need to:

- develop and publicly set out their equality objectives
- set out the steps to achieve the objectives over the coming business cycle (likely to remain at three years)
- implement these steps unless it would be unreasonable and impractical to do so
- review the objectives every three years and update as necessary.

It is not the government’s intention to require specific duties for each equalities strand or protected characteristic. However, the specific duties will probably require a public body to take reasonable steps to consult and involve employees, service users and others with an interest in how they carry out their functions (including voluntary groups and trades unions and, in particular, those protected under the single equality duty).

In deciding on their three-year objectives, public bodies will be expected to:

- consider which of their organisation’s functions are most relevant to equalities issues and the single equality duty
- gather and analyse relevant evidence relating to all the strands of the single equality duty
- include in this work (but not be limited to) evidence gathered through consulting and involving people from the protected groups. Future guidance will elaborate on the type and range of evidence
- assess, in undertaking this work, all the protected groups of equality in relation to the single duty, and thus gather evidence through engaging with all the protected groups
- be rigorous and comprehensive
- show how they have taken account of national equality priorities issued by the Minister under new Equality Act powers, but not necessarily adopt them if they are not appropriate to that locality.

Such requirements under the specific duties will thus have many of the hallmarks of current equality schemes, but the intention is that they will be better integrated into the public body’s delivery plans, resulting in improved outcomes. Public bodies will be able to target their effort and resources on equalities in areas of greatest need, as with any area of their business planning.

**Principles**

Guidance on the specific duties under the Act will emphasise the importance of the four principles that should govern how a public body fulfils its specific duties, namely:

- use of evidence
- capability
- consultation
- involvement and transparency.
Public bodies should be able to demonstrate what evidence they have referred to in deciding their objectives, and who they have consulted and involved. Public bodies will therefore need to be able to justify any objective set (or not set). Clearly, involvement of relevant stakeholders and use of relevant evidence will remain key to implementing the new legislation and thus avoiding legal challenge.

**Impact assessments**

Another key area of the Equality Act is impact assessments and evidencing what has been done. The intention is that impact assessments should be integrated in the planning process, rather than being add-ons: Equality and Human Rights Commission (EHRC) guidance will explain how public bodies should go about this. In addition, the focus will shift from prescribed steps to outcomes in evidencing progress against promoting and improving equalities. For example, it is now unlikely that there will be an explicit staff training requirement for all public bodies, regardless of their size or scope, but capability will remain one of the key underlying principles of the single equality duty.

However, all public bodies will still need to assess the impact of their work on all characteristics protected under the single equality duty. Detailed guidance from the EHRC and the government will set out how this may be done.

**The role of a support planning and brokerage service**

Setting up and supporting the model of support planning and brokerage service featured in this toolkit could help a local authority or local NHS body comply with various aspects of the new Equality Act:

- A support planning and brokerage service provided by a trusted local third sector partner would have good reach into marginalised communities. It would therefore be easier for the public body to demonstrate that it was taking steps to advance equality of opportunity between all people and foster good relations between older people and others, as required by the new single equality duty.

- Clients of the service would form a large cohort of local older people whom the public body could then involve and engage more easily about equalities and other issues.

- Input from a large number of older people would help to identify preferences and issues and avoid costly service design errors.

- Providing a support planning and brokerage service would help to avoid claims (whether with or without merit) of discrimination against older people.

- Providing the service through a local third sector partner would help the public body to meet its procurement obligations in relation to ensuring that the impact of its procurement policies was not discriminatory.

**Human rights**

The Human Rights Act 1998 implements in the UK, but does not replace, the European Convention on Human Rights (ECHR). A number of protections under the Human Rights Act sit alongside and complement Equality Act protections. While these cover some issues found in the Equality Act, such as various forms of discrimination, they also cover some more generic and potentially far-reaching issues that can have implications for local authorities and NHS bodies.
**ECHR Article 8: respect for and enjoyment of private life and home**

Article 8 covers the right to respect for private and family life, home and correspondence. This includes the right to live one’s life as one chooses (for example, with a partner of the same sex), but also the right to enjoy living in one’s own home. Generally the right is held to be about preventing intrusion that affects a person’s quality of life.

Local authorities and NHS bodies need to ensure that their actions, or lack of actions, do not unduly constrain how older people live their lives. Older people need access to services that adequately support their cultural or lifestyle choice so that their human rights are not impinged.

**ECHR Article 3: cruel or degrading treatment**

An older person struggling to cope at home might also be covered under Article 3, although significant detriment would need to have been experienced for legal action to be taken. There appears to be no question that neglect of people in hospitals or care homes can constitute cruel or degrading treatment, so the issue relates to the capacity that people have to control their own lives rather than being a question of principle. The more someone struggles with the basics of life, the more they lose control over their own lives, which will increase the likelihood that their human rights could be breached by a failure to address their needs.

**FACS thresholds**

If Fair Access to Care Services (FACS) thresholds are raised, to reduce public spending, it becomes more likely that the conditions in which an older person may be left to fend for themselves alone at home could be seen as either amounting to degrading treatment under Article 3 or as preventing them from enjoying their home life under Article 8.

For example, if someone on a basic pension was not capable of cleaning their own home and could not afford to pay someone else to help, could their human rights under Article 3 be breached if the local authority knew, or should reasonably have known, about their condition, but did not offer them at least some sort of assistance to enable them to live at home comfortably and safely?

Local authorities and NHS bodies will need to be alert to such legal risks. If FACS thresholds are raised in the next round of public sector spending cuts, will they risk breaching the human rights of potentially large numbers of people?

**How a support planning and brokerage service can help**

A support planning and brokerage service can help to prevent people from failing to cope in their own homes, as well as perhaps providing an ‘insurance policy’ for public bodies against possible claims. Such a service can help by, for example:

- preventing such serious situations from arising by helping those who cannot afford to pay for help by providing access to welfare benefits checks and linking people in with community groups and social networks such as time banks

- bringing together older people from different minority communities who have similar lifestyle choices and needs, and so helping to make it economic for the market or the public sector to provide paid-for or free services for them
preventing people who are currently turned away from GPs or social services from not seeking help again until they are already in very poor mental or physical health and in need of significant intervention

potentially contributing to the development of an ‘at risk’ register to monitor those who may deteriorate more rapidly than others

where community support is, for some reason, not practical, the local authority or NHS partner can decide whether to take further steps to prevent deterioration of the person’s living conditions, health and wellbeing, to ensure that their basic human rights are not breached.

Meeting diverse need

There are many types of obstacle to accessing mainstream services and many sources of advice available on reaching diverse and minority communities. Using a social model of disability and impairment, it is important to focus not on someone’s disability or difficulty, but on the solutions that prevent it from being an impediment. For example, the reason that someone cannot access a particular service should be seen not as being because they use a wheelchair, but because the site has no toilets accessible by wheelchair users.

Factors that can prevent older people from accessing services

These include:

- premises not adequately accessible for people with a disability, frailty or hearing loss
- service not accessible to those with limited English ability
- service not accessible to those with a lack of literacy in whatever language
- perceived cultural insensitivity in when, how, where or by whom the service is made available
- anxiety among lesbians and gay men about how at ease they would feel
- cultural aversion to certain services
- lack of awareness of certain services
- fear of discrimination
- negative experiences of other, unrelated public services
- having previously been turned down for other services.

One advantage of using a third sector partner to provide a support planning and brokerage service is that it should be better able to reach otherwise excluded older people, and is likely to have a track record of doing so.

10 For two recent examples from Age Concerns, see the Opening Doors evaluation report Opening Doors Evaluation – The Story So Far, at www.ageconcerncamden.org.uk, and Going the Extra Mile, at www.acislington.org.uk/resources.html.
Reaching excluded older people

Methods used to help reach otherwise excluded older people include:

- visiting and taking the time to work with community groups and other partners, to build their trust and reach their communities
- taking the time to talk to community leaders, members and carers, to help ensure that the service is accurately understood
- using interpreters where necessary
- taking account of and respecting different customs and faith days when delivering the service, and enforcing appropriate dress codes by staff and volunteers
- ensuring that service delivery venues are not only fully accessible and complete with hearing loops, but also include a range of diverse images (eg of black and minority ethnic people and gay couples)
- having a diverse workforce of staff and volunteers
- training and developing staff and volunteers to understand and respect diversity, as well as the issues faced by some older people (eg hearing loss, loss of self-esteem)
- producing information in plain English and, where possible, simple English with pictures
- ensuring culturally appropriate food and refreshments are available where relevant
- making appropriate adaptations to the service to enable more people to access it if necessary for cultural or other reasons.

While some public bodies do well in many of these areas, most rarely have the same trusted access as local third sector partners. Working through such a partner therefore helps to address many of the diversity issues that would otherwise be faced.
Appendix

The table below shows the population projections from 2008 to 2015 for people in Bromley aged 65 and over. Two data sources are shown:

- Projecting Older People Population Information (POPPI), based on figures from the Office of National Statistics
- Greater London Authority (GLA) 2006 Round Demographic Projections (RLP High), also based on figures from the Office of National Statistics, but with adjustments at borough level for international migration.

**Figure A.1: Bromley population projections: aged 65 and over**

<table>
<thead>
<tr>
<th>Age range</th>
<th>Data source</th>
<th>Population projection 2008</th>
<th>Population projection 2015</th>
<th>Growth</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>POPPI</td>
<td>24300</td>
<td>28800</td>
<td>4500</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>GLA</td>
<td>23273</td>
<td>26263</td>
<td>2990</td>
<td>12.8%</td>
</tr>
<tr>
<td>75-84</td>
<td>POPPI</td>
<td>18400</td>
<td>18600</td>
<td>200</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>GLA</td>
<td>17471</td>
<td>16372</td>
<td>-1099</td>
<td>-6.3%</td>
</tr>
<tr>
<td>85+</td>
<td>POPPI</td>
<td>7700</td>
<td>8700</td>
<td>1000</td>
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</tr>
<tr>
<td></td>
<td>GLA</td>
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<td>7815</td>
<td>521</td>
<td>7.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>POPPI</td>
<td>50400</td>
<td>56100</td>
<td>5700</td>
<td>11.3%</td>
</tr>
<tr>
<td></td>
<td>GLA</td>
<td>48038</td>
<td>50450</td>
<td>2412</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Population projections indicate that the older population (65 and over) in Bromley will increase by between 5 and 11.3% by 2015 (up to 5700 people). This includes an increase of between 7.1 and 13% of people aged 85 and over (up to 1000), which is the age group more likely to require health and social care support. Currently more than 50% of the older people receiving services in Bromley are aged 85 and over.

The number of people from minority ethnic groups as a percentage of the total population over 65 is projected to increase by approximately 1% every five years. This means that the number of people from minority ethnic groups aged 65 and over will increase from approximately 1930 in 2006 to approximately 2780 in 2016, an increase of approximately 44% (calculated using GLA population totals for people aged 65 and over).
This booklet presents the business case for local authorities and their strategic partners to invest in creating a support planning and brokerage service for older people delivered by a third sector organisation.

It describes the partnership between the London Borough of Bromley and Age Concern Bromley and provides guidance to local authorities on commissioning, and to third sector organisations on delivering, a support planning and brokerage service.

Areas covered include creating a service, views from older people and the local authority, and equalities issues.

A DVD produced by Age Concern Bromley accompanies the booklet.