



House of Commons

Committee of Public Accounts

Improving public services for older people

**Twenty-ninth Report of
Session 2003–04**



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Report, together with formal minutes

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The Committee of Public Accounts

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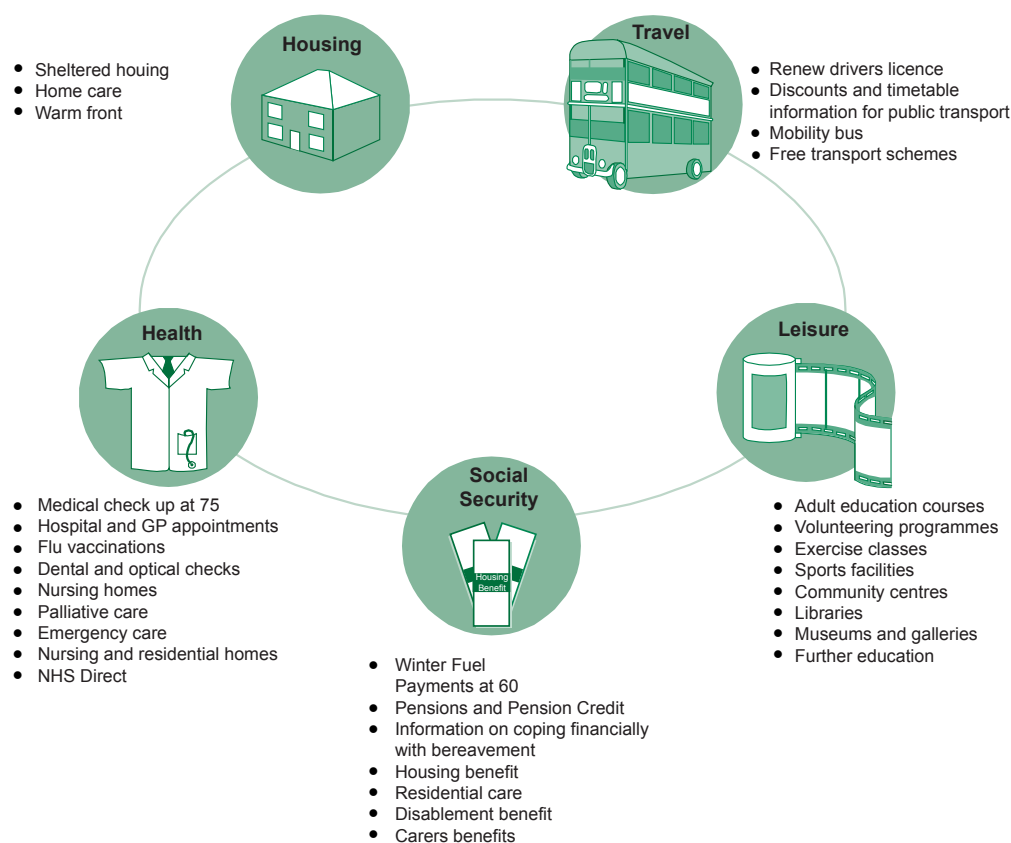
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Summary

The population of the United Kingdom is becoming older. Today there are more than 10.5 million people over state pension age; by 2040 this figure is expected to have reached 16 million, or 25% of the population.¹ Many are living longer—between 1995 and 2025 the number over 80 is expected to increase by a half.

The ageing of the population has significant implications for the delivery of public services. In general, older people are more likely than younger ones to use public services provided by central and local government and the National Health Service (**Figure 1**). Around 40% of NHS expenditure on health and social care is spent on those over 65, and those over state pension age receive more than £60 billion in state pensions and benefits. Life changes such as retirement or bereavement may lead to contact with particular public services—often for the first time. Many older people are themselves carers for other older people, whilst others have more time available than earlier in life and so are able to use libraries or community facilities or give time for voluntary activities.² Failing health leads many older people to give up their car and rely on public transport.

Figure 1: Examples of common services used by older people



Source: National Audit Office

1 C&AG's Report, *Developing effective services for older people* (HC 515, Session 2002–03) para 1.1

2 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) para 1.3

The Government has given attention in recent years to improving services for older people. The range of initiatives and the variety of bodies involved in delivering them highlights the importance of co-ordination between providers, both inside and outside Government. It also emphasises the importance of communicating clearly what services are available and how to access them. Without careful consideration of the needs of older people, including through consultation, services are unlikely to be well designed or meet their needs, and thus are unlikely to provide good value for money.

In view of the importance of public services for older people and the attention given to their needs by the Government in recent years, the Committee has produced this overview Report, drawing on our previous Reports on *Tackling Pensioner Poverty*, *Ensuring the effective discharge of older patients from NHS acute hospitals*, *Action in response to the Inherited SERPS problem*, and *Warm Front*,³ as well as other recent National Audit Office Reports on *Progress in making e-services accessible to all* and *Developing effective services for older people*.⁴

3 12th Report from the Committee of Public Accounts (HC 565, Session 2002–03); 33rd Report from the Committee of Public Accounts (HC 459); 36th Report from the Committee of Public Accounts (HC 616, Session 2002–03); 5th Report from the Committee of Public Accounts (HC 206, Session 2003–04)

4 HC 428 and HC 518, Session 2002–03

Conclusions and recommendations

In future hearings on issues relevant to older people, we will examine what consideration has been given to the following conclusions and recommendations.

1. **The Government has launched various initiatives for older people, but stronger co-ordination of the efforts of numerous public bodies is needed to avoid duplication and ensure progress towards better services continues.** The Government has recognised the importance of the ageing of the population and there has been progress, for example, the establishment of The Pension Service, and development of the National Service Framework to improve health services for older people. But other parts of government pay less attention to older people. The Cabinet Committee for older people—supported by the Department for Work and Pensions—draws together all parts of government but its work is not publicised. Joint working is needed to prevent unnecessary duplication between organisations, for example, in requiring people to provide similar information more than once or having to deal with a range of separate organisations. Overall performance across government in improving services for older people should be better assessed and reported.
2. **The way services for older people are delivered can be confusing and may lead to social exclusion unless based on a clear understanding of the needs of older people.** Complex arrangements and poorly explained rules discourage people from using services or claiming their entitlements. Some people also have problems physically accessing services because of their disabilities or are put off by the way services are marketed. The needs of older people should be researched and taken into account in developing services. There is already much research into the implications of ageing and what works for different groups of older people, but it could be better shared across government, and between government and academia and the voluntary sector. Public bodies could make more use of existing means for gathering the views of older people, such as through arrangements established by Age Concern.
3. **To draw services to the attention of the hard to reach, government should make greater use of existing contacts older people have with a range of trusted authorities.** Research has repeatedly shown that older people find out more about government services by word of mouth than through official channels. For example, older people routinely have contact with GPs' surgeries, district nurses and shops, and these contacts could be used more routinely as the basis for providing other information or drawing attention to relevant developments in services. Thus, for example, a review of eligibility for benefits could routinely be linked to the over-75 health check organised through GP practices, as already occurs in some parts of the country. More generally, the consolidation of services, through moves towards 'one-stop' shops, are of considerable value to older people.
4. **Communication with older people should be clearer and public bodies should test explanatory literature on older people.** Although some improvements have been made—for example, to the length of certain application forms and through providing information about services in one leaflet such as *Pensioners' Guide*—older

people still receive over-complex documents and bewildering letters. For example, the independent Social Security Advisory Committee remains concerned about the quality of literature from the Department for Work and Pensions.

- 5. Public bodies should follow the good practice highlighted in this report and elsewhere on how best to consult with older people in developing services.** Consultation with older people has helped direct government strategy and priorities, for instance in the Better Government for Older People programme or the Cabinet Office review of economic activity amongst the over-50s. Although consultation is now more routine, participation in consultation exercises takes time and effort for older people. The goodwill and enthusiasm generated can be undermined by not explaining the reasons for subsequent decisions. Reporting back after consultation with older people and bodies representing them reduces the risk of disappointment.
- 6. Older people from ethnic minorities have specific needs and may face additional barriers to using public services.** The proportion of older people amongst ethnic minorities is growing faster than the rest of the population, and the group are disproportionately represented, for example, amongst those on low incomes. Understanding the need to provide services which meet linguistic, cultural and religious needs is in its infancy. Specific research and consultation will help develop services for different ethnic minorities.
- 7. Involving voluntary bodies in developing and delivering services is valuable but government should avoid overloading them.** Activities like encouraging benefit take-up and organising care after hospital discharge may involve government and voluntary bodies working together. There are many examples of working between government and voluntary sector bodies such as in the area of the quality of older people's housing. However, some voluntary sector organisations do not think government is aware of the effort required and there are risks of overburdening them. Where government looks to voluntary bodies to play a role in providing services, it should identify the capacity required and foster its development.
- 8. New technology can improve the lives of older people but careful piloting is needed.** Many government websites are not accessible to many older people, particularly those with disabilities, because of failure to apply widely recognised standards. In 2003 the National Audit Office reported that only a quarter of government websites met accessibility standards. Research and piloting of innovative approaches to service delivery should include testing with older people. More should be done to encourage take-up of technology, for example by UK online centres undertaking projects tailored to the need of older people, or their resources will fail to reach older people.

1 Designing services to meet the needs of older people

1. The Government has committed itself to improving the lives of older people.⁵ For example, it has stated it aims to promote security and independence in retirement and combat poverty amongst pensioners. It has also committed itself to improving care for older people;⁶ for example, the Department of Health aims to reduce levels of people whose hospital discharge is delayed to 2,000–2,500 by the end of 2005.⁷ And other initiatives have identified older people as a key target group—for example, the UK online centre network⁸ or NHS Direct.⁹ At a strategic level, in 1998 the Government established an Inter-Ministerial Group for Older People ‘to ensure that government strategy and policy affecting older people is effectively co-ordinated, avoids duplication and takes account of the needs of older people.’ Around the same time, Cabinet Office guidance recommended all policy areas ‘are appraised from older people’s perspective from the outset and where necessary, that special measures are built in to address their needs’.¹⁰

2. Since 1998, central government has introduced many policy initiatives relevant to older people (**Figure 2**).¹¹ These have helped increase the profile of older people’s issues and heightened expectations about improvements in services. At local government and health authority level, services are provided, for example, by health visitors and district nurses, as well as social services departments and general practitioners. Some local authorities have established older people’s councils to inform council policy-making.

5 See for example *Building on partnership: the Government response to the recommendations of the Better Government for Older People programme* (published in 2001), Department for Work and Pensions Departmental Report 2003 (Cm 5921)

6 National Service Framework for Older People (published 2001)

7 33rd Report from the Committee of Public Accounts, *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03) paras 3, 22

8 C&AG’s Report, *Progress in making e-services accessible to all – encouraging use by older people* (HC 428, Session 2002–03) Case Study A

9 C&AG’s Report, *NHS Direct in England* (HC 505, Session 2001–02)

10 C&AG’s Report, *Developing effective services for older people* (HC 518, Session 2002–03) para 1.11

11 *ibid*, para 1.11, and Figure 7

Figure 2: Examples of major initiatives

1998	<ul style="list-style-type: none"> • Inter-Ministerial group for Older People (IMG) established to co-ordinate policy-making • Better Government for Older People programme established to research ways of delivering services
1999	<ul style="list-style-type: none"> • Ministerial listening events held to allow ministers to hear the views of older people directly • Older People's Advisory Group established • Minimum Income Guarantee (MIG) introduced as benefit for older people on low incomes (Income Support for pensioners) • Code of Practice and guidance on Age Diversity in Employment introduced
2000	<ul style="list-style-type: none"> • 'Learning in later life' campaign to encourage more people to continue learning • Experience Corps initiative introduced for older people to become more involved in volunteer work • 'Winning the Generation Game' report by Performance and Innovation Unit published, examining barriers to work for the over-50s • New Deal 50+ introduced to assist older people to find and train for employment
2001	<ul style="list-style-type: none"> • Age Positive campaign established to tackle age discrimination in the workplace • Cabinet Committee for Older People established to replace the IMG • National Service Framework for Older People to improve health services for older people
2002	<ul style="list-style-type: none"> • The Pension Service established to bring together entitlements and services for pensioners • Pensions Green Paper proposing pensions reforms
2003	<ul style="list-style-type: none"> • Introduction of Pension Credit as a new benefit, replacing MIG

Source: National Audit Office

3. Attempts to categorise large groups of people can lead to simplistic generalisations and at worst discrimination. The term 'older people' is used in different contexts to describe those over 50, but within this broad heading, different generations and their expectations, capacities and needs are very different. There is now greater awareness of the risk of age discrimination — for example, in the NHS National Service Framework for Older People, there is an explicit standard on it¹² — and the Government is introducing anti-age discrimination legislation by 2006 in line with the European Directive on employment.

4. The population of older people is very varied. For example:

- the current generation of people of pension age is on average the most affluent ever, although at the same time, some 2 million pensioners live in low-income households;¹³
- the ageing of the population is a sign of rising standards in health, but many more people — nearly half of those over 75 — suffer from longstanding illnesses which limit their lifestyle;¹⁴ and

12 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03) para 1.11 and Case Study D

13 C&AG's Report, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 37, Session 2002–03) para 1.1

14 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) para 1.10

- whilst large numbers benefited from post-1945 educational developments, there are many older people with learning difficulties.

5. Public bodies need to recognise this diversity in developing services since it influences how people respond to them. In 2002, the design of The Pension Service was influenced by research into alternative ways of delivering benefits, which showed a variety of attitudes and expectations amongst different groups of pensioners to claiming benefits and gathering information from government.¹⁵

6. Particular groups can experience additional barriers to taking up specific services. Pensioners with sensory impairments may face additional barriers using both paper and telephone-based forms of communication with government. And some pensioners from ethnic minorities may experience multiple barriers, including language.¹⁶ The ability to travel to where advice is available has been a major barrier to benefit take-up for pensioners living in country areas and the existence of rural post offices remains a major issue. Such barriers can lead to social exclusion.¹⁷

7. Consideration of the needs of older people requires an understanding of their characteristics, which are likely to change over time as the make up of the older population changes. The government has substantial research programmes on older people's issues, cutting across many government bodies. The Department for Work and Pensions and the Department of Health, in particular, undertake considerable research which informs policy-making. Four research councils are also involved in funding age-related research. The English Longitudinal Study on Ageing has recently been established as an interdisciplinary data resource on the health, economic position and quality of life of older people.¹⁸ There is also a very large amount of existing research in a variety of academic fields on aspects of older people and ageing.

8. However, there is scope for improvement in how research is applied to policy-making for older people. Research could be communicated more effectively to policy makers and more use made of international evidence to inform policy development. The range of bodies funding research creates risks of duplication and lack of co-ordination, and in 2001, the Research Councils launched the National Collaboration on Ageing Research to raise the profile and relevance of ageing research, including the promotion of multi-disciplinary approaches. There are also gaps in the research, especially on the use of services by people from ethnic minorities.¹⁹

9. The needs of older people need to be taken into account in the development of new and innovative services to avoid reinforcing social exclusion. Traditionally, public services have been provided face-to-face, by correspondence, or by home visit. More recently, new options are being developed, such as contact centres and internet-based services. Although it is unrealistic to expect everyone to use new technology, e-services can potentially offer

15 C&AG's Report, *Tackling pensioner poverty: encouraging take of entitlements* (HC 37, Session 2002–03) Figures 11, 14

16 *ibid*, paras 2.20–2.26

17 *ibid*, Appendix C

18 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03) paras 3.15–3.20

19 *ibid*, paras 3.18–3.20; C&AG's Report, *Tackling pensioner poverty* (HC 37, Session 2002–03) para 2.25 and Appendix C

older people significant benefits if properly designed and marketed. These include helping overcome mobility constraints, allowing independent living for longer, and gaining easy access to information.

10. However, a range of barriers such as inconvenient or inappropriate locations and poor design can put off potential users. The scale of the problem can be seen from the National Audit Office's examination of some 65 government websites providing services likely to be of interest to older people, which found that many did not meet widely accepted best practice standards. Only 25% passed testing using software that checks automatically whether a website complies with important elements of accessibility guidance. It is important that further work is undertaken to ensure that such problems are eliminated. There is a danger that new technology is designed without consideration of the needs of older people, and new initiatives such as delivering services via digital television need to be tested with a wide range of potential customers.²⁰

11. Meeting the needs of older people can often mean ensuring that they can remain independent for as long as possible. For many, this is a key objective. Our Report on delayed discharge noted that many people would prefer to be supported in their own home. The Department of Health said they were committed to domiciliary care and keen to develop extra care sheltered housing.²¹ Minor adaptations to houses can often allow people to return home from hospital, and developments in new technology are being harnessed to make it easier for people remain in their homes longer.²²

20 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) paras 1.9–1.10, 1.14–1.21, 3.12 and Figure 5

21 33rd Report from the Committee of Public Accounts *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03) para 23 and recommendation 5

22 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03)

2 Consulting with older people and the bodies representing them

12. Consultation with users of services as part of the design of services increases the chances that those developing policies will design them in ways which accord with the needs and views of users. It also increases the chance they will provide good value for money. There has been an increase in the scale of consultation by Government with older people and bodies representing groups of them and an extension in the range of approaches used, to include initiatives such as citizens' fora, focus groups, ministerial listening events and some use of on-line consultation. Organisations contacted by the National Audit Office considered Government was more committed to consultation than in the past and there had been a generally positive response to initiatives such as those in **Figure 3**.²³

Figure 3: Recent consultation initiatives

- The Better Government for Older People programme ran for two years to listen to the views of older people themselves and encourage their participation and contribution in forming services. Methods used included group discussions and individual interviews, consultative panels and road shows. Lessons were learned and published about consulting and engaging with older people.
- The Inter-Ministerial Group for Older People ran a national programme of 10 Listening to Older People consultation events. The aim of these events was to give older people the opportunity to hold discussions with ministers directly.
- The ongoing Better Government for Older People network has continued to provide best practice advice and support to service providers, older people and their organisations. The national Older People's Advisory Group has continued with the development of regional groups and consultation by many statutory agencies.
- In 2002, an online consultation, Senior speak, organised by the Hansard Society to convey the views of older people, carers and their families to Parliament attracted over 170 participants.

Source: National Audit Office

13. Consultation with older people has generated a number of benefits in terms of the development of strategy and high level direction of policy. These include better informed policy-making (for example, in the design of The Pension Service), the identification of priorities for government (in particular out of the Better Government for Older People programme), and greater understanding of older people's needs. Consultation has also led to specific issues being raised which might not otherwise have been considered. For example, the inclusion of Standard 8 of the National Service Framework for Older People concerning the promotion of health and active life in older age arose as a result of consultation.²⁴

²³ C&AG's Report, *Developing effective services for older people* (HC 428, Session 2002–03) paras 3.6–3.10

²⁴ *ibid*, para 3.9

14. Just as important as consulting on the thrust of broad policy developments, is consultation with older people on specific issues that really matter to them and their environment. In our report on delayed discharge, we were concerned that although almost all NHS acute trusts reported that they consulted with patients and their carers on discharge, many patients and carers felt they had not been involved prior to discharge.²⁵ There are also occasions when older people are overlooked in consultations on issues of considerable relevance to them and some organisations contacted by the National Audit Office felt they were not consulted because incorrect assumptions were made about whether a particular subject was relevant to older people.²⁶

15. Effective consultation requires care. There are risks to successful consultation (**Figure 4**) which public bodies need to be aware of and manage.

Figure 4: Risks to successful consultation

- Confusion as to the purpose — lack of clarity as to how the consultation exercise fits in to policy-making or to what extent there is an opportunity to influence the process.
- Lack of feedback — a major concern is the lack of feedback as to what happened as a result of the consultation and why particular suggestions were rejected.
- Insufficiently open — consultations should be honest about the limitations on scope and need to be open enough to enable participants to discuss issues that most concern them.
- Poor timing — late consultation suggests that views on fundamental matters are not welcome, whilst short consultations or tight timescales make it hard for those consulted to marshal arguments.
- Patronising tone and tokenism — for example, just having an older person on a committee for the sake of appearances.
- Danger of disappointment and disillusionment — consultation can be time consuming and raise expectations. A lack of feedback or any apparent signs of the consultation being valued can result in disappointment and an unwillingness to participate again.

Source: National Audit Office²⁷

16. Given the diverse nature of the population of older people, there is a risk that government will not consult widely enough or will be influenced by those easiest to reach — the most articulate, vocal, healthy and financially secure — or those who might be categorised as the ‘usual suspects’. There is also a danger of departments dealing primarily with professionals and not older people themselves.²⁸ Those already socially excluded may not be consulted or barriers may exist to their involvement. Those on low incomes, with dementia or from ethnic minorities, for example, can be hard to reach but may be the most in need of assistance.

25 33rd Report from the Committee of Public Accounts, *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03) para 11

26 C&AG’s Report, *Developing effective services for older people* (HC 518, Session 2002–03) para 3.13

27 *ibid*, paras 3.12–3.13

28 *ibid*, para 3.13

17. Organisations contacted by the National Audit Office expressed some concerns at the burden consultation placed upon voluntary bodies with limited resources. Some are recipients of many consultation documents and dealing with them can be time consuming. Making good use of existing networks and relationships established by voluntary bodies means that consultation exercises are less likely to duplicate work, waste resources or cause unnecessary burden. The voluntary body Age Concern runs a service which puts government departments in touch with groups of older people for consultation purposes and ensures they are compensated for their time.²⁹ The existence of the Older People's Advisory Group, linked to the Better Government for Older People initiative, has also provided a forum for a wide range of statutory agencies to consult.

18. A significant danger is that there is insufficient feedback and progress reporting following consultation, although some voluntary bodies consider government departments are getting better. The Better Government for Older Programme's recommendations were published in June 2000 to which the government replied with an interim response, *Building on partnership* in January 2001. There have been no progress reports since, nor public reporting against the recommendations in the *Winning the generation game* Report. In contrast, a report on progress in the first two years of the National Service Framework for Older People was published in 2003.³⁰

29 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03), para 3.13 and Figure 17

30 *ibid*, Case Study B

3 Delivering convenient and accessible services for older people

19. Figure 1 illustrates the wide variety of services provided at both central and local government level and by the voluntary sector. The complexity of government can be confusing for users of all ages and often those most in need have contact with the largest number of organisations. Service providers need to work together to tackle problems which extend beyond the remit of any one organisation. The Department for Work and Pensions, for example, cannot on its own deal with pensioner poverty,³¹ whilst a long term solution to delayed discharges will only be achieved through public and independent sector partners working together.³² Equally, there are linkages between issues—poor housing and health for example—which will be missed by bodies working separately.

20. Improved joining-up of public services has the potential to assist older people. Many are required to provide information to more than one organisation. As patients they often need to have contact with a number of parts of the NHS and would thus benefit from greater sharing of information between agencies. And they often need information on a range of issues and so would benefit from greater co-ordination—perhaps through a single source—where information on health, consumer rights, benefits and education were all available in one place.

21. The Government has taken a more strategic approach to policy-making on issues relevant to older people. The creation in 2001 of the Cabinet Committee on older people (replacing the Inter-Ministerial Group), the development of strategies such as the National Service Framework for Older People to provide a framework for the raising of standards of care in the health service, and the designation of the Department for Work and Pensions as the lead department on older people are indications of this. The Better Government for Older People programme also co-ordinated a number of important initiatives, and this work is continued with the Better Government for Older People network, linking up a variety of organisations to share good practice on what works in older people's services.³³

22. At local level, significant benefits can be achieved with better co-ordination. In our report on the Warm Front scheme³⁴ we noted that scheme managers were developing links with local authorities, care trusts, the clergy, Age Concern, ethnic group leaders and district nurses. They acknowledged that it took time to build up trust between organisations but there were now signs of success. Similarly, there is good local level working between parts of The Pension Service, local authorities and the voluntary sector in encouraging benefit take-up.³⁵

31 12th Report from the Committee of Public Accounts, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 565, Session 2002–03) paras 2, 26–29

32 33rd Report from the Committee of Public Accounts, *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03) paras 17–21

33 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03) Case Study B

34 5th Report from the Committee of Public Accounts, *Warm front: Helping to combat fuel poverty* (HC 206, Session 2003–04) para 9

35 12th Report from the Committee of Public Accounts, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 565, Session 2002–03) para 28

23. Tackling a problem such as delayed discharge can only be solved by close co-ordination between different bodies. We have highlighted forms of joint working such as pooling of funds between health and social care organisations, allowing one organisation to act as lead commissioner on behalf of others, and integrating services into Care Trusts. It is also important to discharge planning that all key groups within NHS trusts are involved in decisions on discharge and assessment. Sharing information is crucial and the creation of the Single Assessment Process should help provide a multidisciplinary, inter-agency assessment of the needs of an older person that meets requirements.³⁶

24. Wherever appropriate, non-governmental organisations and trusted third parties should be involved in developing policy and delivering services. There are many examples of close working, of exchanges of staff, and of formal and informal contact. However, organisations consulted by the National Audit Office suggested Government departments did not always seem aware of the amount of effort working with departments involved, which meant organisations were not able to pursue other activities.

25. Despite efforts, barriers to effective co-ordination in government remain. For example, the National Audit Office reported the view that there were weak links between the National Service Framework for Older People and that for Mental Health. There was also a lack of co-ordination with initiatives of other bodies.³⁷ **Figure 5** lists a number of barriers to co-ordination. Overcoming them requires strong leadership from senior staff, providing the ability to break down existing organisational barriers. Staff also need new skills and a willingness and incentives to be open, to negotiate and to share information with third parties.

Figure 5: Barriers to co-ordination

- emphasis on short term success and immediate solutions;
- a tendency of public bodies to exercise prescriptive control rather than engage as equal partners;
- incompatible information and administrative systems preventing the sharing of data;
- lack of clarity about funding on joined up projects;
- some related issues remaining split across departments (e.g. age discrimination legislation at Department for Trade and Industry and age diversity at Department for Work and Pensions);
- poor communication and co-operation at local level;
- different priorities;
- pressure of time; and
- lack of shared boundaries between different organisations (e.g. Primary Care Trusts and local authorities).

Source: National Audit Office

36 33rd Report from the Committee of Public Accounts, *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03), para 10

37 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03) Case Study D

26. Maintaining the momentum towards more co-ordinated services for older people requires visibility and clarity. Whilst senior figures such as the National Director for Older People's Services have developed high profiles, organisations consulted by the National Audit Office were concerned about the visibility of the Cabinet Committee for Older People and consequently its effectiveness to break down the divisions within government and provide leadership. In common with other such committees, its work is not publicised, which has made it hard for the group of external representatives consulted by the committee to report back to the sector on progress. This also means there is little indication that it is achieving its aim of co-ordinating and driving forward the cross-government strategy for the over-50s. The Department for Work and Pensions' lead role on older people exists, but it is unclear how and to what extent it can influence other departments which have different priorities with regard to older people.³⁸

27. There is an outstanding need to provide an overall framework for work across Government affecting older people. This is not an end in itself but can provide guidance to all organisations as they develop policies and services and a framework within which there can be greater coherence across government. In New Zealand, for example, the Government published its Positive Ageing Strategy setting out 10 principles to guide the development of policies and services across government. This helps achieve consistency and provides clearer aspirations.³⁹

28. There has been also piecemeal reporting back on progress rather than co-ordinated reporting at a high level. This risks undermining confidence in the determination to fulfil promises. The Cabinet Committee has a key role in monitoring performance and securing closer working. Given the effort that has been expended and the aspirations to provide joined up services, a high level report on progress in improving services for older people would be valuable and timely. In New Zealand, each department is expected to report annually against the framework of action referred to in paragraph 27.

38 C&AG's Report, *Developing effective services for older people* (HC 518, Session 2002–03), paras 7–8, 1.11

39 *ibid*, Figure 12

4 Helping older people to know what services are available

29. To deliver effective services to older people, providers need to communicate successfully with them, explaining what is available, and the conditions for eligibility. Poor communication creates barriers to accessing services. For example, many with more complex queries are reluctant to use the telephone, perhaps because they did not want to disclose personal matters this way, or if hard of hearing. Difficulties physically accessing advice services are also a barrier, particularly for those in rural areas or with disabilities. There are also specific problems for those for whom English is not the first language.⁴⁰

30. The messages that need to be communicated by government bodies are often complex and personally sensitive and it is important that simple and imaginative ways of communicating these messages are developed. Different people will find different means of accessing information most convenient for them. There are welcome indications of experimentation with a range of means of communication such as one-stop shops, help lines and contact centres, which are all alternatives to more traditional methods of the distribution of leaflets and benefits offices.⁴¹ But the pursuit of new methods should not detract from the importance of maintaining and improving tried and tested approaches. In particular, a significant number of older people prefer to discuss their needs with someone face to face, so the use of local service providers is important. Public services must also remain contactable by letter.

31. The importance of traditional services is emphasised by the relatively low take-up of e-services—particularly government services—by older people to date. In September 2003, only 16% of those 65 or over had used the internet, compared with 88% of those 16–24.⁴² Thus e-services are unlikely to quickly become a major means of communicating with older people. As highlighted in our previous reports on this subject,⁴³ government needs to provide more incentives to encourage take-up. One way is to design services around the needs of client groups. The National Audit Office drew attention to the idea of an older people's portal, as in the United States of America and Canada, as the focus for a targeted marketing campaign.⁴⁴

32. There is, however, evidence that some new forms of communication can work for particular categories of older people. Call centres have proved valuable for some purposes. The Department for Work and Pensions' National Pensions teleclaims service received 430,000 calls in 2001–02 and the Pensions Direct service received more than 1 million calls

40 C&AG's Report, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 37, Session 2002–03) paras 2.20–2.26

41 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03)

42 Internet usage (Office of National Statistics) December 2003 available at www.statistics.gov.uk

43 54th Report from the Committee of Public Accounts, *Improving public services through e-government* (HC 845, Session 2001–02)

44 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) Figure 18

in 2001–02.⁴⁵ The success may be due to the effort invested in advertising, and everyone approaching retirement receives a letter inviting them to call the teleclaims service. But new and innovative methods of communication are not always effective. The Department of Health found, for instance, that 180 NHS Direct kiosks had low usage, particularly amongst over 65s.⁴⁶

33. It is important that government bodies do not assume levels of knowledge that do not exist. Our Report on *Ensuring the effective discharge of elderly patients from hospitals* reported that many carers considered they had little information about the range of care services available, whom to contact for additional help, and the services they would receive after leaving hospital.⁴⁷ Only 20% received a copy of the discharge plan. The Department of Health have subsequently introduced new regulations and directions intended to give patients and their carers more opportunity to influence care plans.⁴⁸ People do not always know where to find information and find dealing with the benefit system daunting. One fifth of pensioners, for example, consider it difficult to obtain information on benefits.⁴⁹

34. These examples emphasise the importance of being proactive in assisting some groups to take up new types of services and imaginative in drawing their attention of their existence. The National Audit Office found evidence that many UK online centres—established to provide a place for those without computers to make use of new technology—had made relatively limited efforts to target low users including older people, with the risk that resources are not reaching those at whom the initiative is aimed.⁵⁰ There is a need for innovative approaches to communication with customers, for example, using popular television programmes and drawing on the experience of innovative work in the voluntary and private sectors. And, in the future if usage increases, the Department for Work and Pensions might ask people if they were prepared to give their email addresses as a way in which they might be better able to communicate important messages about services. This facility could be equally valuable for other public bodies.⁵¹

35. There is room for improvement in the quality of official literature provided by some Government departments. The Department for Work and Pensions agreed with us that its publications need to be clearer, more accurate and easier to understand and has introduced new procedures for producing and revising leaflets. There have been some improvements in the quality of information made available to pensioners.⁵² Continuing reservations about

45 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) paras 2.29–2.30 and Case Study E

46 *ibid*, para 2.16

47 33rd Report from the Committee of Public Accounts, *Ensuring the effective discharge of older patients from NHS acute hospitals* (HC 459, Session 2002–03) para 11

48 Treasury Minute on the 33rd Report from the Committee of Public Accounts (Cm 6016)

49 C&AG's Report, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 37, Session 2002–03) para 2.10 and Figure 10

50 C&AG's Report, *Progress in making e-services accessible to all: encouraging use by older people* (HC 428, Session 2002–03) paras 2.33–2.34

51 12th Report from the Committee of Public Accounts, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 565, Session 2002–03) para 24; 36th Report from the Committee of Public Accounts, *Improving service quality: action in response to the Inherited SERPS problem* (HC 616, Session 2002–03) para 14

52 C&AG's Report, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 37, Session 2002–03) paras 3.12–3.13 and Box 9

the quality of information products have nevertheless been expressed by the statutory advisory body, the Social Security Advisory Committee.⁵³

36. An effective way of communicating with older people is through those with whom they are already in regular contact. This could mean relatives, friends and neighbours, carers or health professionals and trusted organisations such as registered social landlords. We noted in our report on benefit take up that more pensioners find out about benefits through their family and friends than official sources.⁵⁴ Stakeholders consulted with regard to the Warm Front scheme said that most people hear of it through word of mouth.⁵⁵ This emphasises the value of targeting advertising on services for older people more widely than older people themselves.

37. Working with third parties already working with older people is also valuable and cost-effective. Especially for those with low levels of literacy, for example, relying on trusted intermediaries is an important way of gaining information rather than directly through printed sources. Examples include holding briefings for district nurses or health visitors on benefits or asking social landlords to undertake benefit checks. Our Report on Warm Front also suggested that benefit health checks, visits and local networks such as doctors' surgeries and shops may provide a better way of identifying those most in need of assistance.⁵⁶

53 16th Report from the Social Security Advisory Committee, April 2002–July 2003

54 12th Report from the Committee of Public Accounts, *Tackling pensioner poverty: encouraging take-up of entitlements* (HC 565, Session 2002–03) para 24

55 C&AG's Report, *Warm front: Helping to combat fuel poverty* (HC 769, Session 2002–03)

56 5th Report from the Committee of Public Accounts, *Warm front: Helping to combat fuel poverty* (HC 206, Session 2003–04) Recommendation 3

Formal minutes

Monday 24 May 2004

Members present:

Mr Edward Leigh, in the Chair

Mr David Curry
Mr Ian Davidson
Jim Sheridan

Mr Gerry Steinberg
Jon Trickett
Mr Alan Williams

The Committee deliberated.

Draft Report (Improving public services for older people), proposed by the Chairman, brought up and read.

Ordered, That the Chairman's draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 37 read and agreed to.

Conclusions and recommendations read and agreed to.

Summary read and agreed to.

Resolved, That the Report be the Twenty-ninth Report of the Committee to the House.

Ordered, That the Chairman do make the Report to the House.

Ordered, That the provisions of Standing Order No. 134 (Select Committees (Reports)) be applied to the Report.

Adjourned until Wednesday 26 May at 3.30 pm

List of Reports from the Committee of Public Accounts Session 2003–04

First Report	Tackling fraud against the Inland Revenue	HC 62	<i>(Cm 6130)</i>
Second Report	The new electricity trading arrangements in England and Wales	HC 63	<i>(Cm 6130)</i>
Third Report	The Sheep Annual Premium Scheme	HC 64	<i>(Cm 6136)</i>
Fourth Report	Improving service delivery: the Forensic Science Service	HC 137	<i>(Cm 6155)</i>
Fifth Report	Warm Front: helping to combat fuel poverty	HC 206	<i>(Cm 6175)</i>
Sixth Report	Department of Trade and Industry: Regional Grants in England	HC 207	<i>(Cm 6155)</i>
Seventh Report	Progress on 15 major capital projects funded by Arts Council England	HC 253	<i>(Cm 6155)</i>
Eighth Report	The English national stadium project at Wembley	HC 254	<i>(Cm 6155)</i>
Ninth Report	Review of grants made to the National Coalition of Anti-Deportation Campaigns	HC 305	<i>(Cm 6175)</i>
Tenth Report	Purchasing and managing software licences	HC 306	<i>(Cm 6175)</i>
Eleventh Report	Helping consumers benefit from competition in telecommunications	HC 405	<i>(Cm 6191)</i>
Twelfth Report	Getting it right, putting it right: Improving decision-making and appeals in social security benefits	HC 406	<i>(Cm 6191)</i>
Thirteenth Report	Excess Votes 2002–03	HC 407	<i>(N/A)</i>
Fourteenth Report	Inland Revenue: Tax Credits	HC 89	
Fifteenth Report	Procurement of vaccines by the Department of Health	HC 429	
Sixteenth Report	Progress in improving the medical assessment of incapacity and disability benefits	HC 120	<i>(Cm 6191)</i>
Seventeenth Report	Hip replacements: an update	HC 40	
Eighteenth Report	PFI: The new headquarters for the Home Office	HC 501	
Nineteenth Report	Making a difference: Performance of maintained secondary schools in England	HC 104	
Twentieth Report	Improving service delivery: the Veterans Agency	HC 551	
Twenty-first Report	Housing the homeless	HC 559	
Twenty-second Report	Excess Votes (Northern Ireland) 2002–03	HC 560	
Twenty-third Report	Government Communications Headquarters (GCHQ): New Accommodation Programme	HC 65	
Twenty-fourth Report	Transforming the performance of HM Customs and Excise through electronic service delivery	HC 138	
Twenty-fifth Report	Managing resources to deliver better public services	HC 181	
Twenty-sixth Report	Difficult forms: how government departments interact with citizens	HC 255	
Twenty-seventh Report	Identifying and tracking livestock in England	HC 326	
Twenty-eighth Report	Driver and Vehicle Licensing Agency: Trust Statement Report 2002–03	HC 336	

