

Social needs of older people in the West of England

Quartet Community Foundation works across the West of England. This is an area made up of four unitary authority areas with a total population of 1,084,040.



BATH & NORTH EAST SOMERSET (B&NES) is geographically the second smallest of the four West of England authorities. It has the city of Bath at its centre, accounting for about half of the population of the area, with a largely rural hinterland beyond. There are pockets of deprivation in an otherwise well off area. The age profile is one of an ageing population, with an unusually low proportion of children.

BRISTOL has the largest population, is the major city in the South West region, and the seventh largest city in England. Geographically, it is the smallest of the four West of England authorities. The age profile of the population is younger than its neighbours, although the number of residents aged 85+ is increasing.

In all four areas, there are distinct areas of poverty and affluence. This is particularly acute in **Bristol**, which is a city of extremes of wealth and deprivation. In 2010, 14 of the 5% most deprived areas in England were in Bristol. Older people in Ashley, Lawrence Hill, Greenbank, Filwood, parts of Hartcliffe, for example, are particularly income deprived. In **North Somerset**, there are greater extremes: North Somerset has the 7th largest range of inequality of all the 326 authorities in England and the North Somerset Local Economic Assessment reports that “for the first time we have areas within both the most deprived 1% nationally, and the least deprived 1% nationally. All of the most deprived wards are within Weston-Super-Mare, in the Central and

NORTH SOMERSET is largely affluent and rural, with Weston-super-Mare the main population centre. It is a growing area, with significant pockets of deprivation, and one of the biggest gaps between the most and least deprived areas in England. The age profile of North Somerset is one of an ageing population, with fewer younger dependents.

SOUTH GLOUCESTERSHIRE is the second largest, geographically, of the four West of England authorities, and is one of the fastest growing areas in the south west. It is a mainly rural area, although two-thirds of its population live in urban fringe areas. There is an ageing population, but also an increase in the population aged 16-24 and in young adults, attracted to the area by the increase in housing and jobs.

South Wards. The least deprived wards include parts of Nailsea, Portishead, Clevedon, Backwell, Easton-in-Gordano, Wrington, and part of Weston-super-Mare North. **B&NES** is also a largely affluent area, but again, with pockets of deprivation. These are mainly in parts of the south of Bath, especially Twerton, and in some of the rural towns, most notably Radstock. In general, there is a low level of deprivation across South Gloucestershire, but a higher percentage of people live ‘by moderate means’ than nationally. They are concentrated in areas that **South Gloucestershire** designates its “Priority Neighbourhoods”: Cadbury Heath, Filton, Patchway, Kingswood, Staple Hill and Yate/Dodington.

Rural Deprivation:

In all of the rural areas in all three rural authorities (B&NES, North Somerset, South Gloucestershire), there are pockets of deprivation which tend to be hidden. Income and opportunity is reduced; there can be higher levels of fuel poverty; and the lack of public transport coupled with distances to population centres and places of employment means a need for people to have their own cars. Access to local services is more difficult, because populations are smaller. This is a challenge for both providers and users of services. In most of the rural areas, there is deprivation caused by a lack of access to services. 14 small areas in **B&NES** are in the highest 20%, which means they have the least access to Access to Housing and Services. These areas include parts of Bathavon, Mendip and Chew Valley. Evidence (e.g. Marmot 2010; NAO, 2010)

shows the connection between poverty and deprivation, and increased health needs. In all West of England areas the population is ageing. Life expectancy has been growing steadily, and the number of people aged 85+ is increasing. More people are living longer, sometimes with poor physical and mental health, some of whom experience more complicated and more expensive health needs. The number of people diagnosed with dementia is increasing, and it is known that there is a diagnosis rate of under 50% (BBC Science, 2014). The number of people with caring responsibilities is also increasing. Loneliness and isolation is a growing health concern which is exacerbated by poverty and deprivation of opportunity, particularly in relation to accessing services and community-based resources.

Social Needs of Older People: a statistical overview

The statistics below give a snapshot of older people's needs in the West of England. They highlight some of the specific issues that influence both strategic and

practical responses of both statutory authorities and voluntary sector organisations, as well as how QCF supports this work.

How many older people are there in the West of England?

BRISTOL

Bristol's JSNA (Joint Strategic Needs Assessment see Glossary) shows that there are:

- 58,000 people aged over 65 living in Bristol (13% of the population)
- 19,100 people aged 75-85 (4.4% of the population)
- 8,900 people aged 85+ (2% of the population).

By 2037, the population aged 65-74 is projected to increase by 38.5% and by 39.4% for those aged 75 years+

Although Bristol has a smaller % of older people, the number of people aged 85+ is rising significantly.

NORTH SOMERSET

The JSNA shows that there are:

- 42,633 people aged 65+ living in North Somerset (21% of the total population)
- 14,043 people aged 75-85 (7% of the total population)
- 6,519 people aged 85+ (11% of the population aged 65+).

North Somerset has a significantly ageing population: Since 2011, the area has seen a 26% increase in population aged 80+. Clevedon has a higher number of older people than young people.

SOUTH GLOUCESTERSHIRE:

The 2011 census shows that there were:

- 44,500 people aged over 65 living in South Gloucestershire (17% of the population)
- 20,400 people aged 75-85 (7.8% of the population)

The population aged 65-74 is projected to increase by 69% by 2037 to 101,000 people. The population aged 85+ is projected to increase by 153% by 2037. There are significant differences in the age profile in different areas of South Gloucestershire, with for example, 30% of the population of Alveston Parish aged 65+, and only about 5% of the population of Bradley Stoke aged 65+.

BATH & NORTH EAST SOMERSET (B&NES)

2011 census shows that there were:

- 26,909 people aged 65+ living in B&NES (15.2% of the population)
- 4,908 people (2.7% of the population was aged 85+.

B&NES has a significantly growing population of older people The population aged 80+ is projected to increase from 3% of total (5600 people) in 1981 to 7% in 2026 (13900 people). By 2021, the number of people aged 75+ will have increased by 20%.

Ethnicity

There is a large and increasingly diverse BME (Black and Minority Ethnic) population in Bristol. By contrast, the three other areas are predominantly 'White British'. However, there are small numbers of BME elders in all communities in the West of England. They can be very isolated because the overwhelming majority of services for BME people are in Bristol, although on an individual level many are active in their communities.

BRISTOL

is one of the most ethnically diverse cities in the UK outside London. 2014 data records the 'white British' population 80% in 2014, with 6% from 'other white groups'. There are at least 50 countries represented in Bristol, with Poland and then Somalia the most frequent countries of birth (outside the UK) recorded in the 2011 Census. BME communities are mainly resident in East Central Bristol. 55% of the population of Lawrence Hill ward belongs to a BME group.

NORTH SOMERSET

97% of the population at the 2011 Census was recorded as white (White British or Other White Ethnic Groups). Weston-super-Mare Central ward shows the highest % of BME residents in North Somerset.

SOUTH GLOUCESTERSHIRE:

95% of the population is White (British and Other White Groups, including Eastern European) with a steady, if small, increase in the BME population. The largest BME population is in Patchway and Bradley Stoke. Older BME people are often isolated in the rural parts of South Gloucestershire.

BATH & NORTH EAST SOMERSET (B&NES)

94% of the population at the 2011 Census was recorded as white (White British or Other White Ethnic Groups).

3% of the population is from the EU. The number of BME residents almost doubled between 2001 and 2011.

Social Needs of Older People

Older people's social needs are as varied as those of the rest of the population. With more people living longer, and more living alone, services are focusing on specific needs relating to poverty of income and opportunity. Isolation is a particular concern. Data is patchy. There are pockets of hidden deprivation particularly in rural areas in the West of England.

BRISTOL

- 1 in 5 people aged 60+ live in income deprived households
- Older people (aged 65+) make up two thirds of adult social care clients
- 20% of men and 30% of women aged 65-74 live alone; 34% of men and 61% of women aged 75+ live alone
- Isolation: 15% of people aged 75+ say they never talk to family or friends
- In 2009, 23% of council tenants were aged 65+
- 11% of households of all ages are estimated to be "fuel poor". In Lawrence Hill, Ashley, Easton and Filwood Wards, more than 30% of households are fuel poor
- 40,138 people of all ages are carers. A large, but unspecified percentage are aged 65+

NORTH SOMERSET

- 12,523 people (55.6% of people over 65) live alone.
- 8.9% of households of all ages are estimated to be "fuel poor".
- There were 165 excess winter deaths in 2007-08.
- The 2011 census recorded 22,313 unpaid carers in North Somerset (11% of the population). A large but unspecified number of carers are aged 65+, and this is expected to rise with the increase of people with dementia.
- 8,712 people (39.4% of households over 65) do not have access to a car or van.

SOUTH GLOUCESTERSHIRE:

- 38% of the population aged 65+ live alone. The % is higher for those aged 75+
- 11,000 people aged 65+ live in "fuel poor" households
- 7,000 people aged 65+ have no access to their own transport.
- 27,639 people (10.5% of total population) provide unpaid care, 24% of whom are aged 65+.

BATH & NORTH EAST SOMERSET (B&NES)

- A higher than average number of people aged 65+ living in residential or nursing homes.
- 38% of housing in Bath and North East Somerset is occupied by older people.
- In 2008, the number of people aged 65+ living alone was 11,166
- 23% of people aged 75+ who live alone do not see or speak with someone every day.
- Between 10-14% of households of all ages are estimated to be in fuel poverty. More than 30% of households in Bath Abbey Ward are fuel poor.
- Over 4,700 older people are likely to be acting as carers by 2026.

Older people's health needs in the West of England

Health service delivery is a statutory responsibility, and not, in general, something that can be addressed by QCF. It is worth noting the numbers of people with "limiting long term illnesses" (sometimes reported as a single statistic including people living with disabilities), as this provides a sense of the scale of needs without delving into the details of all health needs.

BRISTOL

- One-third of older people aged 50-74 and two-thirds of those aged 75+ say they have a limiting long term illness.
- Older people with disabilities make up the largest single client group amongst users of Adult Social Care (81%).

SOUTH GLOUCESTERSHIRE:

- 10.3% of the population report a condition that limits them to some extent. "Most people" over 65 years report that they have at least one long-term condition.
- People over 65 use half of all GP appointments; and 75% of hospital bed days.

NORTH SOMERSET

- 38,740 people of all ages have a long term illness or disability.

BATH & NORTH EAST SOMERSET (B&NES)

- Malnutrition is reported as an issue in the JSNA.
- 12,267 residents reported that their day-to-day activities were limited a lot through a long term illness or disability. Using national prevalence estimates, 75% of them are likely to be aged 65+.

Dementia

The number of older people with dementia, or newly diagnosed with the condition, is increasing. It poses a significant challenge for statutory agencies, for voluntary services, and for communities. There is a particular impact not only on the lives of people with dementia, but also on their carers.

BRISTOL

- Approx. 4,400 people in Bristol have been diagnosed with dementia.
- The number of people with dementia is projected to increase by 33% from 2012-2030.

SOUTH GLOUCESTERSHIRE:

- There are an estimated 3,000 people with dementia in South Gloucestershire
- The number is predicted to rise by at least 62% by 2030.

NORTH SOMERSET

- There were 3321 people in North Somerset with identified dementia in 2011.
- This is projected to rise to 6508 in 2030, an increase of 95%.
- The biggest rises will be seen in the very elderly population, with an increase of 165% between 2011 and 2030 in the over 90's.

BATH & NORTH EAST SOMERSET (B&NES)

- There were 1,146 people in 2012/13 (financial year) registered as having dementia in GP practices in Bath and North East Somerset, a rate of 0.6% of the registered population.

The social needs of older people: overview

The data demonstrates that the West of England, like the rest of the country, is experiencing a “demographic time bomb”. Significantly, the number of people aged 80+ is increasing in all four areas, as is the proportion of older people living alone. The number of people with dementia is also increasing, and is projected to continue to do so. In all areas, policies seek ways to deliver services to older people within their own communities or own homes, and to support preventative services for older people. This is, in part, a way to reduce the need for more costly statutory interventions when things go wrong, and is an approach supported by Voluntary and Community Sector (VCS) organisations who deliver a range of innovative projects and services in local communities.

A challenge, at a time of growing need and shrinking resources, is the implementation of the **Care Act 2014**. This became law in May 2014, and implementation will start in April 2015, bringing with it a new basis for adult social care. At its heart are the principles of wellbeing and prevention and the recognition that an individual, their family and/or carer must be enabled to make decisions regarding their own care. Over time, the Care Act will change the ways in which local authorities deliver adult social care services. It also strengthens the rights and recognition of carers in the social care system. Carers UK argues that “for the first time [it gives] carers a clear right to receive services. These are by far the strongest rights for carers yet.” (Carers UK, May 2014). The immediate impact of the Act will be on the statutory social services. Over time, its successful delivery will rely on a wider market of care, delivered by a range of providers including the VCS, as well as large-scale social enterprises and private sector providers. It presents both opportunities and challenges for the VCS.

Responding to older people's needs in the community: the voluntary and community sector (VCS) in the West of England

Local authority funding for voluntary sector services is reducing, and is increasingly directed at older people whose needs are defined as "critical and substantial". Most services are now commissioned, and commissioned funding tends to go to larger (and not always local) organisations which have the capacity to engage with complex tendering processes. Smaller, locally-based services often face precarious futures, as statutory grants disappear and the competition for funding increases.

"Cuts have particularly hit parts of the sector working with vulnerable people, often in disadvantaged areas, and smaller organisations have lost proportionately more [state] funding than larger organisations."

(Whose Society? The Final Big Society Audit)

VCS services for older people in the West of England tend to be delivered either by the larger organisations (e.g. AgeUK, Care and Repair, Crossroads or the Carer's Centre, and housing providers) or at a very small, local level e.g. village hall groups and activities.

- In **B&NES**, there are an estimated 728 VCS organisations. About 40% work mainly within their own neighbourhoods. There is little information about the make-up of the VCS in B&NES, and it is not clear how many VCS organisations deliver services for older people.
- In **Bristol**, there are an estimated 1,428 VCS organisations employing 12,000 people. Compared to the neighbouring authorities, there is a greater number of larger, regional/national organisations in Bristol, and more organisations that serve not only their local communities, but residents who live in the neighbouring authorities and travel to Bristol to access services. 8% of VCS organisations working with older people reported significant cuts to their funding in a report by VOSCUR in 2011.

Bristol Ageing Better (BAB) offers a strategic response to the needs of older people. This is a partnership of older people and organisations across Bristol who are working together to develop services and support for older people that address isolation and loneliness. With £5.9 million from the Big Lottery Fund's Fulfilling Lives: Ageing Better Programme, BAB will begin to deliver a range of projects in Bristol from April 2015. It has a specific focus on addressing loneliness and isolation, as a proven way to promote the health, wellbeing and independence of older people in the community. The initiative is taking an approach of "test and learn"; it is anticipated that the benefits of its successful interventions can be rolled out across the wider West of England area.

- In **North Somerset**, Cabinet Office research found 556 VCS organisations in 2010; however, VANS (the infrastructure organisation for the North Somerset VCS) estimates the number to be closer to 1000. 54% of VCS organisations in North Somerset are very small, with incomes of under £25,000 pa in 2010. 50% of VCS organisations work with all communities as their primary beneficiary; 9% work with older people as their primary beneficiary group.
- In **South Gloucestershire**, there are an estimated 624 VCS organisations, about 16% of which deliver "youth work" services. 36% have an income of less than £5,000. No organisations are listed in the State of the Sector report as delivering specifically to older people, although there is an active AgeUK in South Gloucestershire. 26% of organisations in South Gloucestershire primarily deliver health and social care services to all age groups.

QCF's response: outcomes-based solutions

With greater social needs coupled with less VCS funding, QCF and its fund holders have adopted a flexible role in supporting the complex patchwork of organisations providing locally-based services and projects for older people across the region. In this section, we consider some of the key issues for older people. We have grouped these issues into a number of beneficiary outcomes and give examples to highlight the work of VCS organisations in the West of England. Examples are drawn from QCF's funding.

In 2013-14, 6% of QCF's grants were to organisations whose primary beneficiaries are older people (Annual Review 2014).

- 4% of QCF grants to organisations in **B&NES** addressed the needs of older people as the primary beneficiary.
- 10% of QCF grants to **Bristol-based** organisations addressed the needs of older people as the primary beneficiary.
- 6% of QCF grants to organisations in **North Somerset** addressed the needs of older people as the primary beneficiary.
- 7% of QCF grants to organisations in **South Gloucestershire** addressed the needs of older people as the primary beneficiary.

1. Reducing inequality, exclusion and disadvantage

Marmot (2010) reports that approximately one in five older people lives in poverty. Data from the Health Survey for England 2005 show that disparities exist between low and high socioeconomic groups in a number of health indicators for older people, with people in the lowest quintile of income reporting poorer general health, lower levels of fruit and vegetable consumption and higher degrees of mobility problems and lower-limb impairment.

A particular concern for older householders is **fuel poverty**. A household is said to be in fuel poverty if it needs to spend more than 10 per cent of its income on fuel to sustain satisfactory heating. In 2005/6, over half of single pensioners were in fuel poverty (Marmot 2010). 63,953 households live in fuel poverty across the West of England. As energy prices continue to rise, “heat or eat” often crosses the minds of those in fuel poverty. Those living alone and in rural areas are the most at risk (QCF: Surviving Winter)

Cold is believed to be the main explanation for the extra ‘winter deaths’ occurring each year between December and March. VCS organisations working with older people have developed programmes to address fuel poverty, many of which have been supported by QCF. For example:

- **Age UK South Gloucestershire** received a grant of £2,000 from QCF’s Surviving Winter programme, for a programme of home visits to people who had been identified as being eligible for particular welfare benefits. They were given information and advice about how to claim this additional income that would help them to be warm and healthy during the winter, as well as about other local services. 22 households received visits, and new benefits totalling £68,337 were received by older people. This action means that successful claimants will be able to heat their homes knowing that they will have the income to be able to pay the bills.
- **Vision North Somerset** also received a grant of £2,000 from the Surviving Winter programme, to recruit and train 6 volunteers to act as benefit advisors and to complete application forms with 35 blind and partially-sighted people. All of the applications were successful, leading to positive health outcomes. Indirect consequences were that knowledge about benefit entitlements was shared more widely among the community of visually impaired people in North Somerset. Further, Vision North Somerset developed a constructive partnership with staff at the Department of Work and Pensions (DWP).

These projects demonstrate the added value of effective, community-based organisations and how these can extend beyond the funded project itself. Being rooted in communities, VCS organisations play a vital role in making links with and disseminating information to older people who might not be eligible for, or might not wish to contact, statutory agencies.

2. Advancing people’s physical and mental health, wellbeing and safety

Being and staying healthy is an important dimension of quality of life, and takes on a particular resonance in later life. With people living longer, more people are living with long term conditions and disabilities. Health varies by ethnicity: “27 per cent of all older people aged 50–64 reported a Limiting Long Term Illness. However, this rose to 54 per cent among older people in the Bangladeshi group and 49 per cent among the Pakistanis, compared with just 20 per cent of Chinese origin” (Focus on Older People, 2005). Local data is patchy. However, this report suggests that many BME people have difficulty accessing services when English is not their first language; there are reports that, for example, BME elders in B&NES are less likely to access dementia services.

Marmot (2010) highlights that services that promote the health, wellbeing and independence of older people in the community can prevent or delay the need for more intensive or institutional care, and make a significant contribution to ameliorating health inequalities. This is one of the aims of the Bristol Ageing Better partnership, as well as smaller, local projects across the West of England. VCS organisations, many funded by QCF, have developed creative ways to address social isolation in older people.

- **Alive Activities** received a grant of £1500 to run 40 meaningful activity workshops in care homes and day centres across B&NES. This enabled them to extend the number of care settings in which they work from 20 to 30 across the whole area. The workshops include a variety of activities that have been proven to be as effective as anti-dementia drugs for improving or maintaining cognitive function and quality of life. The activities include music, poetry, history, guided reminiscence, dance and movement, practical art and energising activities. After participating in the activities, staff report that residents in care homes have increased their social interaction. This results in less social isolation and improved emotional and physical wellbeing.

Wellbeing: Keeping Fit

There is a close link between staying active both physically and socially, and keeping well. Marmot warns that if no action is taken, the cost of treating the various illnesses that result from inequalities in the level of obesity alone will rise from £2 billion per year to nearly £5 billion by 2025. Although increasingly people enjoy good health in the early years of retirement, in their later years, ill health and disability become more prevalent. While many people remain active well into retirement, research for Sport England in 2004 found that people participate in sport and physical activity less as they get older. Only 17% of men and 13% of women aged 65 – 74 take sufficient exercise to meet international guidelines (half an hour's exercise of moderate intensity, on at least 5 days a week), and this decreases significantly in people over 75 years of age. The impacts are often experienced as deterioration in physical health and general wellbeing. The Independent UK Inquiry into Mental Health and Wellbeing in Later Life (Age Concern and the Mental Health Foundation, 2006) reported that older people identify physical activity and maintaining a good diet as the key components of physical health which can have a positive impact on their mental wellbeing. It concluded that action at local level can make the most difference, and recommended the establishment of local groups to encourage physical and social activity.

- **Age UK Bath & North East Somerset** received a grant of £2,000 from the Bath Half Marathon Fund towards its Fit as a Fiddle Programme. This combats both ill health and isolation by offering a range of activities for older people including movement and music classes and walking groups in Keynsham, Paulton and Chew Valley. The grant enabled Age UK to secure ongoing funding from other trusts, as well as from parish and town councils in the areas in which the walking groups are based. All of the groups are very popular and well attended. 72% of participants reported that they felt better since taking up the activities, and 30% said that they see their GPs and other health practitioners less often than they did before joining the Fit as a Fiddle groups.

This example demonstrates the positive impact of projects that offer social activity as well as activities directed at healthy living. At a community level, this kind of prevention service is vital to address loneliness and isolation among older people.

Wellbeing: Loneliness and isolation

Loneliness and social isolation are widely recognised as among the most significant and entrenched issues facing our ageing society. Levels of loneliness in the UK have remained relatively consistent over recent decades, with around 10 per cent of those over 65 experiencing chronic loneliness at any given time. Using Public Health England estimates, there could be between 6,291 and 11,438 people aged over 65 experiencing social isolation in Bristol (Social Isolation in Bristol, 2013). There are many definitions of 'loneliness' and 'social isolation'. Bristol's report refers to "situations where people have few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people." There is an increasing awareness of the mental and physical health impacts of loneliness, which has a similar influence as cigarette smoking (Campaign Against Loneliness data). Age UK (2015) states that lonely individuals are at higher risk of the onset of disability, and at greater risk of cognitive decline: one study concluded that lonely people have a 64% increased chance of developing clinical dementia. Marmot (2010) states that "individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill."

Older people, especially those living alone, and people suffering from a limiting health condition or the onset of a disability are particularly vulnerable to social isolation. Carers face a specific set of issues connected with isolation. QCF has supported a range of projects to address loneliness among older people.

- **Age UK Somerset** received a grant of £674 from the University of Bristol RAG Fund, to provide low-cost cookery classes for small groups of older men in North Somerset villages, mainly Winscombe. With additional funding from other sources, 23 lessons, lasting 2 hours each, were run. Initially, 14 men participated. The classes covered issues ranging from healthy food, hygiene and food preparation, to avoiding food poisoning, how to read a recipe and how to adapt it to your own tastes. By the end of the course many who had no experience of, or confidence in, cooking were able to adapt recipes to their own tastes and prepare their own meals. For men who find themselves living alone or who become carers, this skill is invaluable. The courses also offered company and helped them to develop local social networks. Further funding also enabled Age UK to set up a ladies "Bake and Banter" class for six weeks.

- **Shirehampton Community Action Forum (SCAF)** received a grant of £500 from the Mall Fountain Fund to run a variety of shopping trips for older people living in Shirehampton, many of whom are isolated in their own homes. The trips provided a choice of shopping at supermarkets with cheaper prices than those available locally, and they gave older people the chance to get out, to meet people living in their neighbourhood, and to have a social afternoon, with café stops always included. The driver, from Lawrence Weston Community Transport, carried shopping to the front door and participants were able to buy more, and often more healthy, food than was available locally.

Similar to the plans of the Bristol Ageing Better Partnership, the “Precious Time” initiative run by South Gloucestershire Council is bringing together a range of projects and providers to reach out to isolated older people across the authority area.

Dementia

Dementia is an area of particular concern, and growing need. It is recognised that fewer than 50% of those with dementias are diagnosed (BBC Science, June 2014). Two thirds of people with dementia live in the community, and people with the condition occupy up to a quarter of hospital beds and up to 80% of places in care homes. Dementia costs the UK £23 billion a year and over a third of these costs are borne by informal care from family members and other unpaid carers (Alzheimer’s Society 2013). B&NES Clinical Commissioning Group has identified as particularly vulnerable people living alone with dementia and Black & Minority Ethnic (BME) groups, where uptake of services is variable and where awareness of services is lower.

The South West Care Services Improvement Partnership’s regional consultation on dementia brought out three themes from carers, users, and the general public: improving information and raising awareness, promoting early diagnosis and intervention, and improving care for people with dementia. These echo the key messages from the National Dementia Strategy, and indicate the roles that VCS organisations can play in supporting people living with dementia (both those with the illness and their carers). A Bristol and South Gloucestershire Joint Dementia Strategy is aiming to achieve step change in the range and accessibility of services for people with dementia in Bristol. VCS organisations, including the major national charities, are pioneering community-based approaches to improve the quality of life for people with dementia and their carers, families and supporters. These include “Singing for the Brain” groups in residential

and community settings, Memory Cafes, activity programmes in residential settings, and “Dementia Friendly Communities”, which aim to increase awareness of the needs of people with dementia in communities, and develop practical ways that everyone help people with dementia continue to live at home. Many of these projects are supported and enabled by QCF.

- **The Portishead Dementia Action Alliance**

received a grant of £1,860 from QCF’s Express Programme to provide a monthly activities group for people with dementia. This is run by an occupational therapist, supported by up to 11 volunteers. 45 people use the group – both carers and cared-for who are living in the community and do not have care packages. More than half of the people in the group are from villages surrounding Portishead. The carers meet for mutual support and a time to relax away from their caring responsibilities. At the same time, people with dementia come together to engage in activities including skittles, snooker, crafts and reminiscence activities. The group has good links with North Somerset’s Memory Service, and so creates connections with statutory services where needed.

Many community-based services for people with dementia also, by default, offer support to carers. This may be because activities for people with dementia give respite to carers. It is also by enabling carers to meet with each other and share information, or simply spend time with people who understand.

Carers

A carer is someone who regularly provides unpaid care for someone who is disabled, frail, ill, has mental health issues or substance misuse problems. More older people are living longer in their own homes and more are becoming carers. Research has identified the extent to which caring impacts negatively on health. 83% of carers stated that caring has had a negative impact on their physical health and 87% of carers stated that caring has had a negative impact on their mental health. 39% have put off medical treatment because of caring (Carers UK, no date). Local authority carers’ strategies recognise that supporting carers to continue in the caring role reduces some of the demand for statutory provision. A survey by the Princess Royal Trust for Carers (2004) found that practical interventions can make a significant impact on resolving some of these issues. Giving carers the opportunity to have a break from the stresses of the caring role, and to access information were particularly helpful. VCS organisations can be the main providers of these services, and QCF has been active in supporting them.

- **B&NES Carers Centre** received a grant of £3,000 from the Older People's Fund to provide 120 older carers with a break from their caring role. The carers they support had specifically reported that they would value a break with the person they care for. These have therefore been organised on the basis that they can attend together, although they will be able to come on their own or with a friend if they prefer. Breaks include a variety of activities including canal boat trips, lunches and visiting gardens; creative activities such as willow weaving, painting and knitting and health and well-being breaks such as Indian head massage, the Bath Spa and Tai Chi. Training and support is also being provided to help older carers to manage their caring role.

3. Improving people's life skills, education

Many older people make valuable contributions to their local communities. In North Somerset, VANS (the voluntary sector infrastructure body) reports that 35% of VCS organisations believe that more than three quarters of their volunteer team were retired people (VANS, State of the Sector report). CVS South Gloucestershire reports that 78% of organisations use volunteers to deliver services, and respondents to its 2013 State of the Sector survey said they provide opportunities for 4,763 volunteers. RSVP West (Retired and Senior Volunteer Programme) is an independent region within the RSVP, itself part of the national volunteering charity CSV. RSVP encourages people over 50 to volunteer. The West region covers Bristol, North Somerset, Gloucestershire, South Gloucestershire, Bath & North East Somerset and Swindon, and has over 1,000 members, all actively volunteering in a range of community projects.

As well as volunteering, there is a range of lifelong learning opportunities for older people. U3A (University of the Third Age), for example, is run by its members and has branches in all West of England areas. Many community centres run classes and courses, some specifically addressing areas of social exclusion experienced by older people

- **St Werburghs Community Centre** in Bristol received a grant of £4,000 from Comic Relief to provide "Easy-PC Courses" – free computer lessons aimed at older people. The courses provide teaching in groups and individual support. Participants have been taken from having little or no knowledge of computers to being able to use them on their own. Members report increased confidence and a reduction in isolation caused by digital exclusion. An unexpected benefit of the group has been that many members have become friends, and so the group has been positive in tackling the isolation experienced by many older people living in the local community.

Projects such as this, and volunteering opportunities for older people, contribute to stronger communities, and to a range of activities that enable people to work together towards stronger communities. They also enable older people to be better prepared for older age, and help to reduce isolation.

4. Maximising people's ability to strengthen their communities

"Small voluntary and community sector (VCS) organisations are the life-blood of civil society." (IPPR North, 2013). This report, appropriately titled Taken for Granted sets out the wide-ranging benefits to communities and society of small VCS organisations, and looks at what can be done to support them. VCS organisations report that it is becoming ever more difficult to generate their 'commercial' revenues, such as café income or income from room hire. Income from these sources is usually "unrestricted", and so covers core running costs. With less unrestricted income, essential core costs are more difficult to cover. This presents a challenge for VCS providers which, like all organisations, need to fund their running costs (rent, insurance, administrative and management costs, etc.) as well as project costs. There is a need for funders to recognise and support the full costs of project delivery if smaller VCS organisations are to continue to run sustainable services.

Local authority policy for older people in all four West of England areas increasingly calls for service delivery "closer to home" – be this domiciliary or home care (delivered to people in their own homes), or activities within local communities.

- **The Rock Community Centre** in Lawrence Weston received a grant of £1,800 from QCF's Express Programme to cover the fees of a range of weekly activities, including weekly yoga and exercise classes, a healthy eating class and a lunch club for older people. This offers older residents the chance to eat a home-cooked, healthy meal, and to take part in activities to improve their health and wellbeing. The activities have attracted large numbers of local people to the community centre. A consequence of this growing participation is that the classes, and the centre, have become more self-sustaining than before this grant was made.

5. Providing opportunities to access local services

Good access to services is a major factor in the quality of life of people and communities. People are at risk from social exclusion where necessary services such as food shops and post offices are not easily accessible. This is especially likely to present difficulties for people whose mobility is limited, are unable to drive, or in areas where public transportation is poor. Age UK suggests that social isolation can be addressed by connecting people to local resources, signposting to befriending services, tea/coffee clubs, social and leisure networks and Men's Sheds schemes, maximising income, and offering lifestyle and confidence building, educational opportunities and opportunities to volunteer. "This joint community capacity approach focuses on people's capabilities rather than deficits." (AgeUK 2015). This is particularly important for older people living alone: in Bristol, this is estimated to be 34% of men and 61% of women aged 75+; in South Gloucestershire, 38% of all those aged 65+ live alone.

- **Golden Oldies, at the Withywood Centre** in South Bristol received a grant of £984 from the University of Bristol RAG Fund, to run Goldies Singing and Activity Sessions at the centre. Music is from the 1950s and offers a soundtrack to activities that offer 'exercise in disguise' – dancing, stretching and cardiovascular fitness. Participants have said that the sessions give their week a structure, give them something to look forward to and a reason to get up and go out. There are few, if any, similar activities in the local area. Golden Oldies also helps to bring people in the community together. As well as this group, they run intergenerational projects that bring school children, parents and grandparents together to work on areas of interest – in 2014, this was a World War One commemoration project. The activity sessions help to promote this work, and are a useful way to let people know what else is happening in their area, and what other opportunities there are for older people.

Access to services in rural areas

Many rural areas of the West of England have been described as service deserts. Although 88% of people across the whole area live within 2km of their nearest post office, there are areas where the distances to core services are much greater. For example, every household in Pilning and Severn Beach (North Somerset)

lives more than 6km from a bank or building society, and 91% of the population of Ladden Brook (near Rangeworthy in South Gloucestershire) lives more than 2km from a cash point. Access to GP surgeries is of particular significance to older people. A higher proportion of people (51%) live more than 2km from a large GP surgery in rural West of England than in rural England as a whole (49%). In Ladden Brook, 94% of households live more than 2km from a major surgery. 33.4% of people live more than 40 minutes travel time from a town centre across the West of England (ACRE: Access to Services, 2011). These pockets of deprivation in terms of access to services exist across the rural West of England area.

Poor public transport impacts on older people. The lack of good public transport in rural communities has been identified as a significant barrier to accessing a range of public services. People in rural areas therefore rely more on private transport, although for many older people owning and/or driving a car is an increasing and often impossible expense, or an impossibility due to health concerns. There are 3,400 pensioner households, and 1,950 people with a limiting long-term illness in rural West of England with no access to a car or van. Parts of B&NES, including Peasedown and Timsbury, have over 20% of households with no car or van.

Small grants can go a long way in rural communities:

- **West of England Rural Network** received a grant of £2000 from the Express Programme to expand their Village Agent project to six new rural parishes in North Somerset. Village agents: help individuals identify their unmet physical and social needs that limit chances of maintaining independent living; raise awareness of grants to enable isolated older people to maintain their financial independence; provide support for carers; provide links to non-statutory organisations for those in need of specialised support (hearing and sight loss, financial or legal issues, bereavement and mental health issues); and work with community transport schemes to encourage volunteering and provide essential transport and social interaction for isolated individuals. The village agent scheme has been very successful at helping isolated individuals to access services. Engaging with six new rural parishes in North Somerset has resulted in a higher level of uptake of services, both preventative and practical.

6. Connecting people with the arts, culture, heritage and the environment

DEFRA, the Department for Environment, Food and Rural Affairs, has produced a white paper (DEFRA 2011) that advocates the need to strengthen the connection between people and nature and demonstrates that “the quality of the local natural environment is one of the factors that shapes our health over a lifetime”, and identifies it as being associated with a decrease in issues including high blood pressure, high cholesterol as well as with better mental health, reduced stress and an increase in physical activity. DEFRA states that “if every household in England were provided with good access to quality green space, an estimated £2.1 billion in healthcare costs could be saved.” Research for Natural England has shown that where people have good access to green space, they are 24% more likely to be physically active (Natural England, 2013). An evidence base for the Arts Council (2014) shows that people who had attended a cultural space or event in the previous 12 months were almost 60% more likely to report good health and a sense of wellbeing than those who had not.

Older people already actively engage as volunteers with and consumers of many arts and cultural projects. Sometimes, as with the Paulton’s Ladies Group, they need financial support to widen their participation. There is an active and varied arts and heritage sector in the West of England, with many local projects developed and delivered through the enthusiasm of volunteers. Often, there is a need to fund small, discrete projects within a larger portfolio.

- **Trinity Community Arts**, in Lawrence Hill in Bristol, received a grant of £2,000 from the Express Programme for oral history and reminiscence activities as part of a larger project to capture the history of the rapidly changing Old Market area of Bristol. 14 volunteers of all ages were involved in collecting memories and compiling stories about the area for an exhibition in 2015. The project placed a great value on the knowledge and memories of older people, and created links between older residents and this local community facility.

Conclusion: Well targeted funding can make a difference

Small VCS organisations provide “social glue” in communities. They help to build social capital by running lunch clubs, maintaining community centres, arranging local activities and providing outreach services. These small, at times under-recognised, services are ever more important. At a time where they face a precarious future, local funders can support their work with small grants to enable them to deliver projects that relieve isolation and create access to social opportunities and activities. The value of their preventative work in this area is absolutely vital in terms of the mental and physical health of older people, their carers and their families.

Older people, especially those living alone, and people suffering from a limiting health condition are particularly vulnerable to social isolation. Being rooted in communities, VCS organisations play a vital role in making contact with, and disseminating information to, older people who might not be eligible for support, or who might not wish to contact statutory agencies. Local funders can play a vital role in providing grants to allow these community-based organisations to respond in an accessible and flexible way to the needs of the older people in their areas.

With an increase in the population of older people, VCS organisations are able to pioneer new approaches to growing issues. They deliver innovative projects and services aiming to achieve a step change in the range and accessibility of services to improve the quality of life for people with, for example, dementia and their carers, family and supporters. They are often the main providers that give carers the opportunity to have a break from the stresses of the caring role and local funders can support cost-effective approaches to growing demand in this area.

Providing volunteering opportunities for older people contributes to their wellbeing. VCS organisations encouraging the participation of older people allows them to contribute to a range of activities that strengthen, and provide an important resource for, local communities. Local funders can support projects that actively aim to encourage older peoples’ participation in them, benefitting both the participants and the wider community.

As well as volunteering, there is a range of lifelong learning opportunities for older people. Many community centres run classes and courses, some specifically addressing areas of social exclusion experienced by older people. They also enable older people to be better prepared for older age, provide financial and health advice, connect older people to local resources by signposting them to befriending services, tea/coffee clubs, social and leisure networks.

A growing challenge for VCS organisations is that of raising funds for their running costs (rent, insurance, administrative and management costs, etc.) as well as project costs. There is a need for local funders to support the full costs of project delivery if smaller VCS organisations are to continue to run sustainable services. Where appropriate, funders also have an opportunity to support organisations to develop more 'commercial' revenues, such as café income or income from room hire, which gives them unrestricted income to support their core running costs.

For further information

If you are interested in finding out more about anything raised in this report, or would like to discuss how you can make a difference by making a donation or setting up your own charitable fund please contact:

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Glossary:

BME: Black and Minority Ethnic

JSNA: Joint Strategic Needs Assessment: is "a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities" (Department of Health). In 2007, Section 116 of the Local Government and Public Involvement in Health Act introduced the statutory requirement for a JSNA to be produced by each local authority and primary care trust (PCT)

VCS: Voluntary and Community Sector: most are front line service providers

VCS Infrastructure organisations: Organisations that exist to support and develop, represent and promote front line VCS organisations, thereby enabling front line organisations to concentrate on service delivery. The infrastructure organisations in the West of England are: VOSCUR in Bristol, VANS in North Somerset, CVS South Gloucestershire in South Gloucestershire. Most of the infrastructure services in B&NES are delivered through organisations in Wiltshire.

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