## Executive Summary

This paper aims to support PCGs planning to develop local services for older people and carers. It provides a comprehensive overview of current policy developments (summarised in Chapter 2) and draws on the wider literature to discuss the likely issues and challenges that PCGs will face in reshaping services for their older population. The paper is published as part of the King's Fund *PCGs and Older People* project.

Although there are many examples of innovative models of care for older people in the UK, PCGs need to be aware that health and social services are not always good at addressing the needs of older people and carers, especially those with complex or continuing needs. At worst, older people are vulnerable to age-based discrimination and poor standards of care; such problems are evident across primary, secondary and social care settings. There is little guidance available on tackling ageism but involving older people and carers in service delivery is likely to be a useful strategy.

Involving older people poses particular challenges however. Older people are a large and heterogeneous group and conventional methods may exclude for example, very frail older people, who will have a valuable perspective. Some older people and carers will need support for example, transport or 'helpers' to attend meetings or events. PCGs should be aware that older people may be reluctant to criticise health services or have low expectations. PCGs are relatively new organisations and the process of involving older people and carers may be daunting initially but early evidence suggests the process is perceived positively by managers, professionals and older people and carers taking part.

Independence is increasingly recognised as a key outcome for older people with health and social care needs and this has become a key policy goal with ring-fenced funding for the development of preventive and rehabilitative services in the community and targets. All PCGs will need to be aware of developments to local community health and social services. PCGs aiming to reshape services for older people and carers will need to reach agreement at board level that older people are a priority (reflected in the HImP) and areas where service development is required. They will need to be involved in multi-agency strategy (for example the Joint Investment Plan) and be clear about how progress will be measured. Local objectives and outcomes should be consistent with increasing independence.

However, the lessons from earlier experiments with various forms of primary care-led commissioning suggest that achieving strategic change is difficult. Total Purchasing pilots for example, made more progress with operational level improvements such as practice-based access to social workers. The recent GP commissioning pilot schemes seem to have been better equipped to achieve strategic health improvement goals. Prescribing was a notable focus for development. This approach is particularly relevant for older people who are at high risk of adverse consequences through multiple prescribing, mis-prescribing and non-compliance. Community nurses (often the key contact staff for frail older people and carers in the community) made a notable contribution to several GP commissioning projects.

Effective partnership between health and social services (and other relevant partners for example local authority housing departments and the voluntary sector) is especially important for community care because of the scope for fragmentation. However genuine partnership between primary and social services has proved difficult to sustain in the past, requiring mutual trust, shared ownership and an agreed vision of service development with clear objectives and outcomes. Joint strategies are unlikely to be effective without mechanisms to engage the primary and social care professionals involved in delivering the service and users. The new statutory duty of partnership and the availability of 'flexibilities' may promote better joint working.

Different PCGs are starting from different positions and with different levels of resources. The extent to which they can achieve their objectives will vary and will depend on developing good relationships with the health authority and other stakeholders including, crucially, the primary care professionals and staff that make up the PCG.

PCGs are under some pressure to demonstrate early progress and may prefer to focus on one or two priorities rather than take a 'global' approach to older people's needs. Strategies likely to produce measurable results will vary depending on local circumstances but, for example might include one or more of the following:

- prescribing review;
- a focus on specific chronic health conditions with a care-pathway approach;
- services to prevent emergency admissions and/or delayed discharges of older people
- involvement in the development of the Joint Investment Plan.