Towards an Age Friendly Bristol?

Understanding the context and development of the Bristol Ageing Better programme

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March 2021

BRISTOL AGEING BETTER

COMMUNITY FUND

UWE Bristol | University of the West of England

ABOUT THIS REPORT

This report is part of the evaluation of the Bristol Ageing Better programme, an initiative funded through the National Lottery Community Fund's Fulfilling Lives: Ageing Better national programme.

Sheila Mackintosh led this report with contributions from Mat Jones, Amy Beardmore and Jo White. BAB Community Researchers and staff helped us identify and interpret the main sources of evidence. We would like to thank the people who agreed to be interviewed as part of this study.

Citation for this report: Mackintosh, S., Jones, M., Beardmore, A., White, J. and the BAB Community Researcher Group (2020) *Towards an Age Friendly Bristol? Understanding the context and development of the Bristol Ageing Better programme.* UWE Bristol.

ISBN: 9781860435973

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OVERVIEW

The Bristol Ageing Better (BAB) programme began in 2015 during a time of significant demographic, social, economic, political and policy change. This report looks, not at the projects commissioned by BAB, but at the underlying context. Using research and policy reports, archive material, and interviews with people who played key roles in the BAB programme, it paints a picture of the factors at national and local level that influenced the outcomes.

BAB began midway through a decade of austerity that cut funding to both statutory and voluntary services. This inevitably cast a shadow over the programme, but also opened up opportunities as organisations learnt to work in new and more collaborative ways.

Figure 1: The factors influencing the development of BAB

LONELINESS AND ISOLATION – THE GROWING BODY OF EVIDENCE

- Research has identified the growing number of people who are lonely and isolated and the detrimental effects this has on health, including physical disability, depression and cognitive decline. People who are lonely visit their GP more often, use more medication, are more likely to fall, and may go into residential care earlier.
- In 2010 the Marmot Review showed that people in the poorest neighbourhoods spend more years living with ill health, disability and loneliness and need the support of strong and resilient communities and better social connections.
- These issues gained greater prominence nationally due to the work of the Campaign to End Loneliness, the Jo Cox Commission, the appointment in 2018 of a Government Minister for Loneliness and the publication of a National Loneliness Strategy.
- The Lottery has provided funding for projects to help older people for 26 years but began to more strategically address issues of loneliness and isolation with the establishment of the national Ageing Better initiative. They also set up the Centre for Ageing Better to change perceptions of ageing and provide better evidence of what works to enable more people to live a better quality of life they get older.
- Bristol City Council worked with the Marmot team to raise awareness of inequalities and problems of loneliness and isolation in the city and develop possible solutions. This laid the foundation for BAB.
- People interviewed felt that issues of loneliness and isolation, the need to build strong communities, and to develop a more positive view of later life, were now much better understood and helped BAB develop effective partnerships and projects in Bristol.

LONGEVITY AND THE CHANGING ROLE OF OLDER PEOPLE

- Through the early 2000s local authorities across England were starting to get ready for an ageing population but a report in 2013 said we were still 'woefully unprepared'.

- Bristol is a relatively young city. People aged over 65 only make up 13% of the population, compared to a national average of 18%. In this youthful city it would be easy for older people's issues to be side-lined.

- However, Bristol has a big voluntary sector and very active organisations for people in later life, including the Bristol Older People's Forum which has over 3,000 members.

- In the early 2000s an Older People's Partnership Board was established to improve the quality of life of older people in the city. This collaboration between older people and senior managers in the City Council had real power and influence. Although it ended before BAB began, it created an environment where a diverse range of older people's voices is heard, and a positive view of later life is projected through the annual Celebrating Age Festival.

AUSTERITY AND ITS EFFECT ON SERVICES

- Austerity is the underlying factor that has had the most significant impact on BAB.

- After the banking crisis the 2010 Spending Review began a decade-long process of reducing central government funding to local authorities. Bristol's grant was cut from £201 million in 2010/11 to £45 million in 2019/2020; a fall of 78%.

- City services such as Housing, Supporting People, Environmental and Regulatory Services, Cultural Heritage and Public Health bore the brunt of the cuts in resources.

- Social care was protected to safeguard vulnerable children and adults but the service failed to get the resources required to meet the needs of an ageing population. Between 2013/14 and 2018/19 there was a fall of 14% in the numbers of people aged 65 and over receiving community support, and reduction by a third in those getting home care. Nationally it is estimated that 22% of older people who need support are not receiving it.

- Voluntary organisations were dependent on the City Council for over 40% of their income. Those working in more deprived areas have been especially hard hit by cuts.

- BAB began in 2015 at the point the cuts were really beginning to bite. Age UK Bristol had co-ordinated the bid but had to ensure that the allocation of BAB funding to different projects was scrupulously fair as the voluntary sector was under such financial pressure. A director was appointed who reviewed the plans and commissioned further research to underpin the commissioning process. This delay gave BAB only four full years of operation rather than the five originally planned.

- The consensus amongst those interviewed was that the BAB programme had been truly innovative despite austerity, however, its true potential might have been greater had the economic context been more favourable and statutory and voluntary organisations under less pressure.

- Austerity has not been wholly negative. It has forced people to think differently and look at alternative ways of operating. BAB invested in collaboration workshops, in developing partnerships and encouraging organisations to work together with shared priorities and aims. It brought together people who had not collaborated before which gave the programme momentum and excitement.

- Philanthropic organisations in the city have also started working more closely and formed The Bristol Older People's Funding Alliance with a joint 'Transformation Fund'.

- As financial pressures continue BAB is having to look beyond the statutory services to find new and more varied funding sources to support projects after the programme ends.

CHANGES TO HEALTH AND SOCIAL CARE

- Over the last decade health and social care services are starting to become more integrated to address the changing needs of the population.

- Many health conditions are chronic and long-term, such as obesity, diabetes, arthritis, dementia and mental health issues. The majority need to be managed rather than cured and account for 70% of health expenditure. Many people have multiple health conditions with loneliness and isolation compounding the problems.

- The aim is to make services more preventative, ensure that people can enjoy at least five extra healthy, independent years and to narrow the gap between the richest and poorest.

- This will require a radical change of focus, from what makes us ill and frail, to what keeps us healthy and active. It requires a shift in 'ageist' thinking, from older people being seen as in inevitable decline to people capable of full and independent lives.

- It also puts a lot of responsibility on individuals themselves, to alter diets, do more exercise or take up new activities; all changes that are hard to sustain without support.

- There is now a ten-year plan for the NHS with a greater focus on prevention and a promise of more investment in community services.

- There is a single commissioning group covering Bristol, North Somerset and South Gloucestershire. BAB worked closely with a community health provider, which was replaced in April 2020 with a new provider for the whole of the BNSSG CCG area.

- It has been difficult for local areas to deliver health and care changes at the scale and speed required, particularly when services continue to be under financial pressure. Integration of health and care is not helped by the fact that the NHS is free at the point of use while social care is subject to eligibility criteria and continues to be means-tested.

- BAB was written into the Better Care Fund strategy to support health and care aims.

ASSET-BASED APPROACHES

- When the NHS was first established the focus was on hospitals and general practice. Community facilities and activities were not made part of service provision.

- The changing focus of health and care towards prevention and the management of long-term conditions requires a new strategy today. An asset-based approach is now being developed. Rather than seeing the 'problems and deficits' of a person or area, it is better to look at the 'strengths' of that person, their family and community to encourage people to do what they can themselves or link them to help within the community.

- Bristol is a leader in social prescribing. This takes the pressure off health and care services by using trained staff and volunteers to spend time with people who have underlying problems, such as financial difficulties, mental health issues or because they are lonely, and connect them with community groups, exercise classes, debt counselling, talking therapies, addiction centres and other relevant services.

- An asset-based approached underpins the work of BAB which has been able to pilot new ways of working and evidence the outcomes.

INEQUALITY AND THE IMPACT OF AUSTERITY

- In Bristol average life expectancy is 83 years for men and 86 for women, but men in the wealthier parts of the city live up to nine years more, and women up to seven years, compared to more deprived areas.

- According to Public Health England lifespans for the poorest are no longer increasing and people are spending more years living with poor health. There is evidence that austerity has made issues of inequality worse.

- The Centre for Ageing Better found that there are barriers to formal volunteering for those with health issues, from BAME backgrounds or who are financially insecure.

- Cuts to services means that fewer people are getting the support services they need, and it may have increased the numbers who are lonely. With fewer community nursing staff visiting people at home it also makes it harder to identify those who need support.

- Pressures on other services put additional pressure on some BAB initiatives, such as the community navigators, who may have had to deal with higher caseloads and more complex cases than was originally envisaged.

- The context is likely to have effected BAB project delivery. Just at the point BAB was trying to reduce problems of loneliness and isolation the problems may have been getting worse. The poorest areas of the city also have fewer people with the capacity to undertake volunteering, help develop community projects, be on panels or take roles as Community Researchers making it difficult for BAB to fully represent the city's diversity.

THE GROWTH OF BRISTOL, LOCALISM AND CHANGING GOVERNANCE

- Bristol has grown rapidly over the past decade with the population increasing 12% since 2008 and is also very diverse with 22% not White British.

- It makes it a dynamic and exciting place to live with lots going on. However, it has put pressure on housing and led to the gentrification of some older housing areas. Some outer suburbs which were family areas now have ageing populations.

- Steep hills and narrow streets make walking and cycling difficult. There is no rapid transit system, apart from buses on main radial routes, and some older people find it very hard to get around to meet friends and take part in activities. Since 2018 the West of England Combined Authority (WECA) has lead responsibility for transport planning.

- In 2012, as part of a move to transfer powers from central to local government, Bristol elected its first mayor. It also developed Neighbourhood Partnerships to bring together councillors, council staff, residents and community groups. BAB worked closely with the first mayor and structured community development around the Partnership areas.

- A new mayor was elected in 2016 with a focus on younger people, families and dealing with inequality and less concerned with the needs of older residents. It was a time of further spending cuts and the Neighbourhood Partnership areas were increased in size with consultations going online, making it less easy for some older people to participate.

- The One City Plan has been developed as part of a dynamic and on-going process of change and reform co-ordinated by a new City Office.

- The Equality Charter was launched in 2018 and a Voice and Influence Partnership created to ensure that people from more diverse groups can get their voices heard.

- Although Bristol has such a strong older people's community it has been hard to get issues around ageing included in the One City Plan. Part of the legacy of BAB in its final year will be to secure greater priority for older people in city planning.

- Bristol is part of the Age-friendly City Network and BAB is continuing to work with the City Council to develop the eight domains of action: community and health care, transportation, housing, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, and communication and information.

FACTORS AFFECTING THE BAB LEGACY

- An organisation needs to be appointed and funded to succeed BAB to co-ordinate, strengthen and build on the partnerships already developed.
- Strong leadership will continue to be required to get ageing issues addressed directly in the One City Plan and ensure the eight domains of the Age-friendly City become a reality.
- There is a need to secure long-term funding for BAB projects to ensure that those shown to be effective can continue operating or be scaled up.
- There is potential to work more closely with local businesses to secure more funding and support, but the sector needs to work on this cohesively.
- Ensure that the social isolation of older people and inequalities in the city continue to be a priority by working with the CCG, GPs and Community Health, and the Council.
- Transport problems remain a major barrier to participation in city life for older residents and need to be addressed through collaboration with WECA and the City Council.
- Covid-19 has made isolation, loneliness and community action an important public concern. There are opportunities to draw upon the extensive learning from BAB to shape long term strategic responses in the city.

Introduction

The Bristol Ageing Better (BAB) Programme began in 2015. The overall aim was to reduce the extent of social isolation and loneliness in later years and help people in older age groups lead more fulfilling lives. The programme intends to empower older people to be more engaged in their communities and be involved in the design and running of local services. It has used a 'test and learn' strategy to develop new ideas to see which have most potential. It is hoped that BAB will leave a legacy that will enable Bristol to become a great place to grow old and obtain full designation as a World Health Organisation 'Age Friendly City'.

The Ageing Better initiative operates in 14 areas of England and is supported by £84 million in funding from the National Community Lottery Fund (formerly the Big Lottery Fund). The Bristol programme is a partnership of voluntary, community and third sector organisations supported by Age UK Bristol.

BAB came into being at a time of significant of demographic, social, economic, political and policy change which is having a profound impact on the way we view later life, the type of services available and the way they are delivered.

During the period in which BAB was getting established, local services were going through a period of rapid change. In the early 2000s there was a focus on devolution and localism which was supposed to bring greater autonomy to local areas. This eventually led to the election of a local mayor in Bristol. However, there was no greater financial control for English authorities and spending decisions have remained highly centralised. The economic crisis led to a decade of austerity after 2010 where central government funding was cut back forcing local authorities to rely more on local sources of income or reserves.[1] Ten years later councils are continuing to make difficult decisions about what services should be supported, a situation exacerbated by the events of the coronavirus pandemic.

At the same time health and social care services have been going through a major period of reorganisation as an ageing population in need of greater levels of support began to put increasing pressure on hospitals and care provision. Policies to integrate health and care, coordinate services for people with multiple health conditions and provide more preventative services to keep people out of hospital and residential care are beginning to show success but progress has been slow.

Social care has been squeezed by the financial constraints imposed on local authorities and funding has not kept pace with rising costs and increasing demand, meaning fewer people are able to access care and support.[2] This has imposed more strain on individuals and carers. However, it has encouraged new thinking about service delivery based on empowering people to live independently using the capacity, skills, knowledge and potential of individuals, their families and communities. Bristol has been at the forefront of developing social prescribing services to better understand people's needs and connect them with appropriate activities and services.

New opportunities for older people are emerging as perceptions of later life begin to change, people live longer, stay in work for more years, and are more youthful in appearance, attitude and actions. Bristol is a dynamic city with a thriving volunteer network, innovative approaches to community development and active engagement with its older inhabitants. Driven in part by the internet and new technology, people have better access to information, they are more involved in decision-making and services are evolving to become more personalised.

However, the benefits of economic growth have been uneven. Parts of the city have some of the lowest incomes and levels of deprivation in the country with much poorer health outcomes. The city is ethnically diverse with many languages spoken. The rising cost of housing is causing significant changes as new residents seek affordable homes in long established communities disrupting traditional social networks and replacing local shops with new services. It is also a hilly city with narrow, congested streets in inner areas. Public transport is based around a bus system that follows main roads which is not accessible for many older people. One of the major challenges facing BAB has been to address the differences and inequalities across the city and provide opportunities for a wide range of participants.

BAB itself has evolved over the last five years. Leadership of the project changed in the first year; leadership in the city has also changed. Although the main elements of the programme outlined in the initial plan have largely been delivered, in some cases the emphasis has altered, some projects have had shorter lives than others during the test and learn process, while others are thriving and set to continue after BAB funding ends. The focus is now on leaving a legacy that makes Bristol a really good place to grow old.

This report aims to understand the various contextual issues and assess what factors might have had a positive or negative impact on the outcomes of the Bristol Ageing Better Programme. It is not easy to give definitive answers as there are so many strands that are inter-twined. The report starts by looking at the national context prior to and during the establishment of the BAB programme. It moves on to examine the local situation, chart the changes that have happened and show what made Bristol a good place to locate one of the Ageing Better initiatives. This sets the scene for a discussion of the BAB programme that assesses both the positive influences and the limitations imposed by the sometimes difficult circumstances in which it was operating.

Footnotes

1: Gray, M. and Barford, A. (2018) The depths of the cuts: the uneven geography of local government austerity, Cambridge Journal of Regions, Economy and Society 2018, 11, 541–563. https://doi.org/10.1093/cjres/rsy019

2: Bottery, S., Ward, D. and Fenney D. (2019) Social Care 360, London; Kings Fund, https://www.kingsfund.org.uk/publications/social-care-360.

Methods

This report follows a policy-based case study design using multiple sources of information to develop in-depth insight into the programme. Information on the context of the BAB programme is drawn from the policy and research literature. It is also based on twelve interviews with people who were either involved in the early development of BAB or who have been part of the team running the programme at local or regional level. These interviews sat alongside the wide range of evaluations UWE researchers undertook in collaboration with the BAB Community Researchers. We supplemented this research with material from the BAB archive, local policy documents, and national and local statistical sources.

The voices of the people interviewed are used to illustrate points in the text but none of the participants is identified to preserve their anonymity. There has also been input from the BAB Community Researchers who have added useful information about the context their projects were operating in.

The report is divided into four sections:

1. National context - the key national issues that brought issues of loneliness and isolation to the fore, led to the development of the Ageing Better programme and have affected the operation of the programme over the last five years.

2. Bristol context - the local situation in Bristol during the period BAB was getting started and while the project was operating.

3. The results of the interviews - issues that people involved in developing and running BAB think impacted on the development of the programme in either positive or negative ways.

4. The issues are drawn together in a conclusion that considers what might have most impact on the legacy of BAB going forwards.

National Context for the Ageing Better Programme

The National Lottery Community Fund Ageing Better initiative was launched in 2012 with 100 places across England competing for funding. In mid-2013 32 localities were informed that they were through to the next round and were given resources to develop and refine their plans. Finally, in 2014, 14 areas were selected to receive funding to develop their Ageing Better programmes over the next 5-6 years. Bristol was one of the successful applicants. The BAB project began in April 2015. It originally was due to end in March 2020, but following the coronavirus pandemic obtained a funding extension to March 2022.

In the period leading up to the development of the programme several interlinked strands of legislation, policy and research brought demographic change and the effect of loneliness and isolation to greater prominence. The first section of this report looks in more detail at the issues that led to the setting up of the Ageing Better programme and the factors that may have subsequently affected its progress (Figure 2).

Figure 2: The national context for the Ageing Better Programme

Loneliness and isolation

- From 1980s growing body of academic research about loneliness and isolation
- 2010 Marmot Review highlighted the health impacts of loneliness
- 2010 Setting up of the Campaign to End Loneliness
- 2016 Establishment of the Jo Cox Commission for Loneliness
- 2018 Appointment of a Minister for Loneliness and first National Loneliness Strategy

Ageing society

- Local authority ageing initiatives e.g. Sure Start for Old Age, POPP, Ageing Well
- 2010 Equality Act to end discrimiation based on age and disability
- 2013 Filkin report Ready for Ageing said we were 'woefully underprepared'
- 2015 Ageing Better programme began and Centre for Ageing Better established

Health and social care reform

- 2006 White Paper 'Our Health, Our Care'
- 2012 Health and Care Act / 2014 Care Act / Health and Wellbeing Boards
- 2015 NHS Five Year Forward View / Strategic transformation plans
- 2018 Dept of Health becomes Dept of Health and Social Care
- 2019 NHS Long Term Plan / Green paper on prevention

Austerity

- 2008 Banking crisis
- 2010 Spending review with major cuts to local authority funding
- 2015 Further spending reductions but council tax precept for social care
- 2019 Election of new government - 2020 new spending review planned

Pandemic

- 2020 Pandemic and lockdown restrictions amplify social isolation and service pressures
- 2020 Surge in public and political attention on issues of loneliness and social isolation

GROWING AWARENESS OF LONELINESS AND ISOLATION

Over the last 40 years there has been a growing body of literature about loneliness and isolation. The problem is not solitude, which can often be beneficial, but the negative impacts of a lack of meaningful social engagement, few mutually rewarding relationships or an absence of any social role, particularly if this persists over a long period.

Loneliness and isolation have complex causes including personal confidence, changes in mental and physical health, sensory impairment, worries about money, not having English as a first language, cultural background and living alone. For some it can be a lifelong issue, but it is often the result of life transitions. Retirement, bereavement, marital breakdown, moving home, becoming unable to drive or going into residential care can all contribute. Caring responsibilities limit personal freedom making friendships hard to maintain. Problems with the built environment also make it difficult to leave home, such as steps outside, inadequate transport, nowhere to sit in the street, lack of public toilets, broken pavements or fears about personal safety.[3]

The proportion of people affected has remained relatively constant over time, with between 10% and 13% of older people saying they often or always feel lonely. Overall numbers are increasing as the population ages and may reach two million by 2026.[4]

A mounting body of evidence was developing in the early 2000s about the health implications of loneliness. It was shown to increase the likelihood of mortality by 26%[5], increase the risk of high blood pressure[6] and make people more liable to become physically disabled[7]. People who are lonely are more prone to depression[8] and it is implicated in cognitive decline[9].

There are consequences for health and social care services as people who are lonely tend to visit their GP more often, have higher use of medication and are more likely to fall.[10] They

Footnotes

3: Age UK (2018) All the Lonely People: Loneliness in Later Life. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report.pdf.

4: Age UK (2018) op cit.

5: Holt-Lunstad, J., Smith, T. and Layton, J. (2010). Social relationships and mortality risk: a meta-analytic review, PLo Med. https://doi.org/10.1371/journal.pmed.1000316

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9: James, B., Wilson, R., Barnes, L. and Bennett, D. (2011) Late-Life Social Activity and Cognitive Decline in Old Age, Int Neuropsychol Soc. 2011 Nov; 17(6): 998–1005.

10: Cohen, G., Perlstein, S., Chapline, J., Kelly, J., Firth, K., and Simmens, S. (2006) 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults' The Gerontologist 46 (6).

also make more use of accident and emergency services[11] and may go into residential care earlier.[12]

LOCAL AUTHORITY PROGRAMMES TO TACKLE DEMOGRAPHIC CHANGE

Despite the growing body of evidence, loneliness was still not a primary focus of local government policy prior to 2010. However, there was an increasing awareness of the potential impact of demographic change and a range of reports and initiatives were introduced to help local areas address the challenges and opportunities. These include Opportunity Age which outlined the need for a coherent strategy to manage demographic change, promote active ageing and deliver more choice in service provision.[13] Sure Start for Later Life took the lessons learnt from programmes to provide a good start in life for children to see how this could be applied to ageing, with a particular focus on addressing issues of inequality.[14]

Similar in scale and approach to the Ageing Better programme, the Partnerships for Older People Projects funded by the Department of Health ran for three years in 29 areas to demonstrate how targeted interventions within the community could replace institutional and hospital-based crisis care.[15] LinkAge Plus ensured that older people were involved in the design, development and the delivery of new pilot programmes.[16] The two-year Ageing Well Programme aimed to act as a catalyst to help councils prepare for an ageing population by developing ageing strategies, action plans and leadership training.[17]

The Equality Act 2010 also brought issues of ageing into sharper focus by amalgamating and updating previously fragmented legislation to better protect individuals from unfair treatment and make it unlawful to discriminate based on age or disability.[18]

Footnotes

11: Geller, J., Janson, P., McGovern, E. and Valdini, A. (1999) Loneliness as a predictor of hospital emergency department use, J Fam Pract. Oct;48(10):801-4.

12: Russell, D., Cutrona, C., De la Mora, A. and Wallace, R. (1997) Loneliness and nursing home admission among rural older adults. Psychology and Aging, 12, 574–89.

13: HM Government (2005) Opportunity Age: Meeting the challenges of ageing in the 21st century, London: HMSO.

14: Social Exclusion Unit (2006) A Sure Start to Later Life: Ending Inequalities for Older People, London: ODPM Publications. http://www.cpa.org.uk/cpa/seu_final_report.pdf.

15: Windle, K., Wagland, R., Forder, J., D'Amico, F., Janssen, D. and Wistow, G. (2009) National Evaluation of Partnerships for Older People Projects: Final Report, PSSRU, LSE. https://www.pssru.ac.uk/pub/dp2700.pdf.

16: Davis, H. and Ritters, K. (2009) LinkAge Plus national evaluation: End of project report, London: Department for Work and Pensions.

17: Harkness, V., Cameron, D., Latter, J., Ravat, M. and Bridges, L. (2012) Preparing for an Ageing Society: Evaluating the Ageing Well programme Parts 1 and 2. London: Department of Work and Pensions.

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AWARENESS OF THE HEALTH IMPLICATIONS OF LONELINESS AND ISOLATION

A major review of health inequalities published in 2010 brought the evidence about the implications of loneliness and isolation to a wider audience.[19] The Marmot Review showed that people living in the poorest neighbourhoods die earlier than people living in the richest and they spend more years living with ill health and disability. It identified the need to unlock individual and neighbourhood potential and develop sustainable communities with social networks that provide effective support. Local authorities and voluntary organisations had the potential to play a key role in this process.

> *"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."*
>
> *- The Marmot Review, 2010, p.137*

CAMPAIGN TO END LONELINESS

The issues were taken up by a group of individuals and organisations who formed the Campaign to End Loneliness. Led by Age UK Oxfordshire, it included Counsel and Care, Independent Age and the Royal Voluntary Service, and was funded by the Calouste Gulbenkian Foundation. This partnership played a vital role in bringing together the evidence to highlight the causes of loneliness and provide examples of effective strategies to prevent it and help those affected.[20] They undertook an extensive media campaign to raise awareness that loneliness was a serious health problem and to campaign for the quality and quantity of services to be improved.

From this point loneliness and isolation began to feature more prominently on the social policy agenda. One person interviewed for this project said that, in their experience, adult social care had been all about eligibility and delivering care services. It was known that people were often lonely when they got older or became disabled, but it was just accepted that it was something that people had to live with. It was only after loneliness became linked more directly to health problems and inequality that it became an issue that health and care services actively started to address.[21]

Footnotes

19: Marmot, M. (2010) Fair society, healthy lives - the Marmot Review: strategic review of health inequalities in England post-2010. ISBN 9780956487001.

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21: HM Government (2010) Healthy Lives, Healthy People: Our strategy for public health in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf.

ARE WE READY FOR AGEING?

Despite the numerous local authority programmes to address issues around the ageing of their populations and the growing awareness of issues of loneliness, an all-party parliamentary committee led by Lord Filkin warned that the Government and society were 'woefully underprepared' for the demographic changes that lay ahead. The findings showed the need for radical change to cope with a 51% rise in those aged 65+ and a 101% increase in those aged 85+ from 2010 to 2030 (House of Lords, 2013).[22] It recommended that health and social care be delivered in new ways, and central and local government find ways to address issues of ageing in a way that is fair, both within and between generations. It also said that we require better designed housing and communities, people need to save more, financial organisations need new products and that older people themselves should play a leading role in service development.

CHANGES TO HEALTH AND CARE SERVICES

Reform of the health service was already underway. The White Paper 'Our Health, Our Care' in 2006 set out a strategy to reallocate resources in order to move care out of hospitals, expand community provision and join up health and care (Department of Health, 2006).[23] However, further reform in 2008 made this more difficult by separating commissioner and provider functions.

It was not until the Health and Care Act of 2012 that the process of integrating health and care began to make real progress. At the same time responsibility for public health moved from health authorities back into local councils to ensure that the issues that the Marmot Review had exposed about the social determinants of health were addressed.[24] This was followed by changes to social care through the 2014 Care Act and the development of local Health and Wellbeing Boards. In 2015 the NHS Five Year Forward View was published and Strategic Transformation Plans for integrating health and care were developed with better co-ordination of budgets through the Better Care Fund.

A statement of intent to align health and care services more closely was made in early 2018 when the government department responsible for health was renamed the Department for Health and Social Care. Plans for the NHS were updated in 2019 with the publication of a plan for the next decade which included a move towards more integrated out-of-hospital care.[25] Consultation also began on ways to make services more preventative with the aim of ensuring that people can enjoy at least five extra healthy, independent years, while narrowing the gap between the experience of the richest and poorest.[26] However, with fundamental differences in entitlement, funding and delivery between the NHS and social care it has been difficult for local areas to deliver the necessary changes at the scale and speed required.[27] Pressure on services continues to build.

New ways are needed to pay for social care and make it easier to link up health and care services. A review by Andrew Dilnot in 2011[28] proposed ways to make services more sustainable and affordable, but there are no easy answers[29]. The difficulty of integrating a service provided free by the NHS with means-tested local authority social care services continues to be a major obstacle to reform.

THE FINANCIAL CRISIS, AUSTERITY AND THE IMPACT ON SERVICES

Cutting across all these issues was the 2008 financial crisis and the austerity measures introduced by the 2010 Spending Review. Over the next few years the welfare system was tightened with more emphasis placed on getting people back into work. Benefit levels stopped rising with inflation, there were caps on housing benefit, rigorous assessment for disability benefits and the phased introduction of a new single benefit payment called universal credit.

The 2010 Spending Review resulted in immediate and on-going reductions in government grant provided to local authorities which meant that difficult decisions had to be made about cutting services to save money. Social care was largely protected as there are legal responsibilities to safeguard vulnerable children and adults. Cuts therefore fell more heavily on other local authority programmes.[30]

However, neither health nor social care got the increases in funding that were necessary to meet rising demand from an ageing society, increasing levels of ill health and disability in

Footnotes

22: House of Lords Select Committee on Public Service and Demographic Change (2013) Ready for Ageing? Report of Session 2012–13, HL Paper 140.

23: Department of Health (2006) Our health, our care, our say: a new direction for community services, London: Stationary Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf

24: Department of Health (2011) Public Health in Local Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf

25: NHS England (2019) The NHS Long Term Plan. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/.

26: Department of Health and Social Care (2019) Advancing our health: prevention in the 2020s – consultation document. https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s.

27: Humphries, R. (2015) Integrated health and social care in England – Progress and prospects, Health Policy 119, 856–859, https://doi.org/10.1016/j.healthpol.2015.04.010.

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29: House of Lords Economic Affairs Committee (2019) Social care funding: Time to end a national scandal, 7th Report of Session 2017–19 HL Paper 392.

30: Ministry of Housing, Communities & Local Government (2018) Financial sustainability of local authorities 2018, London: National Audit Office. https://www.nao.org.uk/wp-content/uploads/2018/03/Financial-sustainabilty-of-local-authorites-2018.pdf

younger age groups and the rising costs of care. Real-term local authority spending on social care is £700 million less than it was a decade ago in 2010/11 and it is estimated that 22% of older people who require help are not receiving it.[31] This is discussed in more detail in relation to the local Bristol situation.

A further government spending review in 2015 brought little relief, although local authorities were given permission to raise council tax by a limited amount to provide additional funding for social care. Health has continued to receive funding but at much lower levels than before 2010. Between 2009/10 to 2014/15 growth was only 1.1% but it rose to 2.3% over the period to 2016/17.[32] To mark the 70th birthday of the NHS in 2018 it was announced that funding would increase by £20.5 billion by 2023/24, an average of 3.4% per year and there is a greater commitment to funding community health services.

Although there has been protection for hospital budgets, GPs and community health services have been under a great deal of pressure, for example there was a reduction of 20% in the number of district nurses and health visitors from July 2014 to July 2017.[33] The impact of reduced social care provision, combined with less home visiting by health professionals, meant that loneliness, isolation and the condition of the home is likely to have become more hidden throughout the period that the Ageing Better programme is operating.

The spending review of November 2020 confirmed an unprecedented increase in public spending, with more than £50 billion for health and care services in 2020/21 in direct response to Covid-19. Further increased funding commitments have been made up to 2024. The picture is clearer for the NHS than local government social care and, given many uncertainties it is hard to disentangle funding linked to Covid-19 and funding for other health and social care costs.[34]

Footnotes

31: Bottery, S., Ward, D. and Fenney D. (2019) Social Care 360, London; Kings Fund, https://www.kingsfund.org.uk/publications/social-care-360.

32: Charlesworth, A. and Johnson, P. (eds) (2018) Securing the future: funding health and social care to the 2030s, London: Institute for Fiscal Studies. https://www.ifs.org.uk/uploads/R143.pdf#page=22.

33: Charles et al. (2018) Reimagining community services, Kings Fund. https://www.kingsfund.org.uk/sites/default/files/2018-01/Reimagining_community_services_report.pdf.

34: Kings Fund What the Autumn 2020 Spending Review Means for Health and Social Care. https://www.kingsfund.org.uk/blog/2020/11/what-does-autumn-2020-spending-review-mean-health-and-care

LIFESPANS, INCOMES AND INEQUALITY

Over the last century lifespans have continued to increase and there is now discussion of the '100 year life' in which we will structure our lives differently, perhaps taking longer in education before we start work, taking breaks at intervals for retraining, parental leave or sabbaticals, and where responsibility for earning an income is shared more equally between life partners as we carry on working well into later life.[35]

In 2010 as a result of the banking crisis, measures to increase the age of retirement were accelerated to bring parity between men and women and raise the pension age for everyone. Men and women can now expect to be engaged in employment until their late 60s. Many will have active lives, plenty of social engagement, higher incomes and a longer time to build their pensions. For a lot of people later life is a time of great contentment with national surveys showing that rates of happiness and life satisfaction peak in people's 60s and 70s.[36]

Unfortunately, increases in life expectancy appear to be levelling off and inequalities mean that people with a lifetime of lower incomes not only have shorter lives on average, but live more of their years with health conditions and disabilities.[37] Frailty and loss of muscle strength may occur up to ten years earlier for those in the lower third in terms of wealth.[38] These

Footnotes

35: Gratton, L. and Scott, A. (2016) The 100-year life. London: Bloomsbury.

36: Office for National Statistics (2018) Personal well-being in the UK: October 2016 to September 2017. https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/october2016toseptember2017.

37: Public Health England (2018) A review of recent trends in mortality in England, London: Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827518/Recent_trends_in_mortality_in_England.pdf.

38: Micra (2017) The Golden Generation: Wellbeing and inequalities in later life, Manchester: Micra. http://hummedia.manchester.ac.uk/institutes/micra/reports/golden-generation-report-2017.pdf.

are the people most affected by the previous decade's squeeze on spending combined with stagnant wages and the rise in self-employment and the 'gig' economy where there are fewer secure jobs with regular wages. Fewer people in the generation approaching later life now own their own homes and do not have assets to fall back on when they cease working, while low interest rates have reduced the benefits of saving. Many may be unable to continue working into their 50s and 60s though lack of opportunities, caring responsibilities or poor health. Delays in getting a state pension will also postpone eligibility for the winter fuel allowance, concessionary travel and other benefits.[39]

There are considerable inequalities in pension income. Women on average earn about 18% less than men and are more likely to have had career breaks. By their late 50s women's private pension wealth is on average a third that of men, yet as they live longer, they should really have increased amounts.[40] Ethnic minorities are also disadvantaged when it comes to the state pension. BME men likely to have 24% less state pension income on average than white older men, while ethnic minority women are more than 51% worse off.[41]

These inequalities play out in Bristol and affect the ability of some groups of people, both to participate in activities and volunteer their time. The Centre for Ageing Better found that people from all walks of life volunteer and that this is a very important source of help in poorer communities, but there are significant barriers to formal volunteering for those with health issues, from BME backgrounds or who are financially insecure.[42]

Footnotes

39: Holman, D., Foster, L. and Hess, M. (2018) Inequalities in women's awareness of changes to the State Pension Age in England and the role of cognitive ability, Ageing & Society, 40, 144–161. https://doi.org/10.1017/S0144686X1800082X

40: Jethwa, C. (2019) Understanding the Gender Pensions Gap. London: Pensions Policy Institute. https://www.pensionspolicyinstitute.org.uk/media/3227/20190711-understanding-the-gender-pensions-gap.pdf.

41: The People's Pension (2020) Measuring the ethnicity pensions gap. https://thepeoplespension.co.uk/info/wp-content/uploads/sites/3/2020/01/Measuring-the-ethnicity-pensions-gap.pdf.

42: Jopling, K. and Jones, D. (2018) Age-friendly and inclusive volunteering: Review of community contributions in later life. London: Centre for Ageing Better. https://www.ageing-better.org.uk/sites/default/files/2018-11/Age-friendly-and-inclusive-voluteering-review-2018.pdf.

COMMUNITY AND ASSET-BASED APPROACHES TO HEALTH AND CARE

As it became apparent that public service provision was not going to be able to be sustained at the level it was before the financial crisis, health and care planners began to focus more on prevention and keeping people out of hospital and residential care. This requires a radical change of focus, from what makes us ill and frail, to what keeps us healthy, active and independent.[43]

> *"Currently in the UK, we spend 60% of public funding for healthcare on cure and rehabilitation, and only 5% on prevention"*
>
> *- Department of Health and Social Care (Nov 2018) Prevention is better than cure*

The problems that the modern health and care services are confronting are very different from when the welfare state was first established. Many health conditions are chronic and long-term, such as obesity, diabetes, arthritis and dementia, and account for 70% of health expenditure.[44] There is also growing awareness of the level of undiagnosed mental health issues in older age groups.[45] Loneliness and isolation compound the problems and have their own impact on health and wellbeing.

Many people have multiple health problems that need to be managed rather than cured. This requires holistic services closer to home, rather than the siloed, specialist provision typically provided in hospitals.[46] It also requires a shift in 'ageist' thinking from seeing older age as a time of frailty and inevitable decline to one where the focus is on rehabilitation, optimal recovery and a return to independent living.[47]

It also puts responsibility on individuals themselves to make changes in habits, such as diet, exercise or taking part in new activities; changes that are very hard to sustain without support. All these factors are the drivers of a new 'asset-based' approach to health, care and wellbeing which aims to put community and social relations at the heart of policy.[48] An asset-based approach to community development evolved in North America in the 1980s. Rather than seeing the 'problems and deficits' of a person or area, it is better to look at the 'strengths' of that person, their

Footnotes

43: Department of Health and Social Care (Nov 2018) Prevention is better than cure: Our vision to help you live well for longer. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf.

44: Cottam, H (2018) Radical Help: How we can remake the relationships between us and revolutionise the welfare state, Virago: London.

45: Royal College of Psychiatrists (2019) Suffering in silence: age inequality in older people's mental health care, College Report CR221, London: Royal College of Psychiatrists. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr221.pdf?sfvrsn=bef8f65d_2

46: Salisbury, C., Guthrie, B., Bower, P. and Mercer, S. (2018) How should health policy respond to the growing challenge of multimorbidity? University of Bristol, Policy Report 39. http://www.bristol.ac.uk/media-library/sites/policybristol/PolicyBristol-Report-Oct18-health-challenge-multimorbidity.pdf.

47: Centre for Ageing Better (2018) Ideas for the NHS long-term plan, London: Centre for Ageing Better.

48: Rippon, S. and Hopkins, T. (2015) Head, hands and heart: asset-based approaches in health care, London: Health Foundation.

family and community and how people can be encouraged to help themselves.[49]

A national attempt to develop a policy related to community involvement gained a lot of attention in the period when the Ageing Better initiative was first being developed. Prior to the election campaign that brought in the coalition government in 2010, David Cameron introduced the concept of 'The Big Society'. Big government was thought to be no longer sustainable and there was a need for more bottom up rather than top down policies and a stronger role for civic society. It was all part of a broader debate about localism and the transfer of powers to local and regional authorities, underpinned by the findings of the Marmot Review. However, if stronger local community networks were to be developed the third sector needed to step in to take on the co-ordinating role. Massive cuts in public spending and the knock-on effects in the provision of funding to voluntary organisations made this very difficult and talk of the Big Society therefore disappeared from political discussion.[50]

The ideas underpinning this go back a long way. Beveridge, who helped develop the welfare state, wrote a report in 1946 in which he voiced concern that people and relationships were being designed out of health and care systems and that communities are often better at identifying needs and designing solutions than distant, hierarchical institutions.

Although the term 'Big Society' is no longer used, many people are concluding that the problems of the health and care systems can only be resolved by going back to the importance of community.

Footnotes

49: Mathie, A. and Cunningham G. (2003) From clients to citizens: Asset-based Community Development as a strategy for community-driven development, Development in Practice, 13:5, 474-486. https://doi.org/10.1080/0961452032000125857

50: Alcock, P. The Big Society and the third sector, in Foster, L., Brunton, A., Deeming, C., and Haux, T. eds. (2015) In Defence of Welfare 2, Social Policy Association, http://www.social-policy.org.uk/wordpress/wp-content/uploads/2015/04/IDOW-Complete-text-4-online_secured-compressed.pdf.

> *"His insight that solutions start with people and the relationships between them marks the starting point of a potential future path, a place from which we can begin to reinvent and design systems for this century."*
>
> *- Cottam, 2018, p. 46*

Each community has assets, such as church halls, green spaces, libraries, shops, cafes, clubs, associations and people with skills, interests or untapped potential. As people live longer and the proportion of older people in a community increases, they want to have more control over decision-making and for services, facilities and activities to reflect what is important to them.[51] By mapping and developing these assets, it is possible to help people age in place, prevent or ameliorate isolation and loneliness, and improve wellbeing. A focus on community assets was included in the Care Act 2014 which requires councils to:

> *"Consider what services, facilities and resources are already in the area and how these might help local people."*
>
> *- Department of Health, Care Act 2014*

However, to overcome the barriers that arise from income and health inequalities requires additional funding for many poorer communities which has not always been available because of the impact of austerity.

THE DEVELOPMENT OF SOCIAL PRESCRIBING

In order to reduce the mounting pressures on health and care services another asset-based service was gaining momentum at the time the Ageing Better initiatives was being developed. This was 'social prescribing'. It is a way of addressing problems using non-health professionals, non-medical interventions and community assets.

It initially started as small pilots in various parts of the country from the 1980s onwards. It became more mainstream in the 2000s as GPs and social care staff became aware that they were seeing a considerable proportion of people who had no-one else to turn to.[52] It is estimated that at least 20% of people visiting GPs are not there because of physical health conditions but due to social problems, financial difficulties, mental health issues or because they are lonely. These patients can take a large proportion of GP time.[53]

Trained staff and volunteers were brought in to spend more time with people to uncover their real needs and connect them with community groups, exercise classes, debt counselling, talking therapies, addiction centres and other services. There are several different social prescribing models and evaluation showed that most reduce demand on GPs, accident and emergency and hospital services. They have been proven to be cost effective, although results vary according to how well people

Footnotes

51: Klee, D., Mordey, M., Phuare, S. and Russell, C. (2014) Asset based community development - enriching the lives of older citizens. Working with Older People, 18(3), pp. 111-119.

52: Brandling, J. and House, W. (2009) Social Prescribing in general practice: adding meaning to medicine. British Journal of General Practice 59(563) 454-456.

53: Polley, M.J., Fleming, J., Anfilogoff, T. and Carpenter, A. (2017) Making sense of social prescribing. London: University of Westminster. https://westminsterresearch.westminster.ac.uk/item/q1v77/making-sense-of-social-prescribing.

engage with the service.[54] Bristol was one of the pioneering areas. Social prescribing, and ways to help people find and navigate local services and activities, subsequently became key parts of the BAB programme.

Additional funding announced as part of the long-term plan for the NHS over the next decade is designed to improve access to social prescribing services and provide better training for staff through the development of a Social Prescribing Academy.[55]

CO-PRODUCTION

In the last 20 years working with service users has become a much more common way of understanding and delivering changes in service provision across the public and voluntary sectors and it has become a key part of any asset-based approach to programme delivery.[56] Co-production brings members of the public, service users and community representatives into the decision-making process. There are various degrees of involvement and it includes co-design, co-evaluation and co-implementation of services and service improvements. It changes the relationship between professionals and citizens and when it works well can provide new insights and help shape effective ways of delivering services.[57] It is not about tokenism but about much more meaningful involvement and it is an increasingly important component of bids for funding. Co-production is a key part of Bristol Ageing Better, bringing older people into the decision-making process, the running of parts of the programme and the evaluation of outcomes.

> *"Service user involvement and co-production with end users – this was a great swing by funders."*
>
> *- Person interviewed for this study*

Footnotes

54: Polley, M., Bertotti, M., Kimberlee, R., Pilkington, K., and Refsum, C. (2017) A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications, London: University of Westminster.

55: The Kings Fund (2018) Budget 2018: What it means for health and social care. https://www.kingsfund.org.uk/sites/default/files/2018-11/budget-2018-what-it-means-for-health-and-social-care_0.pdf.

56: Realpe, A. and Wallace, L. (2010) What is co-production? The Health Foundation. https://personcentredcare.health.org.uk/sites/default/files/resources/what_is_co-production.pdf

57: Filipe, A., Renedo, A. and Marston, C. (2017) The co-production of what? Knowledge, values, and social relations in health care. PLoS Biol 15(5): e2001403. https://doi.org/10.1371/journal.pbio.2001403.

LONELINESS STRATEGY BECOMES EMBEDDED IN NATIONAL POLICY

During the time that the Ageing Better programme has been running loneliness and isolation have become much more firmly embedded in national policy. Before her death in 2016 the MP Jo Cox set up the Commission on Loneliness to shine a spotlight on the problems facing people in our communities. Later that year a joint report on Combatting Loneliness was published jointly by the Local Government Association, Age UK and the Campaign to End Loneliness to outline the practical steps that every local authority can take to ameliorate these problems.[58] Not long after this the British Red Cross and the Co-op partnership brought together representatives from over 40 national organisations with the aim of securing a lasting legacy for the Jo Cox Commission.

The net result was the appointment in 2018 of the first Minister for Loneliness and the publication of the first national loneliness strategy.[59] A cross-government ministerial group was also set up to oversee the strategy with a promise to embed consideration of loneliness and relationships throughout the policy-making process with a commitment to build a stronger evidence base.

THE NATIONAL COMMUNITY LOTTERY FUND (FORMERLY THE BIG LOTTERY) – SUPPORTING OLDER PEOPLE

The National Community Lottery Fund was established 26 years ago in 1994 and has a long history of funding projects for older people. It was ready to play a significant role in testing and developing new asset-based solutions to the problems of loneliness and isolation.

In 2007 a review evaluated the Lottery's early programmes.[60] It highlighted the fact that the statutory sector tends to focus on the very oldest age groups. The Lottery could therefore have more impact if it supported preventative services for people 50 plus; particularly initiatives that try to reach the most socially excluded. The review suggested ring-fencing resources for older people and making the funding more strategic and long term to offer more stability to voluntary and community sector organisations. It also recommended that communities themselves should define their needs.

This strategy underpins the Ageing Better initiative. In 2012 the Lottery announced that it would provide funding to test practical solutions to reduce loneliness and isolation and to improve the lives of older people. The time was right for this initiative. The health

Footnotes

58: Local Government Association (2016) Combating loneliness: A guide for local authorities, London: Local Government Association. https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf.

59: HM Government (2018) A connected society: A strategy for tackling loneliness – laying the foundations for change, London: Department for Digital, Culture, Media and Sport. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf.

60: Barnes, H., Smeaton, D., Taylor, R. and Vegeris, S. (2007) A review of BIG funding for older people, London: Policy Studies Institute. http://www.psi.org.uk/pdf/2008/older_people.pdf.

consequences of inequality, loneliness and isolation were much better known but the state was pulling back and austerity was reducing the opportunities for local authorities and the third sector to innovate. There was an urgent need to see how the untapped resources within communities could be utilised and for older people themselves to have a greater say in what was needed to give more people a richer and better supported later life.

> *"The Big Lottery Fund is placing older people in the driving seat of change, ensuring their voices are at the heart of the design and delivery of this £70m investment in tackling social isolation."*
>
> *- Nat Sloane, National Lottery Community Fund England Chair*

At the same time, the Lottery also awarded funds to establish the Centre for Ageing Better; a national organisation which aims to improve the evidence base about what works to create a better later life. Over the lifetime of the Ageing Better initiative the Centre for Ageing Better has become very influential through engagement with government, policy makers and industry and publication of a wide range of evidence reports. It is now able to promote a much more positive and informed view of later life. Their long-term vision is for people to live healthier, more active lives; be in good quality work for longer to boost incomes and savings; live in safe, accessible and adaptable homes; and to live in communities where social relationships flourish.[61]

Alongside Ageing Better in 2018 the Building Connections Fund was established. This was a response to the Jo Cox Commission on Loneliness and is a partnership between Government, National Lottery and the Co-op Foundation. It is providing a further £9 million towards projects to reduce loneliness in older people and £2 million to help young people build the friendship networks, hobbies and activities that will enable them to avoid long-term loneliness.[62]

Footnotes

61: Centre for Ageing Better (2018) Transforming later lives – our strategy. London: Centre for Ageing Better. http://cfabie4d2pqtuz.devcloud.acquia-sites.com/publications/transforming-later-lives.

62: Department for Digital, Culture, Media & Sport (2020) Loneliness Annual Report January 2020. https://www.gov.uk/government/publications/loneliness-annual-report-the-first-year/loneliness-annual-report-january-2020--2.

The Bristol City Context

Over the last decade Bristol has also gone through a period of rapid change and has been affected by all the national issues discussed above. Figure 3 outlines some of the key local policies and initiatives that led to the development of BAB and may have influenced programme outcomes.

Figure 3: The local Bristol context for the Bristol Ageing Better Programme

Austerity and localism

- 2010 Beginning of cuts to local authority services
- 2010 Impact on voluntary sector and local services as funding reduced
- 2012 Election of first City Mayor
- 2015 Election of new Mayor

Role of older people

- Bristol Older People's Forum
- Older People's Partnership Board
- Annual Celebrating Age Festival
- 2018 Bristol Equality Charter

Ready for ageing

- 2012 Local Marmot report - Social Isolation in Bristol
- 2015 Case for becoming an Age-Friendly City - How age-friendly is Bristol?
- 2018 Bristol accepted into the Age-Friendly City network
- 2019 First iteration of the Bristol One City Plan

Health and social care reform

- 2012 Health and Wellbeing Board / development of Better Care Fund
- 2015 Sustainability and Transformation Plan - integration with social care
- 2018 Formation of Bristol, North Somerset and South Gloucestershire CCG
- 2020 Joined-up community health service across BNSSG.

BRISTOL - A YOUNG AND PROSPEROUS CITY

Across the UK demographic change is happening in an uneven way, with cities ageing less quickly than rural areas. As a major urban centre Bristol has benefited from an influx of younger people taking advantage of local educational and employment opportunities and there is a rising birth rate. The population has increased by 12% since 2008 and it should reach over half a million in the next decade.[63]

- The relatively young age profile is reflected in the median age which was 32.5 years in 2018 compared to the England and Wales median of 40 years.
- The number of people aged over 50 is 126,000 making up 27% of the Bristol population. Of these 60,000 are aged over 65 comprising 13% of the population, compared to a national average of 18%. Almost 10,000 are aged 85 and older, a group that is estimated to increase by 60% (to 16,000 people) in the next 25 years.[64]
- Being single in later life does not mean that someone is lonely, but it increases the likelihood. Over a third (38%) of people in Bristol aged over 65 live alone, compared to 19% of younger households. This increases with age with nearly half (47%) of those aged 75-84 and 61% of those aged 85 or older living alone.[65]
- The experience of later life in Bristol varies considerably. Around 15,000 older people in Bristol can be categorised as income-deprived; 20% of all people over 60.[66]
- Life expectancy is 83 years for men and 86 for women, but men in the wealthier parts of the city live up to nine additional years, and women up to seven additional years compared to more deprived areas.[67]
- It is a very diverse city with those who are not 'White British' increasing over the period 2001 to 2019 from 12% to 22%, and those who not born in the UK rising from 8% to 16% of the population. It is estimated that a total of 91 languages are spoken across the city. The proportion of people aged 65 and over who belong to a BME group is only 5% but this will increase as the population continues to age.[68]
- The city also acts as a hub for surrounding areas of the South West which are ageing much more rapidly, with some authorities already having more than a quarter of their population aged over 65.[69]

Footnotes

63: Bristol City Council (Aug 2019) The Population of Bristol, https://www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+August+2019.pdf/96d16ba4-49f6-c535-ba7d-a11f24b8d3b3

64: Bristol City Council (2019) op cit.

65: Bristol City Council (2018) Health and Wellbeing in Bristol 2018: Joint Strategic Needs Assessment (JSNA) 2018 data profile. https://www.bristol.gov.uk/policies-plans-strategies/jsna-data-profile.

66: Bristol City Council (2018) op cit.

67: Bristol City Council (2018) op cit.

68: Bristol City Council Ibid.

69: Office for National Statistics (2018) Living longer: how our population is changing and why it matters https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13.

The rapid growth of the city has resulted in housing becoming a major issue with home ownership out of reach of many households. House prices have risen by 56% in the last decade, much faster than in any of the other major cities such as Birmingham, Cardiff, Leeds, Liverpool and Manchester. Rents have also risen by about 25% in the four years since 2014 compared to only 10% in the rest of the UK, making renting increasingly unaffordable, particularly for those on low incomes or benefits.[70] Although most older people are home owners (78% of those aged 65 and over) more are now renting privately (9% of those aged 55-64, compared to only 6% of those aged 65 and over).

The growing economy, the influx of new residents and rising house prices are changing the geography of Bristol. Areas of upmarket apartments are being developed in the centre, but many younger households are being pushed into more affordable housing areas such as Bedminster, St Pauls, Old Market, Easton, Whitehall, Fishponds and Brislington. For older people this gentrification process is fracturing communities where people grew up together and where families and neighbours would formerly have provided support as they grew older. It is also replacing familiar shops and services with new businesses and coffee bars.[71]

> *"With gentrification what that sometimes means is that those cafes and meeting places and pubs where quite a lot of the older guys get together on a morning have been lost. I think that has meant that some people are spending more time at home and less time out in the community. The environment that they have known and grown up around has changed significantly. It affects people's confidence, their understanding and safety."*
>
> *- Person interviewed for this study*

Footnotes

70: Bristol City Council Communities Scrutiny Commission (Nov 2018) Housing Crisis – Bristol housing market and trends. https://democracy.bristol.gov.uk/documents/s26782/Housing%20Crisis%20-%20Scrutiny%20Report.pdf.

71: Palmer, H. (2019) Voices of Bristol: Gentrification and Us, Bristol: Arkbound.

Access to services and activities for older people is not always easy. Bristol is built on a series of hills around the valley of the River Avon with a legacy of narrow streets in the older, inner city areas. Many older people no longer drive, or if on low incomes may not own a car, but public transport is mainly by bus. The routes radiate out from the centre and there are few services linking suburbs together. Some of the outer suburbs were formerly family areas but now have ageing populations where residents can feel trapped. For those with more limited mobility, narrow pavements, uneven surfaces and obstacles, such as parked cars or wheelie bins, make it hard to walk to bus routes. A new Metro Bus service has improved access from park and ride facilities on the outskirts to the city centre, but this mainly benefits commuters or people coming from areas outside the city. Transport is such a major problem that it was not included in the plan for BAB, but it is an on-going issue that may have affected participation in some of the BAB initiatives.

> *"When we first set up the programme all anyone wanted to talk about was transport. All the BAB money could have gone into that without making any difference."*
>
> *- Person interviewed for this study*

The continuing economic growth experienced across the city and region translates into a positive and forward outlook, a willingness to undertake innovative projects and may have moderated the impact of a decade of austerity. However, the overall proportion of older people remains relatively low which means the requirements of those who are ageing may be side-lined without strong action to bring the needs of people aged 50 and over to the fore.

INVOLVING OLDER PEOPLE IN DECISION-MAKING

Bristol has a well-established tradition of community involvement by older people and a thriving voluntary sector. The Bristol Older People's Forum is a member-led organisation which began in 1993 and currently has about 3,000 members from a wide range of backgrounds. It has a long history of active involvement in local decision-making.

In the early 2000s an Older People's Partnership Board was established to improve the quality of life of older people in the city. Its membership encompassed strategic directors and voluntary and third sector organisations, with older people and carers making up 50% of the board. It focused on issues, services and developments relevant to older people in Bristol and acted as a resource for the Council and partner organisations. To be involved in the Board, statutory representatives had to be sufficiently senior to have authority for decision making and influence over resources.[72]

People interviewed for this study said that this board had real power and influence for several years because it was a true partnership between older people and those working at a strategic level in the city. It also drew in people from ethnic minority communities giving older people who are not normally represented a say in policy decisions.

One outcome of the Older People's Partnership Board was the setting up of the LinkAge Network in 2007 to distribute funding, set up local projects and to provide information for people aged 55 and over about what is on across the region. It aimed to get people more

Footnotes

72: https://www.bristol.gov.uk/policies-plans-strategies/older-peoples-partnership-board.

involved in their communities to help reduce social isolation and to challenge negative stereotypes and promote positive ageing. The same year the first 'Celebrating Age Festival' was held to showcase the talent of older people and the range of activities and volunteering opportunities available. This event continues to be held each year to promote a positive image of growing old in the city.

THE IMPACT OF LOCALISM AND THE ELECTION OF MAYORS

The 2011 Localism Act was passed by the Coalition Government required the largest cities in England to hold referendums about electing mayors as part of a policy to shift power away from central government towards local people and to raise the profile of English cities. Ten cities held referendums in May 2012, with Bristol the only one to vote 'yes'. Research by the Universities of Bristol and the West of England before and after the election showed that the Mayor increased the visibility of the city nationally, made it clearer who is responsible for making decisions and gave a recognised vision for the city. However, people living in better off parts of the city had a more positive view of this form of local governance than those living in less prosperous areas and some felt it over-rode the decision-making powers of locally elected councillors.[73]

To bring decision-making closer to local communities the council established Neighbourhood Partnerships with their own budgets that brought together councillors, council staff, residents and community groups. After the mayor was elected these were reviewed to improve the way they operated. These Neighbourhood Partnership area boundaries determined the focus of many of the BAB initiatives, particularly neighbourhoods with large numbers of older people, a significant proportion living alone and scoring high on an index of loneliness.

Footnotes

73: Hambleton, R. and Sweeting, D. (2015) The Impacts of Mayoral Governance in Bristol, School for Policy Studies, University of Bristol. https://bristolcivicleadership.files.wordpress.com/2013/03/impacts-of-mayoral-governance-in-bristol-web-version.pdf.

The city council had to make a saving of £500k in 2017/18 and a further £562k in 2019/20 which removed a significant portion of the Neighbourhood Partnerships budget. The 14 areas were reduced in number and now cover much larger parts of the city.[74] Some of the BAB Community Researchers felt that in the later part of the BAB programme this made it less easy to influence local decision-making or to know where to channel issues raised by residents.[75]

There have been two mayors during the lifetime of BAB with a further election due in 2020. Nearly everyone interviewed said how important the mayors were to the development of Ageing Better. The first Bristol Mayor was very supportive of initiatives to help older people which opened doors. He was happy to release council staff to help develop the BAB programme and those staff have remained working with BAB throughout, despite various restructures of council departments.

The next Mayor was appointed in 2016 with an agenda dedicated to issues of fairness and combatting deprivation, with a focus on younger people and families. A new City Office was formed in 2016 to bring together individuals and organisations from politics, the public sector, business, unions, community and academia to work together on solutions to city-wide issues. This has led to the development of a One City Plan which is updated annually as part of a dynamic and on-going process of change and reform.[76] In 2019 Bristol won an award as a European City of Innovation for its approach to joining up local governance.

The BAB Programme Director was appointed to spend a day a week in the City Office in 2017/18 which allowed input into the One City Plan. However, it proved difficult for the needs of a single group of citizens to be emphasised over others, and for older people's issues to become a significant cross-cutting factor across all the elements of the plan. Part of the legacy of BAB in its final year will be to secure greater priority for older people in city planning.

The Equality Charter launched in 2018 aims to improve equality, diversity and inclusion in the city and this could have benefits for older people. A 'Voice and Influence Partnership' has been created by the mayor's office and funded by the council to help ensure that individuals, groups and communities whose voices aren't always heard are listened to. The BAB Community Researchers felt that this was a useful development, however, meetings are not held in local communities which makes it hard for some older people to participate, and those who are not online cannot easily give their views.

Since 2017 there has also been a Mayor for the new West of England Combined Authority (WECA). This regional authority covers Bristol, Bath & North East Somerset and South Gloucestershire, with a possibility that North Somerset will join in 2021. It is focussed on economic growth and has a significant budget to improve transport. This includes suburban rail services, improved public transport and routes for cyclists and pedestrians. As WECA's policies develop it might eventually improve travel for older people across the region.

Footnotes

74: https://bristol.citizenspace.com/bristol-city-council/yourneighbourhood/user_uploads/withdrawal-of-funding-for-neighbourhood-partnerships.pdf.

75: https://bristol.citizenspace.com/neighbourhoods/npreview/

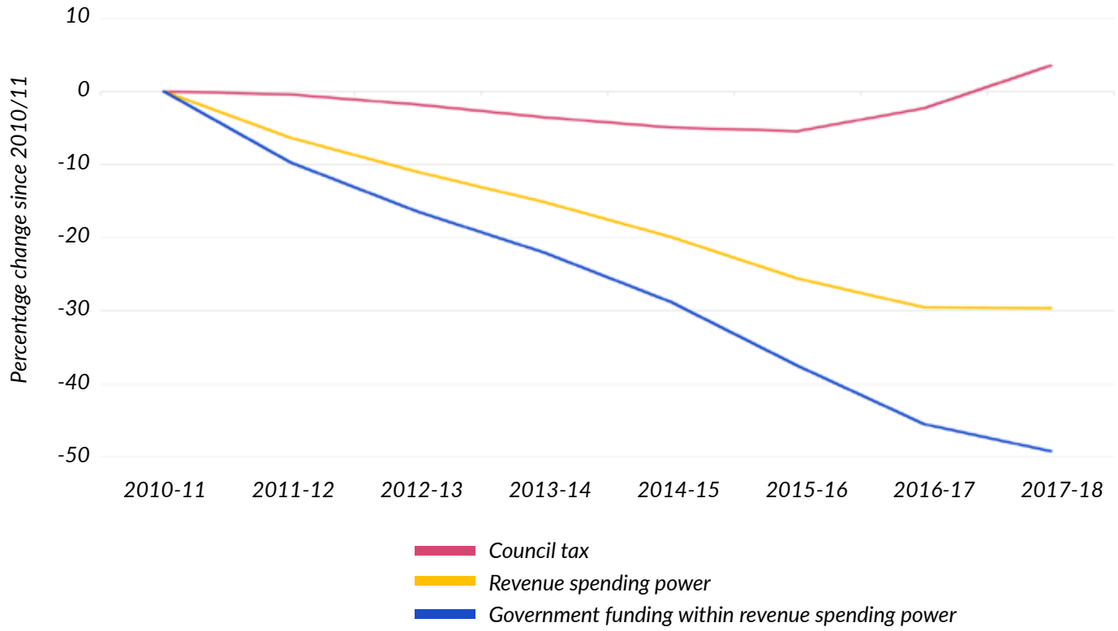
76: Bristol One City (2020) The Bristol One City Plan 2020. https://www.bristolonecity.com/about-the-one-city-plan/

THE IMPACT OF AUSTERITY ON BRISTOL

The 2011 Localism Act gave authorities more control over local business rates and council tax but there was no significant transfer of funding to local areas. Instead, austerity began to severely impact spending.[77] Hambleton (2017) criticised what he called the 'devolution deception' in which devolution was accompanied by reductions in central government support. Bristol's grant was to be cut from £201 million in 2010/11 to £45 million in 2019/2020; a fall of 78%.[78] Figure 4 shows that after 2016 the city was able to raise council tax by a limited amount, which helped to slightly offset the impact of Government cuts, but it still faced a considerable overall fall in expenditure.

Social care has been protected, but this meant that other services have borne the brunt of the cuts (Figure 4). Social care went from just over 40% of spending in 2010/11, to 53% in 2016/17, and is now around 60% of overall service spending.

Figure 4: Spending power and council tax Bristol 2010/11 – 2016/17



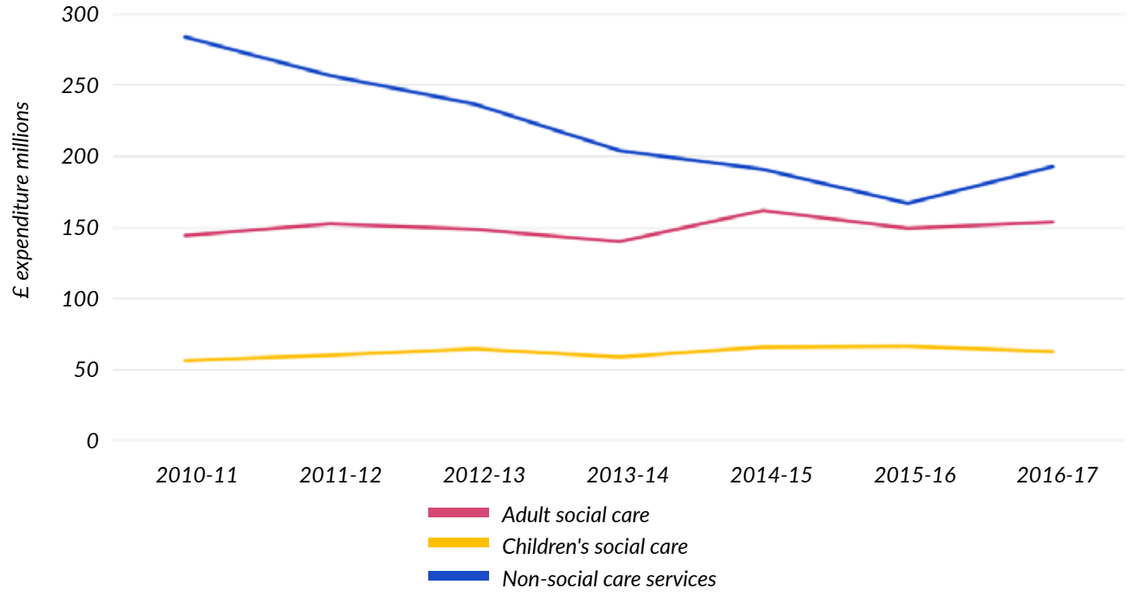
Note: Based on real terms 2016/17 prices
Source: National Audit Office (2018) https://www.nao.org.uk/other/financial-sustainability-of-local-authorities-2018-visualisation

Footnotes

77: Department for Communities and Local Government (2011) A plain English guide to the Localism Act. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/5959/1896534.pdf

78: Hambleton R. (2017) The super-centralisation of the English state – Why we need to move beyond the devolution deception. Local Economy, 32 (1). pp. 3-13

Figure 5: Change in social care expenditure compared to other services 2010/11 – 2016/17



Note: Based on real terms 2016/17 prices
Source: National Audit Office (2018) https://www.nao.org.uk/other/financial-sustainability-of-local-authorities-2018-visualisation

The integration of health and social care in Bristol has followed national guidelines with the setting up of a Health and Wellbeing Board, the production of a strategic plan for health and care and the development of a new integrated budget called the Better Care Fund. Community health services were outsourced to Bristol Community Health. In 2018 the process of planning, buying and monitoring healthcare was reorganised when the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups joined to form a single authority (BNSSG CCG). Social care services are working much more closely with health, particularly on hospital discharge.

BAB was written into the local Better Care Fund Plan to ensure the programme was embedded in local strategic approaches to health and wellbeing. BAB appointed Bristol Community Health to take on the Community Navigator projects in south/central and east Bristol. Community health services have since been recommissioned and in April 2020 Sirona takes over from Bristol Community Health to provide services across all parts of the BNSSG area. The impact of this change on the BAB legacy is currently emerging. A new mental health programme, 'Thrive Bristol' has also been established which will align with and support related programmes and projects already in place such as BAB.

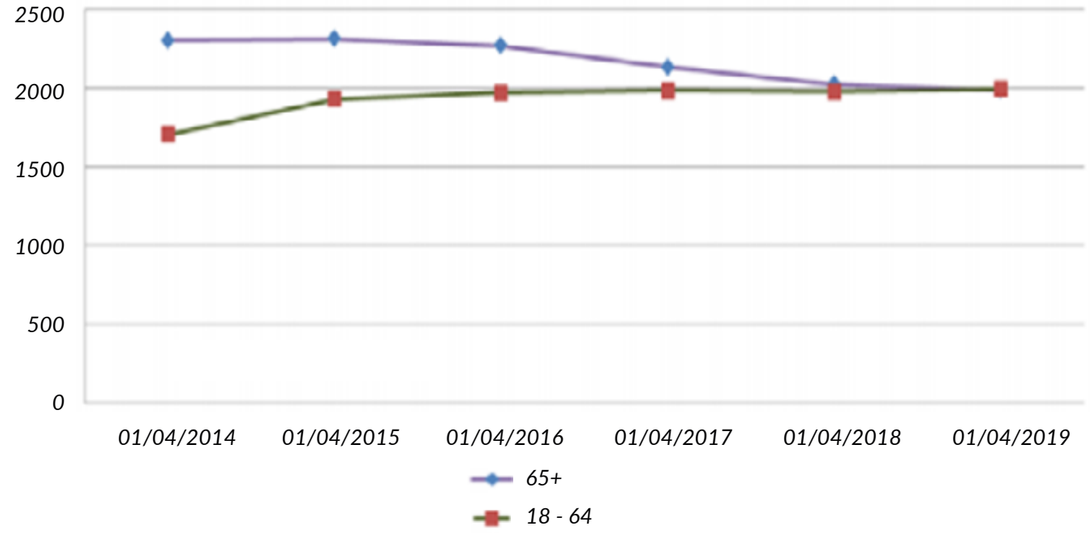
Social care requirements inevitably increase with age. Almost 20% of people aged between 75 and 84 years in England have at least some problems washing or dressing, which rises to 34% of men and 42% of women once they reach the age of 85 and over.[79] Alongside this there has been a rise in numbers of younger people with poor health and disability.

Social care spending in Bristol, although protected, has not kept pace with growing needs. Consequently, the number of older people receiving support has declined (Figure 6). At the end of 2018/19, only 1,985 people aged over 65 received community support, a fall of 14% since 2013/14. Home care packages for older people aged 65 and over have also reduced significantly (Figure 7). At the end of 2018/19 home care support was provided to 1,069 people over 65 which is a third less than in 2013/14. Carers also appear to be getting less support. These trends may have increased loneliness and isolation.

Footnotes

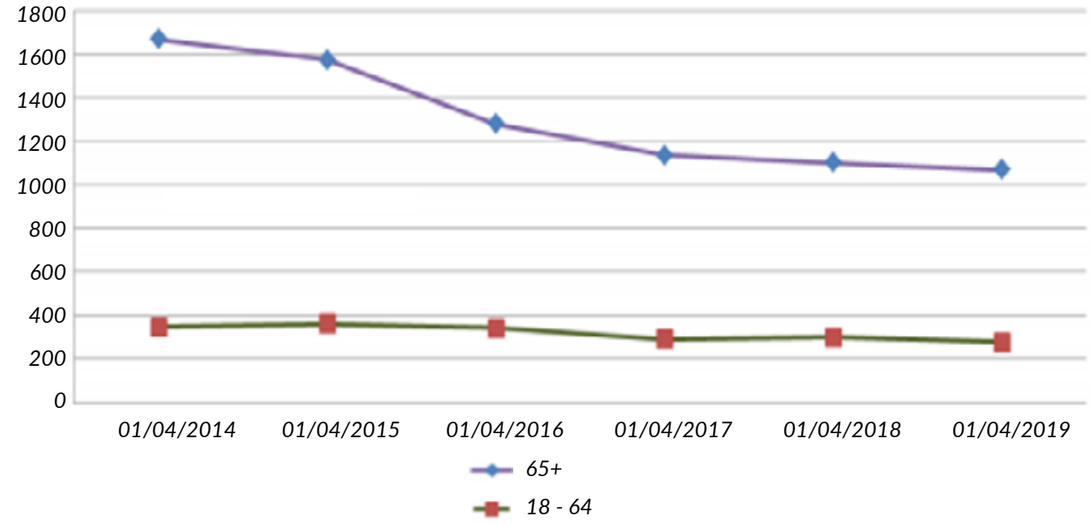
79: Office for National Statistics (2018) Living longer: how our population is changing and why it matters https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13.

Figure 6: Number of clients in Bristol receiving community support services by age 2014-2019



Source: Health and Wellbeing in Bristol 2019: Joint Strategic Needs Assessment (JSNA) 2019 data profile https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Adult+Social+Care+%28updated+Jan+2020%29.pdf/c05f1d18-5a16-c40b-1f35-a215a4f98f78.

Figure 7: Number of clients receiving home care by age 2014-2019

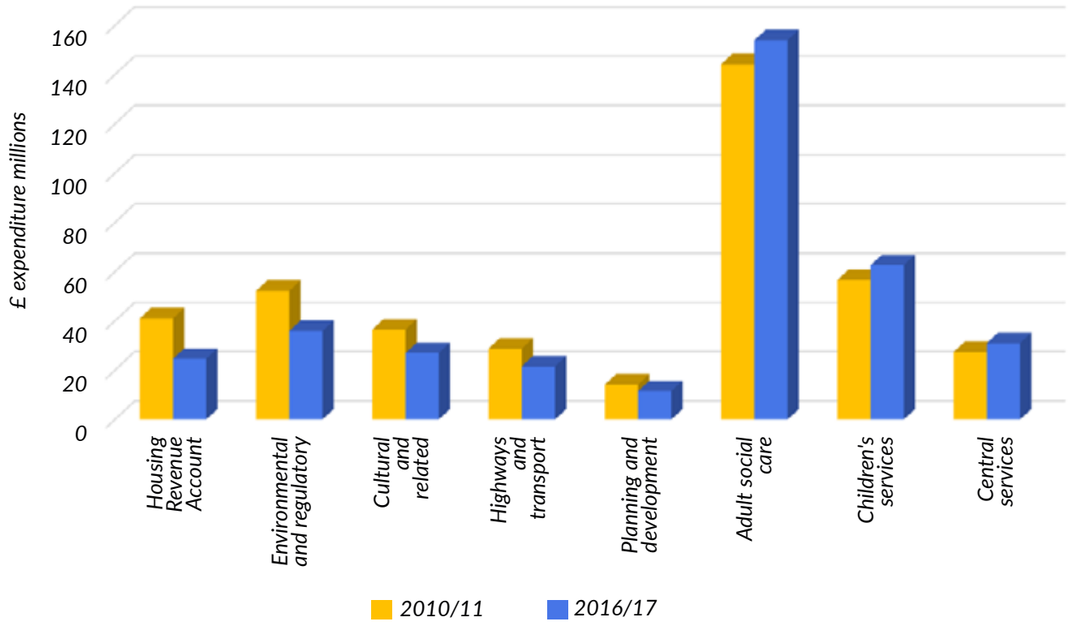


Source: Health and Wellbeing in Bristol 2019: Joint Strategic Needs Assessment (JSNA) 2019 data profile https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Adult+Social+Care+%28updated+Jan+2020%29.pdf/c05f1d18-5a16-c40b-1f35-a215a4f98f78.

For those who need it, social care provides targeted support for short periods, for example for people coming out of hospital. Longer-term care is limited to those eligible under criteria set out in the 2014 Care Act. For everyone else, an asset-based approach to care has been introduced with the focus on helping people to help themselves as much as possible; by providing information and advice, linking people to community support and third sector services, and trying to prevent and delay the need for further intervention.[80] The type of projects BAB has developed are essential to show what might be effective for people who need this type of support, particularly those who are lonely and isolated.

While social care was protected other services have been adversely affected with potential consequences for older people. Figure 8 shows that Housing Services experienced a 40% reduction in expenditure. Supporting People spending (which is used to fund a variety of services aimed at helping vulnerable people live independently) was cut from £26.78m in 2010-11 to £8.16m in 2016-17; a 70% reduction. Environmental and Regulatory Services had a 30% reduction which affected street cleaning and community safety expenditure. Cultural heritage expenditure was cut from £12.5m to 9.3m which affected care of open spaces, library services, recreation and sport. Public health, transferred to the local authority in 2013, also failed to get enough resources.

Figure 8: Change in net current expenditure Bristol 2010/11 – 2016/17 in millions



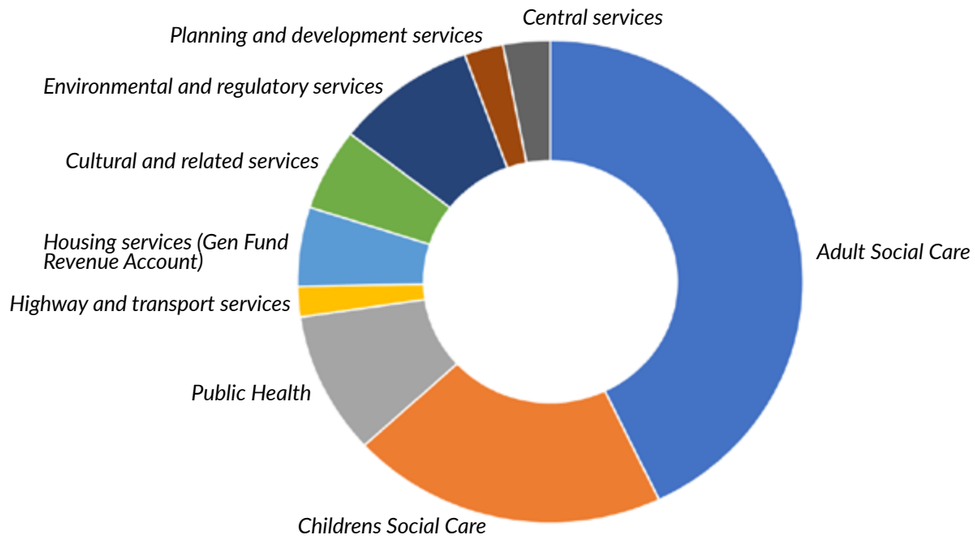
Note: Based on real terms 2016/17 prices. Source: National Audit Office (2018) https://www.nao.org.uk/other/financial-sustainability-of-local-authorities-2018-visualisation/

Footnotes

80: Bristol City Council (2018) Working with us for Better Lives: Market Position Statement for the provision of Care and Support for Adults in Bristol. https://www.bristol.gov.uk/documents/20182/2678414/Market+Position+Statement/bdd21e05-0a76-94ae-4094-246ad9eb5739.

In January 2019, after nine years of austerity, there was still a gap in finances of £108 million over the next five years if the city was to cope with the rising cost of services and increases in demand as the city population grows and ages. From 2020 onwards funding from central government will have almost disappeared and the city will be dependent on council tax, business rates and income raised from other sources. One advantage of the growth of the city is that the tax base is increasing. In addition, a significant council tax rise in 2019/20 means that further revenue cuts may not be required. However, social care funding for adults and children dominates council revenue spending as Figure 9 illustrates. To meet the ambitious targets of the One City Plan there is an additional programme of capital investment using external funding, capital receipts and borrowing.[81]

Figure 9: Bristol service expenditure 2018/19



Source: Ministry of Housing and Local Government (2019) Local authority revenue expenditure and financing England: 2018 to 2019 budget individual local authority data. https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2018-to-2019-budget-individual-local-authority-data.

Footnotes

81: Bristol City Council (2019) 2019/20 Budget Report. https://democracy.bristol.gov.uk/documents/s29837/Budget%20Report.pdf.

THE IMPACT OF FUNDING CUTS ON THE VOLUNTARY SECTOR

Funding to the voluntary sector fell by almost 9% in the year from 2010/11 to 2011/12 (a cut of £1.3 billion in real terms nationally); a disproportionate amount compared to cuts to other sectors.[82] Research carried out by the University of Bristol and Liverpool John Moores University showed that the sector had become increasingly dependent on funding from statutory sources during the early 2000s and by 2010 voluntary organisations in Bristol relied on public funding for 41% of their income. The deficit reduction programme after the spending review therefore had a major impact, with many organisations having to reduce their level of service provision or even close. There were 1,428 voluntary organisations in Bristol and almost three quarters (72%) reported cuts in their funding in 2010. There was a further 11% cumulative reduction in funding between 2011/12 and 2012/13.[83] At the point the Ageing Better initiative was launched, 40% of voluntary organisations were still experiencing cuts (Voscur, 2012).[84]

Voluntary sector viability over the past decade has also been affected by a reduction in donations from the public as incomes have stagnated and returns from savings have remained at low levels. As the sector has struggled the need for their services has risen as increasing numbers of people are impacted by benefits cuts, rising prices and difficulty accessing housing. Needs are greatest in the most deprived areas, but unfortunately this is where voluntary organisations have been more dependent on public funding and suffered most from the cuts.[85]

The reductions in funding severely affected the pioneering work Bristol City Council was doing with the Older People's Partnership Board which came to an end well before the Ageing Better initiative was launched.

> *"The Council was doing a lot and leading the agenda around ageing.... half the representation was older people and carers."*
>
> *- Person interviewed for this study*

> *"After the financial crisis work around ageing stopped in Bristol."*
>
> *- Person interviewed for this study*

Footnotes

82: Jones, G., Meegan, R., Kennett, P. and Croft, J. (2015) The uneven impact of austerity on the voluntary and community sector: A tale of two cities, Urban Studies, Vol. 53(10) 2064–2080.

83: Jones, G., Meegan, R., Kennett, P., & Croft, J. (2015). The uneven impact of recession on the voluntary and community sectors: Bristol and Liverpool. Urban Studies, 53(10), 2064-2080. https://doi.org/10.1177/0042098015587240

84: VOSCUR (2012) Under Pressure: The Effect of the Recession on the Voluntary and Community Sector in Bristol. Bristol: VOCSUR.

85: Jones et al. (2015) op cit.

OTHER INFLUENCES ON THE BRISTOL AGEING BETTER BID

Bristol had already embarked on several other programmes that supported the bid for BAB funding from the National Lottery. Bristol was a leader in social prescribing with several different models of delivery across the city.[86] It had embraced the then Prime Minister's Dementia Challenge to begin making progress towards making Bristol a dementia-friendly city.[87] It was already keen to join the World Health Organisation Age-Friendly Cities Global Network.[88] The city had also developed and won another major National Lottery project called Golden Key; an eight-year programme to improve services for people with the most complex needs such as: homelessness, long term mental health problems and dependency on drugs and alcohol.[89]

In 2012 Bristol was one of six local authorities to undertake joint work with the Marmot team to look at issues around inequality and social isolation across all age groups.[90] A series of recommendations from that work fed directly into the development of the Bristol Ageing Better Project. These included:

- To build capacity and resilience within communities for all age groups.
- 'Asset-mapping' to determine what is available and where gaps are in provision.
- To make information readily available about activities, groups and volunteering opportunities to encourage more people to get engaged, particularly those going through key transitions in life when isolation often starts.
- To provide support proportionate to the degree of need in all communities rather than focussing only on the most deprived communities.
- To focus not just on the oldest old but at people in their 50s and 60s to try to prevent and alleviate problems before people become very isolated.
- To develop the scope for more intergenerational activities.
- To encourage better co-ordination between departments to make environments more age-friendly, such as community transport, public toilets, and more outdoor seating.

Footnotes

86: Kimberlee, R. (2016) What is the value of social prescribing? Advances in Social Sciences Research Journal, 3 (3). pp. 29-35.

87: Department of Health (2015) Prime Minister's challenge on dementia 2020, London: Department of Health. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414344/pm-dementia2020.pdf.

88: Bristol Older People's Forum (2016) Bristol's Manifesto for Older People. https://www.voscur.org/system/files/FINAL%20Bristols%20Manifesto%20for%20Older%20People%20BOPF%20May16%20%28002%29.pdf.

89: http://www.goldenkeybristol.org.uk

90: Bristol City Council (2014) Social Isolation in Bristol: Risks, Interventions and Recommendations Report, Bristol: Bristol City Council. https://www.bristol.gov.uk/documents/20182/34732/Social%20isolation%20recommendations%20report_0.pdf/1c662a24-cfa0-4821-aeda-099595512289.

- To ensure that budget cuts in one service do not undermine positive interventions being made elsewhere.
- To not be over-optimistic about the potential impact of initiatives to address social isolation.
- To take a longer-term view of the potential economic benefits of targeted interventions to tackle social isolation.

THE DEVELOPMENT OF THE BRISTOL AGEING BETTER BID

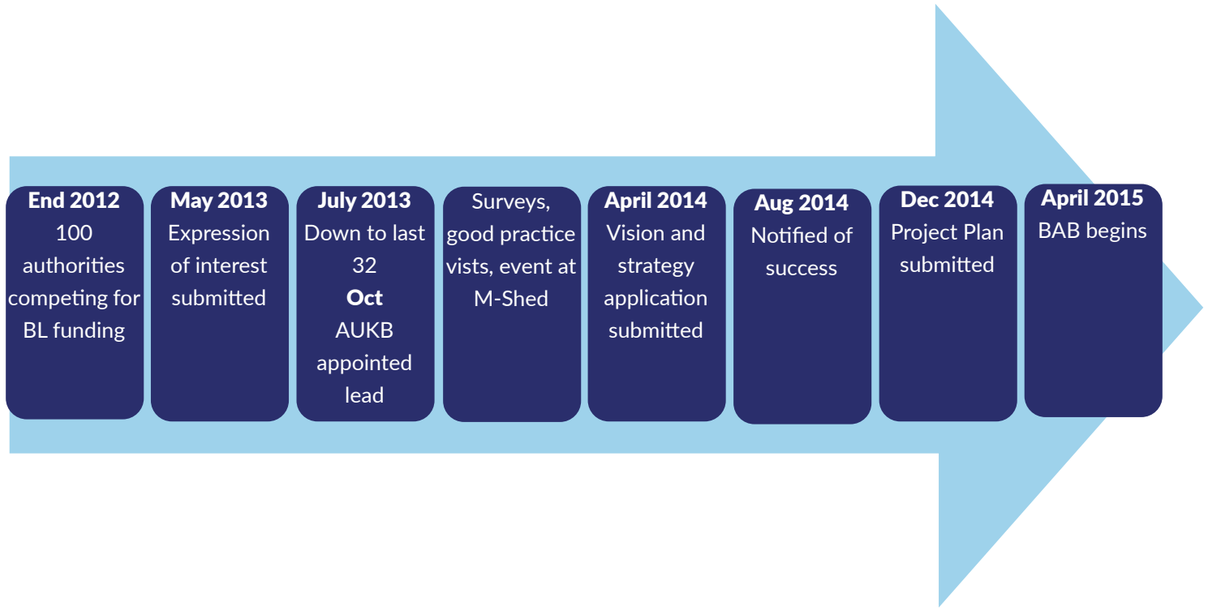
When it was announced that the National Lottery wanted different locations to bid for the Ageing Better initiative Bristol was therefore well placed to take part.

> *"There was a feeling that Bristol could pull its weight in strategic programmes of this level."*
>
> *- Person interviewed for this study*

In 2012 a team came together made up of the Chief Executive and Chair of Age UK Bristol, an interim Project Manager, an independent consultant, a senior member of the Adult Social Care team and a representative of the Bristol Older People's Forum. At this stage there were 100 different places competing for funding. The team put together ideas for developing an Ageing Better Programme in Bristol and in 2013 submitted an expression of interest.

> *"What makes things happen in a local area is key individuals. Structures help, but they are secondary. We were very lucky in Bristol that we had the right number of key people, enthusiastic and forward looking."*
>
> *- Person interviewed for this study*

Figure 10: Bristol Ageing Better timeline



In July 2013 the team heard that they were down to the last 32 locations. A relatively informal steering group had put together the initial ideas, but at this point Age UK Bristol was appointed to take on the role of lead partner organisation. They set up a Programme Board and drew together a partnership of organisations to develop the bid.

The Marmot work in Bristol on social isolation, the development of social prescribing and the active involvement of older people's organisations meant there was already an awareness of many of the issues. However, the Programme Board wanted to explore what was being done in other areas with visits to Dorset, Leeds, the Isle of Wight and other locations to find good practice that might be applicable to the Bristol situation. Community representatives were included in the teams that carried out these visits embedding co-production in the Bristol experience right from the start. The University of the West of England became involved to support the Community Researchers and to help with the evaluation of the whole BAB initiative. During this development phase the National Lottery provided training, support and networking opportunities with other areas.

> *"Bristol is a little bit different to a lot of other places. I think people were quite well aware of loneliness and isolation - we knew about it; we could see it."*
>
> *- Person interviewed for this study*

There was already a big third sector in Bristol keen to develop new initiatives, and a desire amongst all the partners to develop a strategic approach. This was developed further by a wide-ranging consultation with older people during the development of the bid which asked questions about 'what can be done to reduce loneliness?', 'what groups should we focus on?' and 'what is happening in the city already that we should build on?'. It culminated in an event

held at M-Shed on the harbourside in Bristol which brought together older people, partner organisations and the city council to agree what should be included in the final submission.

A Vision and Strategy Application was submitted in April 2014 which outlined a whole systems approach to tackling loneliness and isolation across the city. This had 16 objectives including: raising awareness, asset mapping, finding those who were lonely and isolated, providing social prescribing, community development, small grants initiative and support local projects, intergenerational work, driving culture change and making Bristol more age-friendly.

> *"A five-year programme and a substantial amount of money allowed a strategic approach to be taken to loneliness."*
>
> *- Person interviewed for this study*

In August 2014 Bristol heard that it was one of 14 areas that had been awarded funding. The fact that it all came together and that the bid was successful was not just due to serendipity. An enormous amount of work had gone into developing the bid, building on the years of experience of statutory and voluntary organisations working collaboratively with older people and carers across the city. It had also put older people at the heart of the bid and involved them throughout the development process.

The team then had six months to develop and submit a full project plan and in April 2015 the Bristol Ageing Better project finally began.

> *"Bristol bought totally into the Ageing Better programme."*
>
> *- Person interviewed for this study*

BRISTOL AGEING BETTER

This section considers the operation of the BAB programme and how this was influenced by the context in which it was operating. It is based around interviews with ten people who were actively involved in the BAB programme, papers in the BAB archive and input from Community Researchers. It does not seek to go into detail about any of the projects that were commissioned as these are reported elsewhere; the aim is to examine the impact any of the contextual issues may have made on the commissioning process and potential outcomes.

There were 16 objectives for projects in the original plan for BAB which were divided into four groups (Figure 11).[91] Bristol was unusual in having so many projects. It ended up with over 60 contracts with 37 delivery partners and around 250 associate organisations; most Ageing Better areas had far fewer. The aim was to increase social contact, have more older people contributing to their community, for older people to have more influence over decision-making both in their neighbourhoods and city-wide, and to build an evidence-base to ensure that future services are better planned and effective in reducing loneliness and isolation.

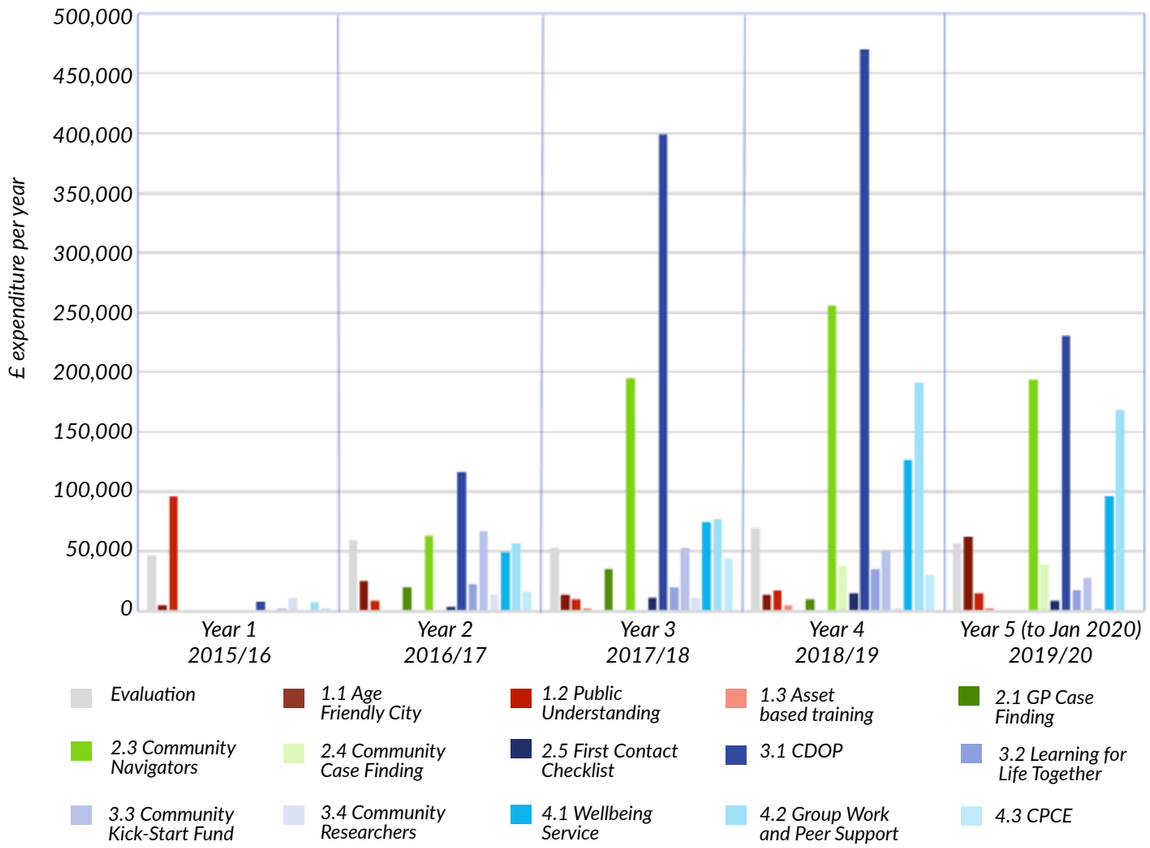
BAB did not plan to do the work themselves but to commission it from other organisations across the city, with only a few projects provided in-house where they were unable to find suitable partners. It was a whole system approach with each project involving a degree of identification, case management, navigation, intervention and evaluation.

Figure 11: The BAB objectives

Creating the conditions: • Age Friendly City • Public understanding campaign • Asset based training to drive culture change • Preparing for later life	**Working with communities:** • Community development for older people • Learning for Life Together (originally called Schools for All Ages) • Community Kickstart Fund (originally called Community Chest) • Community researchers
Identifying and informing: • GP case finding • Social prescribing • Community navigators • Community case finding • First contact checklist	**Supporting individuals:** • Wellbeing service • Group work and peer support groups • Combining Personalisation and Community Empowerment (CPCE)

Figure 12 shows how the programme developed. In Year 1 commissioning was limited; the emphasis was on developing public understanding of the issues around loneliness and isolation, raising awareness of the BAB programme and developing the rationale for commissioning. In Year 2 commissioning began across all programme areas, reaching its full potential in Years 3 and 4. Many projects commissioned were time-limited pilots which had been completed or were coming to an end in 2019/20 (see Appendix). A proportion of projects have obtained funding from other sources and will continue after the formal end of the programme. A further year of National Lottery funding has been obtained for 2020/21 to embed the learning and ensure that BAB leaves an enduring legacy.

Figure 12: The BAB commissioning process



HOW THE CONTEXT AFFECTED THE COMMISSIONING PROCESS

BAB was a test and learn programme to fund new initiatives. It was not supposed to fund existing services, but when it began in 2015 many voluntary organisations were struggling to keep core projects and services going as funding cuts continued to bite. The process of awarding resources for Ageing Better projects therefore had to be carefully managed if tension and conflict was to be avoided and if projects were going to be truly innovative rather than just supporting existing services coping with reductions in budgets.

> *"There has been pressure for them to fill statutory and other gaps and most have fought hard against that."*
>
> *- Person interviewed for this study*

Age UK Bristol, as the lead partner organisation, found itself in a delicate position. It was a member of the voluntary sector, but now had control of £6 million of Ageing Better funding and had to allocate resources in an equitable manner. A decision was made to appoint a director who began work six months after the BAB programme began, in September 2015. Age UK also decided not to bid for projects itself in the initial phase of commissioning, even though some of the projects would have been a good fit.

The director set up a new programme board and began a process to separate the BAB brand to show that, although it was supported by Age UK Bristol, it was independent. Only two community development projects had been commissioned by that stage. He halted the commissioning process and reviewed the original plans, which were still largely conceptual rather than operational. Some projects were felt to be difficult to deliver and needed revision (such as GP case finding), and a few projects in different categories overlapped or were already being offered by other services (for example social prescribing). He also commissioned research from the University of the West of England, alongside asset-mapping by community researchers, to develop a blueprint to underpin the strategy for one of the main strands of the BAB programme: Community Development for Older People (CDOP).[92, 93]

Perhaps inevitably, this process to ensure that the commissioning process was both effective and fair, led to a delay between the start of the BAB programme and the beginning of project delivery (Figure 12). On reflection some people interviewed felt it might have been better for BAB to have been over six years rather than five. This would have provided a year of development to be built into the programme rather than expecting commissioning to start right away. It would also have allowed more time to get projects fully established and provide monitoring data over a longer period to give better evidence. The lack of development time also meant that some of the publicity about the BAB programme may have been premature. One person felt that the animation created by Aardman to launch the programme might have been better coming later when projects and activities were fully underway so that there were places to refer people (Figure 12). With the advantage of hindsight, it is perhaps easier to see the need for a longer time

Footnotes

92: Woodspring, N. (2016) The older people's community development recommendations, Bristol: University of the West of England.

93: Bristol Ageing Better (2016) The Blueprint for the Delivery of Bristol Ageing Better's Community Development for Older People Project. http://bristolageingbetter.org.uk/userfiles/files/CDOP%20Blueprint%20SEPT16.pdf.

frame for BAB now than it was at the beginning when the priority was to get the programme up and running as fast as possible.

There was a steep learning curve about how to commission services under the BAB banner. Although the National Lottery had begun to develop more strategic programmes after the review of their funding strategy in 2007, they were still gaining experience. The 14 Ageing Better programmes were all starting at the same time, so there was little learning for staff in the individual areas to draw on. Programme directors began to support each other informally. This led to the establishment of a national strategy group and learning is now shared across the different areas, but at the beginning of the programme this process was not in place.

> *"Strategic programmes were new territory for the Big Lottery too – they were very supportive but also learning."*
>
> *- Person interviewed for this study*

THE IMPACT OF AUSTERITY

The economic environment clearly influenced the early commissioning process. Most people interviewed felt that, despite austerity, the programme had managed to be genuinely innovative. However, there was a sense that BAB would have had more impact had the context been different.

One interviewee referred to the community navigator project. They felt that many cases might previously have been picked up by local authority community care services. They also had referrals of people with complex mental health needs which the service was not designed to deal with but where there were few alternative forms of support. Identifying people who were isolated was also more difficult. District nurses are often aware that older people are lonely and isolated but have little time to address the problems as increasing levels of demand, combined with a high proportion of clinical vacancies, puts more pressure on staff. Prior to BAB starting, specialist community nurses for older people had been employed who had begun to identify issues of loneliness and isolation in a more systematic way, but cuts to funding meant that these roles had disappeared.

> *"As statutory services have retreated due to funding it has created a bit of a gap. We have in part filled that gap but that is not what BAB originally had in mind. If they had commissioned it in 2005 for example it would have been probably a bit of a different service than it is now."*
>
> *- Person interviewed for this study*

Finding people who were lonely and isolated was clearly not an easy task for BAB. The original idea was to get GPs to send out a letter to people that might be lonely to ask them to respond so that they could be linked to BAB information and advice services. This would have meant liaising with individual surgeries across the city but, as response rates were likely to be very low, it was not thought to be a cost-effective approach. Community navigators and community case finding were both developed to have a key role in identifying people and have had considerable success. However, it was acknowledged by the people interviewed for this study that cuts to health and care services may have caused more people to become isolated and made them harder to identify. Every effort has been made to publicise BAB services and to get people to come forward. Some of the most isolated may not have been found, although findings from Wellbeing questionnaires (known nationally as the CMF), show that projects succeeded in reaching substantial numbers of isolated people.

> *"Finding people who are isolated is really tricky... I think BAB has probably ended up working mostly with people who weren't wholly isolated."*
>
> *- Person interviewed for this study*

Housing problems and financial difficulties also created such pressing problems for some clients that it made referral on to BAB community projects and activities more difficult.

> *"One of the biggest indicators of loneliness is people that live in poverty – an indicator of mental health particularly depression. That was a constant thing in the background for us. What effect have the cuts had on levels of isolation in the city?"*
>
> *- Person interviewed for this study*

> *"If we can't address the practical support needs, such as housing, welfare, or debt advice, then there is little chance of somebody having the headspace to think 'oh, what do I want to do in my local community?"*
>
> *- Person interviewed for this study*

There was also acknowledgement that that some voluntary organisations might have floundered without the injection of BAB funding. Even with the BAB funding some areas of the city did not receive help. The true potential of the programme might have been much greater had the economic context been more favourable and statutory and voluntary organisations under less pressure.

> *"Maybe the cuts that have had to be made to the voluntary sector have meant they have been able to do a little bit less than they might have done. But BAB wasn't intended to fill the gaps of the council. It was intended to bring new opportunities for older people to be less lonely."*
>
> *- Person interviewed for this study*

> *"To some degree BAB probably has been a sticking plaster over the austerity cuts. It was impossible for it not to have been really because for a lot of the organisations that we funded it did make up for some of the shortfall that they missed from elsewhere."*
>
> *- Person interviewed for this study*

> *"We haven't got into every area ... there are areas of Bristol that could do with a tremendous amount of work and help."*
>
> *- Person interviewed for this study*

"It would be interesting to see what the final results of the BAB programme are and to imagine what they would have been in a world without austerity."

- Person interviewed for this study

PROGRAMME GOVERNANCE, COLLABORATION AND PARTNERSHIP

The original programme board was set up during the bidding process and transitioned into overseeing the delivery process. It had about 20 members including commissioners, partners and older people from a range of backgrounds. It was reviewed using the help of outside consultants once the new director was appointed to clarify the role it should play. This resulted in the setting up of a more strategic board able to oversee the programme and hold the director to account, with a steering group of older people to make sure their voices were actively heard and to enable them to provide support.

This steering group led to the Community Kick-start Panel, responsible for giving small grants to community organisations. It was six months after the start of the programme before the first Kick-start money was made available. It enabled many more people right across the city to be part of BAB and one interviewee commented that the first flood of applicants "made us all feel like we were on the right track". Although these grants were very small, they were felt to be extremely important in reaching groups who would not otherwise receive any funding from other sources. By the time the final funds had been allocated 141 projects had been supported with at least two activities funded in every neighbourhood partnership area. A lot of those interviewed felt that Kick-start was one of the great successes of the programme.

There were also quarterly partnership meetings that brought together individuals and organisations from across the city. Austerity had reduced opportunities for networking and the BAB partnership provided an opportunity to allow people to share experiences.

"When I first came into the sector you often had networking events or a drinks reception in the evening. With austerity those all went. People were too busy on the ground working to be able to network. I think we gave people that back which was quite important."

- Person interviewed for this study

The commissioning process also fostered a collaborative approach with organisations encouraged to bid in partnership with others, often for the first time. Without this approach austerity might have resulted in intense competition between organisations, which did happen to some extent at the point the programme started. There were a lot of individual projects in Bristol doing similar things without much idea of what each other was doing. BAB was a chance to provide cohesion, give a greater prominence to the issues facing older people in Bristol and create a positive image for ageing in the city. It also joined up good thinkers around the city in different organisations who had not had the opportunity to work together before. Several people said this gave the project real momentum and excitement.

BAB invested in collaboration workshops to encourage people to think about how they could work better together with shared priorities and aims. People interviewed felt that this allowed organisations to be more innovative, try different methods and focus more on outcomes. Examples of collaboration were the Talking Tables project run by the City Farms who had not worked together before, and the Community Navigator project in North Bristol which was a joint venture between North Bristol Advice Centre, Southmead Development Trust, Ambition Lawrence Weston and Avonmouth Community Centre Association. Organisations focussed on older people are continuing to work together which is an important legacy of the BAB programme.

"People in the voluntary sector didn't know each other before. BAB has been a unifying force in getting people to know one another and to share information and resources."

- Person interviewed for this study

Collaborative working also brought together the various philanthropic organisations in the city into The Bristol Older People's Funding Alliance. This was emphasised as a very positive development by several people interviewed for this project. These funding organisations used to give grants individually but are now working collectively to meet the needs of older people in Bristol. They include: The Anchor Society, The Dolphin Society, The Grateful Society, John James Bristol Foundation, Quartet Community Foundation, The Society of Merchant Venturers and St Monica Trust. Their joint 'Transformation Fund' helps organisations redevelop or improve services and make an impact on issues that affect the quality of life for older people. This is continuing to provide a source of funding for projects as BAB ends.

RAISING THE PROFILE OF OLDER PEOPLE IN BRISTOL

People interviewed felt that BAB has played a really important role in making more people aware of the issues facing older people and projecting a positive and dynamic view of ageing in the city. BAB worked closely with the existing Bristol Older People's Forum (BOPF) who played a key role in developing the programme and were represented on the programme board. The BOPF Chair helped to develop the 'Babbers' programme on Ujima radio commissioned by BAB and run by older people themselves. She would also appear periodically on the local BBC Points West programme to help publicise the BAB initiative.

INVOLVING A WIDE RANGE OF OLDER PEOPLE

Everyone interviewed agreed that the Community Researchers are one of the great success stories of BAB. Individuals helped with the process of developing the bid, while others were recruited when the project was launched. Many have remained involved for five years or more, taking on a wide range of roles including asset-mapping, qualitative and quantitative evaluation and report writing. Many are likely to go on to support other projects and programmes after BAB ends.

> *"The Community Researchers are a massive success for BAB."*
>
> *- Person interviewed for this study*

Bristol is a multicultural city with people from a wide range of minority groups. Although acknowledging how good the volunteer input has been, several people interviewed were regretful that the Programme Board, the Kick start Panel and the Community Researchers had not been from a more diverse range of backgrounds. The previous Older People's Partnership Board run by the city council had been relatively diverse, but BAB was unable to build on this directly as the Partnership Board had stopped meeting once austerity began. As this report has shown there are significant barriers to volunteering for people who are financially insecure, in poorer health or from a BAME background.[94] One person commented that if a development year had been built into the BAB plan it might have enabled a wider mix of volunteers to be recruited and trained.

> *"In this city where 91 languages are spoken, we could have been more diverse in our representation."*
>
> *- Person interviewed for this study*

Nevertheless, those interviewed agreed that BAB had strong relationships with core diversity organisations across the city and had reached a wide range of people. This was supported in the evidence from registrations and participant questionnaires. There was recognition that older people are not a single homogenous group and that needs vary between communities. BAB acted on the recommendations in the community development report which showed there were gaps in provision for specific groups.[95] This resulted in BAB funding being provided to support previously unrepresented people such as older LGBT groups, talking therapies for BME communities, and activities within care homes.

Footnotes

94: Joplin and Jones (2018) op cit.

95: Woodspring (2016) op cit.

WORKING WITH HEALTH AND CARE SERVICES

Partnership working with health and social care has also had some very positive results. Although social care was under pressure council staff were felt to have worked very closely and effectively with BAB throughout the programme. There were also strong links with some GPs and community health partners. However, a few people interviewed thought the Clinical Commissioning Group was still not fully engaged with asset-based approaches and the need to support community initiatives. Hospitals have focussed on reducing the time older people stay on wards and getting them home quicker, but preventing ill-health and building community support to improve and sustain good health is still not a common part of NHS practice and will take time to develop as part of the NHS 10-Year Plan and the development of Integrated Care Systems. The legacy of what BAB has created may only become apparent after the programme has finished.

> *"Some of the models that have been developed through Ageing Better and partnership working in the voluntary sector is feeding into agenda setting relating to the NHS 10-year plan.... Ageing Better areas can say 'we've got a model here that already exists that can answer some, if not all of your requirements'."*
>
> *- Person interviewed for this study*

Conclusions »

People aged over 65 in England now outnumber those under the age of 16 and by 2037 one in every four people will be 65 or over.[96] There was a general feeling amongst interviewees that there is now much greater awareness of demographic change and the challenges and opportunities that this presents. There is also significantly more understanding of the issues around loneliness and isolation and the importance of building strong communities.

> *"At the beginning of BAB there wasn't the same recognition around loneliness that we have now. Now it is definitely on the agenda."*
>
> *- Person interviewed for this study*

The BAB programme was originally due to end in March 2020, but has been fortunate to obtain extension funding for core Age-Friendly City activities until March 2022. Interviewees for this project were asked to consider what needed to happen next and what might influence the legacy of BAB.

MAKING BRISTOL AN AGE-FRIENDLY CITY

Work on developing the bid for Bristol to become part of the World Health Organisation's network of Age-friendly Communities began at the point BAB was first developed. An Age-friendly Community is defined as 'a place where people are able to live healthy and active later lives'.[97] It requires local residents, the council and businesses to come together to identify what is needed and work towards making changes. There are eight areas of action: community and health care, transportation, housing, outdoor spaces and buildings, social participation, respect and social inclusion, civic participation and employment, and communication and information.

The UK Network of Age-friendly Communities was established in 2012 and by the end of 2019 it included 38 locations and covered 21 million people.[98] It is a dynamic process with most places taking two years to deliver a baseline assessment and action plan and a further three years to deliver that plan. In partnership with the city council BAB developed the baseline assessment in 2015 and Bristol was accepted into the network in 2018.

The final years of the BAB programme have been focussed on addressing all eight action areas to make Bristol a truly age-friendly city.

To this end the BAB director worked in the City Office one day a week in 2018/19 and for the final two years of the BAB programme a senior member of the social care team has joined BAB to develop this legacy.

People interviewed raised several issues that they felt needed to be addressed as BAB came to the end of its core funding period in 2020:

- The need for continued co-ordination and partnership - strengthening and building on the partnerships that have already been developed in the city will be a key part of ensuring that there is not a cliff-edge when the BAB funding ends. An organisation needs to be appointed and funded to succeed BAB and act as the co-ordinator of partnership working in Bristol. Partnership members have valued having time to network, share information, showcase best practice, and collaborate on bids with joint aims and objectives. They do not want to go back to the pre-BAB situation of competing for dwindling pots of funding.

- One City Plan - there is a need to work closely with the city council to get ageing issues addressed more directly in the One City Plan. At present the aspirations in the plan for people ageing in the city over the next 50 years are not ambitious enough and set too far in the future to benefit the growing numbers of people already in their later years. The partnerships established by BAB, combined with the Equality Charter and Voice and Influence Partnerships, need to focus attention on issues to do with ageing.

- Strong leadership – this will continue to be needed to make sure that the objectives relating to the eight domains of the age-friendly city become a reality. Bristol City Council may not have the capacity to do this work and it requires an organisation to campaign on the issues which has strong links to older people.

- Continued project funding - where evaluation shows BAB projects have been successful, alternative sources of funding are required to ensure that they can continue or be scaled up. Some may need to be adopted by other services.

- Potential to work more closely with local businesses - particularly as Bristol is so dynamic economically. BAB has developed a toolkit to encourage businesses to be more proactive in meeting the needs of older people in the city by providing more tailored products and services and helping older people feel more valued and respected. Work is also needed to build links with business as potential sources of funding and support, with crowdfunding another possibility that should be explored. However, one interviewee stressed that it is important to work cohesively as a sector as business partners will not want to "navigate the third sector jungle".

- Ensure that the social isolation of older people continues to be a priority and for health inequalities in the city to be addressed - there is a need to engage more closely with the CCG, GPs, the new community health provider and the City Council. The specification for community health services places great emphasis on community development and social prescribing and there is considerable scope to expand on the pilots and projects pioneered by BAB.

- Transport - the city is very successful

Footnotes

96: Office for National Statistics (2018) Overview of the UK Population: November 2018. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/november2018.

97: World Health Organisation (2007) Global Age-friendly Cities: A Guide. https://www.who.int/ageing/age_friendly_cities_guide/en/.

98: Centre for Ageing Better https://www.ageing-better.org.uk/uk-network-age-friendly-communities.

economically, but transport problems remain a major barrier to full participation in city life for many older residents. In the final year of BAB and beyond there is a need to engage, not just with the City Council and the One City Plan, but also with the West of England Combined Authority which has the responsibility and budget to improve transport across the region.

BAB has focussed on understanding the people they are seeking to support and working in partnership with third sector organisations, community groups and volunteers. It has endeavoured to find those people in Bristol who are less well connected, less healthy and less wealthy. But it is not going to solve the problems of loneliness and isolation in five years. This is something that needs to be addressed on a longer-term basis to help build communities that are better connected, more resilient and where people are better supported in their later years.

As one interviewee summed up, the changes to city life that older people require don't just help them but benefit people of all ages.

> *"Age Friendly just means 'People Friendly'. If I can get into a building, if someone in a wheelchair can get into a building, then someone with a buggy can get in. We are all in it together."*
>
> *- Person interviewed for this study*

Appendix »

BAB projects and delivery partners

Theme	Project	Project Phase	Delivery Partner
	Evaluation		UWE
1 Creating the Conditions	1 Age Friendly City	1 Publication Podcast	No Bindings
	2 Public Understanding	1 Aardman Animation	Aardman
		2 AWE booklet	Happy City
2 Identifying and Informing	1 GP Case Finding	Community Webs 1 Northern Arc & 2 Bedminster	Southmead Development Trust
		3 Integrated Community Clinic	Age UK Bristol
	3 Community Navigators	1 Central and East	Bristol Community Health
		North	North Bristol Advice Centre
		3 South	Bristol Community Health
	4 Community Case Finding	1 Participant Network	Age UK Bristol
	5 First Contact Checklist	2 FCC	The Care Forum
3 Working with Communities	1 Community Development for Older People	1 Greater Bedminster	St Monica Trust
		2 Strategy, Org&Coord	LinkAge
		3 Care Homes	Alive!
		4 Greater Brislington	Bristol Charities
		5 Greater Fishponds	The Care Forum
		6 Horfield & Lockleaze	Buzz Lockleaze
		7 Old Market	Knightstone
		8 St Pauls	Knightstone
		9 Stockwood	St Monica Trust
	2 Learning for Life Together	Pilots	1 Volunteering Matters
			2 Windmill Hill City Farm
			3 Wyldwood Arts
		4 Intergenerational Activity	All Aboard Watersports
	3 Community Kick-Start Fund	Throughout	Various
	4 Community Researchers	Throughout	UWE

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Theme	Project	Project Phase	Delivery Partner
4 Supporting Individuals	1 Wellbeing	Pilots	1 Carers Support Centre
			2 Happy City
			3 Oasis Talk
			4 Second Step
			5 Wellspring
		Wellbeing and BME Older People	6 Oasis Talk
		Talking Therapies	7 Oasis Talk
		Talking Therapies	8 Second Step
	2 Group Work / Peer Support	Pilots Phase 1	7 Growing Support
			6 DHI
			5 Cruse
			4 Carers Support
			3 BDP
			1 Action for Blind People
			2 Alive! Activities
		Pilots Phase 2	2 Growing Support
			5 The Reader
			4 The Harbour
			1 BACWG
			3 Happy City
		Pilots Phase 3	2 Life Cycle UK
			3 NCBI Bristol
			4 Uni of Bath
			1 All Aboard!
		4 Physical Activity and Motivation	All Aboard Watersports
		5 Creativity and Arts	The Reader
		6 Food and Nutrition	BACWG
		7 Food and Nutrition	Wellspring HLC
		8 Group Work and Peer Support	LinkAge
	3 CPCE		1 Southmead Development Trust