



PANDEMIC RECOVERY ACROSS LONDON FOR OLDER PEOPLE: MAKING A PROMISE A REALITY

INTRODUCTION

The pandemic hit older Londoners hard, and the effects are still working their way through people's lives and communities. Recovery is now the watchword with the maxim "building back better". At a pan London level, the London Recovery Board is producing a London Recovery Plan with nine missions, but what's happening at London Borough level and is recovery at this level of local government addressing the needs of older people?

Positive Ageing in London has been scrutinizing recovery planning in the capital and is now examining the actions by London Boroughs in terms of their planning. Given next year's local elections this is vital in judging whether the prospects for an age friendly London recovery look positive or whether they will remain an aspiration.

WHY IS THIS IMPORTANT?

Local councils face many priorities for recovery amidst great austerity. Given the many challenges, how well do older people's needs feature in recovery plans and are the age implication of recovery actions properly addressed. And does recovery planning have the right handle on the problems facing older people caused by or exacerbated by COVID, but also match what older people want in the future. Our evidence of the operation of the London Recovery Board is there can be a struggle to get age-related issues onto the agenda in a systematic way and this is also the experience of other cities.

AUDIT OF LONDON BOROUGHS RECOVERY PLANNING

We have assessed what is happening at London Borough level. Freedom of information requests were submitted to all London Boroughs asking for information about recovery plans across the authority; specific plans for recovery for older people (defined as 60 plus); and assessments of the impact of COVID and subsequent lockdowns on older people in the Borough. The request also asked more generally about recent council strategies for older people and evidence of research undertaken and consultations and engagement with older people. This was supplemented by online examination of actions being taken.

Thirty-one out of 33 Boroughs responded with information and examination of council plans and documents was also conducted via council websites. Inevitably there were varied responses and this analysis depends on what is already in the public domain or commitments to plans and so is difficult to compare like with like. But what is particularly

interesting is how council staff define older people and, in many cases, this is from an adult care perspective looking at health and social care needs rather than other dimensions of age friendliness.

The research concentrated on reviewing council plans and strategies in terms of their *policy intent*. It is not a statistical exercise but rather pulls out key patterns and issues. Equally it does not examine in detail the good work undertaken by many councils in delivering services during the pandemic for older people and the great strides made in developing local community responses nor the many local connections in place supporting older particularly vulnerable people in Boroughs. However, what this study provides is a picture at a particular point in time of how London Boroughs are planning to tackle an ageing population post pandemic and how they are defining problems and solutions in “recovery”.

RECOVERY PLANNING IN PROGRESS A)

Published Recovery Plans.

Around quarter of Boroughs had produced formal Recovery Plans to deal with the aftereffects of COVID. These have been produced at some point from mid-way of 2020. All were designed to specifically address the effects of COVID and setting out an improved vision for the Borough. The timescales for the plans generally focused on the next two years though some had a time horizon of 2025. All evidenced the problems experienced by older people from the pandemic in terms of death and illness experienced. But they varied very much in terms of the level of detail in terms of actions ranging from 12 to 100 pages. Some went beyond broad goals to detailing concrete plans. Most had involved some degree of public engagement to identify people’s priorities for the future. **B)**

Boroughs intending to produce Recovery Plans.

A small number of Boroughs were intending to produce Recovery Plans this year having been delayed by the second wave. They were using engagement with the local population to help frame priorities.

C) Boroughs updating their Council Plans or Corporate Strategies.

A quarter of the Boroughs did not have a formal recovery plan but were updating their existing Borough plans or strategies in the light of the pandemic. In many cases existing objectives were being used and refined in the light of the effects of COVID. **D) No published Recovery Plans.**

However, most Boroughs had not published a formal recovery plan for the whole council though some might have plans in place. But this does not indicate a lack of attention and many had produced Winter Plans for handling COVID working with the health service.

E) Specific Recovery Plans

In addition, several local councils had embarked on producing specific Recovery Plans in

2020 after the first lockdown aimed at dealing with the need to restore economic activity in the Borough, recovery on high streets, and safe travel locally and green recovery. Economic recovery also included skills and training and digital inclusion. Some Boroughs were participating in joint regional economic recovery plans involving neighbouring Boroughs.

F) Health and Social Care Recovery Planning

Many Boroughs were involved with health partners in developing plans for handling recovery mainly in terms of adapting services, developing prevention measures, and tackling health inequalities. These build on Joint Strategic Needs Assessments work and Annual Public Health Reports. These plans contain a lot of rich data on older people, though mainly about vulnerable adults and those receiving health and care services.

KEY THEMES IN RECOVERY STATEMENTS

The analysis has examined what is being said in the various documents about recovery in terms of intent and messages about older people and becoming age friendly. What is noteworthy is that in the relative absence of clear Recovery Plans specifically geared at older people, then issues affecting older people are dispersed across different policy areas in the council. But where they existed most Recovery Plan documents concentrated on setting out a broad vision for the Borough with wide goals and ambitions. The common objectives were broadly:

- **Economic recovery and developing opportunities.**
- **Improving health and wellbeing and reducing inequalities.**
- **Developing inclusive communities.**
- **Empowering residents.**
- **Reimagining common places.**
- **Green recovery.**

A) How is recovery addressing older people?

The dominant message in recovery was it being relevant for *all ages* with “no one left behind”. Whilst all councils publicly recognized the grave impact of COVID on older people, recovery though tended to only mention older people in very general terms in terms of “supporting our older residents” and mainly against a backdrop of the implications locally of an ageing society. The common narrative in plans was about *vulnerable* older people requiring adult social services and health services and specific problems being confronted such as loneliness. Challenges facing older workers with unemployment did get identified in some economic recovery plans in terms of actions needed and housing as an issue for older people was also highlighted in some cases.

There was generally little segmentation of older people in these plans, apart from some data about vulnerabilities and those receiving adult care and other health services. The exception was that many Boroughs did emphasize the needs of BAME and disabled seniors.

Whilst plans did have broad recovery missions or aims *for all ages* including older people, these frequently did not specify what this meant for them. For example, the concept of the 15 Minute City featured in a lot of plans but without detailing the implications for older people which might differ from other age groups. Another Borough had the aim that “residents will be empowered to be digital by choice”, but without assessing the effects on the digitally excluded older population. With the specific Recovery Plans on economic recovery, high streets, and travel there was also limited assessment of the age implications of plans.

B) Evidence of the effects of COVID on older people in the Borough

Councils varied in how they had assessed the implications of the pandemic on older people. All reported deaths and hospitalization but the long-lasting effects of those who suffered from COVID and the effects of lockdown on older people varied in terms of any data presented. In some cases, there were local reports by local Age UK or Health Watches on the effects on older people. In other cases, the exercise of producing a recovery plan had involved surveys of the population on their experience of lockdown and aspirations for the future. In some Recovery Plans notably those being produced with health partners there was more data on older people but mainly from the standpoint of those receiving services. A few Boroughs had set up independent commissions specifically to review the pattern of local inequalities highlighted by the pandemic and come up with local solutions to ameliorate problems. These valuable types of initiatives did tend to include and analyze more data about the local population including older people’s needs.

C) Engagement and contribution by older people in recovery planning

Some Boroughs have extensively consulted their local population on recovery as a way of developing a conversation about the future priorities of the council. But this varied in scope in involving older people and their organisations. A few Boroughs had set up a Citizen Panel or involved networks of resident associations in consulting on plans. What was noticeable though in the questions being asked was the lack of feedback about how older people are coping during and post lockdown and the issues and the immediate problems they were facing, for example the return of local services or the challenges experienced in the move towards digital services, especially in the NHS.

D) The state of age friendly thinking in recovery and previous strategies for older people

It is difficult to assess how advanced Boroughs are in terms of age friendliness. Given the variation in what strategies existed it would be interesting to assess whether those councils with formal age strategies coped better with the effects of the pandemic on older people, and equally whether the presence of strategies is leading to a greater attention to the needs of older people in recovery in planning and priorities. But what was very conspicuous was the absence of age friendly criteria in recovery planning or even mention of an age friendly approach.

Of the 31 councils returning evidence, eight Boroughs had in the past five years produced an “older people’s strategy” of some kind (with some committing to WHO domain approach) with several other councils stated they were planning to produce one or acknowledging this had been delayed because of COVID. A few councils had a dedicated senior elected representative with responsibility for the older population or as a champion for older people. Some Boroughs had published strategies for particular issues or services for older people – Housing, Adult Care, Hospital Discharges, and Dementia.

THE WAY FORWARD FOR AGE BASED RECOVERY PLANNING AT BOROUGH LEVEL

COVID has changed the environment facing older people, exacerbating some existing problems, and presenting new issues in what is accepted is an uncertain world. The risk is to assume we will automatically arrive back to an old normal or that pre-COVID thinking plans are fine to roll forward again. In a sense the experience of COVID has been a stress test of existing policies and approaches across Central and Local Government towards older people.

From this quick review of what is happening at Borough level we set out an agenda with six key priorities to improve how recovery planning can be more age friendly in London. Core must be ***a coherent strategy for older people in localities*** which embraces not just the local Borough, but also extends to health, other agencies and the third sector. This needs to secure through a consensus of the partners involved, what an age friendly recovery actually looks like and produces the right sort of actions to tackle inequalities affecting older people and improving older people’s lives. Only a few Boroughs appear to be doing this. Hackney is probably the best example having produced its ageing well strategy last year which was able to incorporate the effects of the pandemic in its stance on recovery.

1. An older people’s recovery strategy needs to carefully look at what has happened to older people during and since the pandemic.

The danger is that older people get forgotten in recovery. By contrast a lot of attention in recovery is about the younger generation. But the effect of COVID on older people has been dramatic and will still present challenges during recovery. New research by Kings College London showed older people felt they had a worse year during the pandemic than other age groups. From various studies we know that for example their health and wellbeing, financial security, employment, independent living, and social connectedness have all been affected. COVID has particularly accentuated the inequalities facing older people particularly for BAME people. Yet many Recovery Plans do not have clear reliable evidence about the short- and long-term impacts on older people and their changing needs to develop actions. There is a need for greater attention on the issues exacerbated by COVID such as digital exclusion, poor housing, transport, health prevention, and employment risks for older workers.

2. Segmenting older people to help devise clearer priorities.

There is always a danger of grouping older people together as if they are all the same and not having specific tailored aims for different types of older people. A further risk is categorising them as all vulnerable and somehow in need. This misses out their varied needs as workers, volunteers, consumers, and prominent roles in civic life and most importantly

the collective role they can play in recovery planning. This variety and diversity of needs did not really tend to come across in many council documents. There was little focus on the contribution older people might make to recovery as consumers, civic citizens and playing key roles in communities and how these benefits can be supported.

We recommend that councils segment their over 55 age group in terms of different combination of needs and issues in framing action plans which need to have clear objectives, specific action plans and ways of measuring how well they are being achieved. Central is the importance of tackling the inequalities and disadvantage facing particular groups of older people – BAME seniors, the disabled and those with low incomes.

3. Recovery needs to start to tackle problems being experienced now and plan in stages.

“Recovery” assumes an end in sight to COVID, but the spectre is now living with uncertainty of the effects of COVID for some time. Much of the mantra of recovery planning is about building back better. Whilst these aspirations are inspiring in presenting visions of a different future, there is also the need for recovery should tackle the problems piling up as much as the longer-term aspirations. These include restoring services and social infrastructure and above all building confidence of many older people in getting out and about. In some other cities such as Manchester the approach has been to concentrate on a one-year plan to build up resilience in a staged way. There’s value in Boroughs having short, medium, and long terms age friendly action plans. But key in this staged approach is also ensuring that action plans in recovery do not negatively impact on older people or have adverse implications. Some recent initiatives on street and traffic changes illustrate how older people’s needs were not adequately considered. Age impact assessments are required across all changes being made in recovery.

4. Planning and place: Growing importance local integrated systems planning.

The pandemic vividly illustrated the coming together of health and local government as well as the third sector and other agencies in tackling problems. This now has implications for how holistic age recovery takes place and goes beyond the simple notion it’s the local council alone that can plan and deliver an age friendly locality. Instead, there’s a need to achieve age friendly recovery through the active involvement of different agencies. This inevitably can be complicated and there needs to be a consensus about the issues across affecting older people. Understanding and an appreciation of the needs of the older people therefore need to be extended across the council and other agencies. Within councils it’s also important that age-based recovery is properly embedded across all services, policies, and planning. The danger is being seduced by the illusion of having a high-level age friendly strategy for the council, but which does not shape actions and behaviour in recovery.

5. Measuring success on the ground

There’s value in having a common or broadly similar performance measurement structure in place for age action plans which should be published allowing older people to assess whether improvements are taking place. This requires specific objectives being set for recovery for older people which can be measured, for example on digital access being

improved by measuring those who have access to devices and are using online services or employment support the number of workers receiving bespoke training and job outcomes secured. Apart from such measures the satisfaction of older people is also fundamental both through regular surveys but also using the lived experience in tandem with research.

6. Joined up recovery across London.

Recovery for older people needs to be consistent across London not just working well in a few areas. Arguably this requires a commonly agreed approach to recovery planning, the sharing of best practice and the ability to compare action plans between localities to judge how well they are performing. There's also the synergy and connection with the London Recovery Board plans and how this works in practice - though interestingly the review of council websites found little mention of the role and contribution of the London Recovery Board.

PAiL will seek to work with London Boroughs to ensure there can be progress on age friendly recovery and also assess how well it is working on the ground.

Tim Whitaker

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