

An Older People's Strategy for Kensington and Chelsea 2007 - 2017

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Introduction

The Council and the Primary Care Trust are pleased to launch a joint strategy setting out how we will work with older people to improve their health and quality of life. The Strategy builds on what we have done so far. Each organisation has various plans and strategies that set out our intentions to assist older people. However it is some years since we produced a joined up plan, and we have never produced one with the breadth of this one – that goes beyond health and social care needs.

We have tried to strike a balance between addressing broader issues, but we have also tried to be clear about particular health and social care projects that we are already working on, or want to move forward with. As a result, the Strategy also sets out how the health and social care needs of older people in the Borough have been and will be assessed and what arrangements will be made to meet those needs.

This is a local Strategy, based on the views of residents in the Royal Borough. It is based on the latest information about what our older population is going to look like in the future. It reflects national policy, but should give you an idea of how we are making that happen locally.

Amongst the many stakeholders who came together to work on the Strategy, voluntary sector groups have been involved from the outset, and have helped steer its development. It reflects their ideas and their knowledge of the Borough's older residents. As a result, the Strategy is already familiar to the people who will be working to deliver it.

Finally, older people have had a chance to comment on the Strategy. This has resulted in several changes, and our intention is to build on this by regularly asking older people for their ideas as we turn the Strategy into action.

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Section One: Scope and Stakeholders

What is the purpose of this Strategy?

It sets out what sort of services for older people in Kensington and Chelsea will be developed between 2007 and 2017. The Royal Borough of Kensington and Chelsea, and Kensington and Chelsea Primary Care Trust commission those services, and it is our responsibility to be able to explain what is needed locally, and to offer the reassurance that we are acting jointly to meet those needs.

As a result this Strategy is firstly about commissioning – what we need to arrange, and how we are going to do it. By commissioning we mean that the Council and Primary Care Trust are continuously:

- Gathering the latest information on our older residents, and working out what this means for the services we provide
- Having discussions with each other about how to respond to older people's changing needs, whilst always ensuring our services are flexible and of the highest quality
- Putting those discussions into action by deciding to stop paying for some services and starting to fund new ones because older people's needs have changed
- Reviewing any changes to services and asking older people if new ways of doing things have made an improvement to their lives.

The Strategy is partly for organisations that provide services for older people. It is intended to be a place where those organisations can get a clear idea of commissioning priorities in the Royal Borough. Hopefully, the Strategy is also something that any interested resident can turn to in order to get a summary of what older people have said they want, and how the Council and Primary Care Trust are addressing that.

There is a separate Action Plan to go with the Strategy, which sets out who will be responsible for all the work that is needed to implement it.

What is the scope of this strategy?

It underpins the Community Strategy for Kensington and Chelsea. It is about health and social services, but in the context of improving health and well-being. First and foremost, older people are citizens of the Royal Borough and have a say in how the Borough is run, traditionally through voting in elections. Older people use all the Council's services – for example: the parks, libraries, and the 'Here to Help' contact lines. Meanwhile, the Primary Care Trust has a responsibility to improve health and support residents to take healthy choices. We are committed to making sure that our own services take older people's needs fully into account and to keeping all our staff mindful of this as they go about their work. This Strategy also has to reflect the fact that some of the most important services for older people are run by organisations other than the Council or the Primary Care Trust. Issues that older people tell us about time and time again are: transport, the shops, and housing. We can provide excellent care services, but if their housing is poor, or if a bus route does not take them near to a new day centre, then some older residents will not benefit from our efforts.

As a result, the Strategy concentrates on health and social care. However it also confirms that the Council and Primary Care Trust are committed to ensuring that older people have the best possible quality of life and participate fully in the community.

Who are the stakeholders?

By this we mean – who has an interest in this Strategy? And who do we need to work with to make the Strategy happen?

Older people - are the most important stakeholders. This includes older people who live here, or who use services here. When we talk about 'older people' we often mean different things. The Strategy reflects the importance of including all older people. As a result, there is reference throughout to the very varied needs of older people and how we plan to respond.

Unpaid carers – family members, neighbours or friends of older people, who provide a substantial amount of help to older people in the borough – are also crucial to this strategy.

Partners - the Council and the PCT directly provide a wide range of services for older people. But we have a complex set of relationships with many other organisations. We fund some of these to provide very specific services on our behalf or to deliver projects that fit more broadly with the Council or Primary Care Trust's aims. These partners include the voluntary sector, other public sector and private sector organisations. For example, the Council and PCT provide considerable funding to the voluntary sector. This includes local groups with particular expertise and knowledge of this Borough, and large national groups who manage projects here. They provide practical support, advice or advocacy and the chance to volunteer or learn new skills. Another example is that the Primary Care Trust also commissions our local hospitals and the Central and North West London Mental Health Trust to provide services for older residents.

We have many other partner organisations that we work with in different ways. For example we check that we are not duplicating the activity of another body, or that our different ways of working are not somehow making life more difficult for older residents, rather than simpler. The Metropolitan Police, and London Fire Brigade are two organisations that we work with in this way. Transport is another example of something that is very important to older people, and our main partners are Transport for London and the companies that run the buses and tubes.

Diversity and inclusivity

Older people are a very diverse group – more so in Kensington and Chelsea than in other boroughs. This is something that we celebrate, and one of the reasons that working with older people in this borough is so enjoyable. For the Council, the PCT and our partners, being inclusive is at the very heart of what we do. By this we mean that we take into account, and cater for, the needs of all those very different older people. We have to meet national standards to show that our services are constantly getting better at doing this – and although there are expert staff in our organisations who support this work, it is seen as everyone's job. Being inclusive is a theme that runs through the entire Strategy.

Championing the needs of older people

We have 'Older People's Champions' in our organisations. An elected member, a senior doctor or a PCT Board member, who speaks up for older people and challenges their colleagues when services have not taken older people's needs into account. We are currently looking at ways of developing a larger network of Champions.

Section Two: Planning for the future

What do older people want?

The Council and the PCT work closely with our partners to try and find out as much as we can about what local older people want.

Several themes appear time and time again in local consultation, but also form the basis for national policy. This means we have a good idea of what older people's priorities are:

- An end to the age discrimination that too many older people still face.
- Older people want quality of life, as well as the reassurance of services to support them if they deteriorate.
- It is not just about health and social care services, as the government's much broader approach shows. Professionals have to see the whole person, not someone in need of a particular service.
- Older people are individuals and one size does not fit all.
- To reflect this, older people want more choice and control over the way in which services are provided.
- Older people are citizens: a high proportion of them vote, and they all want to have a say in local and national life.
- Services have to be joined up or seamless (a few different terms are used) to pick up on that idea of meeting all of an older person's needs.
- The differences in health and opportunities that still exist between the poorest and wealthiest older people are too great.

Our local plans reflect national issues. However there are certain ways in which Kensington and Chelsea is different from the rest of the country, especially when we plan the future of older people's services. This next section sets out those differences, some of which have become much clearer since we last produced any strategies relating to older people.

In the Appendix is a summary of relevant national and local policy relating to older people. National policy has been very much based on the advice and experience of older people themselves. The Primary Care Trust and the Council are also committed to asking residents for their views - in the Appendix there is also a summary of recent consultation with our older residents and carers in Kensington and Chelsea.

Demographics

In 2003, there were approximately 20,000 people over 65 living in the borough. It is difficult to predict changes to the population here. But now we have new information, which means we think differently about what the number of older people in the borough will be, and what those people might need. This Joint Older People's Strategy is our first chance to review our plans on the basis of that new information.

In the Appendix there is much more information on what we know about the older population in Kensington and Chelsea. As we plan ahead for the next ten years, the main points are:

Numbers

In other parts of the country, councils and NHS trusts are planning for huge growth in the numbers of older people. That is not the case here. The Royal Borough has a high number of younger people, but adults of working age are the largest group within the population, and

we have a much smaller proportion of older people. And secondly, we do not think that number will increase here in the way that the older population outside London will grow. Over the next 20 years, the number of older people in Kensington and Chelsea will be expected to grow only as much as it has in the last 10.

Only in the south, in certain parts of Chelsea, do older people form a larger part of the population than in other parts of the borough – in some cases closer to the national average. We of course need to think of this when we plan services.

Numbers do not, by any means, tell us the whole story. Other factors are equally important.

III health and dependency

Older people typically have higher levels of long-term illness than the rest of the population. These are the disabling illnesses that older people themselves think of as causing most difficulty in their lives: stroke, heart disease (angina & heart attack), arthritis, chronic airways obstruction, Parkinson's Disease, eyesight problems, and memory problems or confusion.

Because the largest numbers of older people are in Chelsea, this is where the most ill health is reported by people over 75. But, relative to the rest of the country, older people in this part of the borough are, by and large, much more healthy. It is those older people who live in some parts of North Kensington who face the poorest health. This is closely connected to the factors below.

Inequality

The poorest older people in the borough are concentrated into quite a small area in North Kensington (W10). We know that they are more likely to suffer discrimination, have poorer health and worse housing than older people in the south of the borough. In the Community Strategy, all partners in the borough are already agreed on targeting services on those in most need.

Ethnicity

In 2001, ten per cent of people over 65 were from an ethnic minority community, with the majority living in North Kensington and facing the issues associated with inequality that are set out in the paragraph above. We have a much more ethnically diverse population of older people here than many parts of the country. But in recent years, there have not been so many new communities making the borough their home – a considerable difference from some parts of London. This affects the way we develop services because there are very small numbers of older people here from particular ethnic groups. Although it would not be sensible to open a day centre for example, for three older people from a particular community, we have developed many ways of working in order to provide the very best services based on cultural and religious need. Small voluntary sector groups that we have worked with on this Strategy have made the point that sometimes the needs of their communities are hidden in broader categories of information that we have. One example is information from the Census, which does not pick up on all the different groups of residents from African countries who live in the Borough.

Type of housing

This is of great significance to the Primary Care Trust, Council and all our partners. There is more detail about this in the Appendix. The factors that we have to consider are the quality of housing that is available and if it is accessible or has the potential to be adapted for an older resident who wants to stay in the place where they have lived for a long time; whether people

own their properties or rent it; and the proportion of older people who live alone and need more or different services as a result of this.

What older people prefer

All our efforts to predict changes in the population can be greatly affected by this issue. We try to get older people's views at every opportunity and involve them closely in planning new services.

Three stages of older age

These local factors are extremely important for our plans. There is one more issue, which is common across the country, which we also need to look at in more detail because it has implications for how we spend our money locally, and that is to do with **age**. Older people need different services at different stages in their life.

The National Service Framework for Older People talks about three stages of older age:

- **Entering old age** These are people who have completed their career in paid employment and/or child rearing. This includes people as young as 50, or from the official retirement ages of 60 for women and 65 for men. These people are active and independent and many remain so into late old age.
- **Transitional phase** This group of older people are in transition between healthy, active life and frailty. This transition often occurs in the seventh or eighth decades but can occur at any stage of older age.
- **Frail Older People** These people are vulnerable as a result of health problems such as stroke or dementia, social care needs or a combination of both. Frailty is often experienced only in late old age. Experts do not always say what they mean when they talk about 'late old age', but 85 years and over is when some of these health problems and their effects increase sharply.

The National Service Framework makes the point that older people at each of these three stages need very different kinds of services. This point is crucial to our planning here in Kensington and Chelsea too.

The right service at the right time for older people in Kensington and Chelsea

The Strategy has already referred to the very wide range of services that older people and their carers use in this borough. Some are specifically for older people (for example residential or nursing homes), others are more general but staff at the Primary Care Trust and Council have worked with older people over the years to make sure their needs are catered for (for example the Here to Help enquiry line at the Council, or the Expert Patient Programme at the Primary Care Trust).

The idea of the three stages of older age from the National Service Framework for older people appears repeatedly in government policy. By following this approach in Kensington and Chelsea, we can ensure that we offer the right help to older people at the time when they need it and that we make the best use of our resources. These local examples show how we manage to do both these things.

- **Frail Older People need to access specialist services**

For example: the National Service Framework for Older People sets a standard that those older people who take four or more types of medication should get regular reviews of what they are taking. Locally, the Primary Care Trust has been working with community pharmacists and GPs to make sure it reaches the government target. Getting medication right can have a very significant effect on the health and quality of life for frail older people.

Another example is NHS funded 'Continuing Care' for people who are very frail and need high levels of nursing care. This used to be provided only in specialist nursing homes, but this level of care can be provided to people in their own homes (as long as it does not put them, or their carers, at risk). Older people locally now prefer to receive this care at home, and there is less demand for the nursing home places funded by the PCT. Health and social services professionals in the borough are experienced at working together to make sure that the people who are entitled to this high level of care can get it when they need it.

- **Older people in the transitional phase need targeted services**

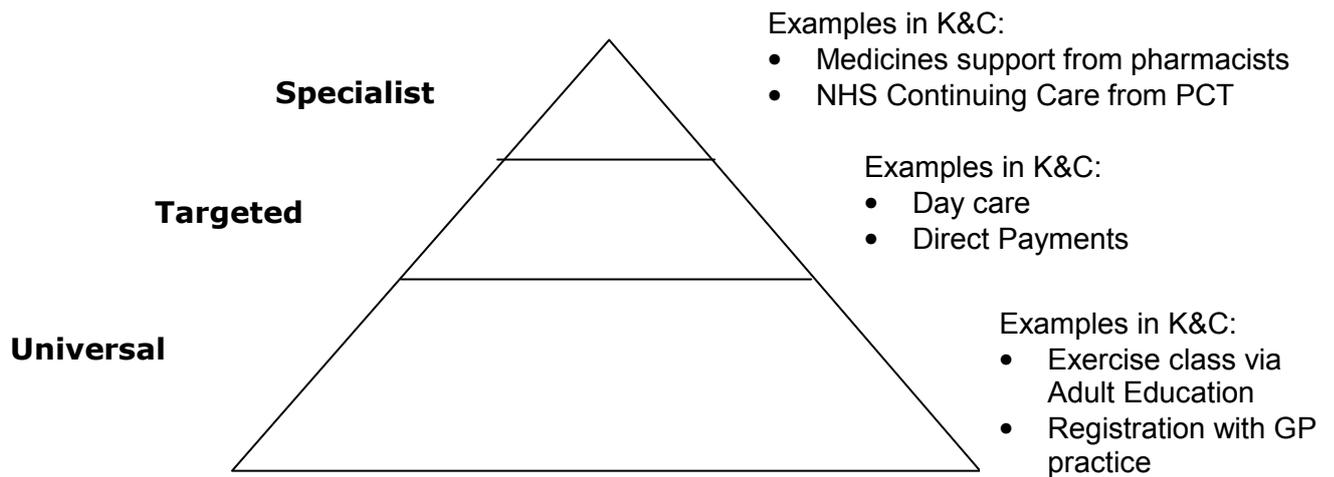
For example: an older person who is lonely and isolated – perhaps because their partner has died, their children have had to move away to find housing, or because they have become unsteady on their legs and feel less confident to go out, might benefit from using one of the various day care centres in the borough. The chance to meet others, regain confidence and have a hot meal, could make a significant difference to that person's well-being.

Another example is the provision of direct payments. Since 2000 older people assessed as needing social care by their local council are, in many instances, able to opt for a direct payment, and buy in their own help, rather than use the more traditional home help services arranged by that council. The Council's direct payments worker has been effective in helping older people from some minority ethnic communities, where there is low take up of conventional home care service, to arrange care by employing their own support worker. In May 2006 a contract was also awarded to a specialist organisation to explain the idea of home care to those communities and promote the idea of direct payments.

- **Those entering old age will need to access certain types of universal services**

An example is an exercise class specifically aimed at older people. These are provided all over the borough, by different organisations, and funded in a variety of ways. Classes like these have many benefits – maintaining fitness, meeting other people, and slowing down the onset of conditions that lead older people to lose independence and need other health or social care services.

Another example is being registered with a GP practice. There is a shortage of GPs in London, so this is not always straightforward. But knowing the doctor and staff at the local surgery, and being able to get advice and treatment early on for health problems can make a huge difference if an older person needs that advice for the first time in life. Increasing numbers of older people are being supported with advice and information to manage their own health. "Self management" has been shown to improve the health of people living with a wide range of long term conditions such as heart disease, stroke, cancer, arthritis, diabetes and mental illness. Self management programmes such as the Expert Patient Programme run by the PCT are designed to improve people's confidence and self sufficiency.



Versions of this triangle appear in many of the national policies and guidance on older people. It reflects what all experts seem agreed on: that only a small number of older people will be extremely frail and have complex needs. That is our view for Kensington and Chelsea as well.

The next section sets out our priorities for 2007 – 2017, based on having some sort of balance between specialist health and social care services, and a universal approach that promotes well-being and citizenship.

Section Three: Our commissioning priorities and the strategy to deliver them

What is our vision?

- We are inclusive, and provide accessible services for all the older people in the Borough.
- Age discrimination is a thing of the past.
- Services are joined up, so that older people do not notice, and in no way suffer from, the fact that support is provided by a range of different organisations.
- Older people have better access to a range of different types of housing, and have a range of support services to choose from once they are living in that housing.
- We do more to promote both physical and mental well-being and prevent older people losing independence in the first place, before they get too frail or dependent
- Older people get help when and where they need it, at a convenient time, from people they trust.
- An older person should only have to go through one assessment, tell their story once, and feel it is listened to. Self assessment should be an option.
- We will develop a one stop approach to information for older people: so everyone gets the same, correct, information about what choices have and what they are entitled to - information that has been developed to meet their language or disability needs, and that is relevant to the part of the Royal Borough in which they live.

This vision fits very well with the existing priorities of our two organisations, as set out in the PCT's Recovery Plan May 2006, and the Housing, Health and Adult Social Care Strategic Priorities Plan 2006-2007.

What are our commissioning priorities for 2007- 2017?

Providing inclusive services for our diverse population of older people and rooting out age discrimination are not separate priorities – they need to run through all our work.

Being inclusive / rooting out age discrimination	Priorities for Older People 2007-2017
	1. When we commission new services, we will make sure that they are joined up from the start. We will do more to bring our existing services together.
	2. We will develop a wider range of housing for older people and more services to support them at home.
	3. We will do more to prevent older people's physical and mental health from deteriorating, by developing a variety of projects that offer all older people options for well-being and staying independent, with a particular focus on those older people with the worst health.

	<p>4. We will develop a one-stop approach to access, assessment and information, so that each older person gets advice about what they are entitled to, and about the options that can help them take control of their well-being, regardless of how, or where, they make contact with Council or Primary Care Trust services.</p>
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How are we going to turn priorities into action?

The outcomes for older people are of the greatest importance, and stakeholders have worked together to agree what those outcomes should be. Partners from local organisations have also started to agree the programme of work that is needed to deliver those outcomes.

Every year, we will produce an Action Plan that sets out what we aim to achieve during the next twelve months and how we will measure our success.

<p>1. When we commission new services, we will make sure that they are joined up from the start. We will do more to bring our existing services together.</p>
<p>Outcomes:</p>
<p>Older people know that it is a possibility to arrange for themselves the support they think will best meet their needs, and they are empowered to do this by the professionals who work with them.</p>
<p>The way that teams or services are organised makes sense to older people, rather than confusing them or setting up barriers that make life more complicated for them.</p>
<p>Partner organisations, large and small, are involved from the very beginning in discussions about how to join up services, and have confidence that their views are valued by the Council and the Primary Care Trust.</p>
<p>2. We will develop a wider range of housing for older people and more services to support them at home.</p>
<p>Outcomes:</p>
<p>Older people and their carers can be sure that professionals will offer them innovative equipment and adaptations to enable them to stay as independent as possible – but technology never becomes a substitute for human contact from a service provider.</p>
<p>The type and range of services that we commission are always based on what older people have said they need locally to keep them independent.</p>
<p>There is a broad and proactive approach to supporting older people in their housing choices, based on staff knowing which colleague in which particular service they need to contact in order to create the most effective support network.</p>
<p>3. We will do more to prevent older people’s physical and mental health from deteriorating, by developing a variety of projects that offer all older people options for well-being and staying independent, with a particular focus on those older people with the worst health.</p>
<p>Outcomes:</p>
<p>Older people in need of preventative services are identified early, and social isolation /</p>

early signs of depression, and physical deterioration addressed.
Older people have the confidence to try new activities and use services that improve their physical and mental well-being because staff from the PCT, Council and voluntary sector work together at every opportunity to give coherent and credible information and promote healthy choices.
These activities will be available to the frailer older people in nursing and residential care homes who have not always been able to access them so easily.

4. We will develop a one-stop approach to access, assessment and information, so that each older person gets advice about what they are entitled to, and about the options that can help them take control of their well-being, regardless of how, or where, they make contact with Council or Primary Care Trust services.
Outcomes:
Older people do not have to tell their story repeatedly, or give the same information to many different professionals in order to access appropriate health and social care services.
Access into services is straightforward and fair, regardless of which service an older person or carer contacts, and regardless of age, race, gender, or the part of the Borough the person lives in.
Information about services is developed with older people, so that it makes sense to them, and organisations produce information jointly so that older people do not have to find their way through a large amount of information from separate organisations, some of which is duplication.

Opportunities: What are we already developing?

These major programmes of work are already under way in the Royal Borough. In each case, they are based on consultation and joint working with our residents. Between 2007 and 2017, these programmes will help deliver our priorities and the outcomes that older people want. Our annual Action Plan will include measures of their success. Some of those measures have already been agreed, for example those in the Local Area Agreement. Other measures need to be worked up.

Joined up services:

The Primary Care Trust is leading on *case management*, which will give older people with very poor health a more joined up service. Experienced workers from a range of professional backgrounds are concentrating on those older people who are most at risk of repeatedly going into hospital – with a view to managing their care more effectively and preventing admission.

Local GPs have budgets to arrange certain types of services for their patients, many of whom are older residents. This *Practice-Based Commissioning* is an opportunity for the PCT and Council to work with local doctors and organise some services in new ways that older people prefer.

Services to promote independence:

Ellesmere House, a former Council care home, next to Chelsea and Westminster Hospital, is being redeveloped to offer day, residential and nursing care, including rehabilitation for people discharged from hospital. The project team involves many stakeholders: for example, older people have been helping decide which organisations should be awarded contracts to provide services there.

We are the only inner London borough chosen by Government to pilot the Individual Budgets scheme. This means that service users can combine the money they get from different central government benefits with payments from the Council and NHS, putting all the money into one account and using it to set up their own care directly. This is a great chance for us to work with older service users and find ways for them to control their own care budget, based on their assessed need.

A range of housing options:

There are opportunities to re-model what is currently sheltered housing so that very frail older people have more housing options – developing some of it into *extra care* housing, for those frailer people. This piece of work is being led by the *Supporting People* team at the Council, working closely with the Primary Care Trust.

The Community Strategy sets out the commitment in the Borough to ensure that housing meets all the required national standards – such as the *Decent Homes* standard, which measures whether homes are in a reasonable state of repair, have reasonably modern facilities and services, and provide a reasonable degree of comfort in terms of heating and insulation. Older people will benefit from these major programmes.

We want to make the most of any technology that can help older people to remain as independent as possible. For example sensors that can detect if someone has fallen, or making sure that older people have access to more familiar options such as the internet for online shopping and home delivery. Technology is equally important for older people with some mental health problems, for example someone with dementia who might be at risk of losing independence because they are wandering or becoming forgetful.

Promoting physical and mental well-being:

Kensington and Chelsea has negotiated a Local Area Agreement with the Government. This three-year agreement sets out priorities and challenging targets to tackle complex local problems. Typically these issues require a wide range of local partner organisations to work together. If we succeed in reaching the targets, there will be extra money from the Government. Although older people are not explicitly mentioned in the Agreement, some of the targets that local partners have set themselves are things that we already know are important to the borough's older people.

In the Appendix there are some comments from older people about the Council's leisure centres, and their reasons for not using them. The Sports Development team are leading this review and want to see if changes to the current system can tempt older people to use the services that are currently offered and thereby improve their health.

A One Stop approach to older people's information and services:

New Horizons is a project led by local voluntary sector organisations, and will use the site of an old day centre in SW3. The organisations have secured offers of money or other types of support from the PCT, Council and other sources. It will be the base for a range of work with

older people – only some of which will take place in the building. Much of the activity will be outreach to housebound people, or trying to identify previously unknown older residents and carers. However, one aspect of the work at New Horizons will be to try out a one-stop approach where older people can see a range of workers who can help them, all in one place. There is also a focus on well-being, and preventing ill health. It will be a good opportunity to try out these ways of working, and to learn for the future.

Across the NHS, the Council, and public organisations more generally, there are new ways of using information technology to share what we know about the wider population, so that we can respond to our residents' preferences. As far as individuals are concerned, there are huge IT programmes being implemented so that, with an older person's permission, certain information about them can be kept by the Council, the Primary Care Trust, the Department of Work and Pensions, and acute hospitals – meaning that a wider picture of their needs is available, and the right help given.

What are the risks? And what does this mean for older people?

People and money There is great enthusiasm to take this Strategy forward, but we need to free up staff, so that we can give thought, energy and leadership to these projects. We need to agree what to concentrate on. There is little new money to invest in developing new ways of working and changes in government funding may present new challenges. However there is agreement that we could run some services more efficiently. This means there is an opportunity to free up resources and improve services at the same time, which needs to be taken.

Expectations from service users Some older people in this borough expect a great deal from our services. Because more resources were available in the past, some of our services have been very generous compared to most other places. Staff can find it uncomfortable to have discussions with residents about things that they believe they are entitled to, but which are not in fact provided elsewhere. At the same time, some of the most deprived older people in the borough do not know how to access services or perhaps think we have nothing to offer them – so we need to find ways of encouraging them to have higher expectations.

Trust Professionals need to trust each other's judgment. For example, a nurse assessing an older person's needs should be confident that the assessment will be trusted and used as the basis for other organisations to provide services to that older person. Trust is also needed for some of the big decisions the PCT and Council will have to make about sharing the work of commissioning services for older residents. And it is equally relevant to relationships between voluntary sector partners and the Council and PCT. The risks are that we will duplicate efforts, wasting resources in the process; or that we will not take opportunities to work together in new ways, missing the chance to develop the excellent services that we all want to deliver.

Older people may not be confident that we will deliver this Strategy Other local strategies for older people's services have been developed in the past. Much work has gone into some projects, with different amounts of progress over the years. Until the Council and PCT make some of the improvements that this Strategy sets out, and tell people what those changes are, there is a risk that stakeholders will see this Strategy as a paper exercise.

Changing preferences We are proud of the consultation work with older people that has been done here in the past, and our ongoing processes for finding out what older people want. We need to develop new methods to reflect changing preferences, and to capture the views of as many older residents and carers as possible. We also need clear plans about how this work will be co-ordinated, how we will share information that we gather, and how we will make better use of work that is done across the PCT and Council.

What can we free up to progress these priorities?

- It is said that preventative schemes save money in the longer term, although it is not always easy to prove this. The Action Plan that goes with this Strategy will set out the sort of measures that we think will help show this.
- By getting the right teams working together, and sharing assessment information, we should improve communication, and reduce duplication of effort, in turn freeing up some resources to begin to introduce more services that promote well-being and prevent older people's health from deteriorating.
- As more older people use *Individual Budgets*, there will be chances for the Primary Care Trust and Council to reduce large contracts with some service providers, redirecting that money to older people.
- *Practice-based Commissioning* is an opportunity that the PCT and local GPs have already done a lot of work on. This is a chance to provide services in the community that are closer to, or inside people's homes, rather than relying very heavily on hospital services.

Who will take this work forward? And how?

Agreeing the big issues and getting a balance between health and social services projects, and wider initiatives to promote physical and mental well-being The Council and PCT will agree the extent to which they want to join up their services for older people. Although the focus will be on health and social care projects, the task of developing the Strategy has resulted in a greater shared understanding of all the different projects and services that matter to older people, and will make it easier to decide which ones to focus on first.

Governance and a clear link back to the Kensington and Chelsea Partnership The Older People's Partnership Board was set up to monitor progress towards the standards in previous government policy - the National Service Framework for Older People. It already includes representatives from the Council, PCT, the other local NHS trusts, voluntary sector organisations, as well as some older people and older carers. Now that we want to take this broader approach around physical and mental well-being, the Partnership is being reviewed to make sure the right people are there, and that it can drive this Strategy forward. This Joint Older People's Strategy supports the Community Strategy for the Borough, so we need to be sure that the Older People's Partnership Board is accountable to the Kensington and Chelsea Partnership for delivering this Strategy.

Measuring success The Older People's Partnership Board will take responsibility each year for producing the Action Plan that goes with this Strategy. It will also develop measures for each of the outcomes, or check progress against some of the measures that have already been agreed in the Community Strategy. Without these checks in place, we cannot tell whether we are making improvements in the lives of older people in Kensington and Chelsea

A lot of work has gone into developing the Strategy, and all the following are in place:

- Support from political and board level champions.
- Commitment from all the most senior managers, who will lead the implementation of the Strategy.
- Enthusiasm from a wide range of colleagues who have helped develop the Strategy and now want to be part of the project teams that will make it happen.
- Engagement from voluntary sector groups both small and large, with commitment that small groups will be involved and consulted just as much as larger ones.

As a result, older people should be able to feel confident about our commitment to develop excellent services in Kensington and Chelsea over the next ten years.