

## Appendix Two

### National priorities, best practice and evidence

Over the last 10 years, a large amount of policy has been produced which affects local councils, the NHS, and the voluntary sector, and the way we provide services for older people. We have included the most relevant ideas because these are things that we have to implement locally as part of our joint strategy:

- **Better Government for Older People** In 1998, Kensington and Chelsea was a pilot site for this national government-funded programme. It was set up to make sure that older people themselves shape the development of strategies and services that are for them. Locally we now have eight years of joint work between a large number of older people, and a wide range of Council staff to build on. They have solved issues that needed different Council departments to work together. Older people are influential in the planning of services in ways that now seem entirely usual to us, but this was unheard of eight years ago.
- **The Local Government Act 2000** introduced new powers for all local councils to promote and improve the economic, social and environmental well-being of their area. The Kensington and Chelsea Partnership brings together the local representatives who developed 'The Future Of Our Community 2005-2015: The Second Community Strategy for the Royal Borough of Kensington and Chelsea'.
- **The NHS Plan** Published in 2000, the Plan set out the government's intentions for the NHS. The Plan announced a large amount of investment in the NHS, but with a very clear message that the service had to be more clearly organised around the needs of service users, and that those service users had to be able to have choices rather than make do with what they were given. It was where some of the targets that are commonly talked about in the media were first launched – for example being able to see a GP within 48 hours. The NHS Plan also talked about the need for more joined up commissioning arrangements between Councils' social services departments and PCTs, suggesting a Care Trust as one way of doing this.
- **The National Service Framework for Older People (2001), updated as A New Ambition for Old Age (2006)** The NSF made it very clear that age discrimination, lack of respect for older people, and merely thinking about them as needing services at times of difficulty, were completely unacceptable. The Framework set out standards - many of which have been met, hence the updated version this year called New Ambition for Older Age. The update emphasises that more needs to be done to provide services for older people that treat them with dignity, especially at the end of their lives. And it reiterates the importance of services that are joined up and recognise all of an older person's needs – not just issues that are obviously to do with health or social care.
- **Opportunity Age** The Department of Work and Pensions produced this in 2005. It was the government's response to challenges that its own departments should be more joined up in their response to older people's needs around money, housing, income and opportunities to flourish in later life. It focuses on people over 50 and ways of helping them to continue their careers, manage their health, and combine work with family (and other) commitments.

- **Commissioning a Patient-led NHS** In 2005, this programme from the Department of Health, spelt out to NHS staff, especially in Primary Care Trusts, that their ways of working were about to change significantly. PCTs had to work more closely with doctors and other health professionals when they were designing new services, and they had to move faster to roll-out practice based commissioning. The Department of Health also began a complete review of the functions of Primary Care Trusts and Strategic Health Authorities, to turn them into organisations focused on commissioning and performance management, rather than the wider range of activities they had been set up to carry out.
- **Choosing Health** This 2005 Department of Health document focuses on public health and how to encourage people to take responsibility for their own well-being based on good information and good partnership working. The document reminds everyone that it is everybody's business to look after their health.
- **A Sure Start to Later Life** In 2005, this came out from another government department, now known as the Department of Communities and Local Government. It is concerned with tackling inequalities – recognizing the different standards of living and opportunities that older people face. It contained many examples of older people facing discrimination, particularly those from Black and Ethnic Minority communities. Eight pilot schemes were announced, based on the Sure Start model that had already been introduced for families with children. Older people must be able to get the advice and help they want in one place, without having to try and work out where to go for different things. Although it is not one of the 8 pilot schemes, the New Horizons Centre, which is being developed in this borough is based on the same principles.
- **Everybody's Business** This 2005 strategy came out because it has long been known that mental health problems are common in older people, yet not always given the attention they deserve. It told councils and NHS trusts that they could no longer condone such situations, and that mental health services provided by councils, the NHS and the voluntary sector had to be brought into a joint service, and that we had to get much more effective at commissioning jointly across our organisations.
- **Our Health, Our Care, Our Say** is a Department of Health publication from early 2006. Although it deals with community health and social care services for all adults, it pulls together increasingly familiar themes for those working with older people. It is based around the importance of 7 outcomes which Health and Social Care services have to deliver together:
  1. Improved health (including physical and mental health, managing long term conditions and physical activity)
  2. Improved quality of life (including leisure and social activities, lifelong learning, security and transport)
  3. Making a positive contribution (through employment, volunteering, involvement in policy development etc)
  4. Exercising choice and control;
  5. Freedom from discrimination;
  6. Economic well-being (having enough income for a good diet, accommodation and participation in family and community life)
  7. Personal dignity.

As far as local leadership is concerned, local councils must appoint a Director of Adult Services – who, amongst other things had to work with the Director of Public Health from the local Primary Care Trust to map out local health needs and commission the services to meet them. Councils must also appoint a Lead Member for Adult Social Services. The other particularly important point, because this Strategy is about commissioning, is that the government insists that councils and PCTs agree joint commissioning

arrangements that deliver the best results for residents who need health and social care services.

**Supporting People** This programme brought together various funding streams associated with housing support services and gave local councils a chance to commission services that meet local need. The draft national SP Strategy sets out the future direction of the programme and focuses on the following key themes:

- Sustained prevention and enabling independence
- User focussed services and user choice
- Appropriate flexibility for local authorities
- Better informed commissioning
- Recognition and support for the role of the voluntary and community sector.

The Strategy suggests that there is an opportunity to improve the extent to which support is being made available to people in their own homes and advocates the use of individualised budgets.

**London:** In the capital, we also have the Mayor of London's Strategy for Older People. Published in 2006, the Mayor has taken familiar themes, but prioritised what was important to older Londoners. The Mayor intends to:

- Challenge negative perceptions of older people and fully recognise the contribution they make to London
- Take action to reduce pensioner poverty in London
- Promote high quality social care
- Support the sort of services that older people are not necessarily entitled to as a result of the law, but which can make so much difference to their lives

**Kensington and Chelsea:** In our own borough the Community Strategy has a section on Health and Social Care that begins by pointing out that the entire Community Strategy contains actions that will improve residents' health. However, all the stakeholders for this Older People's Strategy have already signed up to make the borough a place where:

- Everyone has the opportunity to lead a healthy and independent life and can access good quality health and social care services when they need them

And they are committed to:

- improve and protect the overall health of people living in the borough and reduce inequalities in health;
- improve the quality and choice offered by local health and social care services;
- improve the experience of patients, carers and users of local health and social care services;
- improve residents' independence and quality of life.