A Bright Future For Us All

An Older People’s Strategy
for Kensington and Chelsea 2007 - 2017
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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 already has in place 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 previous plans tended to focus narrowly on the health and social care needs of older people. This strategy is based on a much more rounded look at the needs of older people. It recognises that older people rely on the same universal services as other citizens – such as parks, GPs, police, street cleaning, pharmacists, electoral registration, benefits and libraries - just as much as on specialist services like home care, day centres, sheltered housing or nursing homes.

In addressing these broader issues the important role of targeted and specialist services for those with more complex needs has not been forgotten. 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.

Most important of all, 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.

Cllr Fiona Buxton
Cabinet Member for Housing, Health and Adult Social Care RBKC

Peter Molyneux
Chair, Kensington and Chelsea Primary Care Trust

Peter Okali
Chair, Voluntary Organisations’ Forum, Older People
Introduction

What is the purpose of this Strategy?

This strategy sets out a vision of what we want life to be like for older people in Kensington and Chelsea and a long term strategy for how to achieve it. The overall purpose of the Strategy is to promote healthier, more fulfilling and enjoyable later life for all of us.

The Strategy helps to achieve the vision by setting out at a high level, what sort of services for older people in Kensington and Chelsea will be needed over the next ten years, and how these will be provided or developed. This is sometimes called a strategic commissioning framework.

The term commissioning is used in different ways. By commissioning we mean the cycle of deciding what services to provide and how to provide them. This includes:

- Gathering the latest information on our older residents, and working out what this means for the services we purchase, provide or fund
- 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 therefore 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. We hope that 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?

The Strategy covers all services for all older people. It addresses the crucial role of universal services as well as specialist services provided by the Council and the Kensington and Chelsea Primary Care Trust (PCT).

When we talk about ‘older people’ we have traditionally meant people aged 65 or over. Increasingly however, attention is focused on people over 50 years of age. This is based on a recognition that people’s quality of life in old age is crucially influenced by what happens...
in middle age – for example whether people take plenty of exercise, smoke or are over-weight, and whether they are in employment and what pension provision they make.

This strategy focuses on people over 65 years of age but not exclusively so. It recognises that as people get older their needs change, and that needs tend to become more complex with increasing age. However it also recognises that people should start planning for old age early, and that the chances of a long and healthy life are greatly affected by lifestyle and health in middle years.

The Strategy focuses on the current generation of older people, and those approaching old age. However it is also relevant to future generations of older people, and with advances in medical science and living standards, that means almost all of us.

Our Vision for later life

We want older people in Kensington and Chelsea to enjoy longer, healthier happier and more fulfilling lives. We want Kensington and Chelsea to be a place where older people:

- Have their contribution to society recognised and where their skills, wisdom, experience, energy, and potential are valued and fully realised;
- Lead varied lives with many enjoyable and stimulating opportunities, including artistic, cultural and social activities;
- Are enabled to live a healthy lifestyle and stay physically active, with access to a wide range of sports and leisure activities;
- Have access to high quality treatment when needed and get help to manage long term conditions like asthma and diabetes independently;
- Have their rights and dignity respected and are not subjected to discrimination prejudice or abuse;
- Have a reasonable standard of living and do not live in poverty, with help and advice available to those on low incomes;
- Feel safe in their homes and communities and are unlikely to be victims of crime or antisocial behaviour;
- Maintain relationships and contact with relatives friends and neighbours and are not socially isolated;
- Have opportunities for paid employment, volunteering and adult learning;
• Are enabled and empowered to have their say and participate as active citizens in local democracy, user, carer and patient groups and community bodies and initiatives;
• Stay in their own homes whenever possible and are provided with a range of accessible, high quality social care services to enable them to do so;
• Have a range of options available for more supported living if they can no longer continue to live at home even with help; and
• Have the maximum independence consistent with their safety and well being and are able to exercise choice and control over services

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 in Kensington and Chelsea and those who use services here. Older people are an extremely diverse and varied group of people and we should be wary of generalisations about their needs. The Strategy reflects the importance of including all older people. As a result the very varied needs of older people are borne in mind throughout.

Unpaid carers – family members, neighbours or friends, 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. We work very closely with other NHS bodies, including the local hospital services, such as the Chelsea and Westminster Hospital NHS Foundation Trust and the St. Mary’s NHS Trust as well as the Central and North West London Mental Health Trust. Other partners include the voluntary sector and 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.

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 inclusion

Older people are a very diverse group – more so in Kensington and Chelsea than in other areas. 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.
The Needs and Views of Older People Locally
Older people across the country share some common needs. These reflect the inter-relationship between the typical effects of the natural process of aging with the socio-economic context of modern developed societies, such as patterns of employment, family life and geographical mobility. In addition there are some distinctive features of Kensington and Chelsea which need to be taken into account, such as the unusual demographic profile of the area and the enormous linguistic and cultural diversity of our communities. This strategy takes into account both universal and local perspectives on need.

Three stages of older age

The National Service Framework for Older People identifies 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 process of aging means that there are some common challenges which most people will have to face in some form at some point in their life journey. These include:

- Adjusting to often very big changes of income after retirement from paid employment
- Reduced mobility due perhaps to physical health or reduced resources
- Maintaining fitness, warmth and a healthy diet as we age
- Coping with bereavement
- Changes in housing needs, such as needing a smaller property with fewer stairs
- Increased social isolation
- Increased risk of a wide range of conditions including sensory impairments and Alzheimer’s disease

The nature and timing of these challenges will vary greatly from individual to individual, as will each person’s resources to tackle them, including the strength of their family and social networks and their level of income and wealth. In broad terms however it is possible to distinguish between the different kinds of services that people will need at each of the three stages.
Recognising these differences is important as otherwise we will fail to ensure that people get the right service at the right time. The local examples below illustrate the wide range of services and initiatives on which we have to build in Kensington and Chelsea.

- Those entering old age need to access to 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.

- 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.

- 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.
The distinction between universal, specialist and targeted services is often portrayed as a triangle, reflecting the progressively smaller number of people receiving each type of service.

The traditional model....

Across the country, resources and services have traditionally been focused on those older people at the very top of the triangle – those with the most complex needs. However in recent years national policy has begun to recognise the need to shift this balance, or indeed to invert the triangle, so that meeting the needs of older people is seen as a challenge for everyone, not just the concern of specialist and acute services. This is reflected in the recent White Papers on health and social care which place a much greater emphasis on universal services, prevention and individual responsibility. (Choosing Health and Our Health, Our Care Our Say).

This policy shift reflects a desire to ensure better and more inclusive services for all older people. However it is also informed by the recognition that the scale of the challenge we face as a community in caring for the frailest older people will be in part determined by how people cope in the earlier stages of old age. For instance, the diet, exercise and smoking habits of people entering old age has a major effect on the number of years that people on average have to cope with ill health. Similarly the Turner review of pensions has made proposals to encourage people to save more effectively for later life.

This new approach is shown as an inverted triangle below.

Support for older people tomorrow...

Universal

Targeted

Specialist

Local examples:
- Medicines support from pharmacists
- NHS Continuing Care from PCT

Local examples:
- Day care
- Direct payments

Local examples:
- Exercise class in adult education
- GP registration

e.g. leisure and fitness for over 50s

e.g. Telecare such as movement sensors to detect falls

e.g. Extra care housing
The emphasis on universal services is not the only important development in national policy which our long term strategy must consider. There has been an array of documents and initiatives, such as Better Government for Older People (piloted in Kensington and Chelsea in 1998), the National Service Framework for Older People (first published in 2001 and updated in 2006 as A New Ambition for Old Age), Opportunity Age (2005) and A Sure Start to Later Life (2005). Fortunately there are some clear themes running through these documents. The key policy themes are:

- Increasing independence and choice, with more individually tailored and less institutional services. This has been reflected in the development of community care over the last two decades, but is being extended through mechanisms such as individual budgets
- A stronger voice for older people as citizens and service users. This can be seen in initiatives such as Better Government for Older People and involving people better in their own care
- Joined up services to reduce duplication and provide seamless services, reflected for example in pooled budgets, Care Trusts, the Single Assessment process and Joint Visiting Teams
- Recognising and supporting the crucial role of informal carers, reflected in increased government funding for carers’ services and the requirement to assess the needs of carers separately

These themes fit well with all the evidence, both locally and nationally about what older people want. They all reflect the rising expectations of older people and their families about the quality of life and standard of service which everyone should expect.

Local Needs and numbers

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:

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.

Ill 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 above. We have a much more ethnically diverse population of older people here than many parts of the country. 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 them; and the proportion of older people who live alone and need more or different services as a result of this.
What do older people want?

The views of older people are extremely important in shaping our long term strategy. 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. We therefore have a very good idea of what the priorities of older people are, although we can certainly do even better in involving users and carers in the future.

This is a summary of recent consultation with older people, by the Primary Care Trust and the Council.

- Health and Social Care Reference Group 2006: Older residents want the Council to intervene more to improve quality of life – for example having more staff to pick up litter, and to stop people from riding their bikes on pavement.
- Community Strategy consultation with African Caribbean elders at Pepperpot Club February 2005: These older residents felt they were getting more isolated. They have lived in the area for 10 – 40 years, but their children had been forced to move out to get better job opportunities. Their isolation was causing mental health problems for them; it also masks the difficulties African Caribbean elders face in accessing benefits, reading and writing, and living in poverty.
- Strategic Review of Supporting People services for Older People 2005: Residents in sheltered housing, and those living in other types of housing but using support services to help them manage their tenancies, said they felt safe and secure. However, the service users living in sheltered schemes said they would rather ask for help when they needed it – and did not necessarily want the pre-arranged package of support on offer to everyone in sheltered housing. Black and Minority Ethnic service users and carers were asked about
their need for specific services. Their preference was for more access to specialist services in the community such as day care, home care, or advocacy, rather than new housing schemes.

- Community Strategy consultation with East Chelsea Elderly Group, February 2005: Older residents wanted more coordination between services to reduce overlaps. If there is a person who needs a lot of services, they should get one named worker, who makes that coordination happen; they felt staff needed more training on disability awareness; public transport was a big issue – inefficient bus, rail and underground systems made people use their cars – with a bad effect on everyone’s health.

- PCT consultation on Your Health, Your Care, Your Say, November 2005: There was support for ‘new’ types of health services in community settings which people can get to easily and which are user friendly. There was a lot of support for preventative measures rather than just treating illness. There was support for the voluntary and community sector to be able to provide some services either in partnership with statutory service or independently.
• PCT work on ‘Choosing Health’ June 2004: Older People wanted green open spaces, which were well lit and in which they could feel safe, more community centres and opportunities where they could meet to ‘just talk’

• Complaints about Adult Social Care at the Council: the main message from older people is that we are not always good enough at communicating with them, their families, and other workers who play an important role in their lives

• The Council’s annual Residents’ Survey contains views from older people, and comments on leisure seem especially relevant for our strategy. Rather sadly, when asked whether they used local leisure centres, one older person said ‘I'm a pensioner – sports centres aren’t for OAPs’. Older people said the following things would encourage them to use the centres: ‘If the prices were reduced for entry’; ‘It seems to be primarily directed towards young people (loud music, etc.) – if there were more programmes for seniors, I might use it more’. The Council’s Sports Development Team are stakeholders in this Strategy and keen to work with all of us to follow up what those older people said.

Several themes appear time and time again in local and national consultation. Older people want:

• An end to the age discrimination that too many still face.

• A good quality of life, as well as the reassurance of services to support them if their health deteriorates.

• To be treated as a whole person not just someone in need of a particular service.

• To be treated as individuals; one size does not fit all.

• More choice and control over the way in which services are provided.

• For their contribution as citizens to be recognized and promoted: a high proportion of older people vote, and they all want to have a say in local and national life.

• Services to be joined up or seamless.

• The differences in health and opportunities that still exist between the poorest and wealthiest older people to be reduced.
Our priorities to deliver the vision

Taking into account the national policy context, the distinctive profile of needs in Kensington and Chelsea, and the views of older people, we have identified the following priorities for the next ten years to deliver our shared 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 to improve wellbeing and reduce social isolation
- 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. Prevention will start with universal services for everyone over 50 years of age
- 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 they 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.
What are we already developing?

The priorities fit very well with the existing strategic plans 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. Our commissioning therefore needs to build on the good work which is already in hand, and in particular the following initiatives and opportunities:

**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 frailler 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 a commitment in the Borough 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 such as reducing crime, empowering residents to have greater influence over local decisions, improving food and nutrition and increasing benefit take up.

Older people made some important comments about the Council’s leisure centres, and their reasons for not using them. The Sports Development team are leading a 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 Chelsea. 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.

Commissioning Priorities for 2007-2017

Taking account of the work which is already in hand and the opportunities which exist, we have distilled our priorities into four broad commissioning priorities for 2007-2017, as set out below. 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.

Stakeholders have worked together to agree what success in delivering the priorities would mean – our success criteria. In the short-term these success criteria will help us to measure whether we are on track. In the long term we expect that delivery of our priorities will be reflected in improved outcomes.
for older people: measurably better lives. 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.

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.

Success Criteria:

- 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.
- 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.
- 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.

2. We will develop a wider range of housing for older people and more services to support them at home and reduce social isolation

Success Criteria:

- 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.
- 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.
- 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.

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.

Success Criteria:

- Older people in need of preventative services are identified early, and social isolation / 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 frail older people in nursing and residential care homes who have not always been able to access them so easily.
4. Older people get help when and where they need it, at a convenient time, from people they trust. 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.

Success Criteria:

- 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 duplicated.
The Challenges we face in delivering our priorities

There are a number of key challenges to overcome to successfully deliver our priorities for older people. These include:

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 People rightly expect high standards of service. Some of our services have been very generous compared to most other areas. 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.

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.