



AN ACTIVE AGEING STRATEGY FOR KINGSTON 2004-2007

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EXECUTIVE SUMMARY

This strategy outlines local plans to improve the health of older people by starting with action for all people over 50. The case study in Chapter 3 serves to illustrate the issues faced by older people living locally and the barriers they face to active ageing. It reflects issues raised by older people during the consultation for this strategy and these are discussed in more depth in subsequent chapters and each chapter covers the implications for health, available evidence in this area from the Independent Inquiry into Inequalities in Health (DOH 1998), the National Service Framework (NSF) for Older People (DOH 2000) and the WHO Active Ageing Strategy (WHO 2002), current provision locally and makes recommendations for action. The strategy goes on to outline how the work will be taken forward in these areas.

Chapter 4 covers issues relating to material wellbeing including the areas of benefits advice and financial planning for older people approaching retirement. Recommendations are:

- Ensure better access and publicity for services to help older people access the benefits they are entitled to and understand their financial situation.
- Encourage initiatives to promote financial planning for older people approaching retirement

Chapter 5 covers issues relating to quality of homes and the areas of fuel poverty, prevention of falls and supported housing. Recommendations are:

- Further develop schemes which aim to improve insulation and heating efficiency
- Promote and develop the prevention of falls strategy and associated services
- Further develop initiatives to enable older people to live at home including Improved access to occupational therapy services and strategies to provide a variety of supported housing for older people

Chapter 6 covers issues relating to mobility covering promoting walking and chiropody services. Recommendations are:

- Further develop initiatives to make walking safer and more attractive
- Expand podiatry and chiropody services

Chapter 7 covers issues relating to independence in particular public transport. Recommendations are:

- A greater consideration of the needs of older people and improved provision of public transport to services used by older people
- Increase the flexibility and availability of community transport including transport to NHS appointments

Chapter 8 covers issues relating to fear of Crime. Recommendations are:

- Greater involvement of older people in the crime and disorder partnership and further initiatives to address crime and fear of crime amongst older people as part of Kingston's crime and disorder strategy.

Chapter 9 covers issues relating to social interaction including day centres, adult education, leisure facilities and intergenerational activities. Recommendations are:

- Provision of affordable and accessible leisure services and adult education that meet the needs of all older people
- Initiatives to increase neighbour contact/ support

- Further development of initiatives to improve relationships between generations through schools, universities, colleges and youth groups

Chapter 10 covers issues relating to mental health including the areas of preventing and identifying depression among older people and coping with dementia. Recommendations are:

- Increase awareness of mental health problems amongst the general public and professional to ensure early identification of depression and dementia
- Improve awareness of bereavement services

Chapter 11 covers issues relating to nutrition. Recommendations are:

- Better provision of services for people who need assistance getting to the Shops
- Better provision of services that will promote oral health

Chapter 12 covers issues relating to the involvement of older people in developing services and health promoting initiatives. Recommendations are:

- Initiatives to encourage volunteering
- Initiatives to encourage the involvement of older people in both planning and providing services

Chapter 13 covers issues relating to health and social care services. Recommendations are:

- Better integrated services and multi disciplinary working between health, social care, housing and the voluntary sector to ensure joined up working including joint work to capture those not known to services, especially isolated older people by, for example, A&E & local pharmacists
- Joint work within housing, residential homes, health, social services and the voluntary sector to meet NSF targets to:
 - Increased Flu immunisation (especially in deprived areas)
 - Improved promotion of and access to smoking cessation services
 - Improved Blood pressure management for older people
- Improve access to breast screening
- Improved support for deaf people by all professionals who work with older people
- Further development of services that recognise the diversity of the local community
- Particular attention to the needs of Black and minority ethnic groups & Gay and lesbian users

Chapter 14 covers issues relating to information and consultation including the areas of consultation with older people about appropriate services as well as mechanisms for ensuring older people are aware of all the services that are available. Recommendations are:

- A co-ordinated strategy to increase awareness of services available for older people

PART ONE – BACKGROUND

Chapter 1 Introduction

What does active ageing mean?

People are living longer and having fewer children. As a result the UK population is getting older. In fact it is predicted that by 2023 there will be a greater proportion of people over 50 years old than under.

In Kingston, although the numbers of older people are currently decreasing, it is expected that they will start increasing again as the current cohort of middle aged people reach 65.

If ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. The World Health Organization has adopted the term “active ageing” to express the process for achieving this vision.

Active ageing allows people to realize their potential for physical, social, and mental well being and to participate in society according to their needs, desires and capacities. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.

Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. “Health” refers to physical, mental and social well being as expressed in the WHO definition of health. Thus, in an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status. Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers. Moreover, ageing takes place within the context of others – friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational awareness are important tenets of active ageing. Yesterday’s child is today’s adult and tomorrow’s grandmother or grandfather.

Characteristics of older people living in Kingston

There are 19,687 older people in Kingston accounting for 13% of the population. 11,725 are women and 7,962 are men.

7996 (40%) of older people live alone, most of whom are women (2001 figures).

77% of older people own their own homes, whilst 16% live in social housing.

St James, Surbiton Hill and Berrylands have the largest numbers of older people in the borough.

St James (23.2%), Berrylands (20.2%) and Hook and Chessington North (19%) have the highest percentages of people over 60.

Grove (17.8%), St James (15.6%) and Hook and Chessington North (19%) have the highest percentage of households where pensioners are living alone.

Why are we doing this?

The government has recently produced a National Service Framework for older people. This is a comprehensive strategy to ensure fair, high quality, integrated health and social care services for older people and to support independence and promote good health, specialised services for key conditions, and culture change so that all older people and their carers are always treated with respect, dignity and fairness.

Standard 8 of the NSF aims to extend the healthy life expectancy of older people. It focuses on improving the lives of older people starting with action for all people over 50. It is based on a holistic approach and specifically notes the need for a 'multi-sectoral approach' to tackle a wide range of issues:

- increasing physical activity
- improved diet and nutrition
- immunisation and management programmes for influenza
- initiatives to reduce poverty and improve housing and local amenities, including transport
- tackling social isolation, providing bereavement support and suicide prevention

Kingston's Older People Partnership Board is committed to promoting active ageing in Kingston and has been working over the last year to develop this strategy.

How we got here?

An initial seminar was held in May 2002 with professionals from a wide range of agencies to help identify needs and gaps in current provision. It identified the local needs for the promotion of healthy living among older people living in Kingston and made recommendations for areas where work should be developed. Older People were also consulted through the Older People's Forum and Residents' Panel about local needs.

Subsequently a series of seminars were held with key agencies to agree priority areas for development of work and formulate action plans. A questionnaire was also sent to older people on the residents' panel (see appendix 1 for the results).

This work culminated with the production of this strategy which is informed by local needs as well as evidence of best practice.

PART 2 – LOCAL NEEDS

Chapter 2: Local issues

Kingston has a population of over 147,000 people, 15.5% of whom are from black and minority ethnic groups (BME). 13% of population are over 65 years of age and 8% consider themselves to be informal carers. The BME population is growing, the older peoples' population is decreasing but is set to rise again in 2006. There are also a growing number of older people with learning disabilities who need to be considered.

In general, Kingston is an affluent area. However, there are significant pockets of deprivation throughout the borough and hence health inequalities exist. Inequalities are not only relevant to geographical areas; they are also seen in particular communities, e.g. homeless people, refugees. As with geographical areas numbers are often very small, making groups hard to identify and support. One example of this is minority ethnic groups, members of whom can feel isolated because their numbers are so small or their networks are limited.

Older people live in deprived areas and can also be part of minority ethnic groups. It is essential that the needs of the different groups of older people are considered in developing strategies to promote healthy living in older people. For example the proportion of older people from all minority ethnic groups is currently small but is expected to increase. Projected changes for Kingston for 2011 are as shown in the table below

	2001	2011
White	17,458	15,451
Black Caribbean	42	82
Black African	17	55
Black Other	4	6
Indian	306	575
Pakistani	51	99
Bangladeshi	7	18
Chinese	72	124
Other Asian	132	203
Other	122	201
All Ethnic minorities	753	1,362
All Ethnic Groups	18,211	16,814

Source: LRC Ethnic Population Projections.

This shows that Indians constitute the largest 65+ ethnic minority population followed by 'Other Asian' of which the majority is Korean (approximately 12,000 people). Norbiton ward has one of the most concentrated minority ethnic populations. This includes an Asian group which has a large proportion aged over 60.

Chapter 3: Case study to illustrate current situation & local need and causes of poor health

This case study illustrates some of the issues faced by older people living locally and the barriers to active ageing. It reflects some of the areas raised by older people during the consultation for this strategy. The issues raised by this case study are discussed in more depth in subsequent chapters.

*Flat 4
Milton House
Kingston
Surrey*

My Dear Doreen,

How lovely to hear from you after such a long time. Oh, where do the years go? It seems like only yesterday that you and I were on our cycling holiday in Devon, do you remember? I'm sure you haven't forgotten those hills! And our two gallant young men, bless them, pushing our bikes up for us, so that we could whiz down! I was so sorry to hear about your Freddie, he was such a kind man, such a gentle man. You must miss him dreadfully. My Ronnie died five years ago too, and I so wanted to tell you but, somehow, we'd lost touch and I didn't know where to find you.

It sounds like you lead a very exciting life in Australia, and how lovely to have your family living so close. Thank you for the photograph of your grandchildren. They're gorgeous, you must be so proud.

Let me tell you a little bit about myself, and my life here in Kingston, as you asked: Well, I'm 72 now, if you can believe it? Although most people, when I tell them, say, "Never! 72? I would never have thought it!" You know the sort of thing. I suspect it's just flattery but I enclose a recent photograph for you to judge for yourself. I must say I don't feel much different to when we were all in our twenties together, except that it now takes me longer to get up the stairs!

About seven years ago Ronnie and I sold our little house and moved to where I live now. It's a flat in a large old converted house. It's rather draughty and a bit cold in the winter because the central heating is very old and not terribly efficient – a bit like me! Sometimes the young people in the neighbourhood can be a bit boisterous and I don't mind that – you have to let off a bit of steam at that age, don't you? But there is a lot of crime these days. I read in the local paper about these people coming to the door and pretending to be from the Gas Board or something, and once inside the house they rob you – or worse. I must confess to being very frightened of con men. Do you have that sort of thing in Australia? I don't know what I would do if someone stole my pension because everything's so expensive and I can only just manage as it is. You just wouldn't believe the price of things. I'm afraid money is a real worry these days.

I am blessed with wonderful neighbours. Living below me is a young couple called Sanjay and Manjinder. Sanjay is an ace computer wizard and he has

typed this letter for me and put the photographs on. He has a special camera that he can plug into his computer so that he doesn't have to go to the chemist to pick up his pictures any more. Goodness knows how he does it but it seems to work! (It's easy, Sanjay). Manjinder is such a dear and very often cooks one of her special Indian meals for me which I adore because it's difficult, when you live alone, to always cook for yourself. That means I don't eat as well as I should, and sometimes forget to eat altogether. Manjinder is expecting her first baby in about four months, which is thrilling. Sadly they are looking to move to somewhere a bit bigger, with a room for the baby. I shall miss them dreadfully.

I didn't realise how much I depended on my Ronnie 'til he wasn't there any more. Dear Ronnie, he used to do all the paperwork and of course he was a marvellous handy man. I really worked hard on the bills and am quite proud of myself that I've coped; although some of them are very complicated to understand. But it's all those little jobs round the house that I'm so hopeless with. Mending a fuse, changing a plug, fixing a broken window. Sanjay is a tower of strength but I really don't like to keep bothering him. Anyway, he'll be gone soon and then I just don't know what I shall do. I can't get a man in every time, not at the prices they charge.

By and large I have a good life, but I can't help worrying about the future. My friend, Muriel, had a dreadful fall the other day, tripping on a paving stone, and is now frightened to go out at all. I would hate it if I were stuck indoors all the time. I love to walk in our local park and I have such fun going out in the evenings. I'm a member of a quiz team, we're called the Demon Wrinklies, and we're really not bad and win quite often. You see, age and experience does count for something sometimes. Although I must confess to being worried about coming home late at night because of the walk from the bus stop. I'm not as quick on my pins as I used to be and I'd be an easy target for someone.

Do let's keep in touch, dear Doreen, now we've found each other again. I so love to hear your news, and I'll let you know how I'm getting on and I'll try not to be too much of a moaning minnie.

My fondest love to you

Molly

PART 3 - THEMES EMERGING FROM THE CASE STUDY WITH RECOMMENDATIONS

Chapter 4: Promoting material wellbeing

Some of the main concerns for older people were financial including the new ways of paying their pensions whereby the pension book is being phased out and pensions will be paid directly into a bank or post office card account and the new technology involved, the closure of local post offices as well as the cost of the Council Tax. 44% of older people recently surveyed thought there should be more advice available on benefits.

Evidence

This is significant since national evidence shows that older people are more likely to be living in poverty, whether this is defined as below half-average income or the receipt of means-tested benefits. National figures suggest that this is particularly true for older women. There are three times as many female as male recipients of Income Support.

Older people are at risk of fuel poverty, and may face extra costs in purchasing social and health care. Fear of cost is thought to deter some poor older people from seeking services and aids which would, in fact, be free to them.

Disabled pensioner households are more likely to be reliant on state benefits than non-disabled pensioner households.

Around one million pensioners do not take up the means-tested benefits to which they are entitled, losing on average £16 per week. A number of factors may operate, including lack of knowledge of entitlement, a perception of being stigmatised by the receipt of benefit, and physical or other difficulties in the processes of claiming.

Benefit

Measures which increase the income of poor older people are likely to improve their living standards, such as promoting better nutrition and heating, and so lead to improvements in health.

Current local services to promote material wellbeing

- The Kingston Community Legal Service Partnership provides advice on where to get local, quality-assured legal advice on a range of social welfare type matters such as consumer, debt, welfare benefits, immigration, housing and employment etc.
- RBK is in negotiation with the Pension's service to develop a partnership arrangement whereby their welfare benefits staff will be seconded to the Pension's service to increase the resources available to the borough to ensure that older people in receipt of social services are getting appropriate benefits advice in order to maximise their income.
- Age Concern provides a Specialist Benefits and Advice service for all older people
- RBK's A-Z guide is provided to all householders and provides easy to understand contact details for all local Council services

- Kingston has a new pension service which deals with any pension-related enquires and provides advice on benefits to which pensioners are entitled. As well as a main office in Kingston they have offices in other parts of the borough
- Pre retirement planning services are provided in various local workplaces
- The floating support service provides financial and benefits advice to older people who are in Council-owned social housing
- RBK Residents' Overview Panel is making representations to the Post Office on local closures through a small scrutiny panel

Recommendations

- Ensure services to help older people access the benefits they are entitled to, and understand their financial situation, are more accessible and better publicised.
- Encourage initiatives to promote financial planning for older people approaching retirement

Chapter 5: Improving the quality of homes and promoting independent living

Both professionals and local older people raised the need for a wider range of housing for different needs, for example short term units to enable faster hospital discharge. People also raised the need for practical ideas on how to cope with difficulties as people age e.g. lifting.

In addition older people are concerned at their inability to run their homes independently in particular in the areas of repairs e.g. hanging curtains, changing light bulbs, maintaining a garden. Results from a recent survey indicated that 50% were not aware of grants available to improve their homes and 30% were not aware of grants available to improve the energy efficiency of their homes. 57% of older people felt there should be more advice on where and how to get repairs done to your home.

Evidence

National research highlights the disproportionate number of properties in poor condition occupied by single older people, which tend to be older properties. It also notes that older women are particularly likely to live alone. This is partly because older women live longer. In Kingston 76% of lone households occupied by older people are occupied by older women.

Unmodernised homes have high heating costs. Cold housing leads directly to hypothermia and may contribute to the excess of winter deaths seen in older people. It also leads to fuel poverty. In Kingston 10% of older people live in homes which do not have central heating.

Poor housing design contributes to major accidents in older people and seemingly minor accidents which may have grave consequences.

Benefit

Removal of hazards in the home is likely to lead to reduced death and injury from accidents. Improvements in home design may allow older disabled people to be cared for at home, with improvements in their quality of life.

Current local services which improve the quality of homes and promote independent living

- The council is exploring investment and improvements to council housing stock
- The Older People Housing Working Group is exploring different models of supported housing
- The Supporting People programme provides housing related support services for vulnerable people including older people.
- The RBK Energy Efficiency initiative assists home owners in receipt of benefits to access grants to improve the efficiency of their homes preventing hypothermia
- The Intermediate Care Team provide rehabilitation treatment to assist older people to remain at home or facilitate hospital discharge
- The Houseproud scheme provides options for home owners to free up equity to invest in their property and improve the quality of their homes
- The Prevention of Falls Strategy provides a co-ordinated strategy to prevent older people from falling including exercise, assessment and housing adaptations
- The Handyperson Service assists older people in receipt of social services to carry out home repairs
- The Domiciliary Care Team enables older people to live in their own homes
- The RBK Occupational Therapy service aims to assist older people to be as independent as possible and to minimise risks within the home environment. An assessment of need can lead to advice and information, the teaching of coping techniques, the provision of minor adaptations and equipment and major adaptation recommendations. All referrals are screened by the Occupational Therapy Initial Response Team who will immediately fast track the delivery of simple equipment and minor adaptations and/or book an appointment at an Assessment Centre if appropriate; more complex needs will require a home visit. All equipment for loan, and minor adaptations are provided free of charge. Alternatively the Daily Living Equipment Shops sell equipment at cost should people prefer to buy it for themselves. When possible the service undertakes outreach work within Day Centres and Older Persons Housing Units.
- RBK, Age Concern and Kingston Carers Network, with other partners, are committed to supplying help and advice to friends and relatives, who are providing regular and substantial care to an older person, to equip them to continue in their caring role and assist them to take breaks.

Recommendations

- Further develop schemes which aim to improve insulation and heating efficiency
- Consolidate and extend work on helping people out of fuel poverty through all available agencies and information channels
- Promote and develop the prevention of falls strategy and associated services

- Further develop initiatives to enable older people to live at home including:
 - Improved information about and access to occupational therapy services
 - Further develop strategies to provide a variety of supported housing for older people

Chapter 6: Promoting the maintenance of mobility

This chapter relates mainly to walking; other aspects of transport and the maintenance of mobility are covered in chapter 6. For those who walk there is concern caused by bikes on pavements, a lack of toilets and of seats in public places, raised pavements due to trees in footpath and speeding cars. 32% of respondents to a recent survey felt that Too little seating available discouraged them from using parks in the borough as often as they would like

Older people also raised concerns regarding provision of podiatry services which can prevent or at least discourage older people to walk altogether because of the pain of foot problems.

Evidence

This reflects national evidence that high traffic volumes result in feelings of insecurity and decrease walking as well as the use of other transport.

Older feet naturally develop more problems because the skin tends to thin and lose its elasticity. Healing can take longer and wear and tear to the joints over the years may have caused some degree of arthritis. This can lead to painful and uncomfortable feet

Whenever a significant private sector exists, for instance in chiropody, poorer older people are likely to have decreased access.

Benefit

Strong evidence exists that older people benefit from increasing physical activity.

Current local services which promote the maintenance of mobility

- There are a number of local parks as well as the local riverside which provide a beautiful environment for walking. There are also maps of some local walks
- The Walking for Health Project is developing locally led walks throughout Kingston aimed at older people
- RBK is developing a walking strategy with the aim of making walking more attractive
- Kingston PCT Podiatry Service are currently develop a 'Fit feet for all' programme whereby various professionals working with older people will be trained to provide basic nail care to prevent foot problems.
- Stay On Your Feet groups are provided for older people who have fallen to improve their confidence walking
- In January 2004 a South West London Elective Orthopaedic Centre, a specialist centre for hip and knee replacement is expected to open. This should reduce waiting periods for this type of surgery.

Recommendations

- Further develop initiatives to make walking safer and more attractive (see also fear of crime)
- Greater investment in the provision of exercise classes and groups and an increase in the numbers of people trained to provide specialist exercise in a variety of settings (ref also Standard 6)
- Expand podiatry and chiropody services

Chapter 7: Promoting access to services

There are clearly concerns about the provision of public transport which many older people rely on including frequency, seats at stops, seats on buses and violence on public transport. Older people often rely on public transport for shopping but are also keen to be able to use it to visit the cinema/theatre etc. 25% of respondents to a recent survey felt that more buses to hospitals would most improve local bus services.

Evidence

Lack of access to transport is experienced disproportionately by older people, limiting their access to goods, services, opportunities and social contacts. This is particularly a problem for older people who are disabled. 42% of older people in Kingston do not have a car.

Benefit

Greater opportunity for travel through the availability of affordable and effective public transport removes a barrier to health-promoting opportunities.

Current local services which promote access to services

- The Freedom pass provides an excellent service locally and across London enabling people over 60 to travel for free on all buses, trains, trams and underground services in London.
- South London Dial-a-Ride and Taxicard provide subsidized door-to-door transport for older people who cannot use or find it difficult to use public transport locally.
- Locally the Transport Partnership Board is developing systems to increase and enhance the current transport provision for people who find it hard to use public transport in order to provide a 'one-stop-shop' facility

Recommendations

- A greater consideration of the needs of older people and improved provision of public transport to services used by older people
- Increase the flexibility and availability of community transport including transport to NHS appointments

Chapter 8: Reducing fear of crime

Not surprisingly older people were concerned about crime, in particular home security and rogue traders, not feeling safe in parks and not feeling safe at night. Crime & anti-social behaviour by young people including vandalism and graffiti also increased unease

about the local area. 60% of respondents to a recent survey said that feeling unsafe after dark discouraged them from walking as often as they would like around Kingston.

Evidence

This reflects national evidence that older people are more likely to fear becoming victims of crime than younger people. Unfortunately this restricts their opportunities to leave their homes, particularly at night.

Current local initiatives which reduce fear of crime

- Kingston's Crime, Disorder and Anti-Social Behaviour Reduction strategy includes a number of targets relating to older people
 - To reduce fear of crime which includes measures to target 'Hotspots' For Rowdyism, High Visibility Policing, Street Wardens, CCTV Surveillance etc.
 - As part of a target to reduce property crime it includes a number of initiatives to tackle distraction burglary (Bogus Callers)
 - Third party reporting enables older people who are victims of hate crime to report crime at sites other than the police station e.g. Age Concern and the Citizen's Advice Bureau
- Kingston's Youth strategy for the next 3 years includes plans to provide a wider range of activities for targeted groups of young people including street-based youth work to make contact with the most vulnerable young people in the Borough. It is hoped that this will contribute to reducing crime, disorder and anti social behaviour.

Recommendations

- Greater involvement of older people in the crime and disorder partnership and further initiatives to address crime and fear of crime amongst older people as part of Kingston's Crime and Disorder Strategy.

Chapter 9: Promoting activity and social interaction

Both professionals and older people highlighted the need for more opportunities for social interaction and identified some difficulties they had accessing existing community facilities such as adult education and leisure centres, particularly with the cost of some service. There was a perception by some that day centres were not always what people wanted. Older people were also concerned about support in an emergency.

Benefits

Promoting activity, participation and social interaction is important both for mental and physical health. One million UK citizens over 65 feel acutely isolated in their own homes (Help the Aged/MORI 2000). Tackling this isolation is essential to promoting mental health among older people.

Improved access to community based leisure facilities allows increased opportunity for older people to enjoy physical and social activity. Strong evidence exists that older people benefit from increasing physical activity.

Current local services which promote activity, participation and social interaction

- RBK and Age Concern have jointly produced a directory of local social activities which includes day centres, luncheon clubs etc. This is distributed in health and social centres

- Kingston Adult education provides a wide variety of courses some of which are subsidised for older people.
- The University of the 3rd Age facilitates learning groups run by and for local older people
- The Leisure card is available to all older people over 65 and enables them to use some leisure facilities at subsidised rates.
- Age Concern are helping older people meet younger people through work in local schools and mentoring projects where older people help pupils in the classroom
- There are a number of statutory and voluntary day centres which provide opportunities for social interaction. Predominantly the existing day centres cater for older, older people and the statutory ones cater for people with higher levels of frailty. There is an issue about the role of day care in relation to younger fitter older people.
- Milaap is a luncheon club predominantly for Asian older people but open to members of all ethnic groups
- The floating support service visits isolated older people who are in Council-owned housing and helps them to access day centres if they are not confident about going alone

Recommendations

Policies which will promote social contacts, specifically:

- Provision of affordable and accessible leisure services and adult education that meet the needs of all older people
- Initiatives to increase neighbour contact/ support e.g. by putting older people in touch with each other
- Further development of initiatives to improve relationships between generations through schools, universities, colleges and youth groups

Chapter 10: Promoting mental health

Professionals and older people raised a number of issues relating to the mental health of older people:

- The intimidating nature of the Benefits Office when older people are sorting out pensions etc following the death of a partner
- The need for support to deal with bereavement
- A lack of awareness and understanding of dementia, including early onset dementia, by the public and professionals, especially GPs which can lead to depression in older people as they find it hard to cope and can't understand why.
- The lack of crisis intervention for older people with mental health problems
- A lack of support in the community for people who have been mental health service users throughout their life.

- Specialist facilities for older people who have drug or alcohol problems
- The need for greater support for carers of people with dementia

Evidence

Under-detection of mental illness in older people is widespread, due to the nature of the symptoms and the fact that many older people live alone. Depression in people aged 65 and over is especially under-diagnosed and this is particularly true of residents in care homes. And mental health problems may be perceived by older people and their families, as well as by professionals, as an inevitable consequence of ageing, and not as health problems which will respond to treatment.

Mental health promotion is as important for older people as younger people and educational activities and creative and social pursuits can all promote the mental health of older people in the general population. These are described in more detail in chapter 8. Tackling social isolation, providing bereavement support and suicide prevention are also important aspects of Mental Health promotion. Low level, easy to access therapeutic support groups are also beneficial in tackling depression and helping to avoid the isolation and resulting loss of self-esteem and well-being that can follow.

Evidence also shows that it is vital to support those with depression and dementia with well integrated services, effective diagnosis, treatment and support for sufferers and their carers. It is possible that individuals may fall between the specialist CMHT and generic social work teams, particularly with people in the early stages of dementia.

Current local services which promote mental health and improve detection of mental illness

- Kingston Bereavement service provide counselling for people who are bereaved
- Age Concern employ an Specialist Elder Abuse Officer to raise awareness of this issue amongst older people and professionals and to provide support and advocacy to older people either at risk or experiencing abuse
- An early onset dementia nurse is currently being recruited to support people aged under 65 who have dementia and their families
- A Liaison service is being piloted in Kingston hospital to offer psychiatric advice and assessment for people on ward in Kingston. This assists in early recognition of mental health problems by other health professionals
- South West London & St George's Mental health trust employs 2 Admiral Nurses who are specialist dementia nurses, working in the community, with families, carers and supporters of people with dementia.

Recommendations

- Increase awareness of mental health problems amongst the general public and professionals to ensure early identification of depression and dementia
- Improve integration of mental health services and older people services
- Explore the development and funding of low level therapeutic support for older people suffering from depression and their carers
- Improve awareness of bereavement services & work to develop peer support groups for people who are bereaved

- Increase awareness of alcohol problems amongst the general public and professionals to ensure early identification

Chapter 11: Improving nutrition

Focus groups were conducted among Day Centre users in the Borough of Kingston to find out what they would like to see provided in relation to food and healthy eating. Most of the suggestions centred on the process of shopping and maintaining choice by getting to the shops.

Evidence

Being either overweight or underweight can have a detrimental effect on an older person's health and well-being. Being overweight is related to a higher risk of developing diabetes, and a higher prevalence of osteoarthritis of the knees. Being underweight can predispose an individual to pressure sores, and these will take longer than average to heal. Amongst older women increased risk of hip fracture has also been associated with extreme thinness.

The National Diet & Nutrition Survey in 1998 of people aged 65 and over found that 15% of free living older people and 40% of older people in institutional care had vitamin C deficiency. The same study found that 8% of free living older people and 37% of those in institutional care had biochemical evidence of vitamin D deficiency, which could lead to osteomalacia. Advice on increasing fruit and vegetable consumption would improve the former and emphasis on the importance of regular exposure to sunlight would improve the latter group. These simple measures could help to reduce illness, falls and fractures.

The most effective interventions to improve the diet and nutrition of older people ensure that minimum nutritional requirements for older people are adequately met, and that specific disease risks such as cardiovascular disease, stroke, diabetes and osteoporosis are addressed. Change to a diet containing whole grain cereals and more fruit and vegetables also has the potential to reduce constipation which affects the quality of life of about 20% of older people. Advice on diet should take into account the older person's culture and not refer solely to a diet that would be unsuitable for some communities.

Healthy eating is also likely to promote a sense of well-being and self esteem. This has a beneficial effect on depression and mental health. This is of particular relevance to the provision of food through 'meals on wheels', at day care and in residential care and hospitals.

Surveys have shown the importance of providing older people with dental treatment and advice on oral health. This will enable them to eat a varied and healthy diet, and to retain their independence and dignity.

Current local services which improve nutrition

- Kingston Shop mobility and the community transport mentioned in chapter 6 enable disabled people to shop in Kingston
- There have been classes in day centres and leaflets produced on using microwaves

- There are a number of luncheon clubs listed in the directory of social activities described in chapter 8. There are plans to develop further luncheon clubs as part of the day centre best value review implementation plan
- Local dietitians have been working with residential homes to promote good nutrition to all residents. They have also provided training for homecarers and care staff in local residential homes.
- There is database of meals suppliers able to meet people's cultural expectations for the home care service
- The transport partnership board are working to improve community transport locally which will make it easier for older people to shop (see chapter 6)

Recommendations

- Better provision of services for people who need assistance getting to the Shops
- Further development of opportunities for people to eat in company.
- Better provision of food for all communities both by services and local shops
- Better consideration of the needs of older people by local retailers
- Promote cookery skills in changed circumstances

Chapter 12: Involvement and Participation

One of the main themes running through the whole NSF is the importance of older people centred services. This means that it is not sufficient for professionals to introduce initiatives based on what seems appropriate but rather that older people must be central to developing existing and new services.

There is an increasing recognition of the need to support the active and productive contribution that older people can and do make in formal work, informal work, unpaid activities in the home and in voluntary occupations.

Current initiatives to improve involvement

- Older people have been consulted as part of the process to develop this strategy
- Kingston Volunteer Bureau and Age Concern provide opportunities for older people to volunteer in a range of local organisations
- Some local older people are 'Older people's champions' whose job it is to ensure that user views are considered in decisions about NHS and social care services.
- There are various fora in services for older people e.g. in homes and resource centres there are monthly service user meetings, twice yearly relatives/ carers meeting, yearly surveys and suggestion sections in newsletters.
- There is an older peoples forum which enables discussion and campaigning around issues that are important to local older people
- The new public and patient involvement officer has recently been employed to oversee the development of public and patient involvement in planning and commissioning services provided for and in KPCT.

Recommendations

- Initiatives to encourage volunteering
- Initiatives to encourage the involvement of older people in both planning and providing services e.g. an older people's reference group

Chapter 13: Improving health and social care services

Older people raised concerns regarding dentists, waits at GP and provision of services for people who were hard of hearing, as well as the type of social care services including day centres (see chapter 11). There were also concerns that services were not always person centred e.g. the home care services sometimes put people to bed or provided night medication too early. Finally there were suggestions that social services and housing could do more to promote health.

Evidence

Functional capacity relies on sight, hearing, mobility and continence. Hearing loss increases sharply with age – approximately one-third of the population over the age of 70 have a hearing loss.

Even mild hearing loss reduces the ability to take part in conversation and so can impact dramatically on an individual's social life. People can lose confidence in their ability to maintain contact with friends and may also find experiences in groups difficult. The main effects are therefore loneliness and isolation.

Many people hide their hearing loss for many years before seeking help. They may blame people for not speaking clearly, or they may feel that their hearing loss is not really a problem. People can go through a period of bereavement, which in some cases can lead to depression.

National evidence indicates that poor older people may be less likely to receive some health care services, or may have poorer health outcome after receiving these services. For instance severe visual problems are more likely to remain unrecognised and untreated in older people from low socioeconomic groups. Older people from low socioeconomic groups have higher rates of ill health and disability than those from more affluent groups.

Although data are sparse, user fees - for instance for glasses or dentures - may deter poor older people from seeking services. Whenever a significant private sector exists, for instance in chiropody, poorer older people are likely to have decreased access.

Benefit

Strong evidence exists that older people benefit from immunisation and management programmes for influenza, breast cancer screening, smoking cessation and hypertension management. The NSF for older people requires local health systems to demonstrate, by April 2004, year on year improvements in measures of health and well being among older people:

- flu immunisation
- smoking cessation
- blood pressure management.

As part of the NHS Breast Screening Programme women up to and including the age of 70 will receive routine invitations for screening by the end of 2004.

Current initiatives to improve local health and social care services

- The Primary Care Access Officer is developing an the open access project to ensure that patients will be able to see a primary care professional within 24hrs and a GP with in 48hrs.
- Kingston's Sensory Impairment Team works to provide services, support and equipment to people with sensory impairment of any age e.g. loud door bells for people with hearing loss and mobility training for people with a visual loss
- The London Older People's Service Development Programme is working to improve services and ensure they are effective through analysing and identifying good practice and listening to users and carers.
- The role of health visitors has recently been reviewed to ensure that services reflect better the needs of the local community and include more health promotion
- There has also been a review of the district nurses to ensure the structure is better based on the needs of the local population
- The integration project aims to create multi-disciplinary teams for older people consisting of staff from both social and health care that will avoid duplication and promote a model of care that is seamless and client focused
- Social workers are attached to primary care practices which ensure co-ordinated assessment of needs and provision of services
- Flu vaccinations are promoted locally in local surgeries and in social service and housing to ensure that it is as easy as possible for people to get vaccinated locally.
- Kingston Primary Care Trust operates a number of smoking cessation groups which are promoted to older people by health, social services and housing. RBK has also introduced non smoking areas in various day centres and sheltered housing
- Kingston is a pilot site for the Polari initiative which aims to ensure service are appropriate to gay and lesbian older people
- The Single Assessment project aims to improve joint working between agencies so that assessment and subsequent care planning are person centred, effective and co-ordinated. The development of an electronic assessment tool, for implementing the single assessment process locally. The 'Easy Interactive' project will provide the IT to facilitate the single assessment process.
- Medicines Management project: to optimise prescribing and improve the patient experience and health outcomes, where medicines are involved e.g. by increasing patient understanding of their medication by labelling /handheld cards and increase the number of vulnerable patients who receive a medication review within a reasonable time frame.
- The floating support service helps older people who are in Council-owned housing to access health and social services.
- Older people who are eligible for community care services may be eligible to receive Direct Payment monies to employ personal [care] assistants and enjoy greater levels of choice, control and independence in their daily lives.
- The PCT have in place programmes to meet NSF targets to:
 - Increased Flu immunisation, especially among disadvantaged groups
 - Improved promotion of and access to smoking cessation services

- Improved Blood pressure management for older people
- Improve access to screening

Recommendations

We RECOMMEND the further development of health and social services for older people, so that these services are accessible and distributed according to need. More specifically:

- Better integrated services and multi disciplinary working between health, social care, housing and the voluntary sector to ensure joined up working including capturing those not known to services, especially isolated older people by for example A&E & local pharmacists
- Improved support for deaf people by all professionals who work with older people
- Improved support for Older people with learning disabilities
- Further development of services that recognise the diversity of the local community
- *The NSF standard 2 groups addresses the issues relating to the implementation of single assessment*
- *The NSF standard 2 groups addresses the issues relating to improving access to direct payments*

Chapter 14: Information

Consultations have highlighted the provision of information and its accessibility as a major issue. It is clear that whilst there are a number of good initiatives locally, older people are not always aware of them, in particular people who are not known to services. That which is available is often specific to individual services rather than based on the range of information older people might want. 71% of respondents to a recent survey thought a newsletter for older people in the borough would be the best way to provide information to older people.

There was also concern raised about the lack of communication between services.

Current initiatives to improve information provision

- There is a variety of information available about the services described in previous chapters
- There is a Kingston website specifically designed with and for older people.
- The Health and social care information officer is responsible for developing good public information and communication links between Kingston Community Care Services and primary healthcare services, particularly GP services.
- The Age Concern A&E service contacts older people who attend the A&E department at Kingston hospital and are sent home without admission to tell them about Age Concern and give them information and advice to help them to access the services they need.

Recommendations

- A co-ordinated strategy to increase awareness of services available for older people by older people, their carers and professionals

PART 4 – NEXT STEPS

Chapter 15: How we will know if we have achieved what we set out to do?

The implementation of the strategy be overseen and reviewed by a small steering group who will take responsibility for linking with other groups and relevant agencies/departments to ensure that relevant NSF strands are included in their work programmes. It would meet quarterly and comprise:

- RBK Executive member for Health and Community
- RBK Principal Officer for Older People services (after April Strategic and commissioning manager for Older People services)
- KPCT Non Executive Director
- Member of KPCT Professional Executive committee
- Age Concern Chief Executive
- KPCT Public Health Lead on standard 8 of the NSF for Older People
- A member of the Older Peoples' reference group
- A member of the black and minority ethnic group forum once it has been established

The Active Ageing Strategy Steering Group (AASSG) will invite lead officers to meet with them to identify potential for action (this will include action for older people in general as well as specific targeting of deprived groups where necessary and action to address cultural differences) and then agreeing a work plan for inclusion in future service plans. A reporting mechanism will also be agreed. The engagement process with service leads will be spread over a three year period, during which time plans will be reviewed, evaluated and further action plans developed (see table 1 below).

Table 1

2004/05	2005/06	2006/07	2007/08
Steering group to meet with lead officers for actions to be developed in year 1 to review current practice and agree 3 year work plan, resource implications and measures	<ul style="list-style-type: none"> ▫ Year 1 lead officer to implement work plan and to report to steering group ▫ Steering group to meet with lead officers for actions to be developed in year 2 to review current practice and agree 3 year work plan, resource implications and measures 	<ul style="list-style-type: none"> ▫ Year 2 lead officers to implement work plan and to report to steering group ▫ Steering group to meet with lead officers for actions to be developed in year 3 to review current practice and agree 3 year work plan, resource implications and measures 	Year 3 lead officers to implement work plan and to report to steering group

Table 2, below, shows in more detail the activity required and the lead officers who will be contacted. Part of the task over the next six months will be to develop measures of progress.

The AASSG will report quarterly to the Older People's Partnership Board on its targets and achievements. It will receive reports in areas where the action needed fits under existing strategies e.g. housing, transport, adult education and leisure, crime, flu, smoking cessation and medicines management. Leads for these strategies will be required to report regularly to the AASSG on how they are meeting the needs of older people.

In areas where there are no mechanisms for taking action forward it is recommended that the AASSG will plan a programme and oversee the development of each initiative by a working party of people, whose membership would depend on the subject matter. The working party will form a partnership, ideally involving one of the older people's champions and an older person, to promote action in a specific policy or practice area. In relation to the specific policy or practice area, they will be required to:

- Research the current position across relevant agencies in Kingston
- Identify what will make a difference to local people
- Identify quick wins and long term strategies
- Develop an action plan

The AASSG will make sure that planning is on track and monitor appropriate use of resources, ensuring lines of communication are clear and for setting up working groups for each subject area.

The strategy will be reviewed after 3 years.

Table 2

1. Promoting Material Wellbeing:				
<i>1.1 Ensure better access and publicity for services to help older people access the benefits they are entitled to and understand their financial situation</i>				
What	When	Who	Cost	Measure
1.1.1 Agree an action plan to extend outreach, information /advice and welfare benefits work, e.g. in primary Care settings.	Apr 04 – Sep 04	Age Concern/ Active Ageing Strategy Steering group/ Pension service/ RBK	Resource implications	Action plan developed Oct 04 including resource implications
<i>1.2 Encourage initiatives to promote financial planning for older people approaching retirement.</i>				
1.2.1 To develop an action plan to assist Older People with financial planning	Oct 04 – March 05	KVA & Age Concern, Account, Active Ageing Strategy Steering group/ Pension service	Resource implications	Action plan developed Oct 04 including resource implications
1.2.2 Training dept of KPCT to improve pre-retirement support for staff	Apr 04 – Sep 04	KPCT & RBK HR depts	Resource implications	Dec 05
1.2.3 The Community Leadership forum to establish links with local employers to explore potential for providing pre-retirement support for staff and promote financial planning.	Apr 05- Sep 05	Community Leadership forum/ pension service	Resource implications	Action plan including resource implications received by steering group April 04

2 Improving the quality of homes				
<i>2.1 Further develop schemes which aim to improve insulation and heating efficiency</i>				
What	When	Who	Cost	Measure
2.1.1 Develop an action plan to further develop work on fuel poverty/energy efficiency	Oct 04 – March 05	Housing/ Environmental Health	Within Existing	Action plan developed including resource implications Apr 05
<i>2.2 Promote and develop the prevention of falls strategy and associated services.</i>				
2.2.1 Set up feedback mechanism to ensure the falls strategy group consider improvements to homes.	Apr 04 – Sep 04	Strategic Falls group	Within Existing	To be developed following discussions with project leads
<i>2.3 develop initiatives to enable older people to live at home including improved access to occupational therapy services and strategies to provide a variety of supported housing for older people.</i>				
2.3.1 Develop an action plan re better promotion of aids to daily living	Oct 05-March 06	Principal Manager Quality and development / Principal Officer Occupational Therapy Development	Within Existing	Consultation with older people Apr 05
2.3.2 Develop an action plan re better promotion of house proud	Oct 05-March 06	Environmental Health	Within Existing	Consultation with older people Apr 05
2.3.3 Review the potential to expand the existing	Apr 04 – June 04	Community Care	Resource	Report produced

handy person and housing repair scheme and minor repairs initiative to people who don't meet existing criteria.		Services/ Housing/ Age Concern	implications	including resource implications June 04
2.3.4 Action plan formed to further develop the potential of the supporting people initiative to promote active ageing	Oct 05-March 06	Supported Housing Manager	Within Existing	Action plan including resource implications developed June 04
3 Promoting the maintenance of mobility				
<i>3.1 Further develop initiatives to make walking safer and more attractive.</i>				
What	When	Who	Cost	Measure
3.1.1 Agree mechanisms that ensure the particular needs of older people (access to parks, maintenance of pavements, seating, street lighting) are addressed in the walking strategy	Apr 04 – Sep 04	Active Ageing Strategy Steering Group and Lead Office for RBK's walking strategy	Within existing	Mechanism agreed Sept 04
3.1.2 Set up feedback mechanism to ensure the falls strategy group consider improvements to pavements and as a first step ask neighbourhoods to identify geographical areas of concern	Apr 04 – Sep 04	Strategic Falls group/ Steering group	Within Existing	Mechanism agreed Sept 04
<i>3.2 Promote good foot health</i>				
In partnership with the Head of Podiatry develop an action plan to promote good foot health and nail care for over 50's	Apr 05- Sep 05	Head of Podiatry/ Steering group	Resource implications	Action plan developed including resource implications April 05

4 Promoting the maintenance of independence				
<i>4.1 A greater consideration of the needs of older people and improved provision of public transport to services used by older people</i>				
What	When	Who	Cost	Measure
Agree a mechanism to ensure the transport needs of older people are integrated into the borough transport strategy.	Oct 04 – March 05	Head of Transport/ Active Ageing Strategy Steering group	Resource implications	Mechanism agreed April 05
<i>4.2 Increase the flexibility and availability of community transport including transport to NHS appointments.</i>				
Transport partnership board to produce a report on how the needs identified in this strategy are promoted.	Oct 05-March 06	Transport Partnership board/ Active Ageing Strategy Steering group	Within Existing	Action plan produced April 05
5 Reducing fear of Crime				
<i>5.1 Greater involvement of older people in the crime and disorder partnership and further initiatives to address crime and fear of crime amongst older people as part of Kingston's crime and disorder strategy.</i>				
What	When	Who	Cost	Measure
Agree action plan to reduce crime and fear of crime amongst Older people	Oct 05-March 06	Crime and disorder partnership	Within Existing	Action plan produced including resource implications June 04
6 Promoting activity, participation and social interaction.				

<i>6.1 Provision of affordable and accessible leisure services and adult education that meet the needs of all older people</i>				
What	When	Who	Cost	Measure
6.1.1 Agree action plan to improve provision of adult education for over 50's	Oct 04 – March 05	Head of Adult Education/ Active Ageing Strategy Steering group	Resource implications	Action plan produced including resource implications Sept 04
6.1.2 Contact the University of the third age (U3A) to identify the potential for promoting their activities more widely.	Apr 06 – Sep 06	University of the 3rd Age/ Active Ageing Strategy Steering group	Within Existing	To be developed following discussions with project leads
6.1.3 Agree action plan to improve provision of sport and recreations services for over 50's	Apr 04 – Sep 04	Head of Sport and Recreation/ Active Ageing Strategy Steering group	Resource implications	Action plan produced including resource implications Sept 04
<i>6.2 Initiatives to increase neighbour contact/support</i>				
6.2.1 Explore best practice in other part of the country e.g. community garden, good neighbour schemes, peer networks, works with local religious communities.	Apr 06 – Sep 06	Active Ageing Strategy Steering Group	Resource implications	Report produced including resource implications June 04
6.2.2 Agree action plan formed to further develop the potential of the floating support initiative to promote active ageing and increase contact between people in the same neighbourhood	Oct 04 - March 04	Head of Housing/ Steering group	Resource implications	Action plan produced including resource implications Apr 04
<i>6.3 Further developments of initiatives to improve relationships between generations through schools, universities, colleges and youth groups</i>				

6.3.1 Action plan produced on extending age and youth work.	Oct 04 – March 05	Age Concern/ Active Ageing Strategy Steering group	Resource implications	Action plan produced including resource implications Apr 04
6.3.2 Action plan formed to further develop the potential of initiatives in relation to issues of citizenship and community to promote active ageing	Oct 05-March 06	Director of Education/ Active Ageing Strategy Steering group	Resource implications	Action plan produced June 05
7 Mental Health				
<i>7.1 Increase awareness of mental health problems amongst the general public and professionals to ensure early identification of depression and dementia.</i>				
What	When	Who	Cost	Measure
7.1.3 Explore best practice in other parts of the country on Mental Health awareness including awareness of bereavement services for Older People and feed developments into NSF standard 7 steering group	Oct 05-March 06	Standard 7 group/ Active Ageing Strategy Steering group	Within Existing	To be developed in light of recommendations from best practice
<i>7.2 Improve awareness of bereavement services</i>				
7.2.3 Explore the potential for development of Peer Support	Apr 06 – Sep 06	Active Ageing Strategy Steering group	Resource implications	To be developed in light of recommendations from best practice
7.2.4 Hold a Conference on bereavement and make recommendations for future practice. Implement the recommendations	Oct 04 – March 05	Strategic Bereavement group	Resource implications	To be developed following discussions with project leads

<i>7.3 Increase awareness of alcohol problems amongst the general public and professional to ensure early identification</i>				
7.3.1 Explore best practice in other parts of the country on alcohol awareness and feed developments into NSF standard 7 steering group	January 05	Standard 7 group/ Active Ageing Strategy Steering group	Within Existing	To be developed in light of recommendations from best practice
8 Nutrition				
<i>8.1 Better provision of services to make it easier for older people to shop.</i>				
What	When	Who	Cost	Measure
8.1.1 Agree action plan to improve the distribution of information more widely on shops which deliver	Apr 06 – Sep 06	Customer care services/ Active Ageing Strategy Steering group	Within Existing	Action plan agreed Jun 05
8.1.2 Review existing plans and agree an action plan to extend opportunities for older people to use the internet to shop	Apr 05- Sep 05	Active Ageing Strategy Steering group/ Community care	Within Existing	Action plan agreed Jun 05
<i>8.2 Improve oral health</i>				
Agree an action plan to promote oral health and improve awareness of dental services and benefits available	Apr 04 – Sep 04	Head of dentistry/ Primary Care Agency	Within Existing	Action plan agreed sep 05
<i>8.3 Better consideration of the nutritional needs of older people from all communities</i>				
8.3.1 Ensure the Obesity strategy addresses the needs of older people	Apr 04 – Sep 04	Obesity strategy working group	Within Existing	Actions included Apr 04

8.3.2 Agree mechanisms for improved involvement of Older People in local business fora	Dec 04 -Apr 04	Active Ageing Strategy Steering group/ Kingston Town Centre Management	Within Existing	Action plan agreed Apr 04
<i>8.4 Further development of opportunities for people to eat in company.</i>				
8.4.1 Explore the potential for Cook and Eat classes to promote cookery skills in changed circumstances and get older people together.	Dec 04 -Apr 04	Kingston Richmond Dietitians/ Age Concern/ Active Ageing Strategy Steering group/ community care	Resource implications	Action plan agreed Apr 04
9 Involvement and participation				
<i>9.1 Initiatives to encourage volunteering</i>				
What	When	Who	Cost	Measure
9.1.1 The community leadership forum to establish links with local employers and the local press to promote volunteering.	Oct 04 – March 05	The community leadership forum/ The voluntary sector forum	Within Existing	Action plan received by steering group Jun 05
9.1.2 Action plan agreed to improve volunteering practice within local organisations.	Apr 05- Sep 05	Voluntary sector forum	Within Existing	Action plan agreed Sept 04
9.1.3 Investigate the potential for recruiting local older people to be 'senior health mentors'	Oct 05-March 06	Active Ageing Strategy Steering group	Within Existing	Report produced including resource implications June 04

9.1.4 Investigate the potential for involving older people locally in working groups to take some initiatives forward	Apr 04 – Sep 04	Older peoples' forum/ Active Ageing Strategy steering group	Within Existing	Numbers of Older people involved in steering groups March 05
<i>9.2 Initiatives to encourage the involvement of older people in both planning and providing services</i>				
9.2.1 Agree mechanisms to ensure that older people are represented in the new initiative to improve public and patient involvement in planning and commissioning services	Oct 04 – March 05	Public and patient involvement officer/ Active Ageing Strategy Steering group	Within Existing	Mechanisms agreed Apr 04
9.2.2 Establish an older peoples' reference group	Apr 04 – Sep 04	Age Concern & RBK/KPCT	TBC	Older Peoples' reference group established Mar 04
9.2.3 Include a member from the older peoples' reference group and the black and minority ethnic group forum on the Active Ageing Strategy	Apr 04 – Sep 04	Active Ageing Strategy/ older peoples' reference group	Within Existing	member from the older peoples'
10 Improving Health and Social Care Services				
<i>10.1 Better integrated services and multi-disciplinary working between health, social care, housing and the voluntary sector to ensure joined up working including joint work to capture those not known to services, especially isolated older people by, for example, A & E and Local Pharmacists.</i>				
What	When	Who	Cost	Measure
10.1.1 Hold an annual NSF 8 event (quality of life) that celebrates joint work, shares good practice and encourages in both social services, housing and the PCT the development of opportunities for	Oct 04 – March 05 and then annually	Active Ageing Strategy Steering group	Resource implications	Event held Nov 04

secondments and shadowing				
10.1.2 Develop training to improve the potential for all relevant professionals e.g. A&E, health visitors, sheltered housing, pharmacists, district nurses, day centre, home care etc to promote active ageing	Apr 05- Sep 05	HR teams in RBK & KPCT	Resource implications	Training held Dec 04
<i>10.2 Joint work within housing, residential homes, health, social services and the voluntary sector to meet NSF targets to demonstrate year on year improvements in flu immunization, smoking cessation and blood pressure management in older people.</i>				
10.2.1: Action plan agreed to improve: <ul style="list-style-type: none"> ▫ auditing referrals from GPs and consultants of Older people to the smoking cessation service and targeted awareness raising to improve referral ▫ A publicity campaign in centres used by older people e.g. sheltered housing, post offices 	Apr 04 – Sep 04	Smoking cessation lead	Within Existing	Increase the number of older people who access smoking cessation services and the quit rate among older people
10.2.2 Action plan agreed to: <ol style="list-style-type: none"> 1. reduce the prevalence of raised BP in older people 2..use MIQUEST to monitor access to blood pressure management by older people through clinical governance 3. improve management/secondary/tertiary prevention 	Oct 04 – March 05	Obesity strategy lead tbc	Within Existing	a) no. and % of people aged over 65 on practice registers who have received a BP check in the last 5 years b) % of people aged over 65 receiving a BP check in the last 12 months who had a reading within recommended

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				<p>BHS (British Hypertension Society) guidelines N.B. complicated as these vary with different clinical conditions</p> <p>c) average/max./min. frequency of BP checks for all known hypertensives on practice registers -</p> <p>d) average/max./min. reductions in BP for diagnosed hypertensives over the last 12 months -</p> <p>e) BPs recorded for all new registrations of patients aged over 65 over the last 12 months -</p>
<p>10.2.3 Action plan agreed to:</p> <ul style="list-style-type: none"> ▫ publicize and promote best practice among GPs ▫ greater publicity of the flu immunization 	Apr 04 – Sep 04	Flu immunization lead	Within Existing	Increased number of older people who have flu immunization

campaign				
<ul style="list-style-type: none"> ▫ targeted campaign relating to local issues preventing older people getting immunized 				
10.2.4 Action plan agreed to raise awareness of the importance of breast screening	Apr 05- Sep 05	Screening lead	Within Existing	Increased number of older women who have had breast screening
<i>10.3 Improved support for sensory impaired people by all professionals who work with older people</i>				
Strengthen existing training on working with people with disabilities to improve support for sensory impaired people	Nov 03- March 04	Head of human resources RBK/ KPCT/ Head of Sensory Impairment	Within Existing	Training revised Apr 04
<i>10.4 Improved support for Older people with learning disabilities</i>				
Review existing provision for people with learning disabilities	Oct 05- March 06	PM people with learning disabilities	Within Existing	Report produced with recommendations for improvement
11 Information				
<i>11.1 A co-ordinated strategy to increase awareness of services available for older people.</i>				
What	When	Who	Cost	Measure
11.1 Develop an action plan to improve the provision of information to older people, particularly on housing, benefits advice, access to leisure, volunteering, social interaction etc covering:	Oct 04-March 05	Active Ageing Strategy Steering group Age Concern, PCT Communications	Within Existing	Action plans produced March 05

<ul style="list-style-type: none"> ▫ information on websites ▫ the role of patient participation groups and Patient advocacy and liaison service (PALS) to channel information ▫ information in GP surgeries ▫ Council tax bills ▫ Sign posting by integrated teams <p>11.2 All action plans described to include proposals for publicizing existing and planned services</p>		<p>Communications Manager Parent and Public Involvement Project Manager & PALS Manager Finance Integration Project Lead, joint information post</p> <p>All service leads</p>		<p>Action plans cover proposals to publicise services</p>
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Chapter 17: Funding

Whilst many of the actions identified in this strategy will be able to be taken forward within existing budgets specific projects may need dedicated funding. It is the intention that part of the role of the working parties mentioned above will be to identify funding for their particular initiatives and that the steering group will have the responsibility to keep abreast of potential funding sources both at government and non government levels. The steering group's role will also include ensuring that, where appropriate, initiatives to promote active ageing are included in other funding bids.

Chapter 18: How you can have your say

If you would like more information about local services for older people in Kingston or would like to comment on this strategy and other areas you think it should cover please contact:

Liz Trayhorn, Healthy Kingston Co-ordinator at Kingston PCT, 22 Hollyfield Road, Surbiton, KT5 9AL. TEL 8339 8130. fax 8339 8100

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Appendix 1: Results of questionnaire

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KINGSTON RESIDENTS PANEL HEALTH AND WELL-BEING QUESTIONNAIRE – TOPLINE RESULTS

DRAFT TOPLINE RESULTS 5/8/03

- Results are based on 343 responses from Panel members over 60 years old giving a response rate of 76%
- Fieldwork between 26 June and 25 July 2003
- Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated
- Results are based on all respondents unless otherwise stated
- Data is given in numerics (N) where the base size is less than 50 respondents
- An asterisk (*) represents a value of less than one half or one percent, but not zero

Walking and Transport

We would like to ask you first about walking and public transport in the Borough.

Q1. Which of the following, if any, discourage you from walking as often as you would like around Kingston?

	%
Feeling unsafe after dark	60
People riding bikes on pavements	57
Uneven pavements	56
Poor lighting after dark	25
Feeling unsafe during the day	10
Other	10
Don't know/no answer	7

Q2. And which of the following, if any, discourage you from using parks in the borough as often as you would like?

	%
Too little seating available	32
Feel unsafe in parks	30
Lack of parking near parks	22
Difficult to get to by public transport	21
Unpleasant environment	13
Uncomfortable seating	13
Poor lighting	8
Poor pavement surfaces in parks	7
Other	6

Nothing	24
Don't know/no answer	8

Q3. Which of the following, if any, discourage you from using local buses as often as you would like?

	%
Lack of seats at bus stops	17
Uncomfortable seats at bus stops	14
Lack of accessible seats in buses	13
Local bus routes do not go where I want to go	13
No convenient bus route near my house	5
Buses are too expensive	3
Other	14
Nothing	42
Don't know/no answer	10

Q4. And which of the following would most improve local bus services?

	%
More buses to hospitals	25
More buses to shopping centres	19
More buses to GPs surgeries/health centres	17
More buses to leisure facilities	7
Other	15
Don't know/no answer	31

Leisure activities

This section is about leisure activities.

Q5. Which of these activities, if any, do you currently take part in?

Q6. And which other activities, if any, would you be interested in taking part in ?

	Q5 Currently take part in %	Q6 Would be interested in taking part in %
Gardening	53	2
Walking	47	3
Swimming	19	9
Gym/aerobics	10	2
Crafts	10	8
Local history groups	9	17
Dancing	6	8
Bowls	5	6
Racquet sports (e.g. tennis, squash)	4	3
Language classes	3	11
Cookery classes	1	7
Other	8	6
None of these	12	10
Don't know/no answer	13	43

ANSWER THIS QUESTION IF YOU DO NOT CURRENTLY TAKE PART IN ANY OF THE ACTIVITIES LISTED AT QUESTIONS 5 AND 6. OTHERWISE PLEASE GO TO Q8.

Q7. **What, if anything, prevents you from using existing leisure facilities in the borough?**

	N
I feel I am too old	21
Too expensive	5
Lack of time	5
Difficult to get there by public transport	5
Would feel intimidated	3
Too far away	2
Poor access to buildings	1
Other	5
Nothing, just not interested	11
Don't know/no answer	1

Base: All who do not currently take part in leisure activities (41)

Q8. **Which of the following venues would you consider using if leisure activities were offered there?**

Q9. **And which one of these would you prefer to use?**

	Q8 Would consider using %	Q9 Would prefer to use %
Leisure centre	45	18
College/ adult education centre	41	17
Community centre	33	12
Church hall/ other place of worship	27	9
Sheltered housing/ day centre	10	3
None of these	18	11
Don't know/no answer	8	36

Allotments

Q10. **Do you currently have an allotment?**

	%
Yes	2
No	95
Don't know/no answer	3

Q11. **How interested, if at all, would you be in having an allotment?**

	%
Very interested	1
Fairly interested	7
Not very interested	9
Not at all interested	74
Don't know/no answer	9

Base: All who do not have an allotment (326)

ANSWER THIS QUESTION IF YOU WOULD BE VERY OR FAIRLY INTERESTED IN HAVING AN ALLOTMENT. OTHERWISE PLEASE GO TO Q13.

Q12. **What, if anything, prevents you from having an allotment?**

	N
Wouldn't know how to apply	11
Wouldn't be able to get there easily	7
Never really thought about it before	6
Poor health	4
Too expensive	2
Don't know much about gardening	2
Other	5
Don't know/no answer	3

Base: All who would be interested in having an allotment (26)

Information

EVERYONE SHOULD ANSWER THIS QUESTION PLEASE.

Q13. **Thinking about information provided by the Council about health, leisure and activities for older people, where do you think would be the best places to make this information available?**

	%
Through a newsletter for older people in the borough	71
Public libraries	62
Supermarkets	56
Doctors surgeries	55
Churches or other places or worship	15
Day centres	9
Through social workers or health visitors	5
Mobile libraries	4
Other	4
Don't know/no answer	2

Flu vaccination

EVERYONE SHOULD ANSWER THIS QUESTION

Q14. **Have you had a flu vaccine within the last 12 months?**

	%
Yes	64
No	35
Don't know/no answer	1

ANSWER THIS QUESTION IF YOU HAVE NOT HAD A FLU VACCINE WITHIN THE LAST 12 MONTHS. OTHERWISE PLEASE GO TO Q16.

Q15. **Why have you not had a flu vaccine within the last 12 months?**

	%
I don't think I need it	46
Concerned about side effects	29
I've had a bad reaction to it in the past	17
I was not aware it was offered	12
I didn't think it would work	8
Didn't want to bother the doctor	6
Not convenient for me to go to the doctors/ find it difficult to get to the doctors	3
Other	12
Don't know/no answer	8

Base: All who have not had a flu vaccine within the last 12 months (119)

Grants

EVERYONE SHOULD ANSWER THESE QUESTIONS

Q16. **How much, if anything, do you feel you know about grants available to help you heat your home**

Q17. **And how much, if anything, do you feel you know about grants available to make improvements to your home?**

	Q16 Heat your home TICK ONE BOX ONLY	Q17 Make improvements to your home TICK ONE BOX ONLY
	%	%
A great deal	8	3
A fair amount	18	10
Not very much	34	26
Nothing at all	36	50
Don't know/no answer	4	10

Future priorities

This section is about future priorities for the Council.
EVERYONE SHOULD ANSWER THESE QUESTIONS

Q18. **To what extent do you agree or disagree with the following:**

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know/no answer
	%	%	%	%	%
There should be more advice available on benefits	44	36	8	1	12
There should be more schemes to help older people meet up with each other (e.g. luncheon clubs)	24	46	9	2	19
There should be more schemes to help older people meet up with younger people	14	36	19	2	29
There should be more schemes to promote volunteering	22	45	7	1	25
There should be subsidised educational activities for older people	43	33	7	1	16
There should be subsidised educational activities for 'older people only' classes	25	25	22	6	21
There should be more advice on where and how to get repairs done to your home	57	29	2	0	13

Q19. **And which one of these do you think is most important?**
PLEASE TICK ONE BOX ONLY

	%
There should be more advice available on benefits	32
There should be more advice on where and how to get repairs done to your home	31
There should be subsidised educational activities for older people	11
There should be more schemes to promote volunteering	8

There should be more schemes to help older people meet up with each other (e.g. luncheon clubs)	7
There should be subsidised educational activities for 'older people only' classes	7
There should be more schemes to help older people meet up with younger people	3
Don't know/no answer	9

Appendix 2: Acknowledgements

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