Senior Citizens' First
2008-2013

A joint plan/strategy for developing Health & Social Care Services for Older People

With Dignity, Value, Respect

Community Care Services

Together with:

Kingston Pensioners Forum

Kingston Primary Care Trust

South West London & St Georges Mental Health NHS Trust

Kingston Age Concern

The 'Senior Citizens First' title was chosen by local older people following a recent consultation. In other Royal Borough of Kingston Strategies, this strategy is referred to as "Older People's Services Strategy".

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EXECUTIVE SUMMARY

This Joint Older People's Services Strategy "Senior Citizens First", sets out how the Royal Borough of Kingston (RBK), its partners in the statutory, independent and voluntary sectors, who provide health and social care will work together to help ensure that older people lead healthy, independent and fulfilling lives in the community. The strategy has been developed in partnership with older people and carers, alongside the Kingston Pensioners Forum, Kingston Community Care Services, Kingston Primary Care Trust and Age Concern Kingston.

It identifies the national and local priorities for older people's services during the next five years (2008 -2013). An extensive needs analysis and range of consultation has been undertaken to identify the key issues affecting older people and their carer's in the Borough. The strategy is a working document to identify priority areas and drive improvements in Older Peoples Services that matter to local older people. To achieve this, the strategy sets out a detailed action plan in Section 5, which identifies a framework of objectives and outcomes to be delivered by services and informs the priorities for the commissioning of services.

The main outcomes identified within the strategy are based on two policy documents; The "White Paper Your Health, Your Care, Your Say" and the National Service Framework for Older People (2001).These have created significant policy shifts towards developing services to achieve greater personalisation, choice and control. Other guidance and initiatives such as "A New Ambition for Old Age Next Steps in Implementing the National Service Framework for Older People", "Long Term Conditions National Service Framework" and Local Area Agreements, also set out national priorities for the NHS and social care, these have been addressed within the strategy where they are specifically focused on older people and their carer's.

The strategy will be delivered through a partnership approach, working with a range of stakeholders in order to provide services that enable older people and their carers to have choice and control over their lives and access to services which respond to the uniqueness of each individual.

1. INTRODUCTION

This Joint Older People's Strategy sets out how the Royal Borough of Kingston (RBK), its partners in the statutory, independent and voluntary sectors, who provide health and social care, will work together to help ensure that older people lead healthy, independent and fulfilling lives in the community.

The strategy has been developed in partnership with older people and carers alongside the Kingston Pensioners Forum, RBK Community Care Services, Kingston Primary Care Trust and Age Concern Kingston.

It identifies the national and local priorities for older people's services during the next five years (2008 -2013). An extensive needs analysis has been undertaken to identify the key issues affecting older people in the Royal Borough of Kingston Upon Thames. The aim of this strategy is to identify the key outcomes upon which services across health and social care can be commissioned.

The strategy underpins RBK's Adult Social Care Commissioning Strategy which sets out the commissioning framework and overarching principles for adult social care services over the next five years. RBK's Adult Social Care Commissioning Strategy addresses the resources available, (Estate management, finance, workforce development, information technology) the eligibility criteria and access to services within which the directorate operates and targets resources. A copy of the strategy can be found on the council's www.kingston.gov.uk/communitycareservices.

The Joint Older People's Strategy also links to other key national and local strategies and guidance that aim to improve the quality of life for people in Kingston upon Thames, such as the Kingston Long Term Conditions Strategy (2005). Aspects of the Kingston Primary Care Trust's (KPCT) Commissioning Plan and provider operating plan have also been included.

The strategy will be delivered through a partnership approach, working with a range of stakeholders in order to provide services that enable older people and their carers to have choice and control over their lives and access to services which respond to the uniqueness of each individual.

The strategy is a working document to identify priority areas and drive improvements in Older Peoples Services that matter to local older people. We need to be clear about the outcomes that matter most to the success of services for older people and their carers and focus our efforts on these. To achieve this, the strategy sets out a detailed action plan in section 5, which identifies a framework of objectives and outcomes to be delivered by services and will form the priorities for the commissioning of services.

2. Vision and Aims

The vision of the strategy is closely linked with the aims and outcomes of the White Paper, ‘Our Health, our care, our say: A New Direction for Community Services’ (January 2006), and the feedback received from consultation with older people and their carers living in the Borough. A stakeholder event was also held in March 2008 with representatives attending from different agencies and stakeholder organisations to develop a common vision and new model of service that shifts services from hospitals to deliver local preventative and enabling services based on integrated social care and NHS commissioning. The aims and outcomes of the strategy were broadly discussed and the vision for a rapid response community model developed to avoid unnecessary hospital admissions and facilitate discharge from hospital.

The aims of the strategy are as follows:

- To meet the diverse and changing needs of older people and their carers in RBK and facilitate equal access to services
- To provide a range of support and services to maintain older people in their homes, where possible, and enable any move to residential and nursing home to be a positive experience
- To ensure that older people have timely access to emergency services and the response ensures that their needs are met in the most appropriate setting
- To ensure that services prevent ill health and promote well being, improve quality of life and reduce or delay the need for high support services
- To enable older people to play an active part in the community
- To allow older people the opportunity to choose the service that meets their needs most effectively
- To provide a single point of access to an integrated care service

We are committed to working closely with our partner organisations in the statutory, voluntary and independent sectors and importantly with service users and their carers to achieve these aims. The action plan in Section 5 identifies how the vision and aims of the strategy are translated into service delivery and commissioning intentions.

3. CONTEXT

The strategy incorporates recent developments both nationally and locally which have influenced the focus of this plan.

National policy

The main outcomes identified within the strategy are based on the outcomes within two main policy documents; The "White Paper Your Health, your care, your say" and the National Service Framework for Older People (2001) (NSF). In January 2008 the Department of Health issued a circular, "Transforming Social Care" which reinforced the significant policy shift towards developing services to achieve greater personalisation, choice and control. Other guidance "A New Ambition for Old Age Next Steps in Implementing the National Service Framework for Older People", "Long Term Conditions National Service Framework", Local Area Agreements (LAA) and Public Service Agreements (PSA) also set out national priorities for the NHS and social care, these have been addressed within the strategy where they are specifically focused on older people and their carer's.

Service Developments and partnerships

A number of supporting plans and key service changes underpin this strategy, which are as follows;

- In January 2008 the Kingston Primary Care Trust (KPCT) Provider services became an Arms Length Management Organisation of KPCT and will become a stand-alone Organisation by October 2008.
- An overarching needs analysis has been undertaken of mental health services for older people. The outcome of which, will inform the development of a local Mental Health Joint Commissioning Strategy, which will be in place by October 2008. The needs analysis will benchmark services against two documents, 'Securing better mental health for older adults' which outlines the national vision for older people's mental health services and the service development guide 'Everybody's Business'. The Commissioning Strategy will incorporate the aspirations of the National Dementia Strategy which is due to be released in October 2008. This will focus on improving awareness of dementia, early diagnosis and intervention and an improving quality of care.

- The emerging strategy for Promoting Independence and Wellbeing 2008-2011 complements this strategy and sets out an overarching framework to improve independence and wellbeing in the community and will ensure that those with low or moderate social care needs are supported to live within the community. This strategy will address a range of issues such as community transport, volunteering opportunities, housing, employment, information and advice, education and learning. Within this strategy priority areas to support older people with low to moderate needs have been identified. A copy of the strategy can be found on the council's website www.kingston.gov.uk/communitycareservices.
- Other complementary strategies include RBK's Joint Choosing Health Implementation Plan which sets out actions required by all partners to improve health and reduce health inequalities. The long term vision for RBK is set out in the strategic document 'Changing Kingston, Choosing our Future'.
- Issues that effect carers supporting older people, are largely addressed within the local Carers' Strategy 2008 – 2013, which sets out the framework for the development of carers services and identifies an action plan which reflects the current and emerging agenda's. Key priorities will be the development of diverse training available to carers, more flexible home and community respite services.
- The local Adult Safeguarding Strategy 2008-2011 sets out the Royal Borough of Kingston's (RBK) Safeguarding Adults Board plans for ensuring the safeguarding of vulnerable adults. The Strategy defines the principals that underpin best practice in safeguarding and highlights how RBK will seek to develop its approach. It also describes the services currently available, identifies future needs and sets a direction for the next 3 years. The Joint Older People's Strategy incorporates the vision and the next steps for older people's services in respect of safeguarding vulnerable older people.
- The Kingston Long Term Conditions Strategy (2005) focuses on how GP's, community health and social care staff can support and enable people with a long term condition to self manage their own care and avoid unnecessary admissions to hospital.

4. Local Needs of Older People and Carers

Assessing and understanding the needs of individuals as well as of the population as a whole is integral to helping achieve positive outcomes. This allows local partners to identify common priorities and to decide how best to work together to meet those needs. The views of older people and their carers have been vital in developing this strategy. A consultation process took place between August and October 2007 which identified the views of older people and their carers regarding current and future service provision. The consultation process involved:

- A consultation event- " Your Views Your Kingston"
- Consultation with a range of hard to reach communities

Full details of the consultation events and the feedback from all these events are available in Appendix 1 and 2.

This strategy is also based on evidence of local need, which is discussed further in the Needs Analysis section.

Participation of Older people and their Carers

As part of developing this Joint Strategy for Older People, Community Care Services carried out a series of consultation exercises. A joint event was organised between Royal Borough Kingston and Kingston Primary Care Trust called 'Your View Your Kingston'. The purpose of the event was to find out the views of older people and their carer's and what is important to them. The event was attended by 59 older people who all took part in discussion groups on topics of their choice.

Separate to the event, a programme of outreach was organised to capture the views of more vulnerable groups of older people and in particular, those who faced communication barriers. The outreach programme reached older people from refugee and asylum seeking communities, Tamil, Indian, Korean and Chinese communities. It also sought the views of people with a hearing impairment.

Over the past 24 months Community representatives from black and minority ethnic communities have also been consulted on their views regarding the barriers communities face when attempting to access health and social care services and barriers faced to live independently and in optimum health. Information provided by these consultation exercises are also reflected in the overarching themes here.

Themes covered by the 'Your View, Your Kingston' event and key issues identified are presented in the table below. The second column identifies the strategy or service area responsible for addressing the theme identified.

Theme	Key issues	Responsible Strategy / Service Area
Advice and Information	▪ One Stop Shop. Local information points for early access to information particularly on health and wellbeing. ▪ Safety advice for in the home and out in the community, including home safety alarms. ▪ Older people feel vulnerable about cold callers and want advice on this. Information and advice on equipment services. ▪ Home visiting for people who are housebound. Older people want a service that would support housebound socially isolated people which would include support to access community facilities. ▪ Nutrition and lifestyle advice relevant to older people. ▪ Older people want more information and advice to be provided by their local pharmacist. ▪ Access to information on welfare benefits. ▪ Advice and information on accessible transport services	Independence and Wellbeing Strategy and mediated self assessments by Kingston Age Concern. Provided by Telecare and on line self assessment website. Provided by occupational therapy and telecare services. Provided by Kingston Age Concern. Older People's Strategy Outcome 1 Independence and Well Being Strategy Older People's Strategy Outcome 6 Independence and Well Being Strategy
Staying Independent	▪ Equipment for the home to stay independent. Accessible and affordable home safety alarms (telecare) to reduce the fear of falling in the home. ▪ Support for home improvements, upkeep grants and keeping warm. Major and serious home repairs. Handyman scheme. Support with garden maintenance. ▪ Support to overcome communication barriers through interpreting services.	Older People's Strategy Outcome 2 Development of Daily Living Centre Independence and Well Being Strategy Older People's Strategy Outcome 5

Theme	Key issues	Responsible Strategy / Service Area
Active Living	▪ Well advertised, affordable and locally based leisure activities.	Older People's Strategy Outcome 1 Active living over 45's passport project
Community based services	▪ Day care and social settings, more availability of these in community centres.	Independence and Wellbeing Strategy
	▪ More respite care for carers especially at the weekends.	Local Carer's strategy
	▪ Access to public toilets	Independence and Well Being Strategy
Training and awareness	▪ Older people want well advertised, affordable lifelong learning opportunities including social activities and day time classes that are accessible in the local community.	Independence and Wellbeing Strategy

Theme	Key issues	Responsible Strategy / Service Area
Transport	▪ Older people experience difficulties with buses, patchy services, access, shelters unavailable due to vandalism. ▪ Train station platforms etc inaccessible for wheelchair users ▪ Dial a ride service unreliable. Difficulties booking, lack of parking facilities for Dial a ride buses. ▪ Taxi Card and Disabled travel options. Older people not aware of entitlements.	Independence and Wellbeing Strategy

Needs Analysis

A detailed population profile was documented in the Joint Director of Public Health's Annual Report 2006 and the more recent Borough Profile has been produced to inform the impending Local Area Agreement and the NHS profile of Kingston upon Thames. The key issues of relevance for this strategy are:-

Population data

The Royal Borough of Kingston is the smallest of the 32 London Boroughs, with a population of 155,900. It is a relatively affluent borough, with higher than average rates of economic activity, although there are some pockets of deprivation.

Ageing

Table 1: The predicted percentage change in the population of RBK and London from 2005 to 2011.

Age (years)	Under 15	15-64	65-84	85+
RBK	4.97%	4.24%	-2.53%	1.45%
London	4.30%	6.50%	-2.69%	10.17%

(c) GLA 2006 Round Demographic Projects

As can be seen from the table above the 65-84 population will decrease over the next 5 years but that of the over 85s will increase. So in 2011 we can expect approximately 15,595 65-84 and 3,145 over 85s, meaning that overall over 65s will slightly decrease to approximately 18,740.

- 13% of borough households are occupied by lone pensioners, particularly in St James and Beverley wards.
- Certain areas have higher numbers of older people than others e.g. Beverly, St James, Surbiton Hill, Berrylands.

Ethnicity

The predicted percentage change in the ethnic population groups in RBK between 2001 to 2025.

Population Group	Projected change in population	Projected change in population by age group Numbers (%)		
		Under 15 yrs	15-84 yrs	65+ yrs
White	- 5%	- 1,112 (- 5%)	- 3,434 (- 4%)	- 1,755 (- 9%)
Black Caribbean	55%	55 (63%)	251 (39%)	122 (227%)
Black African	65%	142 (47%)	672 (61%)	121 (405%)
Black Other	29%	109 (21%)	171 (29%)	44 (135%)
Indian	56%	287 (32%)	2,081 (50%)	635 (194%)
Pakistani	47%	130 (27%)	597 (43%)	174 (300%)
Bangladeshi	62%	35 (33%)	172 (63%)	33 (548%)
Chinese	100%	192 (64%)	1,500 (92%)	400 (480%)
Other Asian	53%	623 (44%)	1,660 (46%)	507 (176%)
Other	175%	1,900 (150%)	6,800 (200%)	858 (900%)

- As can be seen from the table above some of the greatest changes in ethnic population groups are in the over 65's, particularly Bangladeshi, Chinese and Black African. The other Asian population group probably includes the Korean population; however, due to the lack of facility for these people to identify themselves as Korean in the Census we cannot be certain of this. The Korean population is increasingly settling. The 'Other' category probably includes a proportion of non – English speaking people from countries outside of the UK including those from Eastern Europe. Different wards in the borough have different proportions of people from different black and minority ethnic populations.
- The White population (comprising British, Irish and Other White groups) is projected to decline by 5% between 2001 and 2025, with the greatest percentage reduction occurring in the 65+ age group.
- The Black population (Black Caribbean, African and Mixed White and Black groups) is projected to increase with the greatest % increase in the 65+ age group
- The Asian population (comprising Indian, Pakistani, Bangladeshi, Mixed White and Asian and Other Asian) is projected to grow, again with the largest increase in the 65+ age group

- The proportion of Chinese people living in RBK is anticipated to increase from 1.4% in 2001 to 2.5% in 2025 and the 'Other' population group is also projected to grow from 3.2% in 2001 to 8.8% in 2025.
- The 'Other' population group probably includes the Korean population; we have the largest Korean population in Europe living in the Borough, who are increasingly settling.
- Within the 'Other White' category there is also a proportion of non-English speaking people from countries outside of the UK including those from Eastern Europe.
- Different wards in the borough have different proportions of people from different black and minority ethnic populations.

Illness and Disability

- A lower proportion of people in RBK rate their health as 'not good' compared to the England average.
- Life expectancy in RBK is higher than the England and London averages
- Increasing age is associated with increasing prevalence in obesity up to the age of 64 years, when a decline in the prevalence begins. It has been estimated that approx 13,637 over 65s are overweight and obese and that a further 10,000 have a greater health risk of being overweight[1]. In those from 55-64 the numbers are approx 10277 people are overweight & obese and that a further 7,000 people who have a greater health risk of being overweight. Obesity levels in RBK are lower than the London and national average.
- Smoking kills around 180 people every year and is the principal avoidable cause of premature death and ill health in England. The numbers of people smoking in the borough are lower than both the London and national average. Overall, 16% of RBK's population smoke which means we are already meeting the national target to have fewer than 21% of the population smoking.
- The % population with long-term limiting illness ranges from 7% to 23.4% with the highest percentage in St James, Berrylands and Norbiton wards. People with long term conditions are intensive users of health and social care services, including community services, urgent and emergency and acute services. The numbers of people with long term

[1] Obesity strategy2006 -2010

conditions is predicted to increase due to factors such as an aging population and the lifestyle choices that people make.

- Carers are twice as likely to have mental health problems if they provide a high level of unpaid care in terms of time and effort.
- The % of the population with caring responsibilities ranges from 4 – 13% with the highest percentages in St James, Berrylands, Alexandra, Surbiton Hill, Chessington North.
- The rate of hip fracture in older people in Kingston during 2007 was significantly higher than the England average[2].
- Research has calculated that 10–15% of older people (aged 65 years on more) have significant depressive symptomatology, although major depression is relatively rare in older adults[3][4]. This means that currently approximately 2400 older people have depression and this will reduce slightly to around 2350 by 2011
- Prevalence rates of dementia increase as people age, range from approximately 1.3% of people aged 65-69 to 20% of older people aged 85-89[5]. Taking a mid range estimate of a 5% prevalence gives 800 people between 65-84 currently with dementia and using the prevalence of 20.3% gives 630 over 85s. In total this is 1430 people. With the expected population changes and using the same estimates we can expect 780 65-84, and 640 over 85s with dementia giving a slight decrease to 1420 in total in 2011.
- Sensory impairments become increasingly common as people get older: around 80% of people over 60 have a visual impairment, 75% of people over 60 have a hearing impairment, and 22% have a visual and hearing impairment. This would mean approx 15280 over 65s with a visual impairment and 14325 with a hearing impairment. Both disabilities will decrease in 2011 to 14992 and 14055 respectively.

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[2] Hospital Admission for fracture neck of femur, directly age-standardised rate, 65 year and over, 2005-06, Persons Hospital Episode Statistics (HES)

[3] Beekman AT, Copeland JR, Prince MJ. Review of community prevalence of depression in later life. *Br J Psychiatry* 1999;174:307–311. [PubMed]

[4] Geddes J, [4] Beekman AT, Copeland JR, Prince MJ. Review of community prevalence of depression in later life. *Br J Psychiatry* Butler R. Depressive Disorders. Clinical Evidence 2001; 5; 652-667

[5] http://www.alzheimers.org.uk/News_and_campaigns/Policy_Watch/demography.htm Knapp, M., Prince, M. et al. (2007) Dementia UK (A report to the Alzheimer's Society on the prevalence and economic cost of dementia in the UK produced by King's College London and London School of Economics). Alzheimer's Society: London.

- Urinary incontinence affects 24% (4584 in RBK) and faecal incontinence affects 1-4% (up to 764 in RBK) of older people living in the community. The percentage of older people who are incontinent is higher in care homes, where 30-60% of older people suffer with urinary incontinence and up to 25% with faecal incontinence. These will decrease to 4497 and 750 respectively.

Prevalence of disabilities in England, ages 65 and over

	65-74		75-84		85+	
	Men	Women	Men	Women	Men	Women
Moderate disability	25%	23%	29%	32%	39%	32%
Serious Disability	9%	9%	14%	19%	33%	42%

Source: The Health Survey for England 2001

- Around 13% of older people receive the Disability Attendance Allowance, the majority of claims due to arthritis (Office for National Statistics) (2483 in RBK, decreasing to 2436).
- Of those people aged 65 or over who received services from RBK during April 06-March 07, 29 people had a hearing impairment, 45 a visual impairment, 2 dual sensory loss and 2231 were physical disabled, frailty and/or temporary illness. This does not include some people who accessed sensory impairment equipment directly.

Inequalities

- Significant health inequalities exist between wards in terms of mortality and life expectancy with Norbiton ward consistently at the lower end of the life expectancy scale and the higher end of mortality.
- Advances in health care have led to people with a learning disability living longer. It is important that these people are able to access mainstream services for older people and there is appropriate accommodation, particularly for those people with dementia.

Sexuality

Although lesbians, gay men and bisexuals face many of the same health concerns as everyone else as they grow older, they do face a number of health problems considerably more often. UK Government figures suggest 5-7% of the population are lesbian, gay men or bisexuals, this would mean about 1000 people over the age of 65 years.

Mental health problems are greater than in the general population, often linked to the stigmatising effects of discrimination and the stress of keeping sexual orientation a secret.

- The use and misuse of alcohol and tobacco are significantly higher.
- More than 10% of HIV positive men are aged over 50.
- All too often, however, the double discrimination of ageism and homophobia prevents people from seeking and finding the help they need.

Fuel Poverty

- (Where a household cannot achieve temperatures needed to maintain health and comfort for expenditure of less than 10% of their income). Around 20% of people who live in Kingston experience fuel poverty. Whilst this figure is not broken down by age, fuel poverty is experienced by some older people, as a result of a combination of low household income, unaffordable energy costs and inadequate thermal insulation and inefficient and uneconomic heating systems.

Owner Occupation

- 75% of all pensioners in RBK own and occupy their home compared with 68% in England and 59% across London. This may result in an increasing incentive for people to remain in their own home and access support in the community.

Commissioning

- There has been a significant shift away from spending on residential care options. In older people's services the number of bed days purchased in residential homes has reduced by 25% between 2001 and 2007. Between 2001 and 2006/7 the number of bed days in older people's

nursing care has fallen by 2%. However, within the overall reduction there has been a steady growth in need, particularly commissioning services for people with dementia. Overall the pattern is of reducing numbers of people accessing residential and nursing services, with the average cost of placements rising. This seems likely to be because of the relatively higher needs of older people accessing residential and nursing care settings. Council funded placements make up less than 40% of older people placed in care homes in the borough.

Priorities for Older People and their Carers

The Government White Paper 'Our Health, Our Care, Our Say a new direction for community services' (DH 2006) identifies seven key outcomes on which this strategy is based and these outcomes reflect the aspirations identified with local older people, carers and community groups during the consultation period for this strategy. These are;

- improved health and well being
- improved quality of life
- making a positive contribution
- choice and control
- freedom from discrimination
- economic well being
- personal dignity

Outcomes refer to the impacts or end results of services on a person's life and aim to achieve the aspirations, goals and priorities identified by service users.

The focus of these agreed and shared outcomes is that people, irrespective of illness or disability, are supported to live independently, stay healthy and recover quickly from illness, exercise maximum control over their life and participate as active and equal citizens, both economically and socially.

In the following sections we set out the key priorities and objectives to improve outcomes for older people and their carers which have been identified through local consultation and an analysis of local need. Firstly the following section explains each of the seven outcomes and then a section is devoted to each outcome and sets out the current services available, identifies the gaps in provision, and the objectives and outcomes for the priority areas.

To improve health and emotional well being of older people

This relates to services that promote and facilitate the health and emotional well being of older people living in the borough and may mean that the future need for high support services is reduced or delayed. This includes providing services that identify illnesses before they occur (i.e. Keeping well and prevent need for services) and provide access to the appropriate treatment and support in managing a long term condition or illness, so that people stay healthy and recover quickly from illness(early intervention to prevent the escalation of poor health). There is overwhelming and consistent evidence of the importance of physical activity for the older person, including the immediate and long term physical, psychological and social benefits, for conditions associated with old age and most importantly, assisting older people to maintain their mobility and independence in later life.

To improve the quality of life of older people

This relates to services that promote independence and support people to live a fulfilled life making the most of their capacity and potential. Services should build on people's ability to sustain and increase their level of independence and need to access local work, education and recreational opportunities. Services should support people's ability to continue to live in their own homes in the community and prevent the need for people to be placed in a care home. In addition, quality of life includes safety within the home and the community and access to leisure and learning opportunities. Leisure and Learning opportunities increase opportunities to improve social networks and relationships which help to reduce feelings of separation and isolation. The need for older people to live an independent life, with more chances to interact with other people, was very much in evidence within the feedback that we received from older people's groups.

To make a positive contribution

Feedback from older people indicated that they wanted to be valued and make a positive contribution to the community. By involving older people it helps to promote empowerment, a more positive outlook on life as well as maintaining and promoting mental well being.

To increase choice and control

This aims to shift the balance of power, responsibility and control to the individual through self directed support. Support for individuals will be based on a model of access to self assessment, self managed care and use of individualised budgets. Evidence shows that this type of model results in true client – focused services with improved outcomes for health and well being. Greater personalisation, through the tailoring of services to fit individual aspirations and priorities; and the active participation of service users in the processes of designing and delivering services and by gaining greater control over the services they receive and how they receive them.

Older people and their carers want to have access to clear and up to date information so that they know what they are entitled to and what services are available to them. These services should be responsive to individual needs and preferences and maximize choice, control and power over the support people receive. Good management and self management of people's long term condition (obesity, diabetes and heart failure for example) can mean people lead a full and active life in the community without the need for hospitalisation and emergency care.

People with long term conditions should be in control of their care, making informed decisions about the care they can access. Services should aim to increase the proportion of older people with high levels of support needs to remain in their own homes for longer.

To improve freedom from discrimination and harassment

Those who need social care should have equal access to treatment and services without hindrance from discrimination or prejudice. Services should address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief. We need to address the negative culture of attitudes towards older people so they are valued and respected.

To improve economic well being

Older people should not be disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

To maintain personal dignity and respect

Older people and their carers should receive services that preserve people's dignity and human rights in all care settings, whether at home, in hospital or in a care home. It is important that care in all these settings is geared to the needs of older people, especially for those approaching the end of their lives.

5. ACTION PLAN

Outcome 1: To improve older people's health and emotional well-being

Current Services

- ✓ **Active Ageing Strategy.** Updated Action Plan 2008-09
- ✓ Health Promotion Achieving National Service Framework milestones to demonstrate year on year improvements in flu immunisation, smoking cessation and blood pressure management.
- ✓ **Mental Health Promotion** Protocols developed for dementia and depression to improve the skills and competencies of staff to enhance detection and management of mental illness in all non specialist settings and commenced awareness training for frontline staff.
- ✓ **Physical Activity** Local Area Agreement (LAA) in place to increase percentage of adults aged 45+ participating in sport and active recreation. Produced directory of activities available in RBK and set up a passport scheme which provides incentives and promotes physical activity. Walking for health has seven regular walks and thirteen volunteers in the borough. Community sport and physical activity partnership (CSPAN) action plan devised to recruit, support and engage with volunteers to assist in the delivery of the programmes within the CSPAN's to help increase physical activities for the community.
- ✓ **Healthy Living Centres / day services provision** Bradbury Active Aging Centre has 300 members (Age Concern Kingston) and provides more than 20 different groups and activities. There is no transport attached to this service. Extending opening hours are available at the centre to provide a more flexible social events programme. Raleigh Centre (Age Concern) has 200 service users and provides transport for disabled people. Kingston Age Concern services are available to residents throughout the borough. Devon Way has a membership of 120 people, it is a drop in service for all members of the local community. Services provided range from information and advice to health promotion. Alfriston day services for older people provides day services in the Surbition area, transport is provided for people with a physical disability. Milaap provides borough wide day services to older people from different cultural backgrounds living in RBK. Milaap also provides mobile meals and transport for disabled people. Kingston Centre for Independent Living provides a range of services for people with disabilities to enable them to lead independent and empowered lives.
- ✓ **Obesity Strategy** has over 50s as a target group. Initiatives include pedometer programme,
- ✓ **Falls Prevention and exercise / balance classes**. Physical activity and extend classes available in resource centres, residential homes, Devon Way, MILAAP and Age Concern Centres. Falls awareness sessions organised including advice on footwear. Kingston Falls Prevention leaflet produced and distributed.

- ✓ **Equipment** shop which includes telecare information available at Newent House.
- ✓ **Keep Warm and Keep Well**. Raised awareness amongst staff regarding actions to be taken to prevent vulnerable older people from getting hypothermia within the winter months and overheating in a heat wave. The Cold Busters scheme offers grants for energy efficiency works for qualifying residents which improves the insulation in homes making them cheaper to heat and preventing hypothermia.

Identified Gaps

- **Health Promotion** - Limited capacity to provide health and mental health promotion information. Staff in health and social care need to consistently identify older people that smoke and signpost them to the most appropriate service.
- **Mental Health** – Protocols are not embedded in practice. Need to establish clearer care pathways to services and underpin practice through mental health awareness training for non specialist staff. Need to develop peer support for recently bereaved older people and ensure primary care staff refer older people to this support.
- **Alcohol** – Need to improve the skills of staff in the identification and support of older people who misuse alcohol and increase the awareness of older people and their families about safe levels of drinking.
- **Physical activity** Improve range of activities for older people. Less work to date on older people who do not exercise at all, particularly within hard to reach communities.
- **Healthy Living Centres / Low level day service provision** Over the next five years, the three existing providers are committed to working together to provide services in line with the direction outlined in the Independence and Well Being Strategy.
- **Obesity and healthy eating** - Require training for frontline professionals on the skills of motivational interviewing / effective models of behaviour change and local service awareness. This is being planned as part of the obesity strategy. Need to improvement in the skills of staff in the detection of malnutrition in older people and the awareness of older people and their families about normal weight and eating.
- **Falls Prevention** - Extension and coordination of falls prevention and exercise programmes and yearly falls awareness programmes devised.
- **Equipment** - Centre for independent living unavailable.
- **Medicines management** – Need to review current arrangements for medicines management and access to pharmacies by older people

To improve health and emotional well being (IWB)

Priorities	Objectives
WB 1 Mental health awareness and health promotion	➢ To improve the skills and competencies of staff to enhance the detection and management of mental illness in all non specialist settings, by March 2011. ➢ Devise and deliver a mental health promotion plan by December 2010 to include facilitating peer support for bereaved older people, increased awareness/ reduced stigma about mental illness in older people and ensure protocols/ care pathways in place. Train front line staff regarding their health promotion role and recruit older people to promote initiatives and information about healthy living. ➢ Year on year increase in the number of older people receiving support through the NHS Stop Smoking Services
WB 2 Physical activity levels	➢ Build the capacity of older people to lead activities. Recruit, support and engage with volunteers who are over 45 to assist in the delivery of the programmes to help increase physical activities by March 2012. ➢ Increase range and opportunities for adult learning, including capacity of older people to lead by March 2012. ➢ Implement the Local Area Agreement during 2009 to improve levels of physical activity in people over 45 and develop a communication strategy for the passport scheme, particularly in relation to hard to reach communities and evaluate the schemes effectiveness and sustainability. ➢ Service level agreements will be renewed for 5 years from April 2008 with Milaap, Kingston Age Concern and Alfriston day services to reflect the health promotion and prevention outcomes identified in this strategy, along with the themes within the Independence and Well Being Strategy.

Priorities	Objectives
WB 3 Falls Prevention	➢ Map gaps in availability of falls prevention classes and provide training programmes by March 2009 to voluntary, statutory, independent sector's and black and ethnic communities, so that they can directly provide stay on your feet / exercise groups to improve mobility and confidence to reduce the incidents of falls amongst older people. The programmes will cover medicines management, safe home environment and footwear. ➢ To organise annually multi-agency falls awareness week within the borough to raise awareness amongst the general public regarding falls prevention.
WB 4 Obesity target over 50's	➢ Expand and develop opportunities for physical activities for adults 50+ across a range of community settings, including the pedometer programme by March 2010. ➢ Promote healthy eating to 50+ age group via a range of community settings by March 2009. ➢ Promote Walking for Health with obese individuals as one of the target groups by March 2009. ➢ Train a broad range of non health professionals by March 2009 on motivational interviewing to develop skills in motivating the public and supporting them to make lifestyle changes, also delivering key healthy eating and physical activity messages, along with local service and signposting information. Review of effectiveness of model by August 2009.

Overarching outcomes for improving health and emotional well being

By March 2010 Community groups have a greater level of awareness of mental health through the provision of outreach programmes delivered by older people volunteers. The programme will address social isolation, access to mental health services and awareness raising.

By 2013 reduce the ratio of smoking quitters over the age of 65 years per 100,000 population, and reduce the number of people aged 65 to 75 years on a GP register, recorded as being a smoker in the last 15 months.

4.5% points increase in the percentage population of people aged 45 and over taking part in at least 30 minutes moderate intensity sport and active recreation on three or more days a week, as measured by Sports England Active People Survey and by resurvey in 2009.

- To increase the numbers of older people attending fall's prevention programmes each year which improve their level of confidence and mobility, plus raise awareness of how to reduce the risk of a fall.

Outcome 2: To improve older people's quality of life

Current Services

Management of avoidable admissions

- ✓ Three established joint locality based older people's teams comprising district nurses, specialist nurses, social workers and community matrons. Multidisciplinary teams underpin a co-ordinated, seamless approach to the delivery of care and support, avoiding fragmentation, confusion and duplication of effort.
- ✓ Community matrons appointed and providing case management (including the commissioning of social care) and care coordination, with the production of self treatment plans. They have acquired extended skills training in physical assessment, clinical decision making and non medical prescribing. Evaluation of the service showed that their interventions had reduced hospital admissions and the number of days people stayed in hospital.
- ✓ Intermediate Care Services – comprised of a 50 bedded intermediate / rehabilitation (6 designated stroke beds) nurse led unit at Tolworth Hospital supported by a multi-disciplinary teams and 12 rehabilitation beds at Hobkirk House residential and nursing home. The service provides a single point of referral to a multi and inter disciplinary rehabilitation and enablement service which maintains people at home, facilitates discharge from hospital, transfer's people into intermediate care beds at Tolworth Hospital or 44 nursing / rehabilitation beds (22 Flexible) at Hobkirk House, to achieve optimum independence of an older person.
- ✓ There are approximately 850 registered care home places in RBK available for use by older people. At March 2007 there were 321 older people funded by the council in a care home (249 in borough and 72 placements outside borough).
- ✓ Local Authority residential homes comprise Murray House (38) beds and Newent House (38) beds.

Falls services

- ✓ Re-established a therapy led outpatient Falls service.
- ✓ Established a co-ordinated, integrated, multi-agency falls service for people with recurrent falls and at high risk of falling. We have a full multi-disciplinary falls risk assessment in relation to risks in the home and the environment and in relation to people's health and medication.
- ✓ Stay on your feet group improves exercise, balance, medicines management, environment and footwear for older people.
- ✓ Professionals in resource centres and sheltered housing who are trained to provide falls prevention exercises.

- ✓ Osteoporosis services and Dual X-ray absorptiometry scanning agreed guidelines and referral protocols in place.

Access to mainstream services for social interaction & Lifelong Learning and leisure

- ✓ Initiatives by local libraries to increase use of IT by older people
- ✓ University of Third Age established locally

Mental health services

- ✓ Needs analysis undertaken against national guidance "Everybody's business" and "Securing better mental health for older adults" as a benchmark for older people's services.
- ✓ Joint Multidisciplinary mental health team for older people established.
- ✓ Admiral Nurse service available to support and provide advice to carers of people with dementia.
- ✓ Dementia outreach service available to those individuals who do not take up services readily.
- ✓ Amy Woodgate House assessment and day service, plus 44 bedded residential care home for older people with dementia (New home available from summer 2008)
- ✓ Sherwood functional mental health day service currently provides 20 assessment and treatment places to adults over the age of 65.
- ✓ Assessment and continuing care beds at Tolworth Hospital

Services to increase independence

- ✓ A range of services are provided which support people in their own homes such as day services, respite care in a home, practical services and support with daily living through domiciliary care (home care services) which is available seven days a week. The council now provides less than 30% of the total home care service locally, so 70% is delivered through block contracts with private agencies.
- ✓ Newent day service provides a borough wide service meeting the needs of individuals with high physical care needs seven days a week.
- ✓ Daily Living Equipment People are supported by the provision of equipment, aids and adaptations. These range from simple pieces of equipment, to major structural work on people's homes.
- ✓ Telecare Strategy devised. Wide scale publicity about the benefits of Telecare / assistive technologies to minimise risks in the community. Reviewed benefits of devises with service users, carers and professionals. Targeting assistive technology to people at high risk of falling. Promoted community alarms and other telecare devices for older people who feel vulnerable to crime.
- ✓ Housing Floating Support Service provides practical advice, support and assistance

- ✓ Practical support. House Proud loans help homeowners repair, improve or adapt their homes so they can continue to live there independently. Handyperson's services in place to provide practical assistance at home. Fire Safety advice available to older people
- ✓ Podiatry and Foot Care. Fit feet for all' training provided to frontline staff to increase access to basic foot care. Introduced a social enterprise low cost podiatry service through Kingston Age Concern.
- ✓ Continence Clinic established and continence coordinator available to provide specialist support
- ✓ Leg Ulcer Clinic open 4 days per week offering 52 clinic appointments weekly
- ✓ Low vision services and group, sensory impairment services and training for frontline staff
- ✓ Kingston Hearing Aid Project delivers outreach services/walk in clinics to all newly diagnosed hearing aid users, especially those with mobility and access difficulties
- ✓ Crime and disorder partnership, bogus trader initiatives

Identified Gaps

Management of avoidable admissions

- ✳ There is a growth of emergency admissions by 6% year on year. This growth is entirely due to older people with long term conditions. People with long term conditions are likely to benefit from consistent, structured monitoring, supervision and intervention in order to reduce the number of crises and avoidable admission to hospital
- ✳ Rapid / crisis response. Need for a whole system approach to the management of avoidable hospital emergency admissions and delayed discharges. This requires the development of a service that can respond to local people's health and / or social care crisis in the community, so people receive the right care, from the right service in the right place in a timely fashion which prevents unnecessary hospital admissions.
- ✳ Case management of people with complex long term conditions and in particular targeting those people that are frequent attendees at primary care and acute hospital care

Falls Service

- ✳ Improved access to falls service for those most at risk of falling and in emergencies, also the capacity to respond in a timely way to referrals. Ensure that the service provides access for hard to reach communities.

Services to increase independence

- ✳ Further evaluation of telecare services to identify the cost benefits of certain devices regarding reducing risk and supporting people and their carers to remain in the community longer
- ✳ Developing flexible multi-disciplinary packages of care to support people with intensive / rehabilitation needs, in their own homes and address specialist needs such as dementia.
- ✳ Podiatry and foot care. Funding for "Fit Feet for All" training has ended. Low use of podiatry services by black and ethnic communities. Need to audit provision of basic foot care, identify gaps in provision and devise a plan for future sustainability.

Mental Health Services

- ✳ A needs analysis will be completed by August 2008, which will identify gaps in service provision and develop a service model.

- ✳ Functional mental health day service by June 2008 will be integrated into a social care setting enabling easy access by service users to social care as well as health care. An outreach model will be developed and service users will be able to step down to a social care day service in the same building.

Residential and nursing home care provision

- ✳ Design and develop the market place to fit profile of changing demographics. Re-provision of a residential home for people with dementia. Increasing numbers of older people with a learning disability who will require accommodation due to becoming increasingly frail having nursing needs or who have dementia.

Day services

- ✳ These services are changing rapidly to become more community orientated and support people to undertake more mainstream activities outside the statutory day care settings. Increasingly people are using direct payments and in the future personalised budgets to purchase directly their own activities. This progressive shift will need to be reflected in a gradual shift in resources to reflect this change of choice.

Domiciliary Care

- ✳ (Home Care) Lack of services available through the independent sector to meet the needs of people with complex needs and / or challenging behaviours.

Employment

- ✳ Increase the awareness of older people, their families and local workplaces about the rights of older people to employment under the Employment Equality (Age) Regulations 2006

To improve quality of life (QL)

Priorities	Objectives
QL1 Management of avoidable admissions	➢ Develop a rapid response service by March 2010 that provides a single point of access, so that people experiencing a health and / or social care crisis can be safely cared for in the community to avoid unnecessary hospitalisation. The aim of the multidisciplinary service would be short term, with a focus on stabilisation and initiation of appropriate treatments and services to maintain and stabilise the person. ➢ By March 2009 100% of older people discharged from Tolworth Hospital inpatient beds will have a personalised self treatment plan. ➢ By March 2009 case management of people over 65years with complex / multiple long term conditions who are most at risk of unplanned admissions to hospital. This approach will be delivered through the redesign of the locality based older people's teams, with community matrons focusing their caseloads at the top 1% of people who are high intensity users of acute services and linking closely with primary care teams. The outcomes of this will be evaluated through the following; ➢ average length of stay for emergency inpatients ➢ bed days for emergency admissions ➢ growth in readmissions ➢ number of unplanned admissions

QL 2 Improved access to falls service	➢ By March 2009 improve emergency response to falls with a key role for emergency care practitioners to assess people who have fallen prior to transfer to an emergency department and mobilise intermediate care services where hospital assessment is not required, with early assessment and management by a multi-disciplinary falls service. ➢ Increased numbers of older people who have recurrent falls, or one fall with serious consequences, and are identified as high risk through the Morse risk assessment tool, attending the falls service for a multidisciplinary assessment and where appropriate attendance at the stay on your feet group by March 2010.
QL 3 Increase telecare and evaluate benefits	➢ To increase usage and evaluate the benefits of assistive technology, to promote independence and well being amongst older people and their carers by March 2009, to inform the future commissioning of equipment
QL 4 Residential and nursing home provision	➢ A review and trend analysis to be undertaken by March 2010 regarding the ongoing need to provide a total of 76 local authority older people's residential beds and ensure that future commissioning intentions reflect the changing patterns of need within the local population. ➢ Re-provision of residential home and day services for people with dementia. New home to be completed by Autumn 2008, which will provide 40 permanent residential beds, there will also be a joint health and social care 30 place assessment and day service, which is currently run in conjunction with South West London and St Georges Mental Health Trust. ➢ The council will commission specialist services that meet the needs of older people with a learning disability, providing suitable accommodation and support for people who are becoming frail having nursing needs or who suffer from dementia by March 2012.

QL 5 Mental Health Commissioning	➢ Joint Mental Health Commissioning Strategy in place by February 2009, which will be based on the priorities identified in the needs analysis and identify a model of service and care pathways for older people with dementia and / or functional illness.
QL 6 Foot care	➢ Audit provision of basic foot care by those who attended 'fit feet for all' training, identify gaps in provision and agreed a plan for future sustainability and footcare by March 2010.
QL 7 Domiciliary Care (Home Care)	➢ The council will continue to commission an in-house home care service for the next five years to meet the requirements of new users of the service with complex needs and those who would benefit from a rehabilitation / assessment service by December 2009. The majority of the provision will be provided on an ongoing basis through the independent sector.

Overarching outcomes to improve quality of life

- Year on year improvement in the numbers of older people who through attending the falls service have been evaluated as maintaining increased levels of mobility and improved levels of confidence 6 months after attending the falls service, which has reduced the numbers of subsequent falls.
- Increased numbers of older people and carers who been maintained at home or had an improvement in their quality of life by March 2009.
- Increased availability of basic foot care in the community and increased awareness by older people and frontline staff.

Outcome 3: To assist older people to make a positive contribution

Current Services

- ✓ Kingston Pensioners' forum has approximately 100 members. It provides information and advice, plus contributes to the development of local services.
- ✓ User and carer representatives on the Older Peoples' Partnership Board where strategic issues are considered
- ✓ Both the Bradbury Centre and Devon Way involve older people in developing appropriate services
- ✓ University of the Third Age involves older people running their own classes
- ✓ Intergenerational activities. Age Concern Kingston founded multiple intergenerational projects, including a mentoring service by older people for children, home visiting by young people, computer training sessions arranged by young people for older people, craft skills taught by older people, friendship hours, art projects and exhibitions.
- ✓ Kingston Carers Network provides information, advice and support
- ✓ Access to work initiative established locally
- ✓ Joint Kingston Primary Care Trust and Adult Community Care Services Patient and public involvement strategy being developed
- ✓ Age Concern Kingston volunteer visiting scheme

Identified Gaps

- ✳ No co-ordinated volunteering strategy for older people
- ✳ Greater support for at least one local user led organisation to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision at a strategic and local levels with partner organisations.
- ✳ No co-ordinated Older People Involvement strategy
- ✳ Intergenerational projects are not comprehensive

To make a positive contribution (PC)

Priorities	Objectives
PC 1 Engagement with older People	➢ Develop an Older Peoples' Reference Group based on best practice, (whose representatives will reflect the local population) by March 2009. ➢ Provide an opportunity for older citizens and carers through the Reference Group , to let the council know what they think and to be involved in shaping the future of services and also establish a network of 'expert older people' to advise on the development and delivery of services by December 2009.
PC 2 Capacity Building of Older People	➢ Build capacity of older people to be involved in developing, delivering, monitoring health promotion messages and peer support by March 2010
PC 3 Develop intergenerational work	➢ Co-ordinate and further develop intergenerational work within the local community by December 2011

Overarching outcomes to make a positive contribution

✳ By March 2010 increase the numbers of older people representing different communities who feel they have had the opportunity to contribute and had their voice heard regarding the future direction of services

✳ Older people involved in developing, delivering, monitoring health promotion messages and peer support by March 2010

✳ Increased involvement of older people & young people in intergenerational work throughout the Borough by March 2011

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Outcome 4: To increase the choice and control of older people

Current Services

Community provision

- ✓ Three community matrons have been appointed to support people with long term conditions.
- ✓ Assessment of people's needs are being carried out according to the single assessment process.
- ✓ Council's Direct Payment scheme administered by Kingston Centre for Independent Living. Good take up by older people.
- ✓ Online self assessment for community equipment and Age Concern provides mediated assessments to support people.

Information Advice and Advocacy Services

- ✓ Established Smart Assist which provides online self assessment, independent information and advice, an online equipment catalogue. This provides online access to information that people need to make informed decisions and service signposting to enable people to assist themselves.
- ✓ Age Concern provides an independent advice, advocacy and support service regarding practical, legal and welfare rights to people in their own home. Often these people live alone with significant health issues, preventing them accessing walk in advice services. The Team advocates on behalf of older people. Recently launched First Contact which is a dedicated information and advice helpline for the borough.
- ✓ Health and health promotion information on Local authority and Kingston Primary Care Trust websites
- ✓ A Care Services Directory complied by Community Care Services, which care management teams, primary care teams and voluntary sector groups use to signpost people
- ✓ Community Care Services website of information established
- ✓ The multi-agency Information Project are developing some signposting fact sheets
- ✓ An education and support group for carers of people with dementia has been established, which provides advice on key topics.

Identified Gaps

- Long term conditions People who have highly complex needs require a much more intense level of care / support planning, including someone to take the lead in coordinating the support package, being proactive and anticipating future needs. Contingency planning for crisis episodes is particularly important. Evidence has shown that intensive, ongoing, personalised case management, coupled with self care can improve the quality of life and outcomes for these people. For people with less complex needs the person centred planning process means they will be provided with information and self management advice that will help them to learn about their condition, find out how to best manage it, and how it will impact on their lives.
- Person centred planning and self directed support to become mainstream and defined individually tailored support packages. Self Directed Services, which include Direct Payments and Individual Budgets offer the individual service user or carer greater flexibility in how their support is provided and ensure that their care and support package is directly responsive to their individual needs and wishes. Currently Direct Payments are available to older people, although take up could be increased, but the process for individualised budgets has not been established.
- Embed in practice outcome based care planning to compliment the assessment process.

  These plans will also form escalation plans where appropriate for people with long term conditions and the plans will focus on people self directing their own care.

- Establish a common assessment process of individual care needs with a greater emphasis on self assessment, Direct Payments, Individual Budgets (Personal budgets for everyone eligible for publicly funded adult social care support).
- Expand self assessment over the next five years
- Develop further a person centred approach within day services and care home settings, moving away from a service led and task orientated culture.
- Information and Advice Providing comprehensive, coordinated information and advice services is critical to improving older people's choices and well being, therefore the development of a wider, more universal system of information and advice is required. It is essential for older people and their carers that advice on the following areas is delivered

  - Poor hearing
  - Poor eyesight
  - Teeth / dentures
  - Foot care
  - Continence care

- Consider the provision of this advice through one stop information points and advice centres / community hubs / mediated self assessments.

To increase choice and control (CC)

Priorities	Objectives
CC 1 Model of self directed care	➢ To improve health outcomes by providing case management which offers a common assessment framework and personalised care plan for vulnerable people most at risk by December 2008. This model will include integrated assessment, outcome based care planning and crisis planning. ➢ To ensure that older people with a long term condition will be provided with an integrated care plan (which is based on the individuals own goals and wishes and record of their views and preferences) and information on self care/ self management support by December 2010, to prevent deterioration and complications in later life. ➢ Year on year improvement in the numbers of people with a long term condition that are satisfied with the support they are given to be independent and in control of their condition. ➢ Increase the number of older people using either Direct Payments or Individual Budgets combined by 20% every year. ➢ Transform the care management model to provide individualised budgets and enable individualised budget to be offered to all new users of older people's services by April 2010. ➢ The Council will develop a transparent Resource Allocation System for older people by April 2010. ➢ The Council will work with providers to shape and build the market to ensure that provision of services is based on the needs of individuals and that there is a choice of advocacy and brokerage options, to assist older people entitled to public support and self funders to achieve their planned outcomes by March 2009. ➢ Develop performance management systems to measure the outcome benefits for people and communities of personalisation and collect evidence to inform future commissioning by March 2010.

	➢ By December 2008 the council will have reviewed the impact of personalisation on current charging policies; any suggested changes will require consultation and a decision from the Council's Executive. ➢ By December 2009 all staff working in day and residential homes provided by the borough will received Eden Training to embed person centred care, this will be evaluated through the benchmarking of the service in terms of service users perception of care. ➢ Before March 2009 residents within Borough's residential homes will receive Eden person centred awareness sessions to increase their expectations of their service. ➢ The Eden model of care will be introduced to private residential and nursing home providers through the evaluation of the review process of individual placements in the homes, training and by developing commissioning contracts that reflect this approach by March 2010.
CC 2 Improved access to services and information and advice	➢ The Council will develop online self assessment of eligibility to community care services and an online information website and signposting service by April 2009. The Council will broaden self assessment and mediated self assessment (aided by a professional or volunteer) so that it can provide access to a wider range of support services including individual budgets by March 2010. The Council will open an Independent Living Centre where people can access basic assessments (including online self assessment) obtain basic information and advice, and trail and purchase equipment by March 2009. ➢ A Directory of local services to be produced, by Neighbourhood, to facilitate access to local services, advice and support in various formats and locations by March 2011. ➢ Improve IT literacy to enable older people to access information more easily by 2012 ➢ Review and commission information and advice services to improve coverage and accessibility of services at a local level by 2012. Services to include advice about healthy living, emotional health and mental illnesses, entitlement to benefits, informed financial advice, self-care, carers support, services to increase independence e.g. equipment and how to access it, housing advice, support to maintain the home, services for foot-care, oral health, continence care, low-vision and hearing, Careline, community safety advice.

Overarching outcomes to increase choice and control

- ✳ That 100% of older people by 2011 with a complex long term condition and / or those people at high risk in the community have a comprehensive assessment of their needs and care plan, so they are supported by health and social care services to be independent and in control of their condition.
- ✳ To make a year on year improvement in the number of older people over 65 who say they receive information, assistance and support needed to exercise choice and control to live independently.
- ✳ Improve people's choice and wellbeing through the provision of comprehensive information and advice services by March 2013, which will be delivered through the implementation of the Independence and Well Being Strategy.
- ✳ To embed the Eden approach to person centred care within day and residential care settings and ensure that these service users are at the core of decision making throughout their lives by December 2009.

Outcome 5: To ensure that older people have freedom from discrimination & harassment

This section refers to older people having freedom from discrimination and harassment and equitable access to health and social care services regardless of age, race, religion, belief, disability, gender, sexual orientation, cultural background and communication barriers.

The term 'Minority groups' is used here to include people who are from Black and minority communities, those with a sensory impairment, physical, learning or mental disability and Gay, lesbian, bisexual and transgender people.

Current Services

Community Development

- ✓ Black and minority ethnic communities have been supported to develop established organisations and groups accessible to older people. Including two day services for older people now established for the Korean and Iraqi communities.
- ✓ Working relationships formed and support being given to other minority groups supporting older people including the Hard of Hearing group, Tamil elders group and the Chinese group.
- ✓ Well established Community Representatives meetings have been meeting for 2 years to identify and work on issues related to older Black and minority ethnic people.

Information and Advice

- ✓ Outreach programmes have been delivered by health and social care professionals to provide health information and advice, information on different services and how to access these. This has included the over 45's Active Living passports project, health advice and screening services, Telecare home alarms, equipment for the home, welfare benefits and carer's support.

Equitable Access

- ✓ It was identified that Black and minority ethnic groups were not accessing Dementia care and mental health services as much as the indigenous white population. Therefore, a programme of work has been in place to address the lack of information in communities about services available and to reduce the stigma associated with mental ill health.
- ✓ The low level day care centre The Milaap Multi Cultural Centre has been working to increase the diversity of members who use the service by providing new activities and have hosted a community representatives meeting to address the need to recruit more diverse committee members from different groups.

- ✓ Health and Social care staff are provided with several training opportunities to ensure they're considering and supporting people's cultural and access needs. This includes training on specific communities i.e. Islamic and Jewish awareness, general equalities training, considering equalities during assessment (for care managers and managers) and the legal framework and principles underpinning equalities legislation.
- ✓ Monthly monitoring performance reports are produced which include information regarding the number of older people from Black and minority ethnic communities receiving an assessment and who then subsequently take up services.

Reducing Barriers to Access

- ✓ It was identified through consultation that the lack of availability of English courses and emphasis on exams was preventing older people who are speakers of other languages from learning English and therefore, accessing community information and services.
- ✓ Courses have been specifically designed and promoted to Black and minority ethnic communities and are being delivered in a community centre. Work has also been carried out with the voluntary organisation Learn English at Home to promote their English classes to older people and their carers and provide their tutors with local health and social care advice and information for use in lessons.
- ✓ The Kingston Interpreting Service currently provides interpreting and translation services across all council and health services in the borough. It provides information sessions to Black and minority ethnic communities to raise awareness of the service and people's entitlements to use it.
- ✓ Through consultation it was also identified that one of the main barriers to access is a lack of awareness of services available. Programmes of outreach have incorporated signposting and awareness sessions on different services available to communities in the statutory and voluntary sector.

Identified Gaps

- ✳ Consultation requires to continuously understand vulnerable people from minority group's needs and their requirements to access services successfully.
- ✳ Reducing isolation and improving access to low level services for vulnerable people from minority groups
- ✳ Improving access to information for minority groups
- ✳ Improving access to culturally appropriate low level services for minority groups
- ✳ Improving access to communication support services

* Improving access to English as a second or other language
* Little information collected regarding the take up of services by lesbian, gay, bisexual and transgender people and the needs of this community.

Freedom from discrimination & harassment (DH)

Priorities	Objectives
1. Consultation	➢ To carry out at least two different styles of consultation work each year with vulnerable people from minority groups and/ or their representatives. Through this consultation work, continuously identify issues which may prevent vulnerable people from minority groups from accessing services and from maintaining good health and wellbeing.
2. Reduce isolation and improve access to low level services	➢ Through service level agreements and working relationships, support and encourage community organisations and low level day services to make links with vulnerable older people who are housebound and/ or isolated due to their culture, language, sexual orientation, sensory impairment or disability (including learning disability and mental health problems). Year on year measure of the numbers of people from different groups making use of the services and recorded evidence to show older people from different groups feel less isolated as a result of services in place.
3. Improve access to information	➢ Each year carry out programmes of outreach to minority groups and provide well advertised information to community leaders and representatives on the following issues amongst others: • Equipment, aids and adaptations • Promote the Occupational Therapy equipment services amongst minority groups • Promote the Telecare service amongst minority groups. • Dementia and mental health in older age • Develop further the Dementia Awareness project targeting Black and minority ethnic communities. Increasing information and understanding, reducing stigma, improving understanding and working across different statutory and voluntary agencies.

Priorities	Objectives
	- Develop Depression in Older People project working across different statutory and voluntary agencies to address the need for improved services and information for older people with depression. Increase awareness amongst health and social care staff working with older people. - Welfare benefits - Promote the Kingston Information Partnership's service through programmes of outreach, targeting vulnerable minority groups. - Promote English classes available to older people that are based in the community and that do not require exams. - Health and wellbeing topics relevant to minority groups - Promote screening and immunisation programmes relevant to older people in minority groups - Promote healthy eating and lifestyles to minority groups. ➢ Carry out evaluation at each of these outreach programmes and survey to see if people are more informed than before and how confident people feel about using the services in the future.

Priorities	Objectives
4. Improve access to culturally appropriate low level services	➢ Through service level agreements and working relationships, support and encourage community organisations and low level day care providers to provide culturally appropriate services and to also promote these services to relevant groups. Each year increase the variety of activities available to different groups and increase their advertisement. ➢ The Milaap Multi Cultural Centre to provide and promote activities that a variety of different communities will take up, provide ethnic and non ethnic meals and recruit community representatives from several BME communities onto it's committee. Each year increase the variety of culturally diverse or attractive activities and the number of committee members from different ethnic backgrounds. ➢ The Devon Way Centre to provide and promote activities that a variety of different communities will take up. Work with volunteers including those from different Black and minority ethnic communities to support social inclusion in the Centre. Each year increase the variety of culturally diverse or attractive activities and numbers of volunteers working with the centre from different ethnic minority communities.
5. Improve access to communication support	➢ Through outreach programmes and working relationships with Kingston Interpreting Service, ensure the public and health and social care providers are aware of the Kingston Interpreting Service and non-English speaker's entitlements to use the service. ➢ Provide talks, information and advice sessions to minority groups and health and social care staff. Each year there will be an increase in numbers of people accessing the service and when surveyed, staff will have an increased awareness of the service and what it has to offer.

Priorities	Objectives
6. Improve access to English for speakers of other languages	➢ Through service level agreements and working relationships across Community Care Services, Adult Education, Public Health and the voluntary sector providers, improve the availability of English courses with no exam for non English speakers to learn English for use in the community. Year on year there will be an increase of courses and learning opportunities available and an increase in the numbers of people using them. ➢ Develop work with the voluntary sector to provide sustainable support mechanisms for learning English. ➢ Identify funding streams with Adult education and voluntary sector for English courses specifically designed for older people in community settings with no exam.
7.Improve access and delivery of services to lesbian, gay, bisexual and transgender people	➢ Introduce the monitoring of sexual orientation through quality assurance within social care and ensure services are developed and commissioned accordingly. ➢ Evaluate and develop the social care assessment process to ensure that lesbian, gay, bisexual and transgender people are not disadvantaged in terms of housing, benefits and tenancy rights, particularly when a partner moves to a care home.

Overarching outcomes to freedom from discrimination & harassment

- **Consultation**. Two different styles of consultation work each year are carried out and identified issues are recorded representing a variety of minority groups and/ or their representatives. i.e. with Black and minority ethnic communities, with those with a hearing impairment and Gay, lesbian and bisexual older people. Priorities for improving health and wellbeing and things of importance to older people from minority groups are identified and recorded with action plans set each year from the two consultation exercises to address them.

- **Reduced isolation and improved access.** Community groups and service providers are identifying socially isolated individuals and supporting them to access their services. Service level agreements have an identified commitment to reach isolated and vulnerable people from minority groups and recognise vulnerability due to culture, language, sexual orientation, sensory impairment or disability (including learning disability and mental health problems). Year on year improvement in the numbers of people from different groups making use of the services and recorded evidence to show older people from different groups feel less isolated and more confident to make use of community facilities as a result of these services in place.

- **Improved access to information.** Outreach programmes carried out to minority groups so that older people from these groups are informed and aware of where to go for services. Year on year evaluations from outreach sessions identify older people that are more informed and feel more confident to make use of community facilities as a result of the outreach sessions. Where relevant, the number of people accessing services has increased.

- **Improved access to culturally appropriate low level services.** A year on year improvement for older people from different ethnic minority communities to be able to access a variety of different cultural activities, different ethnic minority and non ethnic meals. Service providers and volunteers have identified housebound and isolated individuals in the community and supported them to access their services, have promoted services to minority groups and increased uptake of them. An aspiration that is for each low level service there will be representation from different minority groups on each decision making committee and an increase in volunteers working with the centres from different minority backgrounds. Surveys carried out will evidence that older people will feel that there are more activities and services available to them that meet their cultural expectations than before.

- ✳ **Improved access to communication.** Health and social care professionals are aware of the Kingston Interpreting Service, non English speakers are aware of their entitlement to the service and the use of the service will be widespread throughout different service areas. Each year there will be an increase in numbers of people accessing the service, use of the interpreting service is widespread across service areas and when surveyed, each year staff will have an increased awareness of the service and what it has to offer.
- ✳ **Improved access to English courses for speakers of other languages.** Each year there is an increase in the availability of English courses with no exam for non English speakers to learn English for use in the community, older people are using them and they are reporting in evaluation improvements to their confidence, quality of life and communication skills. Through surveys and/ or evaluation it may be identified that older non English speaking people who have attended courses are able to communicate in the community and to health and social care professionals with more confidence and skill.
- ✳ **Improved recording of sexual orientation and the development of the assessment process.** Each year there is an increase in recording, alongside the development of the assessment process and personalisation agenda, so that people are fully informed of their rights and choices and are not disadvantaged through the assessment process.

Outcome 6: To ensure the economic well being of older people

Current Services

- ✓ The Local Pension Service and The Royal Borough of Kingston upon Thames have been working together as the Kingston Information Partnership providing a joint visiting service to older people. The team consists of 5 visiting officers who provide home visits and operate a fortnightly information and advice service at the Guildhall in Kingston, The Devon Way Centre in Chessington and the Community Advice Shop on the Cambridge Estate. The team aims to raise awareness regarding benefits entitlements, assists with completion of claim forms and signposts to other services.
- ✓ Kingston Advocacy Group provide support to older people with mental health problems and their carers. Age Concern Kingston provides advocacy through their Advice & Advocacy Service.
- ✓ Home energy plan in place, includes keep warm keep well training for staff about grants, Some advice on Coldbusters scheme

Identified Gaps

- ✳ Reducing poverty through maximising income. Lack of co-ordination of benefits advice services and improve access to schemes which assist in energy efficiency
- ✳ No monitoring of which staff have been trained on Keep Warm Keep Well and who is referring eligible older people for grants
- ✳ Maximising employment opportunities

Economic well being (EW)

Priorities	Objectives
EW 1 Kingston Information Partnership next steps	The Kingston Information Partnership will increase the take up of benefits by older people and work in partnership with the registrar's office to identify older people particularly during major life events, such as death of a partner, by March 2009
EW 2 Improve information provision regarding grants and energy efficiency.	➢ Audit provision of basic grants by those who attended 'warm front training, identify gaps in provision and agree plan for future sustainability

Overarching outcomes for economic well being

- Year on year improvement in the numbers of older people taking up their entitlement to benefits.
- Increased numbers of older people by March 2010 who are aware of and accessing energy efficiency grants to reduce fuel poverty and risk of hypothermia in later life.

Outcome 7: Maintaining the personal dignity and respect of older people

Current Services

- ✓ Eden Training has commenced in RBK's residential and nursing homes
- ✓ Continuing Care We have adopted the National framework for NHS Continuing Health Care and Funded Nursing care and have piloted the Pan-London assessment tool for Continuing Care assessments.
- ✓ Safeguarding older people RBK Safeguarding Adults Policy has been updated and multi-agency and council wide training undertaken.
- ✓ Adult social care risk policy in place

Identified Gaps

- ✳ End of Life Care need for audit of current practice against national standards
- ✳ Eden Training To spread training across other service areas
- ✳ Continuing Care Training across service areas required on the national guidance
- ✳ Safeguarding older people Increase the amount of safeguarding training undertaken in service areas. Raise awareness and knowledge of safeguarding issues and responsibilities across agencies.
- ✳ Adult social care risk policy requires updating to incorporate Department of Health guidance May 2007 "Independence, choice and risk".

Maintaining personal dignity and respect

Priorities	Objectives
PD1 End of Life Care	➢ To undertake a baseline review of end of life care to provide the latest position of services which support end of life care for people, to lay a foundation for future improvements by the end of March 2008. ➢ To adapt and spread the three best practice models (Liverpool Care Pathway for the dying, the Gold Standards Framework and the Preferred Place of Care Model), as appropriate, for end of life care of older people living at home or in hospital by March 2011. ➢ To sustain and improve partnership working with the local hospice to deliver end of life care by March 2010 that reflects the new service care pathways and increases the levels of support to enable older people to die at home.
PD2 Eden Project	➢ Within RBK residential and nursing homes Eden Training will be provided to all staff. The Eden Alternative approach is a set of principles which when put in place in a residential or nursing home environment, prevent older people from being lonely, bored or having feelings of helplessness. This service will implement this model of working by November 2009.
PD3 Continuing Care	➢ Deliver training in the National Service framework for Continuing Care and the changed criteria to PCT Provider Services staff, Royal borough of Kingston Community Care Staff and key staff at Kingston Hospital NHS Trust by March 2009.
PD4 Safeguarding	➢ By 2011 we will have developed Safeguarding Champions within older people's services. These safeguarding champions will have responsibility for promoting safeguarding issues and acting as a conduit between older people's services and the Safeguarding Adults Board. ➢ By 2011 all staff in statutory agencies will have safeguarding as a specific topic covered during the induction of new staff and receive regular training updates according to their responsibilities and role.

PD5 Adult Social Care Risk Policy	➢ By July 2008 Adult Social Care will have revised the overarching risk management guidance for staff and incorporated this practice into care management guidance within Older People's Services. Future training will then be commissioned to reflect this policy.

Overarching outcomes for maintaining personal dignity and respect

- Improved outcomes for safeguarding cases through the delivery of safeguarding training by March 2010.

6. Monitoring Outcomes and Performance

A review of achievements against the objectives and outcomes identified in the strategy action plan, will be reported on a quarterly basis to the Older People's Partnership Board and a progress report will be submitted annually, which will include a revised action plan. This review will take into account new national and local policy directives. The report will then be presented to the Adult Health and Well Being Board and Kingston Pensioners Forum. A copy of the annual review and revised action plan will be placed on the Council's and Primary Care Trust's website.

Other commissioning principles which will shape this strategy and against which it will be evaluated, are value for money, social enterprise and integration of services.

- **Value for money** With shrinking resources for all parts of the health and social care economy it is vital that RBK secures value for money for the resources available through the delivery of this strategy. This is a particular challenge given the strategic shift envisaged by this strategy. A focus on outcomes and personalisation requires the development of new models to ensure best value is being secured.
- **Social enterprise** This strategy will encourage commissioning which supports the development of local social enterprises, which could be vehicles for both service delivery and employment for local people.
- **Integration** The aim of integration is to improve services to older people and their carer's by ensuring that services are joined and complimentary. RBK already has integrated and co-located teams for older people's services in case management teams, intermediate care, day care and residential and nursing care for people with physical and mental health needs. The aim of this strategy is to build on the partnerships and integration that has been established and ensure the delivery of integrated services and processes that enhance the delivery of outcomes.

7. Conclusion

As the implementation of this strategy progresses the Older People's Partnership Board will work closely with key stakeholders and engage with older people and their carers to ensure that developments reflect the views and outcomes which local older people desire. By April 2009 we will measure through a feedback questionnaire or survey, the success of our engagement and involvement in decision making and change with older people, carers and key partners.

REFERENCES

Our Health, Our Care, Our Say D.O.H. White Paper January 2006

A New Ambition for Old Age, Next steps in implementing the National Service Framework for Older People. D.O.H. April 2006

APPENDIX 1

A Summary Report on What is Important to Older People Living in Royal Borough Kingston

Introduction

As part of developing a new Joint Strategy for Older People in the Royal Borough of Kingston upon Thames ("the Borough") an event was organised jointly by the Royal Borough of Kingston upon Thames's Social Services and the Kingston Primary Care Trust on the 20th September 2007 in the Richard Mayo Hall (United Reform Church) in Kingston upon Thames. The purpose of this event was to find out the views of Older People living in the Borough. The event on the 20th September 2007 was attended by 59 older people from a variety of backgrounds.

In addition, a number of focus groups were organised with local older people groups in the Borough.

This report reflects the values of those whom attended these events and some of the underlying deeper issues of process (i.e. the underlying actions that relate to the delivery of the service) as well as the actual problems as seen in the group discussions.

The groups recognised that in many areas under discussion there had been major improvements in services. However, there remained much more to be done with many existing, long term problems that had yet to be dealt with.

Older People's Values for Living

The following values were confirmed and discussed at the feedback session on the 20th September 2007. Whatever the outcomes for the Older Person Strategy the attendees acknowledged that these values must underpin the thinking and planning behind the strategy and provide the key for the strategy.

To be independent and live life to the full.

- Have the right to choose and make ones own decisions.
- To have a personal and community identity and belong.
- To be heard and have an influence.
- To be valued and respected and respect others.
- To be able to meet and relate to others.

Processes and Outcomes for Change

These provide, in effect a summary of the key issues that were raised at the events. A fuller description is given below.

- Improved and more easily available information and communication networks. This need was repeated time and time again no matter what the context and is certainly the prime area of concern amongst the attendees. This would enable more of them to remain independent and rely less on other services.

- 'One stop' information points and advice centres which are easily accessible by older people and their carers was recognised as a crucial step in achieving the above.

- Linked to this is a need for better financial and legal advice especially as the current systems are increasingly using the internet for access.

- Better safety both in the home and out and about in the community would encourage older people to be more active, involved and independent.

- Likewise improved and more available transport systems would allow older people to interact with their communities, families and friends more easily.

- Better access to and availability of leisure and community facilities is important. The activities need to be customised to older people's specific needs, capabilities and resources to achieve the recognised benefits of exercise and social contact. This includes older people who are housebound who also need to access facilities appropriate for them.

- More help with house maintenance and garden upkeep would enable some to remain at home longer.

- Better medicine management with the help of local pharmacies would improve compliance and reduce risk from adverse events and side effects. This needs to be consistent across the Borough.

- Access to health care, especially primary care, requires rationalisation to meet older peoples' needs and personal situations.

Key Issues

Several underlying, key issues that require addressing became apparent as the main event progressed. These key issues cut across most of those described above and probably affect other groups of all ages such as younger disabled people, single parents and adolescents amongst others.

- **Building stronger and more cohesive communities:** Several people at the events commented on how community identity within the Borough had weakened and that this appeared to be linked to the increasing development of the centre of Kingston as a shopping centre. This had left other communities within the Borough feeling relatively more neglected with loss of identity and local connection. The group felt that if this could be reversed it would help facilitate the solution of other problems.
- **Intergenerational issues:** The group had identified several issues which had arisen from tensions where the needs of younger and older people clashed. Among these were safety issues on buses and pavements and visiting town centres for example. Some of the attendees were already working with younger people in schools and other areas and felt that it would be to mutual benefit if some of these issues were resolved.
- **Communications:** As has been described elsewhere in this report this remains an extremely important key issue that requires change.
- **Facilitating networks and relationships:** many of the problems that the attendees describe related to their isolation from others and within their local communities leading to a feeling of separation and isolation.

These key issues are all interlinked in one way or another and indicate the complexity of the issues on the one hand but on the other offer a way forward in the challenges that were presented at the event.

Discussion Topics

Transport and Mobility

The participants were asked to discuss 'Getting Out and About' and thus the problems of so doing. All participants stressed it was vitally important for them to be able to get out of their homes, to the shops, libraries, entertainment centres, and doctors surgeries.

This was equally important for the less mobile and house bound. Some people commented on improvements in the travel facilities locally but there was a general feeling that there were still many impediments to convenient, safe and accessible travel services and that in many instances the environment was not safe for older people.

The major issues included:

- There were several concerns regarding the buses. Some of these were around making the services user friendly for older people. There was difficulty getting on the buses, drivers not waiting long enough for older people to sit and then accelerating too quickly. The bus services were often patchy and services cancelled without prior notice leaving older people waiting excessively. Often the bus shelters were vandalised making the waiting even more difficult. One particular concern was the safety on the buses at particular times of the day: the first was when the children with their free passes were on the buses and in groups appeared a threat to older people and similarly at night and in the dark when younger people travelled back from bars and pubs. This prevented many of them using public transport at these times.

- The trains themselves were said to have improved for wheelchair access but not the stations, particularly at Kingston, where there were no lifts and the stairs made the platforms inaccessible. More staff to help at the station would improve the services considerably.

- The Dial-a-Ride service was felt by many to be unreliable. It was difficult to book and the appointment system was fraught with problems at certain times such that some people abandoned the attempt to use it. The parking areas for the Dial-a-Ride buses, other minibuses and the ambulances are often obstructed by other vehicles thus making access difficult.
- Many older people are still not aware of the Taxi Card service or other disabled person travel options that to which they may be entitled.
- Walking routes were still considered to be a major problem with many people commenting that complaints were not taken seriously. There remain many hazards on the pavements with uneven paving stones, potholes, poor temporary repairs, overhanging trees and hedges and uniform kerb drops. Seats and benches have been removed and not replaced, significantly reducing the number of rest points on some routes. There still needed to be better routes and access for wheelchair users.

- The availability and cleanliness of the public toilets was a key issue for older people when travelling. There was particularly a lack of provision in Kingston itself and access was often prevented from 4.30pm when many are locked. The perception amongst the participants was that the shops were increasingly being required to provide toilet facilities in public places. Many of the public toilets are unhygienic and dirty.

Leisure and Exercise

This topic generated much interest with many participants acknowledging the importance and pleasure of regular exercise and leisure activities to their wellbeing and enjoyment. The value of such things as aquarobics after an illness or operation was recognised by many. Devon Way in Chessington was described as a provider of good, affordable leisure activities but was not accessible to many in the Borough. The other issues revolved around:

- A need to provide activities that were designed for older people, geared to their abilities and provided social interaction such as tea dances, yoga or tai chi.

- Cost was a major factor and it was felt that for older people the current charges were unaffordable for many of the activities. Private leisure facilities had priced themselves out of the older persons market.

- Access was again important and the question was asked several times as to why leisure services of one sort or another could not be provided more locally with the use of escorted walks or the use of local halls for example.

- Many of the attendees said that they were unaware of some of the activities available. Better advertising would be helpful either in local newspapers or through a newsletter run by and for older people with information about leisure and exercise activities in the area.

- There was a general consensus that the local GPs did not prescribe or refer for exercise classes for health reasons sufficiently.

House and Garden

The overwhelming consensus was that people wanted to stay in their own homes wherever possible and for as long as possible. This raised a tension with regard to house and garden maintenance, particularly as the older person became frailer and less well off. Keeping the house warm and safe for them to live in was key to the success of remaining there. The points raised include:

- Participants complained of the difficulty in getting Council support for improvement and upkeep grants and assistance in keeping warm – much of this appeared due to excessive bureaucracy. This negated much of the benefit of the 'Cold Busters Scheme' which, in any case, was patchy across the Borough. More help in filling in forms would improve the situation considerably.

- People either did not know about or did not have access to the Borough's 'Handyman' Scheme. A suggested solution was, as has been done elsewhere, for the Council to sponsor and have a register of reliable, trustworthy and reasonably priced tradesmen and handymen and for this information to be available easily.

- Garden maintenance was an important issue. People valued the 'one off' annual garden visit but felt that this was insufficient and would like help on a more regular and consistent basis.

- There was a generally held perception that the Council's response to major and serious repairs was poor and put the older person at risk.

Safety

This topic generated considerable discussion and was extremely important to the attendees. It was acknowledged that fear of abuse and crime was greater than the reality of it actually happening but nevertheless it had a major impact on the older person's ability to maintain their independence, social links and relationships. This fear was greater at night and particularly prevented them travelling on buses and going into the centre of towns. They feared being followed at night. Specific issues included:

- People described different relationships with and responses from the Police across the Borough. Some of the attendees cited the good practice of the Chessington and New Malden Police in engaging and dealing with the youngsters there and not just ‘moving them on’ as in other areas and this appeared to have had an impact for the better for the older person. More advice on safety both within the home and out in the community was seen as being of help. Older people should be able to contact the community police officers more easily and they should be more visible to older people specifically.

- Older people continued to feel vulnerable with regard to ‘cold callers’ and unsolicited salesmen at their front door.

- The fear of falling in the home was very real. Some people had alarms but others did not because of the worry over the cost.

Lifelong learning

One attendee described lifelong learning as potential tool for major change for older people and their impact on the community. Many of them had had some experience of classes or courses at one time or the other. Those who attended the University of the Third Age spoke very positively of the pleasure and benefits of so doing. Several were recycling their learning and experiences by involvement in literacy projects at schools. Others showed interest in other intergenerational projects both within and outside schools. There was a mixed view on use of electronic and computer aids with advocates for and against. Some spoke for more computer training courses. The problem areas included:

- Evening classes are too late for many older people, not only are they likely to be tired but travelling and safety at night is a problem.

- The cost of some courses and activities are unaffordable.

- People appear to have difficulty in getting information about courses and activities and the information that is available is often off putting for the older person. Some courses need to be customised for older people.

- As with exercise, a major improvement would be to bring the courses and activities to more local centres.

- Access to libraries was difficult for many still. Some did use them as information centres when they could get there.

- It was suggested that care assistants could do more to bring 'learning opportunities' to house bound people.

- Access to social settings and meeting places for people to get together, share experiences and take part in Life Long Learning.

Keeping Well

There was a general acknowledgement by the attendees of the importance of keeping well and that this was to a large part their responsibility. However, the discussion groups mentioned several barriers to achieving this and that many people were not aware of what is available to help. Much of this is related to lifestyle and the ability to get out and about, taking exercise with the use of walking and leisure facilities and keeping the mind active with such things as lifelong learning, hobbies and crossword puzzles. Emotional support was viewed as being important to prevent people getting isolated lonely and then depressed. Similarly, feeling good about oneself was also important and this involved hairdressers, socialising and being fulfilled.

Immediate problems were viewed as:

- Better advice as to what foods to eat to maintain health.

- Better lifestyle advice for the sight impaired, non readers of English and those confined to their homes.

- More advice on and availability of alternative therapies.

- There were requests for a 'one stop shop' to provide this information linked possibly to a more general, easily accessed information point in each locality. It was important to get information early and when it was needed.

- There were also requests for home visiting services for housebound people and more support for them to access community facilities.

Being Unwell

Much of the discussion was around medication, the difficulty in using blister packs, opening medicine bottles, renewing prescriptions by telephone and then collecting them. There was need to simplify medicine management for older people - currently it was too complex. Many people welcomed the concept of choice but because of difficulty in travel and the difficulty for being cared out of their locality they were often unable to exercise this right. The issues revolved around:

- Involvement of the local pharmacies to assist the older person with access to and the taking of medicines. Some pharmacists were described as being very good but there was great variability of their services across the Borough. It was thought that pharmacies could provide an extended service that included medical advice and help specifically aimed at older people.

- Likewise, there was great variability in access to GPs surgeries. Though some surgeries offered same day access to patients this was not always possible for the older person themselves when they had to organise transport etc. Some flexibility, specifically for the older person was requested.

- Communicating with the hospital or primary care team was continuing to be a problem for those whose first language is not English.

- The wait for hearing tests and aids was considered unacceptable.

- Similarly there are considerable waits for occupational therapy assessments and as a result delays in getting equipment. More information was needed on the availability and access to medical equipment.

- The cost of home care was thought by many to be excessive such that many cancelled it or went without.

- The quality of care from some of the private agencies was described as being very variable and not consistent. Wherever possible people would like greater involvement from the community and district nursing services in their care.

- Several groups put in a plea for more respite care to relieve some of the burden on carers. There was considered to be a need for more access to weekend respite and weekend day care and not just from Monday to Friday.

- During the feedback session on 20th September 2007, several of the attendees forcefully voiced anxieties regarding any closure of day care places. They were resistant to other alternatives though others confirmed that in their experience there were possible alternatives for some.

Legal and Finance

Perhaps not surprisingly these two issues were of great concern for the attendees. The increasing use of internet billing and payment will frequently put the older person who has not got access to or cannot use a computer at a disadvantage and under stress. Some would like help and advice in this area. Also, the recent changes in the setting up and use of Power of Attorney have caused dilemmas for older people.

- It is sometimes difficult to get advice from the Citizens Advice Bureau because of difficulty to access by phone and limited opening hours.

- People are still not getting all their due allowances because of lack of information or understanding as to how to go about claiming them.

- Lack of finances prevents some older people from attending social clubs, day care (even though meals are subsidised) and leisure activities.

Conclusions

The participants were an enthusiastic group who contributed enormously to the success of the workshops. Their deliberations were very insightful; not only to their needs but also in offering potential solutions to deep seated problems that currently face health and social care managers.

The problems presented may seem “small” compared with other issues that beset managers with high costs such as long term care and hospital admissions. But small problems if not resolved become big problems and small problems are much easier to resolve – prevention is a better cure.

Health and wellbeing

Older people want to be able to get out and about more, take more exercise, eat more healthily which will result in fitter bodies, stronger bones, fewer falls and fewer fractures. Confidence to remain at home remains high. Networking and socialising with others reduces isolation and has been shown to reduce depression. This not only allows older people to function at a higher level but should have an impact on prescribing cost with fewer anti-depressants prescribed. Life long learning maintains flexibility in approaching problems and may allow new skills that permit some adaptation to change the outcomes of the ageing process.

Empowering older people to manage their own problems

The request for more information, more financial and legal advice , access to home maintenance, access to alterative therapies will make the older person more capable and give them the ability to manage problems for themselves. By reducing their dependence on others they will maintain their confidence in being able to cope and have a better quality of life.

Older people as a resource for local communities

One of the underlying themes was how much the older people wanted to and have the ability to have an influence, and the attendees in the workshops were their own example, in their communities. Many were already doing voluntary work of one sort or another, some were carers of other older people, and others helped with care of younger people. Some were helping with young people in schools and others wanted to help with intergenerational groups by being able to talk with teenagers in a safe environment. Older people are agents for change.

APPENDIX 2

Summary of findings from discussion group work with older people from vulnerable groups; what is important to them as older people

People who took part include those with language barriers and communication difficulties

Five discussion groups have taken place in community settings over the past month in order to gauge opinions from people in vulnerable groups.

Summary of findings

Transport

People from all five discussion groups raised issues surrounding transport. These included;

- Problems using public specialist services such as dial a ride. People found this disabled transport service in the borough unreliable and were kept waiting a long time to make appointments. Often their experience was of not being able to make an appointment for transport at all.

- Some people did not know about Taxi Card or other disabled person travel options that they may have been entitled to.

- Local mini bus transport services that were available to some groups was too expensive to pay out for every day causing some people to stay at home on their own due to the cost.

- All groups wanted more or better access to a transport service that would enable trips and activities out in the community.

- All groups discussed the need and concern to reach those housebound members who are unable to go out without transport and some extra care or support.

Finances

- Many people in the groups explained that they were not aware of their entitlements to welfare benefits and the pension service. For some people this caused a great deal of anxiety.

- Some people found that they had been misinformed by peers about entitlements to both care and welfare benefits i.e. believing that because they are dependent on family/ living with family that they're not entitled to support.

- Many people explained that they restrict the days that they attend social clubs or day care due to the cost of the transport and some due to the cost of the meal (even though the meal is subsidised).

- Many believed that activities available to older people for keeping fit and active were too expensive to use i.e. fitness classes and the leisure centres were given as 'expensive' examples.

Being housebound, isolated and lonely

- Lots of older people in all groups talked about friends who would like to attend who are too disabled to leave the house and there being no outreach service to help them.

- People were also concerned this could happen to them.

- Some people were also housebound due to lack of finances to get them to the centre.

- Most of the vulnerable people in all of the groups talked about how the social groups, that these discussion groups were held in, were extremely important to them and that they would not have very much contact with other people if it were not for these groups. Most people in every group also wanted the groups to meet more regularly for company.

Family issues

- Living with family and difficulties with this

- applying for help and family's preventing people from taking up services they want to apply for

- Assuming that they're not entitled to certain services if they're dependent on their family members

- Wanting to live independently from the family in sheltered or other accommodation but not knowing how to go about this

Equipment

- People did not know where to find out about equipment available or where to get help

- People wanted equipment to help them to live independently at home

- People wanted information and advice about bathing and walking aids

Communication

- There were lots of examples of difficulties with communication with GPs. Some people expressed their belief that their GP wasn't listening to them or treating them because of their race and some believed this was because of their age (being an older person)

- Referral letters for hospital appointments were sometimes missed by the older people because they were not in an accessible format they would understand

- Some of those people with language barriers had not ever used an interpreter when attending their GP and assumed they would have to rely on a friend or relative –they were not aware that they were entitled to an interpreter

Crime

- Some people were unaware of where to go for help on an informal basis or if they had concerns or queries about crime, racial incidents or difficulties with their neighbours for example.

Social support settings

- Lots of people talked about the centres that they attended and that they would like to have accommodation to meet their needs better. This included having better (i.e. more comfortable) accommodation, more spacious accommodation, more accessible to public transport bus services, less expensive to use or hire and for some more facilities to do activities suitable for them as older people i.e. accessing a kitchen or hall for dancing.

Healthy 'activities'

- Some groups wanted to use more leisure facilities but found them expensive or were nervous about using them and wanted an introduction as a group.

- Most people who talked about leisure activities for keeping fit and active associated them with cost and talked about how they were too expensive to use.