Every Older Person Matters

Joint Commissioning Strategy for Older People 2010 – 2013
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Foreword

Welcome to our new joint commissioning strategy for older people in Westminster.

This strategy sets out our vision for the health and wellbeing of all older people in Westminster. It has been developed with the help of a wide range of local groups and organisations and takes account of the responses we received during a formal consultation process. A feature of the consultation was a series of listening events specifically for older people and family carers. In this way we have tried to ensure that our priorities reflect those of older people themselves.

Underpinning our priorities is the principle that people’s later years should be lived in the best health possible, should be enjoyable and fulfilling, and that people should have opportunities to make a positive contribution to the local community.

Since the launch of our last strategy, Our Plans for Older People: moving to the next phase 2005–2008, we have seen major developments for older people in Westminster. More have access to information about services and opportunities available in Westminster through different outlets like the Senior Passport line, Westminster Plus and a new directory Forward from 60. More people are having a say in how services are designed and developed through forums like the Older People’s Delivery Network and the Westminster LINk, and more older people eligible for social care are taking control of their lives and the services they receive through direct payments.

In terms of older people’s health, we have increased investment in community nursing and developed a memory service. We’ve moved services like the diabetes clinic into the community to improve treatment for people with long term conditions, and developed new services like our rehabilitation and local intermediate care services to help people regain their independence following a period of illness or injury. We’ve also enhanced the rapid response and community nursing services to ensure people experience good quality care in their own home rather than having to go into hospital unnecessarily.

Over the next three to five years we face new and tough challenges. Some of these stem from the particular make up of our population, for example a projected increase in the number of people aged 85 years and over. Others are to do with external factors – notably the current economic climate, the constraints set by government on public spending with an increased need to ensure value for money, and the changing expectations of older people in general.

This strategy provides the framework by which NHS Westminster and Westminster City Council aim to address
these challenges and commission services for older people. Its key aim is to transform local services into ones which deliver real control, meaningful choices and better outcomes for older people. In particular, NHS Westminster and Westminster City Council want to develop a range of joint health and social care services which actively promote independence and reduce the use of institutional care, whether in hospital or care home settings. We want to ensure more health services are delivered locally through our new ‘polysystems’ rather than in hospital, and that all services are of a high quality.

I would like to thank everyone who has contributed to the development of the strategy. We will only achieve our aims if we continue to work in partnership and put the needs and aspirations of older people at the centre of everything we do. I look forward to working with you so that together we can make Westminster the best place for an older person to live, work and enjoy life.

John Higgins
Head of Joint Commissioning for Older and Disabled People
NHS Westminster and Westminster City Council
This strategy is a statement of our commitment to work together with the Older People’s Commissioning Partnership Board to make real improvements to the lives of older people in Westminster.

“Improving the quality of life of all older people in Westminster is central to the council. NHS Westminster and Westminster City Council are working more closely together and I expect this to demonstrate continued improvement in service to older people. We’re a relatively young city – all the more reason to make sure we focus on older people.”

Mike More
Chief Executive
Westminster City Council

“NHS Westminster is committed to ensuring that older people have access to high quality, accessible and responsive health services which enable older people to live full and active lives. We will design health services to ensure that patients are treated outside of hospital and closer to their home and will provide with our partners, integrated public services which are designed around the people of Westminster.”

Michael Scott
Chief Executive
NHS Westminster

“This strategy shows how we are working to help older people live the lives they want. We want to make sure all council departments respond to the needs of older people so that they feel safe and have a good quality of life and receive support when they need it. We are changing the way we work to make sure that older people have maximum choice and control over the support they receive and that we offer them as wide a range of options as possible.”

Marian Harrington
Strategic Director for Adults and Community Services
Westminster City Council

“We are committed to working with older people to help maximise their income and to ensure they receive good value from the help and services they purchase.”

Barbara Moorhouse
Director of Finance and Performance
Westminster City Council
“Good quality housing for older people is fundamental to staying healthy, maintaining independence and keeping safe. We are working in partnership to improve the quality of older people’s housing and to provide a range of housing options to enable older people to live as independently as possible.”

Rosemary Westbrook
Director of Housing
Westminster City Council

“Older people are already a priority of the Active Westminster strategy, but this new joint commissioning strategy provides the foundation for further work. Staff responsible for delivering sports, leisure and wellbeing initiatives will work to promote and improve the opportunities available for older people across Westminster.”

David Kerrigan
Head of Strategic Commissioning
Sports, Leisure and Wellbeing
Westminster City Council

“The work of the City Management team and our partners can make a big difference to older people’s lives in terms of providing streets and open spaces which are welcoming and pleasant and by ensuring that older people feel safe both at home and in their local communities. We support this strategy and will work with the Older People’s Partnership Board to improve Westminster for older people.”

Leith Penny
Strategic Director
City Management
Westminster City Council
1 About our strategy

When in 2005 we launched our last strategy for older people in Westminster we called it Our Plans for Older People: moving to the next phase.¹ This signalled an important shift in plans away from medical care, which had been a focus of the National Service Framework (NSF) for Older People,² towards giving people more control over their care, identifying problems at an earlier stage, promoting active health and wellbeing, recognising the role that mainstream services play, and moving services out of hospitals, for example through the development of local health ‘polysystems’.

This new strategy maintains this shift in emphasis and marks the start of a new phase. It sets out:

• a shared vision for 2013 developed from the views of older people, carers and workers from statutory sector and voluntary sector agencies

• what NHS Westminster and the council, working in partnership with older people and local organisations, are going to do in the short term to achieve this vision, notably the development of joint health and care services

• the financial context within which to achieve our goal while demonstrating value for money, and the implications of our plans for investment and the design of services.

Development of the strategy

The strategy is the product of a long, inclusive process (see Appendix a). It brings together the key messages and outcomes from three strands of work in particular:

• an analysis of the needs of older people in Westminster based on information which NHS Westminster and the council collect routinely and other sources such as surveys we have carried out³

• the preparation of a draft strategy based on the outcome of the needs assessment and the views of older people, carers and key partners from two visioning events

• a consultation on the draft strategy to give everyone the opportunity to offer feedback on the consultation questions.

How the strategy is set out

Rather than repeat what is available in separate documents we have set out the key messages from the three work strands here. Our shared vision on page 12 is based on seven priority areas or outcomes. In Sections 5 to 11 we take each priority in turn, consider what people told us and say what we are going to do to make them happen.
In the remaining sections we show how our strategy is linked to other local and national strategies (Section 3), what pressures we can expect over the next three years (Section 4), and what our plans mean for how we will use the financial resources available (Section 12).

Making it happen
The group responsible for ensuring we do what we say we are going to do is the Older People’s Commissioning Partnership Board, previously known as the Older People’s Delivery Network. This is the key multi-agency group responsible for overseeing the strategic development of services for older people in Westminster (Appendix b). One of their first tasks is to develop in partnership, a detailed action plan of how we will deliver on our commitments.

People first
One of the features of the consultation events was the diversity among the older people and family carers who came along to them in terms of their ages, ethnic backgrounds, disabilities, views, expectations and aspirations. We hope our strategy reflects this diversity. Older people should not be regarded as a homogeneous group defined by age. If we follow this principle, the aims of our strategy should be applicable to people in all age groups.
How we want things to be

Our vision for Westminster’s older residents is a very positive one, reflecting the concerns and aspirations of the residents themselves.

At two visioning days local residents and staff considered how they wanted the future to be, then later at a series of listening events at different venues throughout Westminster, a number of common themes emerged. What people said they wanted was for all older people to live healthier, happy, active and fulfilling lives; to enjoy a good quality of life connected to their families, friends and neighbours; and to live safely in appropriate housing in the communities they were part of and made a valued contribution to.

For this to happen health and care professionals need to look at older people as individuals and be respectful, non-discriminatory, responsive, joined up in their work, and inclusive of everyone.

As this last point makes clear, a key element of our vision is that everyone should benefit, especially groups who have until now been at risk of exclusion - in particular those from black and minority ethnic communities and other minority communities, including people with dementia.

Many of the themes are captured in the picture above which summarises our visioning days.
Our seven priorities
The themes from the visioning days have been grouped into seven priorities: having choice and control, keeping healthy, making a positive contribution, staying independent, keeping safe, supporting carers, and freedom from discrimination. We have set out what we want to achieve with them on page 12. These aims provide the framework for our work plan for the period 2010 to 2013.

Our overall objective
Our seven priorities can be summarised in a single overall objective:

To enable people in later life, and their carers, to achieve their potential for health and wellbeing so that they are able to be as independent as possible; live their lives as they wish; and live safely with dignity in appropriate housing as active and valued members of their communities, with access to high quality and personalised healthcare, social care and support when needed.
Having choice and control
More older people will have greater choice and control over how they live their lives through the development of personal budgets, accurate and accessible information about services, and full involvement in the commissioning process.

Keeping healthy
More older people will achieve real improvements in their health and well being as a result of improved access to health services and other services making a greater contribution to enabling older people to stay healthy. Fewer older people will need to be admitted to hospital in an emergency.

Making a positive contribution
More older people will be involved in activities that they say help them to feel they are making a positive contribution to their communities, and more will say that they feel listened to and valued by their communities.

Keeping independent
More older people will be supported to reach optimum independence as a result of improvements in the way we assist people to avoid and recover from injury or illness, for example through the use of new technologies and equipment.

Keeping safe
More older people will feel safe – physically and psychologically, both at home and in their local community.

Supporting carers
More carers will be recognised and supported across all older people’s services, in support of the new Westminster strategy for carers.

Freedom from discrimination
More older people and family carers will feel respected and valued by their local communities and will benefit from inclusive services and support regardless of their culture, religion or belief, sexual orientation, gender or age.
3 | Linking up nationally and locally

Our strategy is part of a bigger picture both nationally and locally. In our previous strategy we saw how the National Service Framework for Older People,² and a series of later policy documents, provided the framework for the development of local services. For the first time, the NSF set national standards for better, fairer and more integrated health and social care services for older people. The next phase saw an emphasis on four principles: people having greater choice and control over their care and support, more joined up services, earlier intervention to prevent problems from occurring, and the promotion of health and active lives, especially among isolated groups.⁴

Since our last strategy, we have seen the publication of major policy documents which together seek to transform the way in which health and social care services are provided. The key ones are summarised in Diagram 3b. Across health and social care there are a number of common transforming themes:

• help to stay healthy and community wellbeing
• information, advice and advocacy for all
• a focus on prevention, early intervention, and ‘enablement’ to reduce or delay the need for care
• moving hospital services into the community closer to home
• fewer people using hospital services as a result of an emergency or unplanned event
• more personal control over health and care through personal budgets and health plans
• a common process of assessment and supported self assessment
• improved services for people with dementia and their carers
• patients, users of social care and family carers treated as expert partners
• improved access to local mainstream services.

At the centre of this transformation programme is an emphasis on the protection and promotion of people’s human rights.

If we are to achieve the aims of our priority areas it is essential that we respond not only to this transformation programme but also to strategies and plans specific to Westminster residents. Some of these focus on the health and care needs of particular groups. Others relate to issues which affect the whole population but which have an important impact on our health and wellbeing. Some of these are summarised in Diagram 3a. Together these provide the context in which we have to forge new partnerships and achieve better outcomes for older people.
Every Older Person Matters

Health and social care in Westminster

Needs assessment

3a | Linking up with other strategies and plans locally (see also Appendix b)

Strategies and plans for specific health and care groups

• Mental health strategy for older people
• Falls prevention strategy
• Stroke strategy
• Long term conditions strategy
• Residential and nursing care commissioning strategy
• End of life care strategy
• Our Say Our Way: strategy for people with physical disabilities and sensory impairment
• The Big Plan for people with learning disabilities
• Carers strategy
• Suicide prevention/strategy
• Health inequalities strategy
• Annual Public Health report

Strategies and plans for wider Westminster

• City Plan
• Local Area Agreement
• Plans of Neighbourhood Renewal Partnerships (LARPS)
• Involving People strategy
• Westminster Housing Renewal
• Crime and disorder reduction strategy
• Westminster Works
• Volunteering strategy
• Active Westminster
• Arts and Culture strategy

3b | Linking up nationally

Transforming health and social care

The future system of support

Putting People First

• Information, advice and advocacy for all regardless of eligibility for social care
• Prevention, early intervention and ‘enablement’ as standard
• A common process for assessing people’s needs including self assessment
• Person-centred planning
• Personal budgets for everyone eligible for social care with a clear funding allocation
• Family members and family carers to be treated as expert partners

Green Paper

The Government has published a Green Paper on the long term future of adult social care so that it is fair, simple and affordable for everyone. The proposals recognise a tension between financing support for people with the highest needs and investing in universal, open access and rehabilitative services that can benefit everyone.
Transforming health and social care

**NHS next stage review (Darzi Report)**

- Primary Care Trusts in partnership with councils to commission wellbeing and prevention services and promote health.
- People to have more control over their own health and care through personalised health plans and personal health budgets.
- Improved access for all and development of local polysystems and to address inequalities.
- Care Quality Commission (new regulator) to take account of people’s experiences to improve quality of care (see Appendix b).

**Goals of other transforming strategies**

- Disabled people to have the same control over their lives as others.
- Sufficient, appropriate housing to be available so people can live in their homes independently for longer.
- People using housing related support to be focus of Supporting People initiative.
- Local communities to have more influence and power to improve residents’ lives.
- Voluntary sector to play key role in the delivery of services including advocacy.

**Priorities for specific groups**

- Awareness, early diagnosis and high quality care for people with dementia.
- Advice, specialised rehabilitation, discharge, and support services for people who have had a stroke.
- Improved mental health for the population and better services for people with poor mental health.
- Personalisation, work, health and housing for people with learning disabilities.
- Support for carers to stay well, have a life of their own, and be expert partners.

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**The future system of support**

**Eligibility for social care**

As the longer term options are being considered, the current system for determining eligibility for adult social care is being revised so that the criteria are more consistent with the transformation aims, for example with their emphasis on prevention and early intervention.

**Personal Care at Home Bill**

Under this Bill, scheduled to come into effect in 2010, people with the ‘highest care needs’ would receive free personal care at home.

**A Human Rights Approach**

At the heart of the transformation programme is the protection and promotion of people’s human rights.

In 2006 the government launched a Dignity in Care campaign, which challenged services to meet ten dignity standards, to ensure that everyone who uses health and social care services is treated with dignity and respect at all times.

To support improvements across the country in the arrangements to safeguard adults from abuse, the government has reviewed the national framework No Secrets and published new guidance including ensuring that people who fund their own care benefit from appropriate and individually tailored safeguards.
4 | A framework for our approach

In the previous section we looked at the current national programme to transform health and social care services and how its success will depend on partnerships being made beyond health and social care; for example with housing, leisure, adult education and transport services.

In this section we look at what this programme means for the range and type of services and support we need to develop and commission to realise our aims and achieve better outcomes for older people. But first we consider who it is we want to achieve our aims for – our local population of older people.

Levels of need in the population

Latest population estimates suggest that there are about 25,500 people in Westminster who are aged 65 years and over – that’s equivalent to about one person in every ten. We can divide this population of older people up according to their level of need for support so that collectively they form a pyramid as in Diagram 4a.

At the base of the pyramid is the largest group – people who do not require or are not eligible for social care support, who can live independently, and who are not known to social care services but who may be users of primary health care services and possibly hospital services.

Above are groups with higher levels of need, ranging from people with low level needs to people with complex, acute medical, and end of life care needs at the top of the pyramid.

People may experience increased needs at times, and move up to a higher level on the pyramid, due to a range of factors such as a deterioration in physical or mental health, an accident such as a trip or fall in the home or outdoors, or a loss of a partner or family member who was also a carer. The likelihood of experiencing such needs is in turn associated with a range of risk factors such as lifestyle, income, quality of housing, and level of deprivation.

The needs assessment we carried out highlighted a number of population trends that will affect the number of older people with different levels of need. Over the next ten years in Westminster we can expect:

- a small increase in the number of older people, mainly in the ‘younger old’ and ‘very old’ age groups
- an increase in the ethnic diversity of the older population
- more older people living longer with long term conditions.

In terms of risk, the needs assessment highlighted two factors: a complex pattern of deprivation with areas of low income being concentrated in the north west of the city; and a high proportion
of older people who live alone, with one in two people aged 65 years and over living alone, compared with one in four nationally, rising to as many as two out of three among people aged 85 years and over.

**Matching needs and support**

As we saw in Section 2, our vision for older people in Westminster is about supporting them to stay healthy, to lead fulfilling lives, to be as independent as possible, to delay or reduce the need for care, and to have choice and control over the care and support they receive. Our vision therefore is about preventing or delaying movement to higher levels in the pyramid and facilitating movement downwards to lower levels (see Diagram 4b).

In Westminster we already have a range of services and support targeted at supporting people with differing levels of needs, from information and advice services and rehabilitation, community nursing and home care services to acute hospital care, continuing care and end of life care services.

Our task is to make sure that the services and support we commission support this process, taking into account population trends, evidence about what works, financial pressures, the need to demonstrate value for money while meeting our commitments to equality, and the rising expectations of older people themselves. We look at the financial implications of our strategy in Section 12.
The population of older people in Westminster can be grouped according to their level of need for support.

**Complex needs**
- 2,500 people (9.8%)
- eg for end of life care/hospital inpatient treatment

**Substantial needs**
- 1,100 people (4.0%)
- eg for specialist nursing, non-urgent medical care, support with a chronic long term condition/severe dementia

**Moderate needs**
- 4,000 people (15.6%)
- eg for specialist support to remain at home, support with a long term condition, moderate dementia

**Low level needs**
- 4,000 people (15.6%)
- eg for support with daily living activities, a single long term condition, early signs of dementia

**At risk**
- 14,000 people (55%)
- eg people who do not require support/are not eligible for social care/are at risk of health problems/isolation

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**Our strategy, through targeted services, seeks to minimise movement to higher levels of need and facilitate movement to lower levels**

**Avoiding insititutional care/timely discharge**
- End of life care, people die at home, management of emergencies, hospital inpatient treatment, support discharge

**Care settings**
- Continuing care, nursing home care, hospital inpatient treatment supported discharge from hospital, rehabilitation

**Support for long term conditions/enablement**
- Community matrons, rapid response nursing, intensive home care, aids/adaptations, telecare/telehealth, sheltered housing

**Early intervention, reablement, practical support**
- Rehabilitation services, district nursing, low level home care, aids and adaptations, link alarm, community support officers, transport

**Neighbourhood, involvement, information and advice**
- Tackling ageism, making a positive contribution, older people’s hubs, housing options, community safety
A central theme of our strategy is to enable more older people to have increased choice and control in their lives.

In surveys we have carried out in Westminster of older people receiving social care services like home care, we have consistently found that a significant minority of people feel they have no control over their daily lives or do not have enough control (see Diagram 5). This group of people is more likely to report having poor health and to be dependent on others for help with day to day tasks such as getting washed and dressed.

One of the ways we want to enable older people to have more control is through the introduction of personal budgets – an allocation of social care money following an assessment, which people use to control and manage their own support so they can live the lives they want.

But as the people at our consultation events told us, having a personal budget is not in itself sufficient to guarantee increased choice and control and will not help people who are not eligible for social care.
Some older people receiving home care feel they do not have any or enough control over their daily life

Source: Survey of older people receiving home care, 2009
What we are going to do

Personal budgets

• In 2009–10 personal budgets were introduced to give older people where eligible, greater choice and control over their social care and support, so that by the end of the first year (31 March 2011) over 30% of eligible older people have a personal budget.
• We will review our contracts and develop a personal development plan and procurement strategy to ensure people have a range of flexible services on which to spend their budget.

Better information

• We will commission local voluntary organisations to provide brokerage services so that people have a choice about how they are helped to develop their support plans and spend their budget.

Better information

• We will review - with the involvement of older people, the range, type and quality of information we provide to make it easier for older people to find out what they want to know.
• We will seek to expand the provision of advocacy services for people with dementia.

Housing and care

• We will consult on a joint residential and nursing home care strategy, to consider the options for future services to fit with modern standards and increased demand for nursing homes for people with dementia.
• Leonora House extra care sheltered accommodation in W9 has opened a development comprising 21 flats for older people and people with a learning disability, as well as a state of the art day centre for local older people.
• We will continue to implement our Housing with Care strategy to improve the range and quality of housing available to older people, including extra care housing.

Involve everyone

• We will involve older people fully in the commissioning of services, for example through mystery shopping to improve the quality of home care services.

What you told us

Better information

• People need to know what services are available, especially at weekends, and who to call to access them.
• Information should be easy to obtain (not always from the Internet), easy to understand and free. Calls to the council should also be free.
• There needs to be more information about how personal health budgets work, for example what they can be spent on, and the risks associated with them, for example whether they would be withdrawn in times of crisis.

Involve everyone

• People should not have to miss out on community events because they have a disability or do not speak English.

What you told us

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• There needs to be more information about how personal health budgets work, for example what they can be spent on, and the risks associated with them, for example whether they would be withdrawn in times of crisis.

Involve everyone

• People should not have to miss out on community events because they have a disability or do not speak English.
6 Keeping healthy

**Our aim**

*More older people will achieve real improvements in their health and wellbeing as a result of improved access to health services and other services making a greater contribution to enabling older people to stay healthy. Fewer older people will need to be admitted to hospital in an emergency.*

In Westminster nearly one in two people aged 65 and over report having a long-standing health problem which limits their activities in some way. This may be a physical health problem such as cardiovascular disease or arthritis, or a mental health problem such as depression or dementia. The proportions of older people in the population who have different conditions are shown in the table opposite. In every case the prevalence of the condition increases with age. Not surprisingly older people are the biggest users of hospital care.

Many of the problems people experience are not the inevitable result of getting older. In many cases there are particular risk factors. In some cases these are to do with the environment, in others with lifestyle. As a result the proportion of older people who have good health varies across Westminster, as we will see in Section 11.

When in a recent survey we asked older residents what one thing would make a difference to their quality of life, what they mentioned most was to have good or better health.

We want more people, regardless of their situation, to enjoy more years in good health and fewer older people to have the need to use hospital services. To achieve this, people need to have access to good quality local screening and preventive and rehabilitation services, with different agencies involved working together in a consistent way, and clear information on how to stay healthy. These were all themes that were stressed at our consultation events.
The health and wellbeing of Westminster’s older people in numbers

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<td>Males born in 2005–07</td>
<td>81.5</td>
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<td>Females born in 2005–07</td>
<td>84.6</td>
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<th>Ill health¹</th>
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<tr>
<td>People aged 65+ with a limiting long-standing illness²</td>
<td>45%</td>
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<tr>
<td>People aged 65-74 with coronary heart disease</td>
<td>16.5%</td>
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<tr>
<td>People aged 75+ with coronary heart disease</td>
<td>23.4%</td>
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<tr>
<td>People aged 65-74 who have had a stroke</td>
<td>6.7%</td>
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<tr>
<td>People aged 75+ who have had a stroke</td>
<td>11.7%</td>
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<th>Mobility / functionality¹</th>
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<td>Men aged 65+ with mobility problems</td>
<td>35%</td>
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<tr>
<td>Women aged 65+ with mobility problems</td>
<td>49%</td>
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<tr>
<td>Men aged 65+ with arthritis</td>
<td>32%</td>
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<tr>
<td>Women aged 65+ with arthritis</td>
<td>47%</td>
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<td>People aged 65-74 years with a ‘common’ mental health problem</td>
<td>10%</td>
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<tr>
<td>People aged 65-74 with a psychotic disorder</td>
<td>0.3%</td>
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<tr>
<td>People aged 65+ who have dementia</td>
<td>5%</td>
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<th>Falls¹</th>
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<tr>
<td>People aged 65+ likely to experience a fall in a given year</td>
<td>33%</td>
</tr>
<tr>
<td>People aged 80+ likely to experience a fall in a given year</td>
<td>50%</td>
</tr>
<tr>
<td>People aged 65+ who attend hospital (A&amp;E or inpatients) following a fall</td>
<td>29%</td>
</tr>
</tbody>
</table>

¹Figures based on prevalence rates reported by national studies.
²2001 Census.

Source: Older People in Westminster: A Joint Strategic Needs Assessment, 2010
What we are going to do

Keeping healthy

• As part of our review of preventive services we will work with GPs, local health services, and other parts of the council like sports, leisure, library services, and the voluntary sector to ensure older people get good information on how to stay healthy and how to access preventive health services.

• We will work with leisure services and parks to create more opportunities for older people to get involved in physical activities including an enhanced programme of free swimming lessons and an expanded programme of walks across the city.

Better access

• We will work with health commissioners to make it easier for older people to have access to primary (GPs, dentists, opticians and pharmacies) and secondary (hospital) health care services.

• We will develop local health service hubs (polysystems) which will allow more services to be delivered locally rather than in hospital.

More control

• We will invest in community nursing and community matron services and redesign care pathways to help older people with long term conditions to manage their condition better and have real control over their care.

• We will develop personalised health and social care plans for older people with long term conditions.

• We will introduce telehealth technologies to give older people more control over the management of any long term health problems they may have.

Specific health and care groups

• We will implement our action plan to improve services for people with dementia to ensure early diagnosis, good advice and information, and responsive services that deliver person-centred care.

• We will implement our stroke strategy which will include adopting national rehabilitation standards.

• We will continue to apply the national continuing care framework locally across health and social care.

• We will implement an end of life care strategy which will include the establishment of a post to work with primary care services.

What you told us

Keeping healthy

• Keep green spaces like Broadley Gardens open where possible.

Better access

• Set up clinics and centres in local communities to reduce waiting times and ensure services like blood testing and diabetes care are easily accessible to all.

• Make medical records available at walk-in centres.

• Make it easier for people who don’t speak English to make appointments with their GP or be seen at A&E for example through having more interpreters.

• Reduce the amount of form filling (in hospitals) and the number of times appointments get changed.

• Improve home help support after a collapse through, for example, calling on people.

More control

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• We will continue to apply the national continuing care framework locally across health and social care.

• We will implement an end of life care strategy which will include the establishment of a post to work with primary care services.
In later life many people experience significant changes in their circumstances and lifestyle. These may relate to a range of factors such as a change in working patterns like retiring from a job, a change in family responsibilities for example taking on responsibilities for a spouse or grandchildren, a change in financial situation, a change in home and housing needs, a decline in personal mobility, or other factors, such as the loss of a loved one.

While some changes may be positive, others pose particular challenges. People may experience a loss of role, a drop in income, a loss of personal mobility, a sense of isolation, a feeling of not contributing and of not being valued, or a lack of purpose – made worse by the experience of stereotypes of old age.

In a 2006 survey of older people who were receiving home care, over a third of respondents said they spent too long with nothing interesting to do. In a later survey of people who had received items of community equipment over a third said they did not do the things they wanted to do, and a third said that they sometimes or often felt lonely, and a number said they felt isolated (see Diagram 7).

At our consultation events people stressed how taking part and being involved in activities contributed to a sense of wellbeing, especially where people were housebound or found it difficult to get out and about.

We want all older people to be able to make a positive contribution to their local communities. This may be through taking up learning and leisure opportunities, volunteering, voicing their opinion on the development of services and feeling the impact of their involvement, and having guidance to help increase their income and avoid financial difficulty.
In a survey of people who received community equipment (such as a walking frame or bath board), over 40% said they did not do the things they wanted to do and nearly 15% said that they felt socially isolated.

Source: Survey of people in receipt of items of community equipment, 2008
What you told us

Helping people to belong
• Existing classes and events, like healthy eating clubs, should continue as they help to reduce isolation among older people.
• There should be more opportunities for older people, like volunteering and a café in community hubs, so they can contribute and not feel isolated.

Knowing each other better
• There should be more opportunities for different groups in the community to mix – both older people with younger people and older people from different ethnic groups.

Making it easier to get around
• There should be fewer hazards and obstacles eg roadworks and cracked pavements.

Fun
• There should be more day trips and events for older people.

What we are going to do

Helping people to belong
• We will consult with older people and local community organisations to identify a range of initiatives, including new technologies that can help to reduce social isolation, especially among older people who are housebound.
• We will make links with Westminster’s volunteering strategy and work groups to develop opportunities for older people to contribute as volunteers.
• We will undertake a review of day services and day care so that they can be a focus and resource for the local community as we introduce personal budgets, and implement our local dementia action plan.

Knowing each other better
• We will explore opportunities to develop intergenerational projects to help older and younger people get to know each other better (see page 37).

Making it easier to get around
• We will work with the transport department to help people get around Westminster more easily, for example by reducing the number of damaged paving stones and increasing the numbers of dropped kerbs with double yellow lines that prevent vehicles parking.

Involving older people
• We will establish a network of older residents to increase their involvement in the commissioning and monitoring of our services.
8 Keeping independent

Our aim

More older people will be supported to reach optimum independence as a result of improvements in the way we assist people to avoid and recover from injury or illness, for example through the use of new technologies and equipment.

When asked how they would like to spend their later years, most people say they would like to continue to live in their own home and keep their independence for as long as possible. This view was confirmed at our consultation events. People said they wanted to be as independent as possible and continue to make decisions for themselves even when this involved taking risks.

A factor which people saw as critical in maintaining independence was having good access to local facilities like shops, leisure facilities, and health services – which in turn depended on good quality transport and pavements.

As we will see in Section 10 another important factor is having the support of a relative or friend.

In Westminster we have been developing a range of services to support older people to maintain their independence. These include intermediate care services, a community rehabilitation service, a new ‘reablement’ service, and an assistive technologies service. Together these seek to prevent an avoidable admission to hospital or residential care, facilitate a timely discharge from hospital, and promote a faster recovery from illness and reduce the need for on-going care.

At the consultation events people welcomed the potential for assistive technologies, such as a community alarm, bed sensor, or gas shut-off device to help people keep their independence, especially where they lived on their own or had a long term health problem. Diagram 8 compares the proportion of older people who live alone and who also have a limiting long term illness with the proportion who have a community alarm. It shows that the latter group is much smaller, indicating that we need to do more to promote the take up of alarms among this ‘at risk’ group.
The proportion of older people who have a community (or link) alarm is considerably below the proportion of older people who are at particular risk (people who live alone and who have a limiting long-term illness) – except in the North East locality.

What we are going to do

Confidence, control and service quality

• We will review how our rehabilitation and intermediate care services fit together and create an integrated intermediate care service to support timely discharge from hospital, and help prevent unnecessary admission to hospital or care homes.

• We will ensure that home care services are universally of a high quality, that home care workers visit at times that suit users’ reasonable choice, and that through electronic monitoring they adhere to planned times.

• We will encourage more people to take up the opportunities offered by assistive technology (telecare and telehealth), including the community alarm.

• We will seek to integrate our approach across health and social care to support people with long term conditions, for example community matrons and locality care management teams.

Equipment and repairs

• Repairs and alterations (eg bath rails) help to maintain independence but some people like home owners find the cost prohibitive and don’t always get the help they need.

In the community

• Transport needs to be regular and reliable.

• Having more seating in shopping areas would encourage older people to go out more.

• People need access to translation services.

What you told us

Confidence, control and service quality

• People should be allowed to take risks as this was part of being in control.

• Home care needs to be monitored to ensure people are getting the right amount of care and high quality care.

• New assistive technologies can help build confidence and provide reassurance, especially where people live on their own.

Equipment and repairs

• Repairs and alterations (eg bath rails) help to maintain independence but some people like home owners find the cost prohibitive and don’t always get the help they need.

In the community

• Transport needs to be regular and reliable.

• Having more seating in shopping areas would encourage older people to go out more.

• People need access to translation services.
9 | Keeping safe

Our aim

More older people will feel safe – physically and psychologically, both at home and within their local community.

A factor which can have a major impact on a person’s health and wellbeing is their sense of personal safety, either at home or when out and about in the local community.

When we have carried out surveys of older residents, including older people who are receiving social care, we have consistently found that most people (over 90 per cent) say they feel safe in their own home. Although this is a high proportion it still means that a significant number of people do have worries about their safety when at home (see page 32).

In a recent survey of older people receiving home care, only six out of ten people said that they had no worries about their personal safety. One reason for this difference is that they may have been thinking about worries they had when outside their home, such as a fear of being attacked or robbed.

At our consultation events, residents talked about the concerns or worries they had when at home and when outside in the local community. At home these were to do with people who might come into the home – for example paid carers or bogus callers. Outside they were about a fear of tripping and falling, or of being verbally abused or physically attacked; especially by young people who congregate in groups which can appear intimidating.

We want all older people to feel safe whether they are at home or in their local community. In addition we want them to feel protected from any form of abuse, neglect, or poor treatment when using services. We have made this commitment clear in a strong multi-agency safeguarding policy.
## How safe older people feel

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of older people in receipt of home care who agreed that ‘I feel safe in my home’</td>
<td>95%</td>
</tr>
<tr>
<td>Proportion of older people in receipt of home care who said they had 'no worries about their personal safety'</td>
<td>62%</td>
</tr>
<tr>
<td>Proportion of residents aged 50+ who said they felt very safe or fairly safe in their own home</td>
<td>91%</td>
</tr>
<tr>
<td>Proportion of residents aged 50+ who said they felt very safe or fairly safe when walking outside in their area alone after dark</td>
<td>51%</td>
</tr>
<tr>
<td>Proportion of residents aged 65+ who said they were satisfied with both their home and their neighbourhood</td>
<td>81%</td>
</tr>
</tbody>
</table>

**Sources:**

1. Survey of older people in receipt of home care, 2006
2. Survey of older people in receipt of home care, 2009
3. Every Older Person Matters survey of Westminster residents aged 50+, 2007
4. Place survey of Westminster residents, 2007
What you told us

Safety at home
• Ensure people who visit older people in their homes, liked paid carers, have CRB checks.
• Lifts and security doors need to be checked on a regular basis to make sure they are working properly.

Safety outside the home
• Pavements should have dropped kerbs to reduce the risk of people tripping or falling over.
• There should be more opportunities for younger people so they don’t congregate in or around blocks of flats.
• There should be more initiatives that will help build bridges between older and younger generations.
• More police and city guardians are needed to patrol particular areas.

What we are going to do

Safety at home
• We will continue to promote the availability and effectiveness of equipment like the community link alarm and new technologies which help to increase people’s sense of safety; by having these they know that help will be available quickly in the event of a problem.
• We will promote opportunities for people to move to sheltered housing when they wish to move from a property that is too big and where they may feel unsafe.
• We will ensure that the development of personal budgets incorporates safeguarding by ensuring that people are informed about risks and have the right support to use their personal budget.

Safety outside the home
• Through the Westminster City Partnership we will raise the profile of older people’s concerns about our streets and other public spaces, for example with regard to street lighting, adequate seating, the condition of pavements, and street crime.
• We will continue to work with Community Protection and the police to improve responses to older people.
• We will seek opportunities and funding to develop projects to help promote better understanding and relationships between older and younger generations.
Supporting carers

Our aim

More carers will be better recognised and supported across all older people’s services, in support of the new Westminster strategy for carers.

Carers – relatives, friends, and neighbours, play a critical role in helping older people to remain independent. In this sense they contribute, as a group, enormously to the local community and indeed the local economy. But ironically this is often at considerable cost to themselves to the extent that on a personal level they may often feel cut off and isolated from that community.

Some carers are not recognised as carers. Even when they are they are sometimes not assessed and do not always receive the help, information and advice they need, or have services arranged which take account of their own needs both as carer and as an individual in their own right.

In Westminster the proportion of people who provide unpaid care is below the national average (7% compared with 10%). To some extent this difference reflects the particular make up of Westminster’s population. The great majority of carers are of working age with many providing support to ageing parents. Many of these carers have had to move out of the city because of the high cost of living and have the added challenge of having to provide care from a distance.

Although older carers account for a minority of all carers, they are more likely than younger carers to provide more hours of unpaid care per week (see Diagram 10).

At the consultation events, people emphasised the conflicts carers can feel in their roles and the need for more information on how personal budgets may help them to resolve these.
### Most carers are of working age, but carers of retirement age are more likely than younger carers to provide more hours of caring per week

<table>
<thead>
<tr>
<th>Age group of carers</th>
<th>16–24</th>
<th>25–34</th>
<th>35–44</th>
<th>45–54</th>
<th>55–64</th>
<th>65–74</th>
<th>75–84</th>
<th>85+</th>
<th>All 16+</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of carers</td>
<td>121</td>
<td>424</td>
<td>511</td>
<td>526</td>
<td>465</td>
<td>459</td>
<td>239</td>
<td>76</td>
<td>2814</td>
</tr>
<tr>
<td>1–19 hours</td>
<td>916</td>
<td>1922</td>
<td>2374</td>
<td>2712</td>
<td>2048</td>
<td>1056</td>
<td>425</td>
<td>25</td>
<td>11527</td>
</tr>
<tr>
<td>20–49 hours</td>
<td>176</td>
<td>314</td>
<td>405</td>
<td>385</td>
<td>312</td>
<td>230</td>
<td>100</td>
<td>25</td>
<td>1948</td>
</tr>
<tr>
<td>50+ hours</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>

Source: Carers Joint Strategic Needs Assessment, 2010 (figures above derived from 2001 Census)
What you told us

More recognition
• There needs to be more publicity about the hard work carers do and the help that is available to support them.

More information
• Carers need information about personal budgets and how they work, tailored to their own needs and cultural background.

Getting the balance right
• Carers want support to continue caring and to get the right support for the person they are caring for, but they also want a break to be able to do the things that they want to do, knowing that their relative is well cared for.
• Sometimes family members are not willing or able to take on caring responsibilities as they have their own lives to lead.

What we are going to do

More recognition
• We will work with primary care and older people’s services to better identify and support carers, in recognition that people often take their caring role for granted and do not always identify themselves as carers, and may be exposed to real risks as a result of their caring role.

More information
• We will involve carers in the development of personalised services through forums such as Carers Action, and provide feedback to carers on the impact of their involvement.
• We will review the range and quality of information and advice services available to carers of people with dementia.

Getting the balance right
• We will work with mainstream services to examine the potential for these services to address the needs of carers directly (rather than referring them to specialist carers’ services).
• We will promote and raise awareness of the support available to carers across all adult services through participation in carers’ week and community events.
11 Freedom from discrimination

Our aim

More older people and family carers will feel respected and valued by their local communities and will benefit from inclusive services and support regardless of their culture, religion or belief, sexual orientation, gender or age.

Like all public bodies, NHS Westminster and Westminster City Council have a legal duty to promote equality and eliminate discrimination on the grounds of age, gender, race, disability, religion or belief, and sexual orientation. They also have a duty to promote positive attitudes towards disabled people and positive relationships between different groups as part of improving community relations. In Westminster these duties and commitments have been brought together in a single equality scheme.

As we have seen, we still have some way to go before we can say these duties and commitments are no longer needed. At the consultation events people referred to the negative image that old age has, the poor relationship in some areas between older and younger people, the worries some older people have of going out in their local areas especially at night, and the risk to older people of getting left behind or left out altogether in the information age, and becoming isolated, especially if they are housebound or do not speak English.

Other information we collected as part of our needs assessment showed that there are marked differences within Westminster among older people themselves. For example, life expectancy for those aged 65 varies from ten years for people living in the most deprived parts of Westminster to 15 years for people living in the least deprived. When we look at older people who go to open access day centres, drop-in centres and sessional activities like keep fit, we find that in many cases the majority are women, suggesting that many older men are missing out on these opportunities (see page 38).
### Inequalities in health and social care among older people

#### Gender

Older people who went to open access day services:

<table>
<thead>
<tr>
<th>Percentage aged 60+ who were women</th>
<th>73%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage aged 60+ who were men</td>
<td>27%</td>
</tr>
</tbody>
</table>

#### Age

Older people supported at home with social care:

| Percentage aged 65–74 who have Direct Payments | 9% |
| Percentage aged 75+ who have Direct Payments  | 4% |

#### Ethnic group

Older people admitted to hospital following a fall (rate per 100,000 population):

| People aged 65+ from White ethnic groups | 2,484 |
| People aged 65+ from Black / Black British ethnic groups | 1,176 |
| People aged 65+ from Asian / Asian British ethnic groups | 1,133 |

#### Deprivation

Life expectancy at age 65 years:

| People living in least deprived wards | 15yrs |
| People living in most deprived wards | 10yrs |

Source: Older People in Westminster: Joint Strategic Needs Assessment, 2010
What we are going to do
A key priority of the strategy is to work more closely with mainstream services to enable improved access for older people. When implementing our action plan we will assess the likely impact on different groups to ensure they support Westminster’s equality commitments and single equality scheme.

Positive images
- We will challenge stereotypes and promote positive images of older people through Westminster Plus and other publications, emphasising the contribution of older people to community life, and involve older people in mystery shopping to improve access to mainstream services.

Gender
- We will promote services and opportunities to older men to break down barriers and increase uptake of services.

Age
- We will work with younger and older generations to build closer links between generations.

Ethnicity
- Older people who do not speak English may be unaware of the services and activities available such as the older people’s hubs.
- Services and support should be available to everyone, regardless of what language they speak.

What you told us

Positive images
- There should be more positive images of older people in the media and in Westminster to challenge stereotypes.

Gender
- Men need to be encouraged to get more involved in activities and volunteering.
- At the same time care must be taken not to exclude women from services – some should be targeted specifically at women.

Ethnicity
- Older people who do not speak English may be unaware of the services and activities available such as the older people’s hubs.
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- Services and support should be available to everyone, regardless of what language they speak.
12 | Funding the strategy

The wider financial context
The programme of transformation we have set out in this strategy has to be set in the context of the wider financial pressures affecting Westminster City Council and NHS Westminster.

The council and NHS Westminster are committed to working in partnership to commission and deliver health and care services. Over the next three years, as financial pressures are felt, we will need to demonstrate value for money and build efficiencies into our plans.

Adult social care services
It is within this wider financial context that the council set the budget for adult social care services for 2009–12. To take account of projected population change and projected increases in the number of residential placements for people with learning disabilities and mental health problems, the cabinet has provisionally approved, for Adult Services, growth of £4.2m and savings of £350,000 including £300,000 from commissioning.

In addition, Adult Services will be contributing £520,000 of efficiency savings through the implementation of the council’s Adults’ Transformation Programme. This amount may increase depending on the outcome of a budget review which the council is currently undertaking in order to identify further possible efficiency savings.

NHS Westminster
NHS Westminster is basing its plans on the assumption that there will be minimum growth in its budget of 5.1% in 2010–11. There will be a requirement to make efficiency savings from 2010–11 onwards. It is projected that at the end of 2010–11 NHS Westminster will be 21% over target, equivalent to £81m.

A level of unavoidable cost pressures is expected in learning disability, physical disability and child and adolescent mental health services.

Jointly commissioned services
The council and NHS Westminster are working together to identify all the money we spend on services which support older people including acute hospital care.

Our approach to commissioning, described in Section 4, seeks to achieve the best possible outcomes for Westminster’s older residents. As we saw, this approach involves focusing on maximising people’s capacity for independence, minimising movement to higher levels of need and facilitating movement to lower levels. We expect to be able to apply this approach without the need of additional funds, in other words we expect it to be resource-neutral.
**12a** | Adults Services: budget for older people 2009–10 (£44.6m)

- Residential home care: 19%
- Home meals service: 1%
- Home care: 5%
- Other services: 14%
- Care management: 6%
- Taxi-care: 2%
- Supported/other accommodation: 16%
- Day care: 11%
- Nursing home care: 1%
- Direct Payment: 1%

**12b** | NHS Westminster: planned spend 2009–10 (£27.5m)

- Residential services: 47%
- Older people’s medicines (acute hospitals): 8%
- Community services: 4%
- Stroke services: 1%
- Hospices/palliative care: 11%
- Rehabilitation services: 21%
- Other services: 1%
We will invest in preventive and enablement services which are shown to reduce risk and support people to maximise their independence and achieve the desired outcomes at each level of the pyramid, and which correspondingly are shown to reduce the number of avoidable admissions to hospital and facilitate timely discharge from hospital. This will be funded by disinvestment in services for which there will be reduced demand such as residential care services.

Over time this process of disinvestment and reinvestment will result in more community based services, including those available to the whole community such as information, advice and advocacy. It will also result in fewer residential based services without removing this option for those older residents who most benefit from them.

Most importantly this approach firmly supports the council’s and NHS Westminster’s commitment to the delivery of personalised services by providing greater flexibility and real choice and control.
Making it happen

We have set out our vision for the next three years. If we are to achieve it, we need to ensure that our commissioning and planning arrangements are able to turn it into a reality – to make it happen.

Commissioning structures
Our key strategic planning forum is the Older People’s Commissioning Partnership Board (OPCPB), formerly known as the Older People’s Delivery Network (see Appendix c). This forum will be responsible for ensuring that the vision is owned by all parts of the local strategic partnership. We will review how the OPCPB is working to ensure it is able to influence partners to achieve our goals.

Our joint commissioning team will be responsible for ensuring our priorities are implemented. We will ensure that the current joint commissioning arrangements are able to ensure that our commissioning priorities can be implemented.

Joint provision
Older people told us that it was important for services to be joined up and for people to be able to understand easily what help is available. We will seek to find ways to simplify access points for health and social care services and ensure that there is accessible information available so that people get the help they want.

We are developing joint provision by the creation of two community mental health teams for older people. We have also co-located some of our services to enable better joint working. We will build upon these and seek opportunities to further develop joint service provision.

Market shaping
Key to achieving improved outcomes and better value for money will be ensuring that there is a sufficient range of local services that can offer flexible responses to older people. We are working with our existing providers to develop their plans for implementing personalisation.

We are reviewing our existing contracts and developing procurement strategies to ensure a greater range of flexible services. In particular, we are re-letting our home care contracts and reviewing our day care. We are also working with neighbouring commissioners and influencing mainstream services.
Appendix A: How we wrote the strategy

Understanding what needs to happen

What older people and key partners say

What the numbers say

Needs assessment
- Population trends
- Factors known to affect health/wellbeing
- What we know and don’t know about each of our priority areas
- How fair things are for different groups
- What the messages are for the strategy

Preparation of draft strategy
(with Older People’s Delivery Network)

Launch of draft strategy for consultation
- Wide distribution – including to everyone receiving the home library service
- Available from WCC and NHS Westminster websites
- Five listening events (October 2009)

Visioning days
How people wanted the future to be (June 2009)

Listening event
(Penfold Street Hub)

Listening event
(Beethoven Centre)

Listening event
(Open Age Hub)

Listening event
(Chinese Community Centre)

Listening event
(Abbey Centre)

WCC and NHS Westminster approval
The final strategy was drafted and formally approved by Westminster City Council and NHS Westminster making it the key formal strategic planning document for older people in Westminster
Appendix b
How things fit together

Westminster City Partnership
Key strategic partnership in Westminster. Comprises representatives from public, private, voluntary and community sectors. Responsible for delivering actions and targets in Westminster’s City Plan, Local Area Agreement and Neighbourhood Renewal Strategy.

City Plan 2006–2016 (Westminster’s Community Strategy)

Westminster City Council
Living City Programme

Westminster Equalities Partnership (WEP)

Health and Wellbeing Network Board
One of the thematic networks in the City Partnership.
Responsible for providing strategic leadership for the joint commissioning of health and care services and ensuring the delivery of the health element of the Local Area Agreement.

The Local Area Agreement 2008-11

Westminster Neighbourhood Renewal Strategy

NHS Westminster
Strategic Plan 2010–15 Operating Framework

Joint Strategic Needs Assessment (JSNA) Steering Group
Responsible for the development and delivery of the Westminster JSNA and its underpinning of commissioning processes.

Older People’s Joint Strategic Needs Assessment

Older People’s Commissioning Partnership Board

Older People’s Joint Commissioning Strategy

Carers’ forums

Older people’s forums

Westminster Local Involvement Network (LINk)
Independent network of local groups and people

Comprehensive Area Assessment (CAA)
Since April 2009 public service inspectorates (including the Care Quality Commission) have responsibility for carrying out a joint assessment of the outcomes for people in Westminster, as set out in the LAA and community strategy, and the prospect of sustainable improvement.
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Helen April</td>
<td>Older People’s Representative</td>
<td>Westminster Senior Citizens’ Forum</td>
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<tr>
<td>Sandra Brookes</td>
<td>Head of Service, Older People</td>
<td>Central and North West London NHS Foundation Trust</td>
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<tr>
<td>Ursula Daeе</td>
<td>Service Development Manager Older People</td>
<td>NHS Westminster</td>
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<tr>
<td>Martin Davies</td>
<td>Chief Executive</td>
<td>Age Concern Westminster</td>
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<tr>
<td>Zena Deayton (Chair)</td>
<td>Operation Director, Social Care</td>
<td>Westminster City Council</td>
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<tr>
<td>Kate Ferguson</td>
<td>Community Services Manager</td>
<td>The Abbey Centre</td>
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<tr>
<td>Meredith Gamble</td>
<td>Head of Therapy Services</td>
<td>Central London Community Healthcare</td>
</tr>
<tr>
<td>John Higgins</td>
<td>Head of Joint Commissioning Older and Disabled People</td>
<td>NHS Westminster/NHS Westminster City Council</td>
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<tr>
<td>Aderonke JomoCoco</td>
<td>Director</td>
<td>Black Ethnic Minority Diabetes Association (BEMDA)</td>
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<tr>
<td>Gez Kellaghan</td>
<td>Strategic Partnerships Officer (Housing)</td>
<td>Westminster City Council</td>
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<tr>
<td>Paul Kirwan</td>
<td>Chief Executive</td>
<td>Carers Network Westminster</td>
</tr>
<tr>
<td>Chris Lambkin</td>
<td>Performance Analyst, Planning Performance and Improvement</td>
<td>Westminster City Council</td>
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<tr>
<td>Anne Mallinson</td>
<td>Older People’s Representative</td>
<td>Westminster Senior Citizens’ Forum</td>
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<tr>
<td>Sarah Newton</td>
<td>Service Development Manager Older People</td>
<td>Westminster City Council</td>
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<tr>
<td>Laurie Phillpot</td>
<td>Carers’ Representative</td>
<td>Carers Network Westminster</td>
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<tr>
<td>Sheila de Souza</td>
<td>Non Executive Director and Older People’s Champion</td>
<td>NHS Westminster</td>
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</table>
References

5. The strategies and plans mentioned in this diagram are available, or will be available where they are still in preparation, from the websites of the Westminster City Partnership (www.westminstercitypartnership.org.uk), Westminster City Council (www.westminster.gov.uk) and NHS Westminster (www.westminster-pct.nhs.uk)
25. The City Plan 2006–16: As Westminster’s community strategy, this sets out the shared vision for Westminster – to build strong communities and improve the quality of life and wellbeing of Westminster residents, visitors and businesses.
26. Local Area Agreement 2008–11: This sets out the priorities and targets for delivering the City Plan, as agreed between the Council, the City Partnership and central government. Three of the priorities relate directly to older people: to enable people to live long and healthier lives; to enable people with long-term conditions and their carers to achieve the best health possible; and to enable older residents to live independently and enjoy a good quality of life.
27. Westminster Neighbourhood Renewal Strategy: This sets out the priorities, actions and targets that Westminster City Partnership has set for improving the quality of life for Westminster’s poorer communities. It focuses on five priority groups, including older people, within five areas of Westminster.