

Appendix 1 to Paper No. 08-312

**A Strategy for Older People in Wandsworth
(2008 – 2013)**

Independence and Well-being in Later Life

Wandsworth Borough Council

April 2008

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To be developed in partnership with the Wandsworth Teaching Primary Care Trust, Third Sector Partners, Service Users and Clients and other stakeholders.	

Introduction

This is the first part of a two part strategy for older people who are residents of the borough of Wandsworth.

It describes a new multi-agency preventative approach to maintaining health and well-being and, when needed, provision of care and support with dignity into older age.

Part one is descriptive providing the context and establishing the principles and approach that will remain consistent through the life of the Strategy. It sets out a framework: the “7 Dimensions of Independence”, that will support the multi-agency approach to the development of a vision for how older people will experience life in Wandsworth within the next 5 years and inform 3 year rolling action plans to achieve this.

Once part one and the framework have been approved, key stakeholders will be asked to nominate appropriately senior representatives to form a working group to develop a vision and action plan for each of the “7 Dimensions”, including resource commitment. These will together form part 2 of the Strategy. The target is to complete work on the action plans in order for them to be presented to the Adult Care Services Overview and Scrutiny Committees in June 2008. The action plans will be subject to annual monitoring, review and updating.

A starting point for working groups will be the position statement produced by the Council in September 2007 outlining its own services for older people and those it supports (Paper No. 07 – 816 to the Corporate Resources Overview and Scrutiny Committee, 19th September 2007) and “Second Thoughts on an Older People’s Strategy for Wandsworth” a response by the Wandsworth Older People’s Forum to the consultation on the “7 Dimensions of Independence” framework. At the back of Part one is a list of local reference documents with hyperlinks to web pages where these documents can be found.

1. Background

In 1997 Wandsworth Borough Council adopted its first strategy focussing upon the needs of older people. Implementation of this Strategy has seen many successes in recent years including:

- Updating the sheltered housing stock to modern self-contained standards in response to demand and the development of an extra-care housing scheme that will open in summer 2008. The provision of sheltered and extra care housing enables older people to live independently and maximise their quality of life for as long as possible before, where necessary, moving in to residential or nursing care.
- Implementation of intermediate care and reablement services in partnership with Wandsworth Teaching Primary Care Trust as a means of avoiding unnecessary hospital admissions and facilitating timely discharge. These services have seen a steady increase in demand in recent years and in 2006/2007 the Reablement Pilot helped 192 service users to an accelerated return to independent living with a projected financial saving in the region of £540,000.
- Investment in exercise programmes and 'Active Days' working in partnership to respond to the wishes of many older people to maintain independence and enjoy themselves. Age Concern Wandsworth was awarded a grant in 2006/2007 and in 2007/08 of £33,000 from the Council to develop and promote a range of activities in partnership with older people. These activities range from cooking and reading classes through to line dancing and formal outings. Activity groups are being established across the borough and already reaching more than 400 regular participants who are providing very positive feedback on the impact to their quality of life. During the summer of 2007 seven outings were arranged in partnership with the Council's Leisure and Amenities service for 630 independently mobile older people and three trips for 140 older people who required a door to door service.
- Continued development of the WATCH Lifeline community alarm service and its expansion into the provision of Telecare sensors around the home.

However recognising that we live in an environment of constant change, now is the right time to review our achievements, recognise national and local developments, acknowledge the challenges to be faced and plainly state what we wish to achieve over the next 5 years.

The good news is that people are living longer and rightly expecting to maintain their independence and quality of life for as long as possible, knowing that should they require access to more intensive care in their later years then suitable high quality provision will be available locally.

This Strategy presents a partnership approach to promoting the health and well-being of older residents in Wandsworth, the success of which will be reliant upon the commitment and joint working of a number of agencies including Wandsworth Council, Wandsworth Teaching Primary Care Trust, contracted care providers and many local organisations in the voluntary and community sector and older people themselves. It has been prepared following a consultation through the Wandsworth Older People's Network (OPN) during 2007 and in response to what we know about the growing needs in the population. The Wandsworth Older People's Forum has produced a helpful paper, "Second Thoughts" in response to the consultation, which will inform part 2 of this Strategy. At the core of the Strategy is the necessity for all services and partners to work together within the context of the Local Area Agreement and Sustainable Community Strategy to improve the health and well-being of all communities in Wandsworth. It will provide an important foundation upon which future commissioning decisions will be taken recognising that, whilst maintaining an ongoing role in direct delivery, over the life of the Strategy the Council will move more toward being an effective commissioner of services, either alone or in partnership.

The key drivers for the Strategy are:

1. **Broadened opportunity and increased expectation of Older People and the different communities across Wandsworth which will mean that without different approaches to future service delivery there will be increased and unsustainable pressures on social care and health resources.** Nationally, the population is ageing and people's expectation of quality and capacity of health and social care services is continually increasing at a rate that outstrips any projected increase in financial resources. Addressing this locally we must promote and support approaches which both maximise the individual's ability to sustain their health and well-being into later life and potentially delivers longer-term financial affordability.

2. **Targeting of adult social care services on those people at greatest need and risk and the need for a new approach to supporting people not eligible for care.** Whilst application of the Fair Access to Care Services (FACS) criteria will result in financial resources for social care being targeted at higher band categories the Council recognises the equal value of providing support and signposting to those not directly eligible for social care services and will seek to identify dedicated resources and work with partners to this end and in accordance with national policy on “transforming social care”.
3. **Promotion of healthier and more active and independent lives for adults, which reflects the wishes and aspirations of people living in Wandsworth.** Consultation indicates that older people want to have access to a broad range of activities including walking in parks, visiting leisure centres and participating in lifelong learning opportunities, and that a higher proportion of residents aged 75+ state a preference for the continuation of dedicated facilities and programmes.
4. **Opportunities to create positive partnerships through the Local Area Agreement to deliver the preventative agenda.** In Wandsworth our key relationships must develop through the agreement of a common purpose. Key partners will include the Council and the Wandsworth Teaching Primary Care Trust but also care providers active in Wandsworth, housing providers and, critically, a number of voluntary and community sector organisations.
5. **Adoption by the council of a Commissioning approach to service delivery which engages more actively with the Third Sector to promote a preventative approach to support sustainable health and well-being.** Whilst the Council has an important role to play in promoting the preventative agenda there are many organisations, particularly in the voluntary and community sector, who deliver, and are often better placed to provide, these services effectively. Our approach to the future commissioning of services will reflect this and provide support to the Third Sector to deliver efficiently services that people want.
6. **External assessment of performance is changing and moving toward a wider partnership in designing and delivering services for older and vulnerable people.** Future regulation and performance assessment will focus more on how partners and stakeholders work together to deliver meaningful outcomes and how service users experience these.
7. **The continuing requirement to use public resources efficiently and effectively and demonstrate value for money in all that is done.** We must demonstrate value for money in terms of the outcomes achieved. For example, since January 2006 the telecare project has achieved the equivalent of 10.9 years of independence for participants in the scheme with some

individuals benefiting from over 70 'additional weeks' of independence. Looking to the future, projected efficiencies are anticipated to significantly exceed the implementation costs of telecare and further assistive technology opportunities will be explored.

Independence and well-being in later life is an ethos that underpins our approach in Wandsworth:

“We aim to enable people to realise their potential for physical, social and mental well-being throughout their later years so that they remain as independent as possible, can control their own lives and can live with dignity, whilst providing them with adequate protection, security and care when they need help.”

Based on the World Health Organisation's definition of active ageing in “Active Ageing: A Policy Framework” (2002)
http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

2. Defining the Preventative Approach

The majority of older people are active, independent and participate in their community. They can continue to use, and benefit from, services that they have been enjoying prior to retirement. However, as mobility reduces and health declines people can become more vulnerable and in need of support and services that are more accessible. Later they may also need more specialist health and/or social care, or support for their family carers.

The Government White Paper 'Our Health, Our Care, Our Say' states:

'A greater focus should be placed on preventative services through the wider well-being agenda and through *better targeted early interventions that prevent or defer the need for more costly intensive support*...involving a range of local authority services such as housing, transport, leisure and community safety in addition to social care can achieve significant improvements in well-being.'

Preventative Services can be described as those which:

- *prevent or delay the need for high cost care* as a result of ill health or disability due to ageing; and/or
- *promote (and improve) the quality of life of older people* and their inclusion within society and community life;

...so that an older person can sustain independence, maintain control and live with dignity.

In delivering this preventative approach in Wandsworth we will encourage and support a range of services to help local people to improve their quality of life by providing opportunities for them to exercise choice and help maintain independence. Stakeholders involved in the development of this Strategy agree that emphasis on social, leisure and learning opportunities is of equal merit to traditional health and social care approaches.

The following key principles underpin this Strategy:

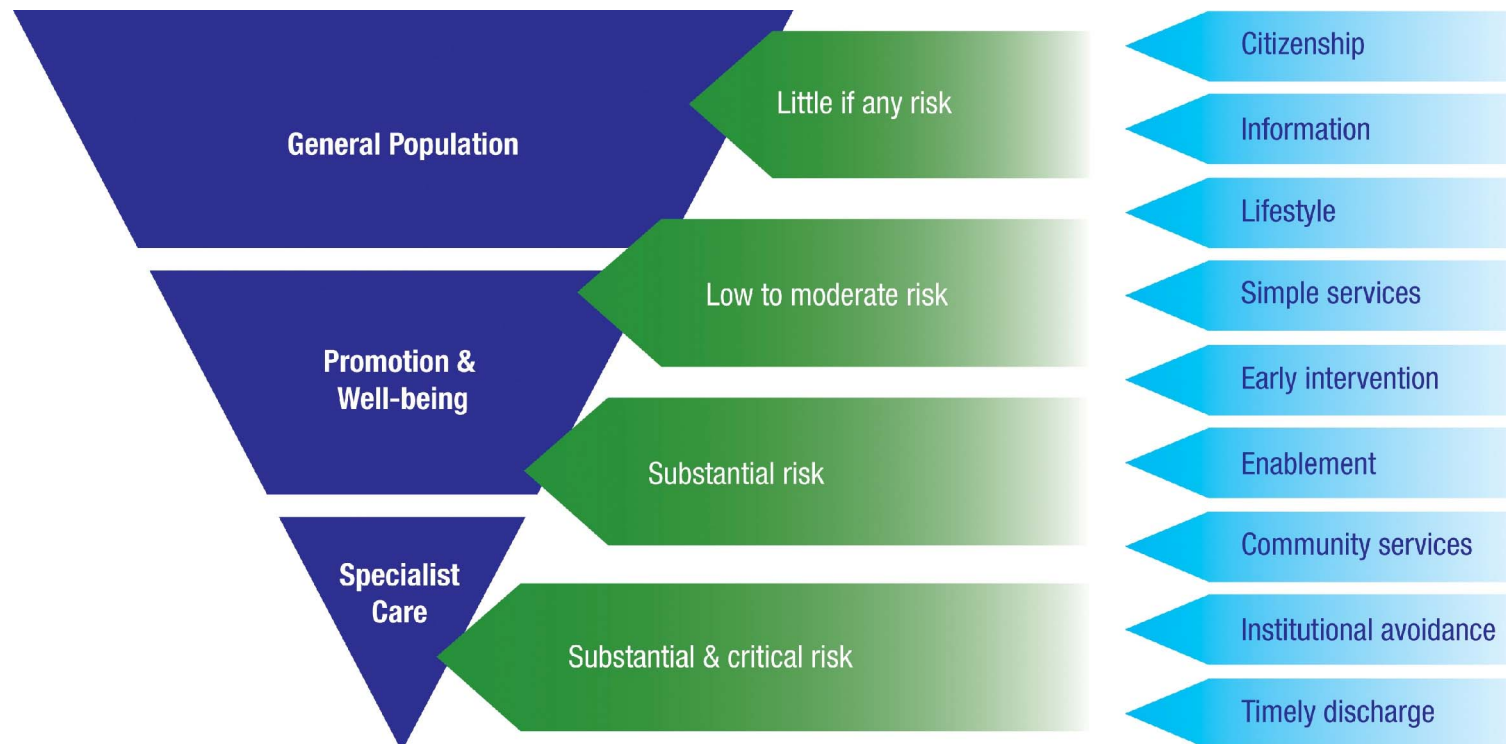
1. Preventative services are necessary to support older people with less complex care needs that do not require the direct intervention of health or social care professionals.
2. The preventative approach supports the provision of services that will complement the role of health and social care statutory services, with the aim of delaying or preventing individuals from needing more intensive or high level care, and promoting independence. This will include ensuring that people have access to homes that meet the Decent Homes Standard and are appropriate to their needs, live in communities which are safe and welcoming, and have access to the support they need to maintain their independence in their own home (Supporting People Services), through floating support services, supported housing, including sheltered housing and extra care housing, community alarms, such as the WATCH Lifeline service, and the Home Improvement Agency. It will also promote access to a range of different well-being services including leisure and learning opportunities through to services to promote independence in the home such as help with shopping and provision of personal bathing assistance.
3. The Third Sector is a key provider of preventative services and the Council will work more closely with this sector as a partner acknowledging that voluntary and community sector organisations and charitable trusts are often well placed to complement more intensive support and can add value through:
 - established links with the wider community and often better reach to all communities including the more disadvantaged and potentially isolated;
 - specialist knowledge and experience that qualifies them to be well placed to cover gaps in provision;
 - more independence and freedom from institutional pressures allowing greater innovation and flexibility in service provision;
 - access to additional resources, in particular external funding regimes not open to statutory agencies;

- ability to be responsive to local needs and able to meet these quickly when identified; and
- providing for niche markets which often pose the greatest challenges for public service commissioning and purchasing.

To be cost effective, early interventions that aim to maintain or improve a person's ability to live independently should be offered to people who would, without intervention, be likely to go on to need intensive social care. Therefore for cost effective investment to be made in preventative interventions we will identify ways to stratify the population in Wandsworth, according to individual risk, so that preventative programmes can be targeted appropriately. This will link closely to the Council's commissioning approach being developed with key partners and stakeholders from Summer 2008.

3. The “7 Dimensions of Independence”

Previously, our resources both in health and social care for older people have been focused on the relatively small numbers of those with more specialist or higher care needs as illustrated in the diagram below, bottom left, “specialist care”, often shown at the apex of a triangle denoting need. Our challenge in delivering services in the future is to refocus resources toward the greater number of older people who may benefit, inverting the triangle and bringing the promotion of well-being of older people to the top and thus demonstrating that the extension of universal services to reach all older people is crucial to all agencies, not just health and social care. It is in this context that the adoption of a person-centred, community based approach will help ensure older people’s needs are considered holistically to support independence, enable easy access to services and build stronger, safer communities.



This Strategy will ensure the tangible delivery of the theory by adopting the “7 Dimensions of Independence” to provide a framework for identifying the types of services that will be required. Cross cutting position statements with annual targets and rolling 3 year delivery plans relating to each dimension will be implemented and actively monitored and refreshed through the whole life of the Strategy. The following pages illustrate the drivers for change, the “7 Dimensions”, some of the areas that could be considered within each dimension and the outcomes that are expected from this approach looking forward 5 years and to the future. The “7 Dimensions”, as described by the Audit Commission in “Older People – Independence and Well-being. The Challenge for Public Services” (2004) are:

1. **Health and Healthy Living**, including access to NHS services and to advice on how to stay healthy and increase fitness.
2. **Housing and the Home**, including having a safe, comfortable home, keeping the house and garden in good order and the role of aids, adaptations and assistive technology.
3. **Neighbourhood**, being close to friends, shops and other amenities, in safe, well-designed towns and streets.
4. **Social Activities, Social Networks and Keeping Busy**, including social clubs and community groups, opportunities for learning, leisure and fun.
5. **Getting Out and About**, whether by car, bus or other forms of transport, such as shared taxis or mobility scooters.
6. **Income**, including the availability of benefits advice and take-up campaigns to pay for new expenses, such as housing maintenance.
7. **Information**, from an independent source to help older people to navigate their way around the system and find out about the opportunities and services that are available.

[*Audit Commission - Older People - Independence and Well-being*](#)

PREVENTATIVE AGENDA NATIONAL AND LOCAL CHALLENGES

FACTORS LEADING TO SOCIAL EXCLUSION

- Lack of material resources;
- Lack of contact with other people;
- Poor access to services;
- Lack of engagement in civic and neighbourhood activities;
- Change of role [loss of job, family moving away etc.];
- Drop in income;
- Decline in health, increased falls etc.;
- Death of carers, friends or relative.

CURRENT POPULATION TRENDS

- Older people population increasing nationally but projected decrease in Wandsworth;
- Between 2007 and 2013 no overall change is predicted in number 60 to 74 years, but 7% reduction in those 75 plus (overall 3% reduction);
- Increasing proportion of people from black and minority ethnic communities.

FUTURE CHALLENGES OF AN AGEING POPULATION

- Public spending;
- Need for intensive services, low level services and financial support;
- Increasing expectation on range and quality of services.

NEW OPPORTUNITIES

- Exclusion, ill health and acute needs are not inevitable consequences of ageing;
- Well-being and low level services and a positive approach to ageing reduce the factors leading to exclusion;
- Early intervention can lead to greater quality of life;
- Prevention is better than cure.

Consensus of the key issues from consultation with older people, statutory and voluntary sector organisations within the "7 Dimensions of Independence"

HEALTH AND HEALTHY LIVING

- Effective joint working;
- Access to comprehensive health care;
- Access to information on keeping healthy;
- More health promotion;
- Address BME health issues;
- Good mental health and mental well-being;
- Access to well-being and preventative services.

NEIGHBOURHOOD

- Fear of crime;
- Concern about safety;
- Regeneration;
- Physical appearance;
- Access to open spaces;
- Local access to shops and amenities.

GETTING OUT AND ABOUT

- Transport and mobility:
- Accessibility;
 - Safety;
 - Affordability;
 - Availability.

INFORMATION

- Better information;
- Having choices;
- Direct Payments;
- Access to independent advocacy.

HOUSING AND THE HOME

- Access to help with DIY tasks;
- Access to repairs and adaptations;
- Access to equipment to assist with daily living;
- More extra care provision;
- Access to Telecare;
- Promotion of a mixed economy of housing provision;
- Homelessness.

SOCIAL ACTIVITIES, NETWORKS AND KEEPING BUSY

- Social relationships;
- Social networks;
- Involvement in the community;
- Access to learning and leisure and fun;
- Participation;
- Volunteering;
- Funding for organisations that focus on excluded groups;
- Training for informal carers and their contribution acknowledged.

INCOME

- Low income;
- Barriers to accessing benefits;
- Better and joined-up systems;
- Flexible retirement options;
- Better training opportunities;
- Volunteering as a stepping stone to work.

LOOKING FORWARD

EARLY INTERVENTION AND LOW LEVEL SERVICES

- Improved access to “universal services”;
- Better “joined- up” rehabilitation services;
- Lower levels of high cost intensive care services;
- Provision and access to physical practical facilities in and for the home and environment;
- Access to personal and social activity.

JOINED-UP AND CO-ORDINATED SERVICES

- Services which value and respect users;
- Services proactively offered;
- Personalised services;
- Delivered by local people;
- Good information;
- Universal services;
- Older people in control;
- Whole-systems approach;
- Citizenship based;
- Active, vibrant, intergenerational communities.

CONTROL AND CHOICE

- Involving older people in decision making;
- Direct payments and individual budgets;
- Advocacy and peer support;
- Citizenship based approach;
- Move away from a “bestowing” culture.

...TOWARDS

- Working with older people;
- Services for everyone (i.e. universal services);
- Flexibility at the point of delivery;
- Promotion of independence and well-being;
- Respectful and transparent access to services;
- Community-driven and professionally co-ordinated services;
- Access to services for excluded older people as a top priority;
- Services available provided by both statutory and non-statutory sectors [e.g. third sector].
- People choose which services are appropriate for themselves (choice and control).

4. Scope of the Strategy

The Council has developed this Strategy in consultation with Wandsworth Teaching Primary Care Trust and other partner agencies and stakeholders. Whilst reference will consistently focus upon the needs of older people many of the principles are equally relevant to other vulnerable adult groups including people with sensory and physical disability needs, those with mental health and learning disability needs, and carers who:

- are deemed 'at risk' of social isolation and social exclusion or needing more intensive health and social care support; and/or
- will require access to information and services.

A higher proportion of people aged 75 plus use specialist health care services than younger age groups. This Strategy primarily addresses the needs of people as they age, from the time they begin to find it more difficult to continue with the life they probably enjoyed pre-retirement, or in the early years of their retirement. The age at which these difficulties start will vary and the preventative approach needs to be focussed on enabling people to maintain their independence and re-abling them to regain it at whatever age they are. From this Strategy's perspective, there is no specific age at which someone is categorised as an older person.

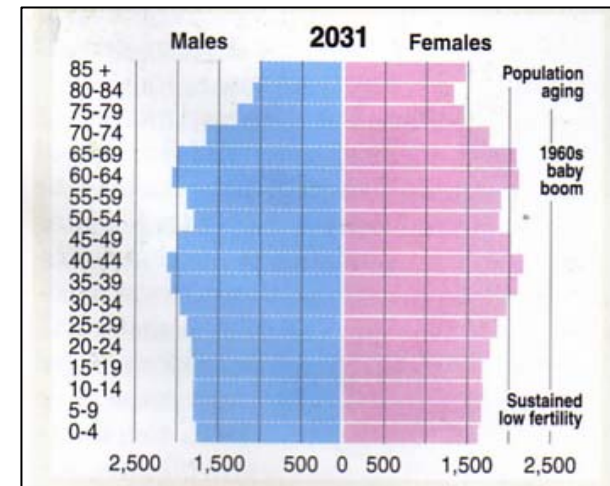
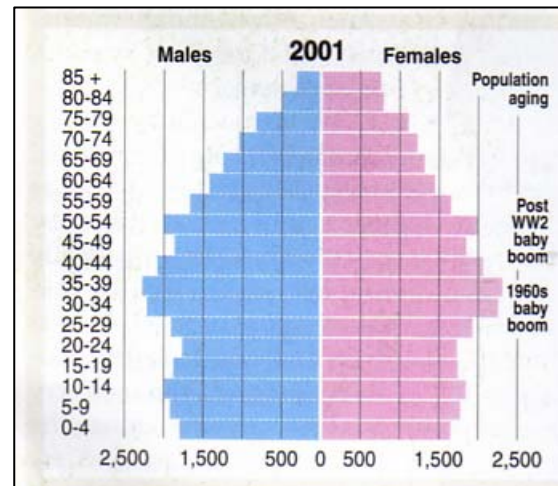
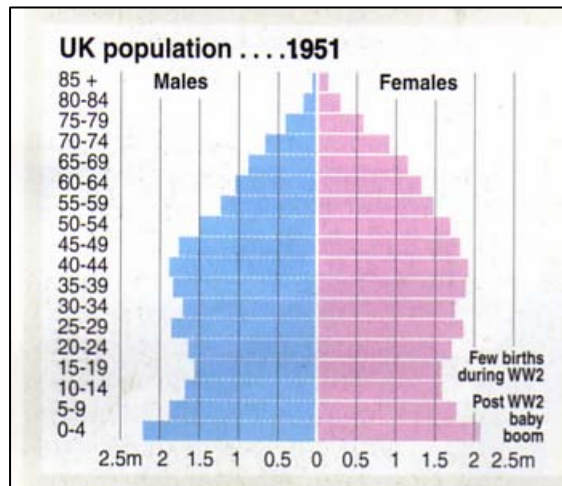
The Strategy will work holistically, forging links and addressing the whole range of issues, policies, and activities that impact upon the lives and well-being of people beyond the further development of traditional preventative approaches that health and social care have embraced, such as falls advisers and equipment and adaptations in the home, including those offered through:

- cultural services (encompassing libraries, sports, arts and parks);
- adult community learning (including accredited education, personal development and information);
- housing and the built environment;

- community safety; and
- community development and social relationships.

5. The National Context

The UK's population profile is ageing as the post Second World War baby boomers near retirement and their families grow progressively older as outlined clearly in the table below. People are living longer but are less likely to have the support of an extended family. Over the next fifty years the number of people aged 65+ will increase from approximately 9 million to more than 16 million, representing over a quarter of the total population, and whilst we are less likely to have extended family support there are still more than 6 million carers looking after family, partners or friends. In the more immediate future, the number of people aged 85+ is forecast to rise by above two per cent each financial year between 2008-2009 and 2010-2011. This is already exerting pressure on adult social care budgets and, consequently already less money is being invested in the social care of people with low to moderate needs.



The channelling of resources to those with greatest need whilst discharging our wider responsibilities is challenging local and health authorities across the country. At a time of increasing demand and expectation the Comprehensive Spending Review settlement announced in November 2007 has not made future decision making any easier. This settlement, which announces public spending over the next three years, has agreed limited growth in statutory sector budgets but requires the delivery of further efficiency savings.

This settlement is against the back drop of the Kings Fund report prepared by Sir Derek Wanless which projects social costs rising from £10bn in 2002 to £24bn in 2026 if services continue to be delivered along current lines. Projecting the level of resources required to provide care for those with relatively low needs, as required in the 'Our Health, Our Care, Our Say' White Paper increases the costs in 2026 to £31bn. It is this White Paper that has informed the context for the Local Authority Circular 'Transforming Social Care', published in January 2008. The consultation responses to the White Paper confirmed that people want adult social care to make provision for a range of needs with a greater focus on using preventative approaches to promote people's independence and well-being. To make this happen 'Transforming Social Care' calls for the sector to develop a new shared vision following a clear direction: **"to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services. In social care, this means every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting."**

The Circular continues by recognising that whilst, nationally more people are being supported to live independently at home, at the same time resources are increasingly targeted at those with the greatest need. This is despite emerging evidence from the national evaluation of the Partnership for Older People Projects (POPPs) that indicates that earlier interventions before people reach high levels of need may be more cost effective for the social care system and provide better outcomes for individuals. [*National Evaluation of Partnerships for Older People Projects: Interim report of progress : Department of Health - Publications*](#)

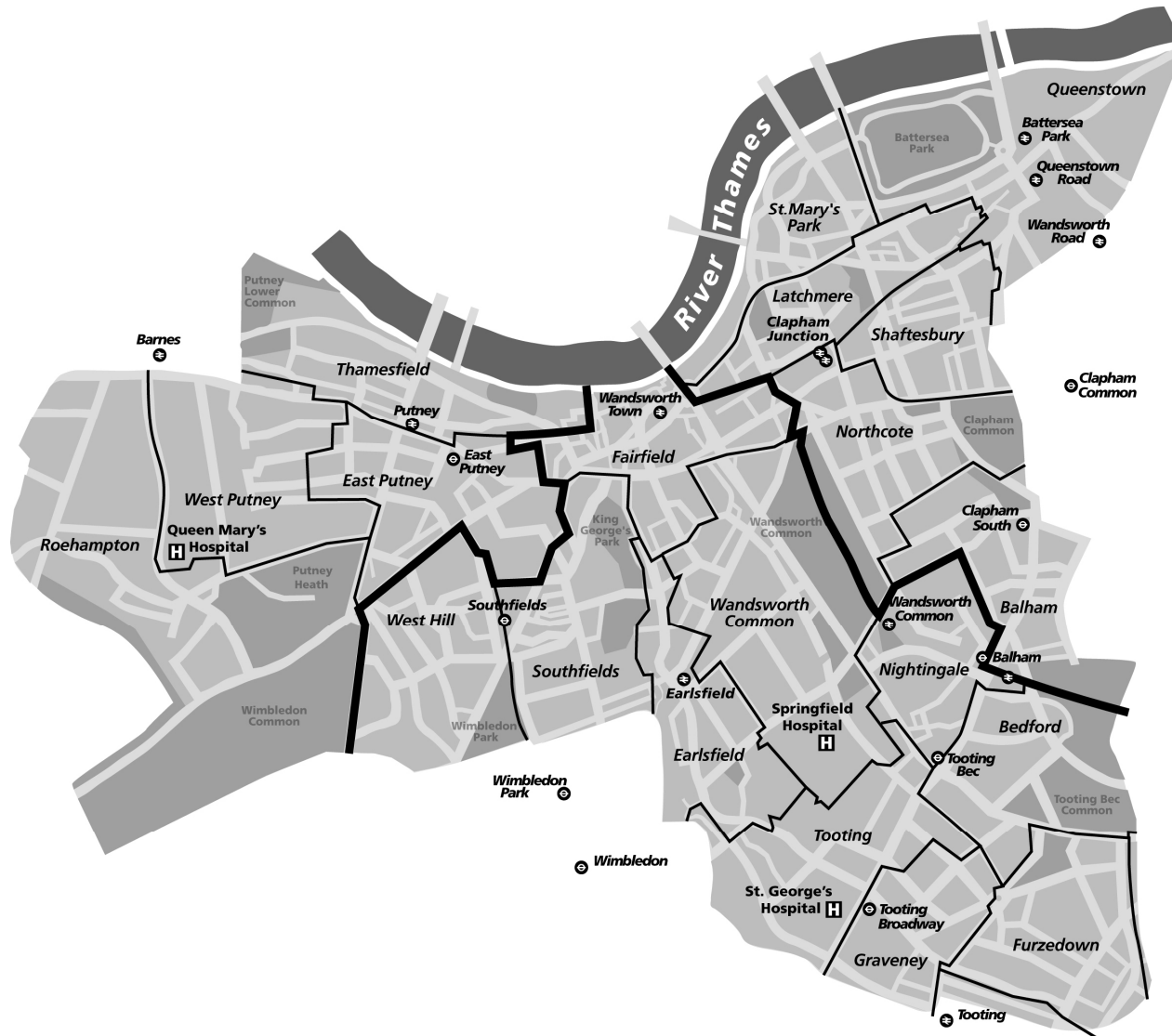
In summary, resources in the short term are likely to decrease and demand and expectation will continue to increase at a rate that outstrips any projected moderate growth in the longer term. At the local level, in Wandsworth, translating this national picture into prioritising how our resources are invested will require difficult decisions to be taken and we will need to justify and evidence the basis for the choices we make. Our Strategy will need to reflect the national policy position:

- **Transforming Social Care, 2008** – the Department of Health and its partners want to achieve the transformation of social care to deliver support tailored to individuals and local populations irrespective of their circumstances or level of need. Councils will be supported to make substantial progress on transforming their services over the next three years, with performance across health and social care measured against relevant performance indicators. What this will mean is that everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the Third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. [LAC \(DH\)\(2008\)1: Transforming social care : Department of Health - Publications](#)
- **The National Service Framework for Older People, 2001** – this outlines the government’s 10-year strategy to integrate health and social care services for older people. The strategy aims to ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age. It promotes independence, good health and culture change to ensure older people are treated with dignity, respect and fairness. [National service framework for older people : Department of Health - Publications](#)
- **A New Ambition for Old Age: next steps in implementing the National Service Framework for Older People, 2006** – this provided new focus to work to carry forward the NSF with the aim that within 5 years older people and their families will have confidence that in all care settings, older people will be treated with respect for their dignity and their human rights, outcomes will be improved for older people’s health, independence and well-being and money might be saved by reducing the overall demand for expensive hospital and long-term care services. [A new ambition for old age: Next steps in implementing the National Service Framework for Older People : Department of Health - Publications](#)
- **Opportunity Age – Opportunity and security throughout life, 2005** – a national government strategy looking at approaches and relationships that will meet the future needs of an older society and which focuses upon ‘active ageing as part of the community’ and ‘independence and control’. [DWP - Opportunity Age - First Report](#)
- **Our Health, Our Care, Our Say – a new direction for community services (White Paper), 2006** – outlines the key health and social care challenges and a change in approach to meet these focusing upon services being designed around the specific needs of the individual. It states four main goals; better prevention services with earlier intervention, give people more choice and a louder voice, do more on tackling inequalities and improving access to community services, and more support for people

with long term needs. [*Our health, our care, our say: a new direction for community services : Department of Health - Publications*](#)

- **Lifetime Homes, Lifetime Neighbourhoods: Housing in an Ageing Society, 2008** – this promotes new standards to ensure that homes are built to age friendly designs and new social housing to “Lifetime Homes” standards. It announces a new drive with local planners to look at how new developments, neighbourhoods, towns and cities can be better designed for older people. It also promotes repair and adaptations services and housing advice and information. [*Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society - Housing - Communities and Local Government*](#)

6. The Local Context



This is Wandsworth

Adult Social Services are provided on a locality basis:

- Putney and Roehampton (west of the borough);
- Wandsworth South (central and south); and
- Battersea (north and east).

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Wandsworth's Older Residents

Wandsworth has a very young population profile reflecting both a transient renting population and a more settled population of young families. It is atypical in its population structure both in comparison with the national picture but even when compared with London as a whole. Our population over pensionable age forms only 12.6% compared to 15.5% of London as a whole and 21.1% nationally. The majority of older people in the borough are under 75 years of age.

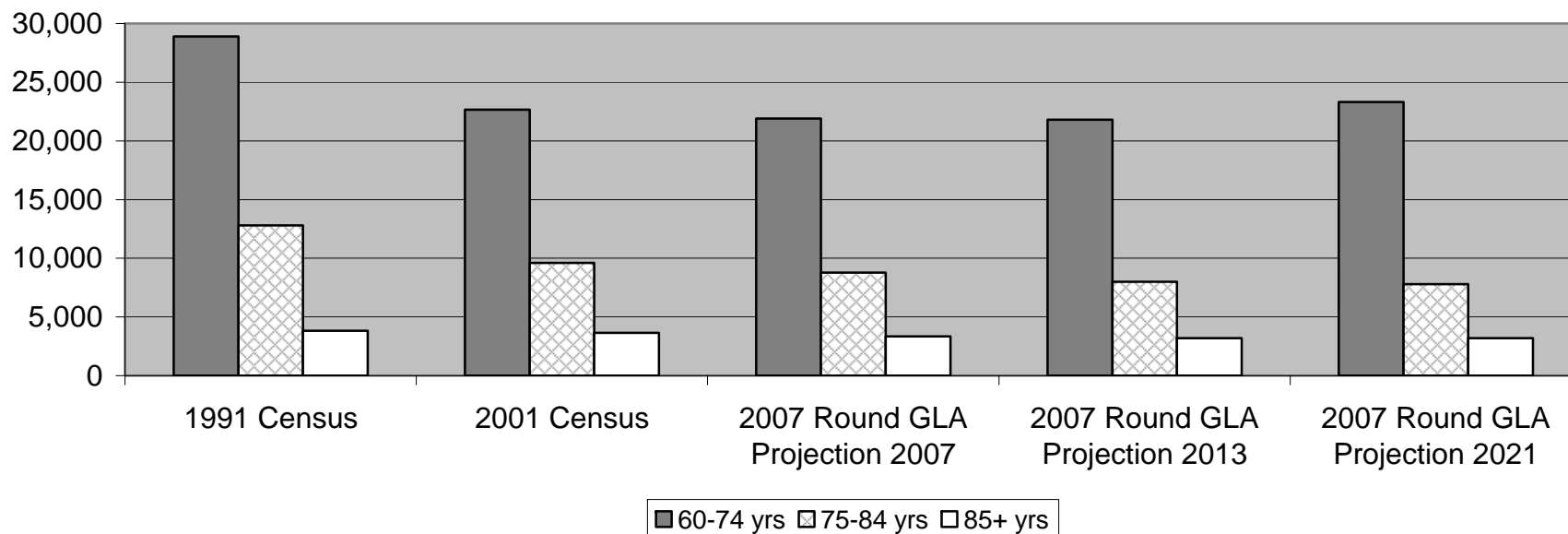
There was a reduction in the number of older people aged 60 plus in the borough between 1991 and 2007 from around 45,000 to 34,000, a fall of 24%. The size of the population aged 85 plus has remained relatively unchanged and is predicted to continue at about the same level for the foreseeable future. Population projections indicate that between 2007 and 2013, the period of this Strategy, there will be fluctuations but no overall increase in the number of 60 to 74 year olds in Wandsworth, although a steady increase is expected longer term. A significant reduction of 7% is expected in those aged 75 years and above (resulting in a 3% fall over all those aged 60 plus), but then stabilising longer term. In recognising this scenario, this Strategy will seek to redirect resources to the preventative agenda. Many preventative initiatives will not require additional resources, but the Council will work with its partners to focus any available resources to promote and provide the preventative approaches to be described in Part 2 of this Strategy.

Population projections over the 5 year life of this Strategy

Age range	Number in 2007	Percentage	Number in 2013	Percentage
60 to 74	21,900	64%	21,800	66%
75 to 84	8,800	26%	8,000	24%
85 plus	3,300	10%	3,200	10%
Total	34,000	100%	33,000	100%

Source: GLA 2007 Round Projections, Greater London Authority, 2007

The number of older people in Wandsworth by age band



Projections for 2021 are unreliable but give some indication for longer term planning ahead of the next national census. The wards with the largest older population across age bands are Roehampton and West Putney. Nightingale House care home probably accounts for the high number of those over 85 years of age in Nightingale ward.

Wards with the largest older people population. H: indicates high relative number of older people

Age band	Roehampton	West Putney	East Putney	West Hill	Tooting	Furzedown	Nightingale
60 to 74	H	H		H	H	H	
all 75 and over	H	H	H				
85 and over	H	H	H				H

It is estimated (GLA 2007 Round Ethnic Group Projections – PLP Low) that in 2007 23.8% (5,200 people) of the population aged 60 to 74 years were from a black or minority ethnic community (bme) and 13.9% (1,700 people) of those aged 75 plus. Since 2001 it is estimated that there has been a 53% increase the number of people aged 75 plus from bme communities from 1,200 to 1,700 (percentage based on actual estimates, numbers rounded to nearest 100). The increase for those aged 60 to 74 years has been estimated as much less, only 2.7%. The largest sub-population groups in the 75 plus age group are categorised as black Caribbean, Indian and Other Asian as shown below. The increase between 2001 and 2007 has been most marked in the black Caribbean sub-population.. Estimates become unreliable with small populations and caution is required in interpretation at this level of detail.

Number of people aged 75 plus in Wandsworth from bme communities (rounded to nearest 50)

Community	2001	2007	Percentage Change
Black Caribbean	400	700	69%
Indian	250	350	47%
Other Asian	150	200	52%
Other	300	450	50%
Total	1,100	1,700	53%

Sources: 2001 Census Standard Table ST101 GLA 2007 Round Ethnic Group Projections - PLP Low © GLA - 2007YR.
Percentage based on actual numbers.

In the population aged 60 to 74 years there are also significant numbers of people in the sub-populations categorised as African and as Pakistani.

Number of people aged 60 to 74 years in Wandsworth from bme communities (rounded to nearest 100)

Community	2007
Black Caribbean	1,700
Black African	700
Indian	900
Pakistani	500
Other Asian	500
Others	900
Total:	5,200

Source: GLA 2007 Round Ethnic Group Projections - PLP Low © GLA - 2007YR.

The Borough's black population (all ages) is highest in Latchmere, Queenstown, Furzedown and Graveney and the Asian population highest in Tooting, Furzedown and Graveney. The most common languages other than English spoken by older users of Adult Social Services are Urdu and Gujarati. There are many languages spoken across the Borough by older people, others include Somali, Punjabi and Polish.

Issues

1. The falling population 75 plus could provide an opportunity for investment in early preventative services.
2. The majority of older people are likely to wish to continue the type of activities that they have enjoyed before retirement.
3. Services need to ensure that they take account of the needs of the increasing number of older people from black and minority ethnic communities, particularly with the increase in those aged 75 plus.

Economic Profile

Since the early 1990's there has been a decrease in the number of older people both the social rented and private rented sectors, but a relatively unchanged number of owner occupiers, resulting in around half of the total pensioner population owning their own home. The wards with the most social housing are Latchmere, Roehampton and Queenstown and the wards with the most private rented accommodation are East Putney, Tooting and Graveney. Whilst this increased proportion of home owners may indicate a trend toward the pensioner population in Wandsworth becoming more asset rich, it does not necessarily follow that these home owners have significant savings or income to spend on local services. The change may well have been as a result of right-to-buy sales of Council property which has enabled people to realise assets from their property and leave the borough or to remain as home owners.

Pension Credit is claimed by 9,860 Wandsworth pensioners (36%), a higher proportion than in London as a whole (28%) and Incapacity Benefit is claimed by 12.45% of 55 to 64 year olds, greater than the London rate of 11.7%. The Joint Visiting Team (Council and Benefits Services) and local voluntary agency services such as the Citizen's Advice Bureau, the Wandsworth Age Concern "One Stop Shop" and the Disability and Social Care Advice Service (DASCAS) all play a significant role in ensuring that people receive the benefits to which they are entitled.

Between 1991 and 2001 there was an increasing proportion of 50 to 64 year olds in Wandsworth no longer working. This population could be a source of volunteers to support the community and voluntary sector. Wandsworth Voluntary Sector Development Agency promotes the use of volunteers and supports people into volunteering. Many local voluntary agencies support volunteers to enhance their work programmes. It should also be recognised that this age group may also have responsibilities as informal carers which restrict their availability for work. People may also be actively seeking work, but finding it difficult.

Issues

1. Residents need access to services to enable them to claim any benefits to which they are entitled. Accessibility needs to take account of disability and language barriers.
2. There is scope for greater promotion of volunteering to 50 to 64 year olds in particular.

Home and Neighbourhood

The design of our homes and neighbourhoods can substantially enhance or reduce our ability to maintain independence. Being able to live in our own home as we age is what most people desire. It is the Council's policy that older people should be able to:

- live in accommodation which meets the Decent Homes Standard, is appropriate for their needs and the needs of their household, and enables them to live independently; and
- live in a community which is safe and welcoming.

The Council has consulted on a draft Older People Housing Policy Statement, Strategy and Action Plan (Paper No. 07 – 836 Housing Overview and Scrutiny Committee). <http://www.wandsworth.gov.uk/Home/CommunityServices/Housing/Olderpeople>

A new national strategy “Lifetime Homes, Lifetime Neighbourhoods: a National Strategy for Housing in an Ageing Society” (2008) has recently been published which will be reviewed against the local strategy and the local strategy developed accordingly.

Local surveys have found that the level of crime and clean streets are things about the neighbourhood which are important to older people and about which they believe improvement is needed in Wandsworth. Traffic congestion and road/pavement repairs are also concerns for action, as are parents not taking responsibility for the behaviour of their children and teenagers hanging around on the streets. The Crime and Disorder Act 1998 places a responsibility on the Police and the Council to work together alongside other key partners to reduce crime and disorder in their areas. Wandsworth had long recognised the benefits of this working relationship and established an excellent partnership with the local Police in 1987. As a result of this a number of very successful long-term crime prevention activities have been planned and implemented. Wandsworth Crime and Disorder Reduction Partnership has developed a draft Partnership Plan for 2008 – 2011 which can be found on the Council's website <http://www.wandsworth.gov.uk/Home/CommunityServices/CommunitySafety>.

The Council has long been a heavy investor in community safety. The FLaSH (Fires, Locks and Safer Homes) Service, a partnership service funded by the Council, London Fire Brigade and the Metropolitan Police Service and co-ordinated by Victim Support, provides free home safety advice and, where appropriate, security improvements plus free fire safety checks and smoke detectors. The

Council, Police and Victim Support provide a weekly safe and secure advice service at Age Concern. The Council recognises that older and disabled residents on its estates are at risk of harassment and possibly hate crime. The “Hate Crime and Harassment Housing Policy Statement and Strategy” sets out how the Housing Department will respond. Residents can report hate crime and harassment to the Housing Department’s dedicated hate incidents and harassment reporting line.

Issue

1. The new national “Lifetime Homes, Lifetime Neighbourhoods” strategy needs to be compared with the local strategy to identify any conflicts and gaps.

**Keeping Active
Well-being**

Council services offer arts, library and adult education services to people of all ages. Some services are particularly targeted at older residents such as ICT classes and Silver Circle reading group offered by libraries. The Arts Service runs popular tea dances and offers small grants to senior citizen clubs for entertainment. Adult and community learning had 2,970 people enrolled aged 55 plus in 2006/07; 34 courses were particularly targeted at older people, of which 16 were in Tooting. Current locations for adult education to some extent rely on local venues and the library service is considering possible venues which could be brought into use to give a better geographical spread. “Wandsworth Adult and Community Learning Development Plan, 2007 – 2010” includes a priority target of achieving 19% of adult learners aged 60 plus participating. The Council funds the successful ‘Active Days’ programme, hosted by Age Concern that promotes locally based activity through three stakeholder local development groups, it enables relatively small groups of older people to develop interest groups close to their homes, more than 400 people are involved in activities initiated by ‘Active Days’.

Volunteering is a further way that can offer the volunteer a very positive way of maintaining their own well-being.

Getting out and about is critical to maintenance of well-being and 31,850 older people who can use public transport benefit from the Council funded Freedom Pass. The Blue Badge Scheme provides a national arrangement of parking concessions for people with severe walking difficulties who travel either as drivers or passengers. There are 5,861 Blue Badge holders in Wandsworth aged 60

plus (as at September 2007). Special services for people with disabilities are available but are often criticised for poor service; the London Taxicard Scheme, managed by the London Councils and jointly funded by the Council and TfL (Transport for London), there are 2,074 users of the scheme in Wandsworth (as at September 2007), and Dial-a-ride a multi occupancy door-to-door transport service managed by TfL. The Council commissions a local scheme, Wandsworth Community Transport to provide a range of initiatives including a shopping shuttle and the shopmobility service.

Physical Fitness and Strength

13.9% of Wandsworth residents aged 55 and over take part in regular moderate intensity sport or activity on at least 3 days a week for 30 minutes a session. This compares favourably with London as a whole at 11.2% (Source: Active People Survey, Sport England: a telephone survey, 2005/06). The Council Leisure Service has recently launched their rebranded “Active Lifestyle 50 plus” programme for the over 50s, 2,545 people aged 50 plus are on the database (March 2008). One of the targets in the Council’s Sports Strategy 2005 – 2010 is to increase participation in sport and physical activity of people aged 50 plus. Its implementation is the responsibility of the multi-agency Wandsworth Sport and Physical Activity Network. The Wandsworth Teaching Primary Care Trust is currently working on “A Prescription for Life”: a physical activity strategy for Wandsworth 2008 – 2010.

Issue

1. There is a substantial population of younger older people seeking leisure opportunities, consultation about this Strategy has indicated that there is a particular concern to ensure that a wide range of adult education is available, including skills based courses to support people with life changes, e.g. cooking for one.
2. Transport services for people with disabilities need to be more accessible and reliable.

Social Networks

In contrast to Wandsworth’s very transient younger population the older population is settled and likely to have well established local networks. However, with increasing age often comes reduced mobility and loss of partners and friends and the consequent disintegration of networks. Pensioners living alone are more vulnerable if they become ill. At the time of the 2001 census there were 12,573 single pensioner households in the borough (10.87%), lower than for London (12.67%). The WATCH Lifeline community

alarm service, Telecare and housing support officers make a significant contribution to maintaining the well-being of these residents. Additionally befriending services, such as offered by Age Concern, and outreach such as provided by the Library service, Furzedown project and the Regenerate Rise project (Roehampton) contribute. "Active Days" helps to meet the needs of people who are looking to participate in activities of their choice with others. The "Active Days" programme has identified that people who have become isolated or disengaged from activities in their community may need active support to participate, for example to be picked up from home and taken to an activity with someone who is already involved. Social networking through use of computers may be an option for the future. A postal survey carried out by the Older People's Forum in 2007 described in their "Second Thoughts" paper found that 22% of older people responding had access to the internet at home and a further 20% used libraries for online information.

Issues

1. Vulnerable people who live alone need access to support. People may need a helping hand to become involved in local activities.
2. Council services need to ensure that they remain accessible to people with increasing mobility problems and sensory needs.

Health and Illness

Increasing frailty and decreased mobility will impact on the need for health and care services. Life expectancy in Wandsworth is not as high as in London as a whole, 75.7 years for men and 80.3 for women (compared to 76.4 years and 81.2 years in London as a whole). The wards in the borough with high levels of social housing and privately rented property tend to be the areas where the population reports poor health, lowest life expectancy and highest rates of long term illness. There is a well established relationship between deprivation indices and poor health. Latchmere and Roehampton can be identified as the places where the population reports highest levels of poor health and long term illness. Life expectancy is also low in West Hill and Queenstown. The wards generating high levels of referrals for social care are also those wards with higher deprivation and poor health indicators, with Roehampton, West Putney, Latchmere and Furzedown generating most referrals. The NHS and Local Authorities are working together to reduce the impact of health conditions that cause long term disability: coronary heart disease, chronic obstructive pulmonary disease (COPD) and diabetes. The wards with the highest prevalence of these conditions are set out below.

Wards with high prevalence of people with long term conditions

Condition	Ward	
Coronary Heart Disease	Roehampton Latchmere Bedford Tooting	Death rate among the South Asian population is approximately 40% higher than in the white population. (Source: Health in Wandsworth, 05/06)
COPD	Roehampton Earlsfield Tooting Furzedown	
Diabetes	Roehampton Queenstown Latchmere Tooting also relatively high	A study in the mid 1990s in Wandsworth found that 6% of the white adult population aged 40 to 60 were diabetic, but that the proportion was much higher for the Asian population: 25.4% for Asian men. (Source: Health in Wandsworth, 04)

In the 2001 census in Wandsworth rates of long term limiting ill health among those aged 65 and over were highest from people describing themselves as Indian, Pakistani or Bangladeshi, and particularly for women.

The risk of falling rises with age. Estimates suggest that there are in the region of 10,750 minor falls and 2,750 major falls (all ages) in Wandsworth every year. Most falls occur within the home. (Source: Health in Wandsworth, 05/06).

Applying Alzheimer's Society UK estimates to Wandsworth, as many as 2,000 people aged 65 plus may have dementia (Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007). The incidence of dementia increases with age to 1 in 5 in those aged 80 plus. A joint commissioning strategy is being developed by Wandsworth Council and Wandsworth Primary Care Trust ahead of the National Dementia Strategy due out in the Autumn 2008. In addition to dementia it is estimated that 10,000 older people in Wandsworth may have problems maintaining their mental health and well-being (Source: Rates

from the Annual Health Survey for England 2005 applied to the Wandsworth population). Three quarters of these people will experience significant depressive symptoms and will be supported by family, friends and if necessary their family doctor.

Issues

1. Interventions to promote active lifestyle and well-being need to be targeted particularly to residents of Roehampton and Latchmere wards.
2. Interventions need to be targeted to promote the health of Asian elders.

Care and Support

In the 2001 census 3,882 people in Wandsworth aged 60 plus (11.2% of all aged 60 plus) identified themselves as informal carers. The Wandsworth Carers Centre, in March 2008, has almost 600 carers aged 60 plus on their data base. A new strategic approach to supporting carers is under development in anticipation of a new national strategy for carers to be published in 2008.

Support is also provided as part of housing provision through sheltered housing officers and floating support services both by the Council and by Residential Social Landlords (RSL).

The Council's Adult Social Services Department works in partnership with informal carers to help them to continue to offer support and to provide respite breaks. Age Concern is commissioned to provide support to carers of older people and older carers and, with Wandsworth Teaching Primary Care Trust, the Council also commissions Wandsworth Carers Centre to provide a range of support and self-help.

Adult Social Services contributes to the cost of care at home for 94:1,000 people aged 65 plus, which is a lower rate than London as a whole (97:1,000) but more than for England (80:1,000). In addition, in line with legislative requirements, community equipment costing less than £1,000, such as chair raisers and bath seats, is provided free of charge, as are small adaptations such as grab rails. The Council has been piloting a programme of reablement with people leaving hospital or needing an increase in home care services. This programme uses a rehabilitation approach to help as many people as possible improve their abilities so that they can manage

with less care. The scheme has been very successful and all new users of home care services will soon be assessed, and where appropriate, supported through reablement. Some people need very high levels of support to help them remain living at home and 24.5:1,000 are supported in this way (all adults) which is higher than London as a whole (18.4:1,000). Care workers work very closely with health care workers to ensure a seamless provision of care, particularly with the Intermediate Care Team which is jointly funded with the Wandsworth Teaching Primary Care Trust to help to support people to remain at home rather than to go into hospital, and to help people to come home rather than stay in hospital when they do not need to be there.

When it is no longer safe or possible due to health reasons for a person to remain living at home, the Council will contribute to the cost of a room in a care home (with nursing where needed), subject to financial assessment.

Number of people supported by the Council to live at home with community care packages or in a care home

Age band	People supported by the Council in care homes as at 31 Jan 2008		People supported by the Council to live at home as at 31 Jan 2008		Total supported	Population GLA 2007	Percent supported
	Number	%	Number	%	TOTAL	Number	%
65 - 74	151	20.6	581	79.4	732	13,100	5.6%
75 - 79	112	19.2	472	80.8	584	4,900	11.9%
80 - 84	136	19.9	547	80.1	683	3,900	17.5%
85 +	418	26.7	1,149	73.3	1,567	3,300	47.5%
Grand Total	817		2,749		3,566	25,200	

The Council's policy is to contribute to the cost of care for people who would be at a substantial or critical risk if they did not receive any help. National criteria are used to judge whether a person meets the threshold for help. The national criteria were introduced in April 2003. Since then, in line with other council's and increasing demand on budgets, the threshold has been raised twice to its current level, most recently from June 2007. An evaluation of the impact of the last rise has been undertaken and concluded that there are gaps or problems with capacity in the current range of provision of services in the borough that can be accessed directly without a referral from Adult Social Services.

The Council and Wandsworth Teaching Primary Care Trust are working on a Joint Strategic Needs Assessment that will underpin future commissioning of health and social care. Initial work is helping to inform the development of the following strategies and action plans.

- Joint Intermediate Care Strategy (in draft March 2008);
- Older People's Mental Health Commissioning Strategy (in draft March 2008); and
- Action Plan for implementation of "A New Ambition for Old Age", January 2008.

In addition during 2008/09 Practice Based Commissioning will be reviewing with the Wandsworth Teaching Primary Care Trust community nursing services.

Issues

1. People who are not eligible for support from Adult Social Services need:
 - services to assist them to navigate around what is available and to support them to use what is there; and
 - a range of low level, affordable helping services, e.g. help with shopping and help with bathing.
2. Work on the Joint Strategic Needs Assessment has identified the following areas for future focussed development:
 - developing joint commissioning of health and social care;
 - developing health promotion;
 - community care settings;
 - community based care including rehabilitation;
 - managing Long Term Conditions;
 - identifying triggers into acute care, .e.g. falls;
 - developing urgent care pathways; and
 - reducing delayed transfers of care.

Continuing and End of Life Care

The Wandsworth Teaching Primary Care Trust and Council have reviewed their continuing care policies to ensure compliance with recent guidance (October 2007) and have an agreement for joint working (due to be formally signed Spring 2008) which will ensure that the continuing care assessment process does not result in delayed discharges from hospital. A borough-wide, multi-agency review of End of Life Care (EOLC) services was carried out in Autumn 2007. This review was commissioned in response to the Department of Health requirement for Primary Care Trusts to develop stronger commissioning of EOLC services and to prepare for the national End of Life Care Strategy to be published later in 2008. Common themes have emerged both nationally and locally and these are now being incorporated into a borough End of Life Care Strategy and Action Plan that will build on and improve care for people approaching the end of life. A stakeholder End of Life Care Strategy Group has been set up and its work will focus on developing partnership working to provide more integrated and co-ordinated services across health and social care and to develop high quality, responsive services that can be tailored, as far as possible, to respond to individual choice at the end of life.

Advice, Information and Independent Advocacy

In order to make use of services people need to be signposted through literature, internet or word of mouth. The Council commissioned a survey in 2006 (BVPI General Survey on behalf of the Government) that showed that 74% of people responding aged 65 plus felt fairly or very well informed, the most important source of information being the Council's own publications. The Wandsworth Older People's Forum has surveyed its membership and identified that 22% of older people responding had access to the internet at home, a further 20% used the libraries, although this appears to reflect an ICT literate population it is likely that those in the oldest age group, 75 plus are least likely to have experience or access to ICT. The survey showed that Brightside reached 95% of respondents. Brightside will from Spring 2008 include a supplement three times a year focused on older people, replacing the Sixty Plus newsletter. The Council's website has a page dedicated to older people:

<http://www.wandsworth.gov.uk/Home/CommunityServices/OlderPeople>. In addition CareLine is the joint Council and Wandsworth Teaching Primary Care Trust one stop telephone help line for health and care information and sign posting, there are links between the two sites. [Careline | Welcome to the CareLine Information Centre website!](#) Literature and internet downloads can also be mailed. People are keen for a similar one stop approach to all services. Adult Social Services Access Team and the Primary Care Trust's community nursing referrals line are steps in this direction. Third sector partners provide a significant amount of information and advice including the Age Concern's "First Stop Shop" and "Agency Information Service", the Alzheimer's Society, the Cancer

Resource Centre and the Wandsworth Carers Centre. The Citizen's Advice Bureau offers generic advice for the residents of the borough, the Council's Housing Department provides a Housing Advice Service and the Home Improvement Agency provides a range of information and advice to vulnerable homeowners and private tenants about arranging home repairs, adaptations or improvements to enable them to remain warm, safe and secure in their own homes. Disabled Go provides web based information about the accessibility of local commercial and council premises.

The need to develop independent advocacy services is being reviewed. Advocacy supports people to have a voice, it is not the same as an information and advice service, although it may be an extension of these. Independence is a fundamental principle of advocacy. A specialist service provided by Advocacy Partners started in April 2007 to support people who lack capacity to make decisions about specific issues defined by the Mental Capacity Act, the IMCA service. This has highlighted the lack of more general advocacy in the borough, except in relation to benefits and money advice available through the Disability and Social Care Advice Service (DASCAS).

Issues

1. CareLine needs to be well publicised.
2. A single point of access to information and signposting for people seeking services, not just information, is desirable.
3. The demand for an independent advocacy service should be reviewed.

Making a Positive Contribution

The Council has an ongoing programme of listening to the needs of Wandsworth residents and officers engage with older people through the Wandsworth Older People's Network (OPN) which represents older people on the Wandsworth Local Strategic Partnership. The local Health Services have engaged through the Patient and Public Involvement (PPI) Forums linked to NHS Trusts. From April 2008 a new national framework for engagement with health and social care services will be established called Local Involvement Networks (LINKs). A LINKs is a local network of networks involving a wide range of people from the local community. The LINKs will co-ordinate engagement activity subsuming the PPI Forums. LINKs are likely to be comprised of representatives from

established networks and user groups such as the OPN, and individuals. The Council is responsible for commissioning an agency, or host, to facilitate the setting up of the LINKs and to support it in its work once it is established. In addition to LINKs both Adult Social Services and the NHS Trusts have user involvement programmes as a means for continuous improvement, such as the Community Partners programme within Adult Social Services, in partnership with the Wandsworth Care Alliance.

In formulating this Strategy views of older people have been sought through the OPN and previous recent surveys have been reviewed. A considerable body of knowledge about local views has been built up and incorporated.

Issue

1. The LINKs needs to be established swiftly to ensure that the good level of engagement that has been developed is maintained.

7. Partnerships and Delivery

Partnership

To achieve the cultural shift toward personalisation, early intervention and the preventative agenda envisioned by “Transforming Social Care” will mean working across boundaries of social care, housing, benefit services, leisure, adult education, transport and health. It will mean working across sectors with partners from independent, voluntary and community organisations to ensure a strategic balance of investment in local services from support to people with fairly low needs right across the range to people with very complex needs. The aim must be to shift the main focus of care and support away from intervention at the point of crisis to a more pro-active and preventative model centred on improved well-being, with greater choice and control for individuals.

Leadership

The multi-agency, Wandsworth Strategy Group for Older People will take the lead in ensuring implementation of this Strategy and monitoring progress on a regular basis. Membership of the Group is under review to ensure that it has appropriate representation for this task.

The Local Strategic Partnership (LSP) will have the lead role in ensuring that agencies together deliver on this Strategy within the context of the new local performance framework and the Local Area Agreement (LAA).

Strong leadership is critical. This can be demonstrated by the fact that for the past 10 years “Direct Payments” have successfully given some people more choice and control over their lives, however nationally take up has been limited and research has found that variation is more a reflection of local leadership, professional culture and availability of support than about the characteristics of the people who use services.

This Strategy will provide a clear statement of cross agency commitment and support for the preventative approach to promoting independence and well-being in later life.

Delivery

The Council and the Wandsworth Teaching Primary Care Trust are engaged in developing a Joint Strategic Needs Assessment (JSNA) which will form the basis for future commissioning by both health services and the Council. On the basis of the JSNA joint priorities for investment will be agreed and a joint commissioning approach adopted.

Resources spent across the whole system need to be taken into account to make the transformational changes that are envisaged by the concordat that has been established between central and local Government: 'Putting People First: A shared vision and commitment to the transformation of Adult Social Care'.

All agencies will be held to account in performance review for their contribution to the whole system change.

Engagement with communities and their ownership of the agenda and experience of the outcome of change will be critical in judging success.

8. Care Settings

The ability to make choices about how people live their lives should not be restricted to those who live in their own homes. It is about better support, more tailored to individual choices and preferences in all care settings.

The following are fundamental principles underpinning care and support when it is needed:

Dignity

Concerns about lack of respect for the dignity of older people in care settings were a major reason for needing a National Service Framework (NSF) for Older People. A care setting could be the person's home, a hospital, a day service, a care home or anywhere that care and support is provided. The standards that underpin the NSF are intended to ensure that older people wherever they are being cared for can expect a good standard and quality of care. Respect for dignity and human rights is central to the provision of care in all settings and central to the process of commissioning of care on an individual or contract basis.

Joined-Up Care

A key principle in the care of frail older people is that of timely help through joined up care. Health and social care systems are complex with many interfaces. Older people should experience the care and support they receive as if it were from a single source, or managed through a single source. This is fundamental to the development of the single assessment process which seeks to ensure that older people only have to tell their story once to those who are helping them, rather than repeating it to each person involved in their care and that professionals have access to all the information they need to provide support and care.

9. Protecting Vulnerable Adults

Over recent years the profile of the need to protect children from abuse has been very high. Adults can also be at risk of abuse from professional carers and also from family and friends. Abuse is defined as “a violation of an individual’s human and civil rights by any other person or persons”. (Source: No Secrets, Department of Health, March 2000). In 2006/07 in Wandsworth 150 adults were referred for an investigation due to a suspicion of abuse, 109 (73%) were older people and of these 32 (29%) had mental health needs.

The main forms of abuse are:

Physical;

Sexual;

Psychological;

Financial or material (e.g. misuse or misappropriation of property or possessions or benefits);

Neglect;

Discriminatory; and

Institutional.

All partners working with older people need to be aware of and alert to potential abuse and how to respond to it. Appropriate procedures are set out in the Wandsworth Inter-Agency Policy and Procedures for Safeguarding Vulnerable Adults (September 2006, in the process of being updated).

Under the Policy all agencies have agreed to:

- work together on the prevention, identification, investigation and treatment of alleged, suspected or confirmed abuse;
- ensure that all staff and volunteers know about the multi-agency policy and procedures and have access to appropriate training and support; and
- ensure the safeguarding of vulnerable adults by integrating strategies, policies and services relevant to the prevention of and protection from abuse within the framework of existing legislation.

A Joint Partnership Board is responsible for taking forward and addressing policy and practice in this area.

APPENDIX: LOCAL REFERENCE RESOURCES

1. Report by the Chief Executive and Director of Administration on behalf of the officers concerned on services to older people. Paper No. 07 – 816, Corporate Resources Overview and Scrutiny Committee, 19th September 2007.
[http://www.wandsworth.gov.uk/moderngov/Published/C00000297/M00002582/AI00006770/\\$PaperNo07816OlderpeopleStrategypositionstatement.docA.ps.pdf](http://www.wandsworth.gov.uk/moderngov/Published/C00000297/M00002582/AI00006770/$PaperNo07816OlderpeopleStrategypositionstatement.docA.ps.pdf)
2. “Second Thoughts on an Older People’s Strategy for Wandsworth”, 2008, Wandsworth Older People’s Forum.
<http://www.wandsworth.gov.uk/Home/CommunityServices/OlderPeople>
3. Wandsworth Adult and Community Learning Development Plan, 2007 – 2010.
[Adult education - Home - Wandsworth Council](http://www.wandsworth.gov.uk/Home/AdultEducation/WandsworthCouncil)
4. Wandsworth Borough Council Draft Older People Housing Policy Statement, Strategy and Action Plan (Paper No. 07 – 836 to the Housing Overview and Scrutiny Committee, 20th September 2007)
<http://www.wandsworth.gov.uk/Home/CommunityServices/Housing/Olderpeople>
5. Health in Wandsworth 05 – 06, and Health in Wandsworth 04, The Independent Annual Report of the Director of Public Health, Wandsworth Teaching Primary Care Trust, 2006 and 2004 respectively. <http://www.wandsworth-pct.nhs.uk/pdf/public%20health/IARDPH.pdf> (2006)
6. Wandsworth Supporting People Strategy, 2005 – 2010, WBC
<http://www.wandsworth.gov.uk/NR/Wandsworth/asp/socialservices/supportingpeople/documents/FiveYearStrategyFinal.pdf>
7. Wandsworth Inter-Agency Policy & Procedures for Safeguarding Vulnerable Adults, September 2006
<http://www.careline.org.uk/Upload/Public/CareLineFiles/socialservices/SafeguardingAdultsPolicy.pdf>

8. Corporate Business Plan, 2007, Wandsworth Council (contains performance indicators)
[Council performance - Corporate business plan - Wandsworth Council](#)
9. Hate Crime and Harassment Housing Policy Statement, Strategy and Action Plan (2006)
<http://www.wandsworth.gov.uk/Home/CommunityServices/Housing/Publications/DownloadaPublication.htm>
10. (Draft) Partnership Plan 2008 – 2011, Wandsworth Crime and Disorder Reduction Partnership
<http://www.wandsworth.gov.uk/Home/CommunityServices/CommunitySafety>
11. Sports Strategy 2005 – 2010 and action plan, WBC
<http://www.wandsworth.gov.uk/Home/LeisureandTourism/Sports/Strategy>

In preparation:

12. Joint Strategic Needs Assessment, WBC and WtPCT
13. Intermediate Care Strategy, WBC and WtPCT
14. Older Peoples Mental Health Commissioning Strategy, WtPCT and WBC
15. End of Life Care Strategy, WtPCT in partnership with WBC
16. “A Prescription for Life”: a physical activity strategy for Wandsworth 2008 – 2010, WtPCT

If you are unable to access any of these documents through the web they can be obtained through
CareLine Phone: 020 8875 0500; Minicom: 020 8643 8985; Fax: 020 8643 8531 or email: careline@clara.net